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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

Quarterly Report - Implementation Plan for Westchester Medical Center

Year and Quarter: DY2, Q4 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	t ID Project Title	
<u>2.a.i</u>	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.a.iii	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	Completed
<u>2.a.iv</u>	Create a medical village using existing hospital infrastructure	Completed
<u>2.b.iv</u>	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
<u>2.d.i</u>	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	Completed
<u>3.a.i</u>	Integration of primary care and behavioral health services	Completed
<u>3.a.ii</u>	Behavioral health community crisis stabilization services	Completed
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	Completed
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management	Completed
<u>4.b.i</u>	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed
<u>4.b.ii</u>	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic	Completed



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

Status By Project

Project ID Project Title		Status
	diseases that are not included in domain 3, such as cancer	



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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	41,834,599	44,581,933	72,094,581	63,839,476	41,834,599	264,185,188
Cost of Project Implementation & Administration	21,190,419	28,252,186	30,305,477	28,721,128	22,858,150	131,327,360
Cost of Project implementation	20,353,727	27,360,547	28,863,585	27,444,338	22,021,458	126,043,655
Cost of Administration	836,692	891,639	1,441,892	1,276,790	836,692	5,283,705
Revenue Loss	4,183,460	4,458,193	7,209,458	6,383,948	4,183,460	26,418,519
Internal PPS Provider Bonus Payments	0	3,250,887	26,006,159	35,059,257	32,123,006	96,439,309
Cost of non-covered services	0	0	0	0	0	0
Other	0	1,000,000	4,000,000	4,000,000	1,000,000	10,000,000
Innovation Pool	0	1,000,000	4,000,000	4,000,000	1,000,000	10,000,000
Total Expenditures	25,373,879	36,961,266	67,521,094	74,164,333	60,164,616	264,185,188
Undistributed Revenue	16,460,720	7,620,667	4,573,487	0	0	0

Current File Uploads

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No Records Found

Narrative Text:

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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

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

Waiver	Total Waiver	Undistributed	Undistributed
Revenue DY2	Revenue	Revenue YTD	Revenue Total
44,581,933	264,185,188	14,393,727	

Budget Items	DY2 Q4 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	5,862,580	43,181,839	8,828,740	31.25%	88,145,521	67.12%
Cost of Project implementation	5,862,580					
Cost of Administration	0					
Revenue Loss	3,439,589	12,294,351	-6,306,567	-141.46%	14,124,168	53.46%
Internal PPS Provider Bonus Payments	0	0	3,250,887	100.00%	96,439,309	100.00%
Cost of non-covered services	0	0	0		0	
Other	0	0	1,000,000	100.00%	10,000,000	100.00%
Innovation Pool	0					
Total Expenditures	9,302,169	55,476,190				

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Narrative Text:

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



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

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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	41,834,599	44,581,933	72,094,581	63,839,476	41,834,599	264,185,188
Practitioner - Primary Care Provider (PCP)	1,177,516	1,880,031	5,227,049	6,241,324	4,879,035	19,404,955
Practitioner - Non-Primary Care Provider (PCP)	9,700	379,422	1,997,186	2,449,841	1,766,150	6,602,299
Hospital	8,456,571	10,062,920	27,055,208	31,419,357	26,626,726	103,620,782
Clinic	229,625	928,908	4,007,835	5,175,345	3,332,301	13,674,014
Case Management / Health Home	0	327,562	2,220,431	2,854,148	2,348,610	7,750,751
Mental Health	268,500	1,356,962	2,775,531	3,180,348	2,598,610	10,179,951
Substance Abuse	0	232,544	1,580,308	2,032,963	1,676,150	5,521,965
Nursing Home	0	20,000	80,000	80,000	20,000	200,000
Pharmacy	0	10,000	40,000	40,000	10,000	100,000
Hospice	0	10,000	40,000	40,000	10,000	100,000
Community Based Organizations	298,313	1,257,027	1,562,133	1,639,195	982,460	5,739,128
All Other	0	0	0	0	0	0
Uncategorized						0
PPS PMO	14,933,654	20,495,891	20,935,413	19,011,812	15,914,573	91,291,343
Total Funds Distributed	25,373,879	36,961,267	67,521,094	74,164,333	60,164,615	264,185,188
Undistributed Revenue	16,460,720	7,620,666	4,573,487	0	0	0

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Narrative Text:



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

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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	Total Waiver	Undistributed	Undistributed		
Revenue DY2	Revenue	Revenue YTD	Revenue Total		
44,581,933.00	264,185,188.00	14,393,727.78			

		Percentage of Safety Net							I	Percent	Spent By	/ Project	t					
Funds Flow Items	DY2 Q4 Quarterly Amount -	Funds - DY2 Q4	Safety Net Funds	Safety Net Funds Percentage	Total Amount Disbursed to Date (DY1-				i	Projects	Selected	Selected By PPS		DY Adjusted	Cumulative Difference			
	Update	Quarterly Amount - Update	Flowed YTD	YTD	DY5)	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii	Difference	Difference
Practitioner - Primary Care Provider (PCP)	20	100.00%	1,361.68	45.87%	90,751.77	0	0	0	0	100	0	0	0	0	0	0	1,877,062.16	19,314,203.23
Practitioner - Non-Primary Care Provider (PCP)	375	100.00%	5,930.05	26.28%	757,468.23	100	0	0	0	0	0	0	0	0	0	0	356,855.84	5,844,830.77
Hospital	68,535.19	100.00%	1,596,389.55	99.97%	1,939,350.30	85.83	1.52	0	3.27	1.78	0	1.52	1.52	1.52	1.52	1.52	8,466,105.45	101,681,431.70
Clinic	378,322.66	99.78%	2,175,412.79	99.92%	2,298,460.79	26.46	8.8	1.2	8.8	1.44	8.2	8.48	8.48	8.48	8.48	11.18	0	11,375,553.21
Case Management / Health Home	163,665.85	81.21%	282,625.98	88.42%	449,437.62	15.55	9.28	2	9.28	1.93	9.28	9.28	9.28	9.28	9.28	15.52	7,936.02	7,301,313.38
Mental Health	91,374.16	91.79%	1,528,724.34	99.29%	1,865,248.48	18.9	9.32	3.86	10.63	1.37	9.32	9.32	9.32	9.32	9.32	9.32	0	8,314,702.52
Substance Abuse	25,873.33	100.00%	1,450,704.88	99.65%	1,744,642.55	10.04	13.23	4.83	13.23	7.14	8.59	8.59	8.59	8.59	8.59	8.59	0	3,777,322.45
Nursing Home	3,000	100.00%	11,503.25	87.50%	33,614.75	100	0	0	0	0	0	0	0	0	0	0	6,852.75	166,385.25
Pharmacy	18.33	100.00%	679.33	42.02%	4,870.83	0	0	0	0	100	0	0	0	0	0	0	8,383.17	95,129.17
Hospice	937.50	20.00%	1,150	30.46%	11,086.25	100	0	0	0	0	0	0	0	0	0	0	6,225	88,913.75
Community Based Organizations	13,920	0.00%	0	0.00%	65,410	62	2	0	2	6.81	9.61	9.61	2	2	2	2	1,213,417	5,673,718
All Other	678,215.99	57.44%	2,224,862.19	86.65%	6,506,676.99	20.86	8.79	3.94	8.79	.85	8.46	8.62	9.5	11.45	8.62	10.12	0	0
Uncategorized	20,566.67	11.75%	5,166.67	11.17%	48,023.81	16.3	9	0	14.84	5.83	9	9	9	9	9	9	0	0
Additional Providers	17,691.67	14.24%	2,520	56.77%	410,561.67													
PPS PMO	7,915,402.44	100.00%	19,996,102.19	100.00%	39,250,585.19												499,788.81	52,040,757.81
Total	9,377,918.79	95.99%	29,283,132.90	97.00%	55,476,189.23													



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Narrative Text:

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

As directed, per the following message "we recommend accounting for this 75K when reporting provider-level funds flow in the Q4 IPP Report, as this would leave both your cumulative and DY2 revenue undisturbed, we have added the \$75,750 associated with Crystal Run Healthcare LLP from DY2Q3 in the "All Other" category.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

* Safety Net Providers in Green

* Safety Net Providers in Green

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Salety Net Providers in Green			Salety Net Providers III Green					
	iver Quarterly Update Amount By Provider		Waiver Quarterly Update Amount By Provider					
Provider Name	Provider Category	DY2Q4	Provider Name	Provider Category	DY2Q4			
Practitioner - Pr	rimary Care Provider (PCP)	20	Institute For Family Hlth	Case Management / Health Home	41,562.50			
Gottlieb Esther	Practitioner - Primary Care Provider (PCP)	20	Honor Ehg Inc	Case Management / Health Home	2,500			
Practitioner - Non	-Primary Care Provider (PCP)	375	Mid Hudson Valley/Arcs Ai	Case Management / Health Home	2,130			
Cohen Aaron Howard Md	Practitioner - Non-Primary Care Provider (PCP)	375	Open Door Family Medical Center Inc	Case Management / Health Home	68,646.67			
	Hospital	68,535.19	Mental HIth Assoc Rocklan Co	Case Management / Health Home	625			
Westchester Med Ctr	Hospital	2,400	Mental Health Association In	Case Management / Health Home	1,250			
Ellenville Reg Hsp	Hospital	65,929.34	Mha Of Westchester	Case Management / Health Home	9,743.34			
Summit Park Hospital Rockland	Hospital	18.35	Mental HIth Assoc/Dutchess Mh	Case Management / Health Home	1,250			
Calvary Hospital Inc	Hospital	187.50	Dutchess Cnty Doh Lthhcp	Case Management / Health Home	27,500			
	Clinic	378,322.66	Human Dev Ser Westchester Mh	Case Management / Health Home	2,500			
Greater Hudson Valley Fam Hlt, The	Clinic	14,026.66	Putnam Family & Comm Ser Mh	Case Management / Health Home	625			
Institute For Family Hlth	Clinic	41,562.50	Astor Home For Children Fbt	Case Management / Health Home	833.34			
Jawonio Inc	Clinic	1,250	Rehabilitation Supp Svcs C	Case Management / Health Home	1,250			
Sdtc The Center For Discovery	Clinic	375		91,374.16				
Mt Vernon Neighborhood Hc Inc	Clinic	113,400	Mental Health Association In	Mental Health	1,250			
Calvary Hospital Inc	Clinic	187.50	Rtf Jewish Board Goldsmith Ct	Mental Health	5,000			
Ellenville Reg Hsp	Clinic	65,929.33	Guidance Center,Inc	Mental Health	1,700			
Open Door Family Medical Center Inc	Clinic	68,646.66	Putnam Family & Comm Ser Mh	Mental Health	625			
Middletown Comm Health Center	Clinic	34,375	Gateway Community Industries	Mental Health	2,500			
Childrens Rehabilitation Center	Clinic	750	Mental Hith Assoc Rocklan Co	Mental Health	625			
Community Med & Dental Care I	Clinic	31,250	Saint Dominics Home	Mental Health	1,666.66			
Orange County Health Dept	Clinic	833.34	Human Dev Ser Westchester Mh	Mental Health	2,500			
Summit Park Hospital Rockland	Clinic	18.33	Rockland Pc	Mental Health	2,500			
St Christophers Inn Inc	Clinic	833.34	Institute For Family HIth	Mental Health	41,562.50			
Westchester Med Ctr	Clinic	2,400	Loeb House Inc	Mental Health	2,500			
Pp Of Mid-Hudson Valley Inc	Clinic	2,485	Orange Cnty Rehab-Occupations	Mental Health	1,250			
Case Mana	gement / Health Home	163,665.85	Westchester Med Ctr Mental Health		2,400			
Resource Ctr/Acc Liv-Ta	Case Management / Health Home	750	Mental Hith Assoc/Dutchess Mh	Mental Health	1,250			
Mental Hith Assoc Mh	Case Management / Health Home	2,500	Rehabilitation Supp Svcs C	Mental Health	1,250			
	-				•			



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Westchester Medical Center (PPS ID:21)

* Safety Net Providers in Green

V	Vaiver Quarterly Update Amount By Provider	
Provider Name	Provider Category	DY2Q4
Search For Change Inc	Mental Health	9,700
Summit Park Hospital Rockland	Mental Health	18.33
Bikur Cholim Inc	Mental Health	2,500
Astor Home For Children Fbt	Mental Health	833.33
Mha Of Westchester	Mental Health	9,743.34
S	Substance Abuse	25,873.33
Mental Hlth Assoc Rocklan Co	Substance Abuse	625
Restorative Management Corp	Substance Abuse	2,500
St Christophers Inn Inc	Substance Abuse	833.33
Greater Hudson Valley Fam Hlt, The	Substance Abuse	14,026.67
Summit Park Hospital Rockland	Substance Abuse	18.33
Lexington Ctr For Recovery	Substance Abuse	270
Catholic Charities Community	Substance Abuse	1,250
Putnam Family & Comm Ser Mh	Substance Abuse	625
Arms Acres	Substance Abuse	1,250
Child & Fam Guid Ctr Adict Sv	Substance Abuse	375
Guidance Center,Inc	Substance Abuse	1,700
Westchester Med Ctr	Substance Abuse	2,400
	Nursing Home	3,000
Wartburg Nursing Home	Nursing Home	375
Bethel Nursing Home Inc Co	Nursing Home	375
Ramapo Manor Ctr Reh & Nrs	Nursing Home	375
Sky View Rehab & Hlth Cr Ctr	Nursing Home	750
Cedar Manor Nursing & Reh Ctr	Nursing Home	375
Middletown Park Rehab & Hlth Cr Ctr	375	
Montgomery Nursing Home	Nursing Home	375
	18.33	
Summit Park Hospital Rockland	Pharmacy	18.33
	Hospice	937.50

* Safety Net Providers in Green

Waiv		
Provider Name	Provider Category	DY2Q4
Vna Of Hudson Valley	Hospice	375
Calvary Hospital Inc	Hospice	187.50
Hospice Of Orange/Sullivan Cn	Hospice	375
Community I	Based Organizations	13,920
Cluster Inc.	Community Based Organizations	2,500
Student Assistance Services	Community Based Organizations	750
Hispanic Resource Center Of Larchmont & Mamaroneck	Community Based Organizations	30
Children'S Health & Research Foundation, Inc/Lower Hudson Valley Perinatal Network	Community Based Organizations	750
Maternal Infant Services Network	Community Based Organizations	1,670
Hudson Information Technology For Community Health, Inc.	Community Based Organizations	750
National Council On Alcoholism & Other Drug Dependencies/Putnam	Community Based Organizations	2,870
Catskill Hudson Area Health Education Center	Community Based Organizations	4,600
	All Other	678,215.99
Hospice Of Orange/Sullivan Cn	All Other	375
A & T Healthcare Llc	All Other	750
St Christophers Inn Inc	All Other	833.33
Lexington Ctr For Recovery	All Other	270
Open Door Family Medical Center Inc	All Other	68,646.67
Mental HIth Assoc Rocklan Co	All Other	625
Catholic Charities Community	All Other	1,250
Sdtc The Center For Discovery	All Other	375
Community Med & Dental Care I	All Other	31,250
Always There Family Home Health Ser	All Other	375
Pp Of Mid-Hudson Valley Inc	All Other	2,485
Kj Medical Practice Pc	All Other	750
Crystal Run Healthcare Llp	All Other	233,850
Ellenville Reg Hsp	All Other	65,929.33
Ramapo Manor Ctr Reh & Nrs	All Other	375



DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

* Safety Net Providers in Green

W	aiver Quarterly Update Amount By Provider	
Provider Name	Provider Category	DY2Q4
Dutchess Cnty Doh Lthhcp	All Other	27,500
Jawonio Inc	All Other	1,250
Visit Nur Svc Westchest	All Other	750
Bethel Nursing Home Inc Co	All Other	375
Westchester Med Ctr	All Other	2,400
Middletown Park Rehab & Hlth Cr Ctr	All Other	375
Gottlieb Esther	All Other	20
All Metro Home Care Services Of New	All Other	750
Childrens Phys Westchester LI	All Other	19,200
Child & Fam Guid Ctr Adict Sv	All Other	375
Institute For Family Hlth	All Other	41,562.50
Guidance Center,Inc	All Other	1,700
Middletown Comm Health Center	All Other	34,375
Vna Of Hudson Valley	All Other	375
Cedar Manor Nursing & Reh Ctr	All Other	375
Summit Park Hospital Rockland	All Other	18.33
Fallsburg Pediatrics Pc	All Other	20
Access Supports For Living Inc	All Other	1,250
Bikur Cholim Inc	All Other	2,500
J & P Watson Inc	All Other	750
Crystal Run Chestnut Ridge	All Other	750
Wartburg Nursing Home	All Other	375
Calvary Hospital Inc	All Other	187.50
Montgomery Nursing Home	All Other	375
Putnam Family & Comm Ser Mh	All Other	625
Cohen Aaron Howard Md	All Other	375
Arms Acres	All Other	1,250
Ulster Home Health Service Co	All Other	375
Greater Hudson Valley Fam Hlt, The	All Other	14,026.67

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider						
Provider Name	Provider Category	DY2Q4				
Orange County Health Dept	All Other	833.33				
Mt Vernon Neighborhood Hc Inc	All Other	113,400				
Astor Home For Children Fbt	All Other	833.33				
Cabrini Of Westchester	All Other	750				
Unc	categorized	20,566.67				
Orange County Department Of Mental Health	Uncategorized	833.33				
Westchester Jewish Community Services Inc	Uncategorized	2,500				
Westchester Medical Center	Uncategorized	2,400				
Satellite Office	ffice Uncategorized					
Torch	Uncategorized	1,666.67				
Dominican Sisters Family Health Services	Uncategorized	750				
Foster Care Medical	Uncategorized	1,666.67				
Projects To Empower And Organize The Psychiatrically Labeled, Inc. (People, Inc)	Uncategorized	2,500				
Family Of New Paltz-Walk In Center	Uncategorized	2,500				
Family Service Society Of Yonkers	Uncategorized	2,500				
Rockland Paramedic Services, Inc.	Uncategorized	2,500				

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DSRIP Implementation Plan Project

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider						
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY2Q4			
	Additional Providers		17,691.67			
American Lung Association	Additional Providers	Approved	225			
Bridge Street Family Medicine	Additional Providers	Approved	750			
Haverstraw Pediatrics	Additional Providers	Approved	750			
Health Alliance Inc.	Additional Providers	Approved	1,770			
Living Life Home Care Inc	Additional Providers	Approved	750			
Llobet Medical Group	Additional Providers	Approved	1,530			
Middletown Medical Pc	Additional Providers	Approved	10,416.67			
New York State Oasas	Additional Providers	Approved	750			
Planned Parenthood Hudson Peconic Inc.	Additional Providers	Approved	750			



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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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1. Budgets for meeting "early" DSRIP deliverables for DY1 approved by the Finance Committee.	Completed	See Task.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2. Funds Flow and Distribution Plan for "early" funds signed off by the Finance Committee and shared with participating partners.	Completed	See Task.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3. Budgets for meeting the remainder of DSRIP deliverables for DY1 approved by the Finance Committee.	Completed	See Task.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4. Funds Flow and Distribution Plan for remaining funds signed off by the Finance Committee and shared with participating partners.	Completed	See Task.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5. Plan for annual updates.	Completed	See Task.	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1	



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Milestone Name	IA Instructions	Quarterly opuate Description

No Records Found

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
Complete funds flow budget and distribution plan and	
communicate with network	

Milestone Review Status

Milestone #	Milestone # Review Status IA Formal Comments		
Milestone #1	Pass & 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	Original	Start Date	End Date	Quarter	DSRIP Reporting
Wilestone/ Lask Haine	Otatas	Description	Start Date	End Date	Otart Date	Liid Date	End Date	Year and
								Quarter

No Records Found

PPS Defined Milestones Current File Uploads

	l <u>.</u>				
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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Westchester Medical Center (PPS ID:21)

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	0	0	0	0	0	0
Cost of Project Implementation & Administration	0	0	0	0	0	0
Administration	0	0	0	0	0	0
Implementation	0	0	0	0	0	0
Revenue Loss	0	0	0	0	0	0
Internal PPS Provider Bonus Payments	0	0	0	0	0	0
Cost of non-covered	0	0	0	0	0	0
services	•			•	V	· ·
Other	0	0	0	0	0	0
Total Expenditures	0	0	0	0	0	0
Undistributed Revenue	0	0	0	0	0	0

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text:

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 O Total Non-Waiver Revenue 0		Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total	
	0	0	0	0

Budget Items	DY2 Q4 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	0	0	0		0	
Administration	0					
Implementation	0					
Revenue Loss	0	0	0		0	
Internal PPS Provider Bonus Payments	0	0	0		0	
Cost of non-covered services	0	0	0		0	
Other	0	0	0		0	
Total Expenditures	0	0				

Current File Uploads

User ID File Type File Name	e Description Upload Date
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No Records Found

Narrative Text:



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

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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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	0	0	0	0	0	0
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	0	0	0	0	0	0
Clinic	0	0	0	0	0	0
Case Management / Health Home	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0
All Other	0	0	0	0	0	0
Uncategorized	0	0	0	0	0	0
PPS PMO	0	0	0	0	0	0
Total Funds Distributed	0	0	0	0	0	0
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 :



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Module Review Status

Review Status	IA Formal Comments
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Westchester Medical Center (PPS ID:21)

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	
0.00	0.00	0.00	0.00	

Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 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	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	0	0.00%	0	0.00%	0	0	0
Clinic	0	0.00%	0	0.00%	0	0	0
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0.00%	0	0.00%	0	0	0
Substance Abuse	0	0.00%	0	0.00%	0	0	0
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	0	0
Community Based Organizations	0	0.00%	0	0.00%	0	0	0
All Other	0	0.00%	0	0.00%	0	0	0
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 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 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	0	0.00%	0	0.00%	0	0	0
Total	0		0		0		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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No Records Found

Narrative Text:

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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Westchester Medical Center (PPS ID:21)

* Safety Net Providers in Green

aiver Quarterly Update Amount By Provider						
Provider Category	DY2Q4					
Practitioner - Primary Care Provider (PCP)						
Practitioner - Primary Care Provider (PCP)	0					
rimary Care Provider (PCP)	0					
Practitioner - Non-Primary Care Provider (PCP)	0					
Hospital	0					
Hospital	0					
Clinic	0					
Clinic	0					
ement / Health Home	0					
Case Management / Health Home	0					
ntal Health	0					
Mental Health	0					
tance Abuse	0					
Substance Abuse	0					
sing Home	0					
Nursing Home	0					
harmacy	0					
Pharmacy	0					
Hospice	0					
Hospice	0					
Based Organizations	0					
Community Based Organizations	0					
All Other	0					
All Other	0					
ategorized	0					
Uncategorized	0					
	Provider Category nary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Hospital Clinic Clinic Clinic Case Management / Health Home Case Management / Health Home Intal Health Mental Health Itance Abuse Substance Abuse Substance Abuse Sing Home Nursing Home Narmacy Pharmacy Hospice Based Organizations Community Based Organizations All Other All Other All Other					



New York State Department Of Health Delivery System Reform Incentive Payment Project DSBID Implementation Plan Brainst

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* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider								
Provider Name Provider Category Approve		IA Provider Approval/Rejection Indicator	DY2Q4					
A	Additional Providers							
	Additional Providers		0					



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IPQR Module 1.11 - IA Monitoring
Instructions:



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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 Step 1. Identify standing committees.	Completed	This task completed; see upload meeting minutes in Milestone #1.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2. Transition Executive Committee (EC) from Planning EC to Operational EC; confirm member appointments.	Completed	This task completed; see uploads.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 4. In partnership with other PPSs in the region and the PHIP plan for the Hudson Region DSRIP Clinical Committee (HRDCC).	Completed	See Task.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3. Solicit and appoint members of the: Nominating Committee, Finance Committee, IT Committee, Workforce Committee and Quality Steering Committee.	Completed	Update as Required by IA: • Finance, Workforce and Nominating Committees will continue to present monthly committee reports to the Executive Committee • Quality Steering and IT Committees are being finalized and will begin monthly reports to the Executive 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	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1. Establish project-oriented workgroups of the WMC PPS Quality Committee.	Completed	Update as Required by IA: July, 2015 update: Chairs of the WMC PPS Quality Steering	07/01/2015	09/30/2015	07/01/2015	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
		Committee and each of 8 Project Quality Advisory committees (PQAC) have been proposed and submitted to the Nominating Committee for approval. Participant organizations have been asked to submit names of those interested in PQAC participation and project management office (PMO) staff are working with PQAC chairs to schedule first meetings. The Hudson Region DSRIP Public Health Council (HRDPHC) has convened to begin planning and oversight of 4bi (Tobacco cessation). The Quality Steering Committee will provide clinical oversight of project 2ai, the PQAC for Behavioral Health will provide clinical guidance for projects 3ai and 3aii, two Medical Village projects will have local clinical governance and there will be PQAC for each of the following: 2aiii, 2biv, 2di, 3ci, 3diii, 4bii. For each project the designated quality committee will review target vs achieved milestones, numbers of activated patients and engaged providers, DSRIP quality performance measures applicable to each project (as data becomes available) and will consider developing additional metrics to gage project success.							
Step 2. Convene the WMC PPS Quality Committee.	Completed	See Task.	08/08/2015	09/30/2015	08/08/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3. Develop meeting schedules, identify staff support, and draft charter for each Committee and Workgroup.	Completed	See Task.	08/08/2015	12/31/2015	08/08/2015	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 Step 1. Draft charters for Executive Committees.	Completed	This task completed; see uploads.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2. Establish process to communicate updates to PAC members.	Completed	We are producing quarterly newsletters in addition to posting updates on our website. We are in process of planning our second annual PAC Summit meeting.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3. Incorporate Executive Committee	Completed	Update as Required by IA: • Finance, IT, Workforce, and Quality Steering Committee	07/01/2015	09/30/2015	07/01/2015	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
feedback into final charter documents.		charters, which includes details concerning committee by-laws and policies, have been finalized and are awaiting committee approval.							
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1. Draft and obtain review/feedback on Master Services Agreement (MSA) and exhibits, which will describe legal terms and conditions of WMC PPS participant relationships; document PPS governance structure, policies and services agreements with PPS Project Management Office (PMO).	Completed	This task completed; see uploads.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2. Send MSA to WMC PPS participants; host webinar to review.	Completed	See Task.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3. Finalize MSA and execute with PPS participants.	Completed	See Task.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4. Draft schedules that describe obligations of WMC PPS Participants.	Completed	Update as Required by IA: • A member of the Executive Committee will chair each governing committee and will monitor the status of each committee. • We have begun the design of an Executive Committee dashboard that will provide for each meeting status of the PPS implementation, minutes from Committee meetings, as well as Provider Status (e.g. MSA signed) etc. This should be completed by end of second quarter.	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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task	Completed	See Task.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	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 1. WMC PPS customizes Salesforce to support IDS network; establish provider type, geographic, and other categories.									
Task Step 2. Convene Quality Committee and planning groups for local deployment councils.	Completed	See Task.	11/05/2015	06/30/2016	11/05/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3. Conduct Focus groups with community consumers/residents and CBOs to help identify key access factors and effective communication pathways that acknowledge cultural differences, language and health literacy competencies from a community perspective.	Completed	Update as Required by IA: Our PPS is currently planning the following DY1 activities to engage public and non-provider organizations as a result of activities related to the Community Engagement Advisory Quality Committee; Hudson Region DSRIP Public Health Council; and NYSARC; and Focus groups to engage community members in our hot spots. Our initial Focus groups are scheduled for October-December in one hot spot and will complete as indicated in 2.a.i. by Q4 of DY1. However, we plan additional Focus groups in at least 2 other hot spots through DY2 Q1. We are also participating in the White Plains Wellness Week in September.	10/27/2015	12/31/2015	10/27/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4. Identify gaps in organization types (including public and non-provider, CBOs) by crosswalking exisitng network to needs identified in CNA.	Completed	See Task.	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #6 Finalize partnership agreements or contracts with CBOs	Completed	Signed CBO partnership agreements or contracts.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1. PPS holds webinars and conference calls to convene committees and workgroups that include CBO participation.	Completed	Additional Information, which also addresses IA comments on Inclusion of CBOs: • Identify CBOs willing to participate in network through the Community Engagement Advisory Quality Committee and facilitate completion of Master Services Agreement (MSA) for those who have not yet done. • Develop CBO payment arrangements based on applicable projects and other initiatives; Roles and Responsibilities will be delineated in each MSA Schedule B. • Templates for Schedule B's are currently in development.	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
		Upon DOH reopening PPS network, pursue additional CBOs to join WMC network							
Task Step 2. Execute MSA with some PPS Participants and/or service contracts between PMO and CBOs as appropriate.	Completed	• 250 MSAs were sent on May 14th, 2015. As of July 27th, we have received 156 MSAs, including 27 from CBOs.	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
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.)	Completed	Agency Coordination Plan.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Step 1. Convene Hudson Region DSRIP Public Health Council (HRDPHC) including participation by all three Hudson Valley PPS with local departments of health, mental health and social services. HRDPHC will be a forum for ensuring LGU input into the work of DSRIP PPSs in the Hudson Valley.	Completed	Additional Information as Required by IA: Our PPS has had an ongoing relationship with local public agencies since last July 2014; we continue to meet quarterly with our LGUs through the regional network meeting (our next meeting is Aug 27; this includes DOH, DOMH and DSS; all 8 counties invited). We also have representation of state and local agencies on our HVDPHC including NYSQuitline, American Cancer, etc (see upload for this Task for participant list and planned activities). Each group participates based on ongoing agreements for action items that should be decided by end of DY1, Q3. We anticipate contracts with CBOs and LGUs as described in Milestone #6.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2. Establish Webinars and conference calls as the main forum for convening committees and workgroups that agencies will participate on and for presentations about the DSRIP program and PPS- specific projects, goals and progress. Continue quarterly in- person meetings with LGUs in the region via the Hudson Valley Region Health Officers Network.	Completed	Next meeting HVHRON August 27, 2015	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3. Include training on use of MIX into agency coordination plan; as appropriate,	Completed	See Task.	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
committees and workgroups will set up group sites on the MIX (currently the HRDPHC tobacco cessation group has a site.) All committee members will be offered MIX training.									
Task Step 4. Agency coordination plan will include enrolment of LGUs into Salesforce (SF) which will allow our PPS to track which agency (and other) organizations are participating in our PPS and assure all meetings and minutes are tracked and made available to participants.	Completed	See Task.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #8 Finalize workforce communication and engagement plan	Completed	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).		03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1. Workforce Committee identifies workforce communication goals, objectives, key themes and target audiences.	Completed	See Task.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2. Develop preliminary training strategy (e.g., scale, timing, scope, methodologies, content and cultural competency considerations) as defined in Milestone 5 of the Workforce Strategy.	Completed	See Task.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3. Identify cultural diversity and literacy training needs through the following sources: the Cultural Competency Survey results from our CNA results, current needs assessment surveys of our partners, focus groups with Medicaid residents and the uninsured as well as input from our "subject matter experts (SME)" from health and behavioral health care provider s and CBOs. This SME advisement will come from members of our Community Engagement Quality Advisory Committee and local deployment councils that	Completed	Additional Step/Task as Required by IA.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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will include area workers and union									
representatives.									
Task Step 4. Develop a web-based educational model(s), which will utilize the results of the information gathered in Step 3 above, for partners in our network/region with an expert academic partner, to raise awareness of the regional health disparities and the cultural diversity of the population.	Completed	Additional Step/Task as Required by IA.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5. Collect information of existing and planned training programs and resources, via surveys with our partners, including their capacity to expand and support PPS workforce training needs as identified in the gap analysis.	Completed	We began collecting this information through our Workforce Survey as part of our Current State Assessment.	09/08/2015	12/31/2016	09/08/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 6. Workforce Committee and stakeholders develop training schedules and communication plans that engage all levels of the workforce; once agreement is reached schedules and plans approved by workforce governance.	Completed	See Task.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 7. The Workforce Committee with the assistance of the IT Committee develops a platform for required quarterly reports and for tracking program offerings and participation and develops mechanism to measure training effectiveness in relation to goals once strategy and plan implemented.	Completed	See Task.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	
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 Step 1. CBOs will be represented on our PAC	Completed	See Task.	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
and recruited to participate on the Project									
Advisory Quality Committees, the HRDPHC,									
local deployment councils, and focus									
groups/community engagement sessions.									
Task									
Step 2. The PMO will establish webinars and									
conferece calls as the main forum for convening	Completed	See Task.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
committees and workgroups and sharing	Completed	oee rask.	04/01/2013	09/30/2013	04/01/2013	09/30/2013	09/30/2013	DITQZ	
presentations about PPS-projects, goals and									
progress to gather feedback on project delivery.									
Task									
Step 3. WMC PPS will finalize partnership	Completed	See Task.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
agreements or contracts with CBOs as outline in	Completed	See Lask.	04/01/2013	03/31/2016	04/01/2015	03/31/2016	03/31/2016	וועי	
Milestone #6.									

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	If there have been changes, please describe those changes and upload any	Please state if there have been any changes during this reporting quarter.		
applicable	supporting documentation as necessary.	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	marville	Other	21_DY2Q4_GOV_MDL21_PRES1_OTH_2017040 1_Governance_M1Meeting_Schedule_Template _(DY2Q4)_9733.pdf	Governance M1-Meeting Schedule Template (DY2Q4)	04/04/2017 12:32 PM
structure	marville	Other	21_DY2Q4_GOV_MDL21_PRES1_OTH_2017004 01_Governance_M1_Governance_Committee_Te mplate_(DY2Q4)_9732.pdf	Governance M1-Governance Committee Template (DY2Q4)	04/04/2017 12:31 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless	marville	Other	21_DY2Q4_GOV_MDL21_PRES5_OTH_2017040 1_Governance_M5_Community_Engagement_Tem plate_(DY2Q4)_9734.pdf	Governance M5-Community Engagement Template (DY2Q4)	04/04/2017 12:40 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
services, housing providers, law enforcement)					
Finalize partnership agreements or contracts with CBOs	marville	Other	21_DY2Q4_GOV_MDL21_PRES6_OTH_2017031 6_Governance_M6_Community_Based_Organizati ons_Template_(DY2Q4)_(ap)_9737.pdf	Governance M6-Community Based Organizations Template (DY2Q4)	04/04/2017 12:48 PM
Finalize workforce communication and	marville	Other	21_DY2Q4_GOV_MDL21_PRES8_OTH_2017030 9_Governance_M8_Workforce_CommitteeMember s_(DY2Q4)_9739.pdf	Governance M8-Workforce Committee Members (DY2Q4)	04/04/2017 12:51 PM
engagement plan	marville	Other	21_DY2Q4_GOV_MDL21_PRES8_OTH_2017030 9_Governance_M8_Workforce_Meeting_Schedule _Template_(DY2Q4)_9738.pdf	Governance M8-Meeting Schedule Template (DY2Q4)	04/04/2017 12:50 PM

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.	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	
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	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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Milestone Name	User ID	File Type	File Name	Description	Upload Date
Milestorie Name	030.10	The Type	The Nume	Description	Opioda Bate

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.

- 1. Recruitment and active ongoing participation and engagement by participant leadership. The care delivery transformation envisioned under DSRIP requires not only significant stakeholder input but active, ongoing and engaged provider, community based organization, payer and patient representative leadership. We recognize that Committee and PAC members have significant obligations outside of the PPS and have limited time to devote to PPS activities outside of DSRIP. We will schedule meetings in advance so participants have a line of sight to plan their calendars, will develop meeting agendas and employ principles of disciplined meeting facilitation to ensure meetings are productive and will seek to limit time commitments required. We will also utilize one PPS Quality Committee (instead of 11 different project quality committees) with functional workgroups and tiger team taskforces as necessary.
- 2. Cross-discipline expertise required to successfully implement projects. While our executive governance structure calls for specific Committees to ensure the PPS is in compliance with State and Federal DSRIP obligations through delegated monitoring of reporting obligations, we recognize that implementation of projects will only be successful if decisions related to clinical protocols, workforce training, IT systems, value based contracting, etc., are not made in siloes and cross-functional teams come together to develop project specific implementation plans. As such, we have developed a governance structure that allows flexibility to bring together both ad hoc and ongoing workgroups and will be developing a cross-functional approach by DY1 Q2.
- 3. Execution of Master Services Agreement and detailed schedule attachments. Given the size and diversity of provider types involved in our PPS, developing and negotiating the Master Services Agreement and funding schedules among the PPS Participants within an expedited timeframe will be a significant undertaking. Each of our Participants has different capabilities, resources and interests. Our Executive Committee will approve the terms sheet upon which the MSA is based and will be reviewing the draft MSA in the first quarter, followed by review by the larger PAC. We will be deploying detailed, individualized attachments on a rolling basis against a prioritized schedule informed by stage of DSRIP project development and individual Participant site commitments made to provider speed and scale during the application development.
- 4. Alignment across multiple PPSs in the region. Given that our PPS spans eight counties and that there are other PPSs that overlap with our region, several of our Participants are involved in more than one PPS and will face both competing demands on their time for governance activities and potentially unaligned protocols and project implementation approaches. To minimize this burden on Participants, we are actively collaborating with the other PPSs in our region and have established a Regional Clinical Council that will align protocols to the extent possible on overlapping projects and will seek to reduce additional demands on time by clinical leaders in the region.

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.)

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Our governance structure is the backbone of our DSRIP accountability and will have significant, substantive overlap with all DSRIP work streams. Representatives from our PPS partner network will be called on to participate in a wide range of Committees and Workgroups that will have responsibility for protocols and policy development. All participants will, through the MSA and as a condition of PPS DSRIP participation, agree to adhere to policies and procedures that impact IT, workforce, funds flow, financial sustainability, cultural competency, practitioner engagement, clinical integration, population health management, performance monitoring, and community engagement.

Specific to the success of the Executive Committee and its governing Committees, there is a critical dependency on the IT systems and communications work streams that will assure accurate collection and monitoring of key performance, workforce and financial metrics. The WMC PPS will rely upon existing and new IT systems for communications purposes including webinars and conference calls, and portals for sharing of results.



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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
Chair PPS Executive Committee & SVP Westchester Medical Center	Anthony Mahler, WMC	Represent WMC, lead applicant and fiduciary. Lead review and adoption of policies by EC; ensure ongoing monitoring by EC and accountability.
Executive Director of Center for Regional Healthcare Innovation	June Keenan, WMC PMO	Responsible for overseeing DSRIP program management, including compliance with governance protocols and Participant contracts and overall DSRIP operations.
Medical Director, Center for Regional Healthcare Innovation	Janet Sullivan, MD, WMC PMO	Operational oversight of clinical and quality processes, including deployment of protocols and metrics (as developed and adopted through governance process).
VP Finance & Administration, Center for Regional Healthcare Innovation	Edward McGill, WMC PMO	Operational oversight of business, operations and finance protocols.
SVP and Deputy General Counsel	Beth Davis, WMC	Lead responsibility for development of policies and procedures and participant contracting documents (will work with outside counsel and Participant representatives).
SVP Financial Operations	John Morgan, WMC	Lead responsibility for financial oversight.
SVP, Internal Audit & Compliance	Patricia Ariel, WMC	Lead responsibility for audit and compliance.
PPS Executive Committee Members	Multiple providers and provider types [Provided upon request; avail on PPS website]	Governing body of the PPS, in effect the Board of the PAC. Responsible for adopting terms sheet, policies and procedures, committee charters, etc. and well as populating committees. Responsible for transparency and accountability.
PPS PAC Members	[Provided upon request]	Participation in Committees and Workgroups, participation in PAC meetings, input and feedback on draft documents, adherence to participation agreements.



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IVALUATION 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			
Project Advisory Quality Steering Committee Members / Chairs	Chair quality committees for specific projects	Clincial protocols and oversight of individual project plans	
External Stakeholders			
Regional Clinical Council Members	Multiple Providers and Provider Types	Overarching protocol and metrics direction on projects that are common to more than one PPS in the region	
Regional Public Health Council Members	Multiple Providers and Provider Types	Overarching direction on projects that are common to more than one PPS in the region and assuring communication with LGU and CBOs	



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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.

The Governance work stream is heavily dependent on the shared IT infrastructure that underpins the success of an integrated delivery system aimed at improving population health. Governance, including the Executive, Clinical, Workforce, and IT committees, encompasses oversight and accountability for PPS performance, and as such relies on metrics and reporting enabled by the IT and Systems that we put in place. Key components of the IT & Systems work stream including data sharing and interoperability, patient identification, data-driven change, and performance reporting are key to providing the governance structure with insight into the progress and performance of individual network partners, and the PPS overall. This reporting will enable the governance structure to identify areas of programmatic success and importantly, areas of risk so as to enable timely course correction.

WMC PPS's approach to meeting our IT requirements includes the investment in a robust customer relations database to support the management if network partners related to their program participation and reporting, as well as administrative functions such as contracting. This platform will be used to the extent possible to track submission of Domain 1 metrics to WMC PPS. The IT committee will identify and communicate opportunities identified through the current state assessment to utilize IT to improve the process and outcomes of care, as well as the risks and impacts of IT-driven change to network practices. Each of the PPS Committees will play a role in supporting the connections of network providers to the local HIE (QE) SHIN-NY and the adoption of interoperable health IT platforms, including EHRs that meet MU standards.

To support the improvement of population health and establishment of value-based contracting, the ultimate objectives of DSRIP, WMC PPS will make use of IT systems to manage our attributed population, as well as the "total" population – unattributed patients who receive care from our network or who are simply part of our communities. First, we will leverage the potential of NYS DOH's MAPP portal for management of attributed members including enrollment, gaps in care, utilization and outcomes analysis, and performance reporting. Next, we will create a road map to establishing a platform that supports robust health analytics including the integration of data from multiple sources. Finally, we recognize that the increased role of IT and associated data and reports will require the development of new competencies. Accordingly, our IT requirements include the creation of a strategy to train clinical and non-clinical segments of the workforce to use IT effectively to improve the quality of health care in our region.

IPQR Module 2.8 - Progress Reporting

Instructions:

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



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Success will be measured by the occurrence of meetings of the Executive Committee, Finance Committee, Quality Steering Committee, IT Committee, and Workforce Committee at a frequency in accordance with the applicable charter and documentation of meetings through meeting agendas and meeting notes. In addition, PPS operational policies and procedures (as detailed above) will be developed, adopted and implemented.

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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1. Executive Committee adopts Finance Committee charter.	Completed	This Task completed; see upload.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2. Appoint members to operational Finance Committee (transitioning from planning Finance Committee) and establish regular meeting schedule.	Completed	This Task completed; see upload.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3. Define the Roles and Responsibilities of the WMC (PPS Lead organization) and PMO (Center for Regional Healthcare Innovation) finance.	Completed	Additional Information as Required by IA: • WMC PPS CFO-John Morgan, SVP, Financial Operations (refer to table), co-chairs PPS Finance Committee and is a member of the Executive Committee • WMC CFO is responsible for the annual PPS budget, funds flow, financial reporting and oversees the Center for Regional Healthcare Innovation PMO's fiscal operations.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4. Develop financial structure chart/document and present to Executive Committee for sign off.	Completed	See Task.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4a. PMO will provide quarterly financial managment reports to the Finance Committee through Governance Dashboard. Finance	Completed	Additional Step/Task Required by IA: Governance Dashboard under development; anticipated completion September 30, 2015. Update: Exec Committee	07/01/2015	12/31/2015	07/01/2015	12/31/2015	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
Committee reports will also be provided to the Executive Committee.		reiewed template for dashboard at their September meeting. Anticipated completion of dashboard is scheduled for 12/31/2015 as per our development team.							
Task Step 5. In order to monitor fiscal operations, the PPS will implement internal controls including; monitoring of the RFP process; distribution of funds including those for vendor payables; reconciliation of accounts and variance analysis for actual vs. budgeted revenue and expense categories.	Completed	See Task.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5a. Document and implement initial financial controls and reporting structure (including naming auditor), recognizing that financial oversight will evolve with broader program implementation and further guidance from DOH.	Completed	Additional Step/Task Required by IA.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5b. WMC will revise and/or implement additional internal controls as deemed necessary.	Completed	Additional Step/Task Required by IA.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5c. WMC will provide ongoing training to PPS providers via webinars.	Completed	Additional Step/Task Required by IA. First training webinars held in April on MSA.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	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	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task	Completed	See Task.	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
Step 1. Identify core PMO and WMC staff to support ongoing financial health assessment monitoring.									
Task Step 2. Establish Financial Assessment and Restructuring Workgroup of the Finance Committee (as discussed in DSRIP application).	Completed	See Task.	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3. Review financial health data compiled from survey distributed during DSRIP planning phase; identify and address information gaps and conduct assessment of any new (or added since initial network lists) providers utilizing existing tool and process.	Completed	Additional Information as Required by IA: The PPS will evaluate the fiscal metrics of PPS Partners on an annual basis. These metrics include: cash on hand, current ratio, payer mix, liquidity of assets, debt-to-asset ratio, and preparedness to implement a value-based payment structure on an annual basis.	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4. Identify financially frail and potentially financially frail (those who exhibit certain risk factors) and review status with Finance Committee.	Completed	See Task.	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5. Develop procedure for ongoing (annual) monitoring of financial fragility status of identified providers and the impact on service delivery for Medicaid beneficiaries, with updates to Finance Committee and Executive Committee at regular intervals as determined by Finance Committee.	Completed	See Task.	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6. Subsequent quarterly reports will track plans to address financial status of providers.	Completed	See Task.	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4a. Identified financially fragile PPS partners will submit quarterly fiscal reports for WMC PPS monitoring	Completed	Additional Step/Task as required by IA.	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4b. Based on submitted financial metrics, make funds available for financially fragile PPS Partners	Completed	Additional Step/Task as required by IA.	11/15/2015	03/31/2016	11/15/2015	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
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 Step 1. Review New York State Social Services Law 363-d with Counsel.	Completed	Additional Information as Required by IA: • The PPS CFO, John Morgan, is a member of the PPS Executive Committee and Co-Chair of the PPS Finance Committee. In this role, Mr. Morgan will be informed of compliance activities and will actively participate in the evaluation and recommendation of compliance activities. Patricia Ariel, Chief Compliance Officer for Westchester Medical Center (WMC), will serve as our PPS Compliance Officer and will have a matrixed oversight of PPS leadership, including CRHI, with regard to DSRIP compliance. As part of the Compliance Plan, and to ensure that PPS network members are complying with the requirements of NYS Social Services Law 363-d, which include the requirements of the code of conduct, network members will be required to submit to the PPS Compliance Officer a copy of their submitted annual OMIG certification.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2. Update WMC PPS's compliance plan as needed to be consistent with NYS Social Services Law 363-d and update Executive Committee.	Completed	Additional Information as Required by IA: • The WMC PPS Lead will be including community stakeholders and governmental agencies, who make up the Executive Committee, in order to meet all requirements under NYS Social Services Law 363-d. • PPS will involve community stakeholders (provider agencies, trade orgs), and government agencies (DOH, OMH, LGUs), as appropriate based on provider compliance findings.	10/13/2015	12/31/2015	10/13/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3. Implement monitoring protocols and annual compliance plan review procedure.	Completed	See Task.	11/10/2015	12/31/2015	11/10/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Completed	Administer VBP activity survey to network	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	YES
Task Step 1. Review final State value-based payment roadmap with Finance and Executive	Completed	See Task.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	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
Committees.									
Task Step 2. Establish Value-Based Payment Task Force (note, previously referred to as Financial Sustainability Taskforce in DSRIP Application; further guidance on financial sustainability workstream expectations from DOH led to modification).	Completed	See Task.	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Step 3. Conduct current state assessment of value-based payment across all WMC PPS Participants.	Completed	See Task.	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Step 3a. WMC PPS will conduct an electronic survey of PPS Partner's fiscal operations including their readiness to implement a Value Based Payments model.	Completed	Additional Information/Step required by IA.	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Step 4. Continue value-based payment models and strategies discussions with the Hudson Valley's three largest Medicaid Managed Care Plans that began during the planning phase (note, Hudson Health Plan, the largest plan in the region, serves on the WMC PPS Executive Committee).	Completed	See Task.	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Step 5. WMC PPS will provide education and support on VBP arrangements; we will make this training available through our annual Summit and more locally through the local deployment councils.	Completed	Additional Information/Step required by IA. Summit date, November 5, 2015	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
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	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Task Step 1. Review baseline assessment of Participants' value-based payment arrangements	On Hold	See Task.	04/01/2015	03/31/2020	04/01/2015	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	AV
(and capabilities).									
Task Step 2. Conduct gap assessment to achieving stated goal of 90% within five years.	On Hold	See Task.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 3. PPS Draft VBP Plan, including MCO strategy, distributed for stakeholder feedback.	On Hold	See Task.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 4. Incorporate stakeholder feedback into final VBP Plan; Plan signed off on by Finance Committee and Executive Committee.	On Hold	See Task.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 5. PPS will provide updates on implementation of VBP plan.	On Hold	See Task.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES



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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize PPS finance structure, including reporting structure		Please state if there have been any changes during this reporting quarter.
This is a second of the seco	supporting documentation as necessary.	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
	marville	Other	21_DY2Q4_FS_MDL31_PRES4_OTH_20170328_ FinancialStability_M4_Results_(DY2Q4)_13682.pdf	Annual Financial Sustainability Survey Results	04/27/2017 10:45 AM
Develop a Value Based Payments Needs Assessment ("VNA")	nbajaj	Other	21_DY2Q4_FS_MDL31_PRES4_OTH_QPPR_Sup porting_Report_Form_Part_B_Annual_Financial_S ustainability_Survey_9736.pdf	Quarterly Project Performance Roadmap (QPPR) Supporting Report Form - Part B - 2016 Annual Financial Sustainability Survey	04/04/2017 12:43 PM
	nbajaj	Other	21_DY2Q4_FS_MDL31_PRES4_OTH_Annual_Fin ancial_Sustainability_Survey_9735.pdf	Annual Financial Sustainability survey	04/04/2017 12:40 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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Westchester Medical Center (PPS ID:21)

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 & Complete	
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	Original	Start Date	End Date	Quarter	DSRIP Reporting
Wilestone/ Lask Haine	Otatas	Description	Start Date	End Date	Otart Date	Liid Date	End Date	Year and
								Quarter

No Records Found

PPS Defined Milestones Current File Uploads

	Milestone Name	User ID	File Type	File Name	Description	Upload Date	
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	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.

- 1. Because our PPS spans eight counties, we recognize it may not be feasible or desirable to enter into value-based contracts on behalf of all Participants; we anticipate setting up new or supporting entities to enable appropriate contracting arrangements with local MCOs. We recognize that local circumstances and needs may prevent a singular approach to sustainability and some arrangements may be acceptable in one region but not another; this may also be driven by the presence of MCOs in some, but not all, PPS counties. The entities will also carry forward the responsibility of sustaining outcomes after the conclusion of the Program.
- 2. Value-based reimbursement is designed to shift the basis of reimbursement from volume to value by incorporating incentives to improve financial & clinical performance. Simply changing incentives is not sufficient to achieve sustainable transformation. Culture change, substantial investment in information technology infrastructure, data mining/business intelligence tools, workforce training, process redesign and care model transformation and adoption of population health orientation requires significant time. This is particularly a challenge for safety net providers who care for a disproportionate percentage of Medicaid and uninsured patients. To ensure fragile safety net providers will achieve a path of financial sustainability and transition to VBP models, our PPS will create an innovation pool to which PPS Participants may apply for funding to enable their transition and mitigate potential losses/financial challenges when transitioning away from their existing business model. The Finance Committee will develop criteria and an application process for the distribution of funds.
- 3. The state of readiness for payment reform across our PPS Participants varies greatly. In order for value-based reimbursement to be successful, providers must have the right infrastructure in place, cultural alignment and must becoming willing to embrace at least a degree of risk. As our PPS endeavors to advance clinical integration and clinical care redesign to promote accountability for cost, quality and value in a robust and sustainable care network, we will be evaluating provider readiness, leveraging DSRIP to build shared infrastructure, and building strong alliances providers supported by a strong technical assistance program through the PMO.
- 4. Our PPS began an active dialogue with regional Medicaid plans during the DSRIP planning process and, understanding the critical importance of MCO involvement, ensured MCO representation on our Executive Committee and as part of our clinical program planning. We will continue to work with MCOs through our VBP Task Force and as partners in our governance process.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

Financial Sustainability is in many ways the "end game" of the DSRIP transformation effort and, as such, has a critical interdependency with all operational and clinical performance workstreams. In particular, there are clear linkages with: Governance, Performance Reporting,



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Finance/Budgeting, IT, Clinician Engagement, and Population Health / Clinical Integration.



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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
Executive VP for Financial Planning and Managed Care	Mark Fersko, WMC	Responsible for value-based contracting strategy and managed care operations. Co-chair of Value-Based Payment taskforce. Will have executive responsibility for final Value Vision and Action Plan and for establishing value-based contracts on behalf of WMC.
SVP Financial Operations & Co-Chair WMC PPS Finance Committee	John Morgan, WMC	Responsible for financial operations and DSRIP funds flow. Co- chair of PPS Finance Committee, responsible for oversight of the annual financial health assessment policies and protocols as well as annual deployment, development of Value Vision and Action Plan (through the Committee's Value-Based Payment Task Force), and accountability for financial sustainability workstreams (including compliance review).
SVP Strategic Planning & Chair WMC PPS Executive Committee	Anthony Mahler, WMC	Chair of Executive Committee. Committee is responsible for final approval and adoption of financial health assessment policies and protocols; Value Vision and Action Plan, governance responsibility in monitoring of progress against plan and institution of course correction when necessary, and ensuring accountability for all financial requirements related to DSRIP.
SVP, Executive Director, Center for Regional Healthcare Innovation	June Keenan, PMO	Lead responsibility for DSRIP program for PPS lead WMC
VP Operations, Center for Regional Healthcare Innovation (CRHI)	Ed McGill, PMO	Executive responsibility for CRHI (which acts as PPS program management office) operations and hiring and management of financial staff.
PPS Executive Committee Members	Multiple Providers	Governing Body of the PPS.
Co-Chair Finance Committee	Lindsay Farrell, CEO Open Door Medical Center	Co-chair of PPS Finance Committee, responsible for oversight of the annual financial health assessment policies and protocols as well as annual deployment, development of Value Vision and Action Plan (through the Committee's Value-Based Payment Task Force), and accountability for financial sustainability workstreams (including compliance review).
SVP Audit & Compliance	Patricia Ariel, WMC	Oversight of development and implementation of the compliance plan for both WMC (PPS lead) and related compliance



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		requirements of the PPS as they are defined. Responsible for reports and updates to the Finance and Executive Committees.
SVP & Deputy General Council	Beth Davis, WMC	Oversight of legal contracts, including detailed provider schedule attachments to the WMC PPS DSRIP Master Services Agreement, which detail funds flow to providers and related provider-level requirements. Responsible for oversight of value-based contracting related to DSRIP.
Value-Based Payment Taskforce Members (roster will be available on request)	PPS Value-Based Taskforce	Responsible for development of value-based payment roadmap and creation of Value Vision & Action Plan.
PPS Finance Committee	Multiple Providers	Advises and reports to the PPS Executive Committee on recommendations for PPS budgeting, funds flow allocation, and provider financial assessments.



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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				
CFOs and Managed Care Contracting executives at PPS Participant organizations	Financial and contracting oversight at PPS Participants	Responsible for contributing to PPS VBP baseline assessment and ultimately ensuring transition to Value Based Payment contracts in their respective organizations. Will be asked to review and provide feedback to Value Vision & Action Plan.		
Senior Director, Finance and Administration, CRHI	Joseph Liberatore, PMO	Senior Director has overarching responsibility for budget and financial reporting.		
Senior Director, IDS, CRHI	Ron Zappulla, PMO	Responsible for IT infrastructure and generating of reports		
WMC PPS Quality Committee	PPS Quality Committee	Responsible for clinical protocol establishment and quality monitoring, which will ultimately demonstrate value to market place and facilitate feasibility of value-based payment and reporting to support VBP		
External Stakeholders				
Regional Medicaid Managed Care Organizations and other payers	Payers responsible for contracting with providers	Participation in Value-Based Payment strategies and options discussions, review and feedback into the WMC PPS Value Vision & Action Plan, responsibilities related to implementing the PPSs value based strategy, the contracting process, and implementation / administration of executed value based agreements.		
New York State Department of Health	Manages Medicaid program, regulates Medicaid reimbursement, defines DSRIP program requirements	The PPS Lead and PPS finance function has responsibility for the overall administration of DSRIP reporting to DOH and the funds flow process. DOH also has ability to support regulatory waiver requests that will facilitate Value-Based Payment and to setting policies for Medicaid program transition to VBP in five years.		
External Auditor	Responsible for 3rd party external compliance audit	External audit function		



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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.

IT Systems and Processes impact every other organizational workstream, especially the Financial Sustainability workstream and provide the infrastructure for Population Health Management and DSRIP projects data analysis and reporting. IT support will also enable tracking and reporting of financial health of Partner organizations, value-based contracting in the PPS, infrastructure deployment, training requirements and impact on outcomes.

IPQR Module 3.8 - Progress Reporting

Instructions:

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

The WMC PMO will monitor and advance the Financial Sustainability Workstream through a combination of PMO staff, senior WMC finance and compliance executives at WMC, PPS Finance Committee and Value-Based Payment Task Force reporting to the PPS Executive Committee.

IPQR Module 3.9 - IA Monitoring

Instructions:



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Westchester Medical Center (PPS ID:21)

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	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 selfmanagement of conditions (considering cultural, linguistic and literacy factors); and Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1. Establish a Community Engagement Quality Advisory Committee.	Completed	This committee also serves as Advisory Quality Committee for 2.d.i; see upload list of members.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2. Update CNA hot spotting using final attribution to identify priority groups in terms of health disparities. Socioeconomic analyses will be based on zip code analysis using the Area Deprivation Index identified in the CNA and from responses from the Consumer Survey (N=4900) on access and use of services.	Completed	Need PHI data attribution from NYSDOH	09/01/2015	12/31/2015	09/01/2015	12/31/2015	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 Step 3. Identify cultural competency and health literacy champions within the local deployment groups established as part of Clinical Governance who are responsible for patient and provider engagement. These Champions will communicate cultural competency strategy and plans to our provider network and report back to the WMC Quality Committee and Workforce Committee.	Completed	Will also work through Community Engagement Quality Advisory Committee.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4. Using information from the Cultural Competency Survey distributed to providers during our CNA and mapped against the results of Step 1, we will conduct a gap assessment of cultural and linguistic capabilities of providers. We will also be able to compare access issues identified from the Consumer survey with provider services identified as part of our project plans to identify key factors that must be addressed to improve access.	Completed	Detailed provider survey will be finished DY1, Q4	11/05/2015	12/31/2015	11/05/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5. Conduct initial Focus groups with community consumers/residents and CBOs to help identify key access factors and effective communication pathways that acknowledge cultural differences, language and health literacy competencies from a community perspective.	Completed	See Task.	10/27/2015	12/31/2015	10/27/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6. Establish Cultural Competency/Health Literacy workgroup as a subset of the Workforce Committee to oversee identification of evidence- based clinical training that takes into consideration disease risk factors for sub populations based on race, ethnicity, disability, and behavioral health challenges. This workgroup when established will also suggest	Completed	See Task.	10/06/2015	12/31/2015	10/06/2015	12/31/2015	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
approaches for patient self-management of disease risk factors that are culturally appropriate and review these with the WMC PPS Quality Committee, who in turn will share these standards/approaches with the Hudson Region DSRIP Clinical Council to coordinate with the other 2 PPSs in the region.									
Task Step 7. Include within the Workforce Assessment and Strategy the need to engage our PPS network in identifying best practices for dealing with disparities that should be shared with providers and community groups, especially for vulnerable sub populations.	Completed	See Task.	10/06/2015	12/31/2015	10/06/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 8. Obtain Executive Committee approval of Proposed Strategy.	Completed	See Task.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 9. Begin identification of appropriate and meaningful measures to monitor ongoing impact of the WMC PPS Cultural Competency Strategy.	Completed	See Task.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 10. Establish mechanism to evaluate interventions and processes included in the approved Strategy by utilizing a Plan-Do-Study-Act (PDSA) cycle. The Community Engagement Quality Advisory Committee as well as the WMC PPS Quality Committee will evaluate and advise on the results.	Completed	Additional Step/Task required by IA.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 11. Solicit ongoing feedback on the various structures, processes and interventions that are part of the Strategy through brief interviews and surveys of key community partners and consumers through the local deployment councils.	Completed	Additional Step/Task required by IA.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2	Completed	This milestone must be completed by 6/30/2016. Cultural	10/15/2015	06/30/2016	10/15/2015	06/30/2016	06/30/2016	DY2 Q1	YES



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Milestone/Task Name	Status	Description S competency training strategy, signed off by PPS Board. The		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).		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							
Task Step 1. Define a current state training need based on Steps 1, 2 and 5 of the cultural competency/health literacy strategy above.	Completed	See Task.	10/15/2015	03/31/2016	10/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2. In collaboration with partners identified in the Workforce Training plan, including CBOs, providers, unions and New York Medical College, and incorporating findings from Steps 3 and 4 from the above milestone, the PPS PMO will either develop or subcontract to vendors training that will address disparities identified as part of our current state training needs assessment.	Completed	See Task.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3. Obtain Executive Committee approval of Proposed Training Strategy.	Completed	See Task.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4. Develop content for material and online modules after Step 6 in the above milestone for providers in the region to raise awareness of regional health disparities.	Completed	See Task.	11/05/2015	06/30/2016	11/05/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5. Work with IT Committee to develop a platform for required quarterly reports and for tracking program offerings and participation.	Completed	See Task.	11/05/2015	06/30/2016	11/05/2015	06/30/2016	06/30/2016	DY2 Q1	



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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Milestone Name	IA Instructions	Quarterly Opuate Description

No Records Found

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
Finalize cultural competency / health literacy strategy.	
Develop a training strategy focused on addressing the drivers	
of health disparities (beyond the availability of language-	
appropriate material).	l l

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	
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description	Upload Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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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.

Our PPS may have difficulty in getting frontline workers and key stakeholders to support cultural competency training requirements because they are perceived as additional/burdensome. To mitigate this risk we have included union representation on our Workforce Committee. We have also included champions for Cultural Competency/Health Literacy as part of our local deployment. This will also allow communication with network partners so that all PPS training requirements can be planned for and assessed with respect to workforce impact. Staffing may be a concern for providers who will need to screen for BH disorders or Patient Activation. To mitigate this we will provide training through outreach cooperatives which will include PCP and staff training supported with implementation toolkits that facilitate culturally competent use of assessment tools (PHQ2, SBIRT, PAM). There is also limited baseline knowledge of organizational performance due to lack of data and insufficient numbers of culturally and/or linguistically trained staff. To mitigate this risk we have come up with a Workforce Strategy to train and hire additional staff.

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.)

Our Cultural Competency and Health Literacy strategies are largely dependent on Finance and Workforce work streams. We have integrated our CC/HL budget into the Workforce Budget and a member of the Finance Committee is represented on the Workforce team. There are also direct links between training components of our CC/HL strategy that need to be coordinated and assessed for impact on workforce. To do this we have integrated the elements of our CC/HL strategy in parallel with the Workforce training requirements. In addition our Workforce Plan includes recruitment of bilingual health educators, medical interpreters and staff to fill gaps identified in our initial assessment of staffing as part of our CNA conducted last November. This will be updated when our CC/HL current state assessment is completed. Our strategy is also dependent on Clinical Integration; we have integrated champions who will coordinate with the WMC PPS Quality 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		
WMC PPS Cultural Competency & Health Literacy Lead	Peg Moran, VP Operations (PMO)	Identification of Health Disparities and overall assessments, and content development related to training on disparities.		
WMC IDS/IT development	Ron Zappulla, Sr Director, IDS (PMO)	Responsibility for IT systems related to workforce and cultural competency/health literacy training, monitoring and reporting.		
	Catskills AHEC,			
	Health Literacy Partners-Terri Parnell			
Training Vendor	CityLore	Training modules and possible certificates.		
	Project Reach, Inc.			
	Sayantani DasGupta MD			
WMC PPS Workforce Project Lead	Bonnie Reyna, Director, Workforce Transformation/Training (PMO)	Dedicated project manager who will lead WMC PPS's workforce strategy design, development, implementation, and monitoring.		



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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		
WMC PPS, Workforce Committee (refer to Workforce Strategy section for complete listing)	Works with Workforce Project Lead	Committee of key stakeholders who meet regularly to inform, guide, and review the development and implementation of the WMC PPS's workforce plan and implementation.
WMC PPS Community Engagement Quality Committee: WMC Community & Cultural Affairs, Open Door Family Health Center, Maternal Infant Services Network, Sarah Lawrence College, Lower Hudson Valley Perinatal Network, Gateway Community Industries, Catholic Charities Community Serv. Orange Co., Program Design & Dev., Mental Health Assoc. Ulster, Family of Woodstock, Mental Health Assoc. Orange Co., New American Workforce, Planned Parenthood Mid-Hudson Valley, African American Men of Westchester	Works with Workforce Project Lead - Will provide information on patient/family experiences in their organizations and in the community	Committee of key stakeholders who meet regularly to inform, guide, and review the development and implementation of the WMC PPS's cultural competency and health literacy strategy and coordinates with the PPS's patient engagement strategies for Project 2.d.i
External Stakeholders		
County Health, Mental Health and Social Services departments	Local county stakeholders who provide input and feedback on community needs	Community needs assessment
NAMI of Rockland County - (National Alliance on Mental Illness)	PPS partner & stakeholder	Family and Patient advisement re: cultural competence and health literacy



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Westchester Medical Center (PPS ID:21)

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.

IT Systems impact every other organizational workstream because of the need for data and reporting in the DSRIP program. Since our CC/HL strategy is dependent on Workforce, we will rely upon new IT systems, including new uses of IT which will require retraining of existing staff, training for new or redeployed staff, and new sets of skills for many partner employees across the PPS. We will rely upon IT for tracking and reporting of training requirements and impact on outcomes.

IPQR Module 4.8 - Progress Reporting

Instructions:

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

Success of the Cultural Competency and Health Literacy workstream will be measured principally through the timely achievement of project milestones. To track progress against milestones in accordance with quarterly reporting to the DOH, we will deploy project management software to document deliverables, tasks, resources, timing, dependencies, and other critical success factors. Project management capabilities will also include proactive monitoring for early identification of possible slippage of due dates enabling the team to correct course as necessary. Integral to achieving outcomes is our relationship with the local county departments of health, mental health and social services and our partnering with them to update their community health and mental health needs assessments.

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	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1. WMC PPS convenes stakeholders (RHIO, network providers, WMC project teams, others) to develop assessment components including technical and functional information.	Completed	See Task.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2. Issue RFP to identify and engage vendor to conduct assessment.	Completed	See Task.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3. Establish IT governance structure.	Completed	See Task.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4. Under the direction of WMC PPS, vendor creates assessment tool, survey and analytic plan.	Completed	Additional Information as Required by IA: Under the direction of WMC PPS Sr. Dir, IDS Operations, vendor creates assessment tools, survey, and analytic plan.	09/15/2015	03/31/2016	09/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5. Vendor surveys WMC PPS network on current state.	Completed	Additional Information as Required by IA: Vendor surveys WMC PPS network on current state using a combination of electronic questionnaires, site-visits, and interviews. EMRs, existing and planned RHIO connections, technical needs, and capabilities will be part of assessment.	10/06/2015	03/31/2016	10/06/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6. Vendor analyzes and tabulates results	Completed	See Task.	01/12/2016	03/31/2016	01/12/2016	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
and creates a current state assessment report.									
Task Step 7. WMC PPS reconvenes IT governance group to share results and develop strategy for closing gaps.	Completed	See Task.	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 7a. WMC PPS reconvenes IT governance group to budget for closing gaps and achieving interoperability.	Completed	Additional Step/Task required by IA.	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3	
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	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1. Based on results of current state assessment (milestone above), identify opportunities for IT-driven change in partner practices, e.g. data sharing.	Completed	See Task.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2. IT Committee, working through the PMO, assesses impact, risks, and effectiveness of IT changes and alignment with projects.	Completed	Additional Information as Required by IA: The IT committee, chaired by WMC CIO, working through the PMO, assesses the impact, risks and effectiveness of IT changes and alignment with projects. The IT committee also includes executive representation by the RHIO (QE).	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3. Obtain Executive Committee Board approval of change management strategy.	Completed	See Task.	09/30/2016	12/31/2016	09/30/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Completed	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;	06/01/2015	12/31/2016	06/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO



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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
		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 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 Step 1. Establish IT governance structure.	Completed	See Task.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2. WMC PPS creates plan for the development of platforms to share administrative, milestone, and project information with network partners. These platforms will also support the establishment and tracking of data sharing agreements.	Completed	See Task.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3. Implement interim reporting tool for DSRIP milestone reporting and engaged patient tracking.	Completed	Additional Information as Required by IA: WMC PPS working with WMC IT department, consultants, and other stakeholders, creates functional requirements for data platform enabling secure storage, management, and analysis of program data. Functionality includes a "web form" or other tool to enable network partners to report programmatic activity to the PPS.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4. Create plan for procuring and implementing platforms to capture patient-reported data (e.g., PAM, community resource referrals, others), including hardware needs and mobile deployment.	Completed	Additional Information as Required by IA: WMC PPS deploys data platform following pilot testing and training with 2 network partners. Deployment will include procedures for providing programmatic data to WMC PPS.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5. Create PPS-wide data sharing roadmap.	Completed	See Task.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 6. Create plan to deploy MAPP functionality using dashboards, enrollment information, and other data as made available by NYS.	Completed	See Task.	07/01/2015	06/30/2016	07/01/2015	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 7. WMC PPS in coordination with QE, establishes plan to connect network partners to RHIO.	Completed	See Task.	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 8. Create roadmap for data sharing and reporting using platform to support population health analytics.	Completed	Additional Specificity as Required by IA: WMC PPS creates process to ensure the establishment of data sharing agreements between the PPS and partners, vendors, consultants, and others as necessary, as well as between network partners and the RHIO and other stakeholders as appropriate. This includes an internal process to track agreement activity, as well as the incorporation of DSRIP program data sharing agreements in the WMC PPS contracting process.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 5a. WMC PPS, working with the IT Committee, creates a PPS wide data sharing roadmap based on the results of and gaps identified in the current state assessment (M/S #1), in effect a plan to "close the gaps". Areas of focus will include: i) RHIO connectivity, ii) the use of direct mail, and iii) secure access to performance data provided by the PPS incorporating metrics sourced from the MAPP portal as well as the reporting of data through the tool described in Step 4.	Completed	Additional Step/Task required by IA. Date changed to take into consideration end date Step 8.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	
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.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1. WMC PPS, with feedback from the local deployment councils, adapts tools for member engagement to be culturally and linguistically appropriate for isolated communities.	Completed	See Task.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2. WMC PPS and QE identify appropriate measures to monitor RHIO consent.	Completed	See Task.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task	Completed	See Task.	04/01/2016	09/30/2016	04/01/2016	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
Step 3. Based on current state assessment (milestone #1), PPS reviews and identifies technology, workflow and other barriers to engaging members and obtaining consent to share data on the RHIO.									
Task Step 4. The PPS will rely upon cultural competency and health literacy champions within the local deployment groups established as part of Clinical Governance to communicate cultural competency strategy and plans to our provider network and report back to the WMC Quality Committee and Workforce Committee.	Completed	See Task.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5. Obtain Executive Committee approval of QE engagement plan.	Completed	See Task.	09/30/2016	12/31/2016	09/30/2016	12/31/2016	12/31/2016	DY2 Q3	
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.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1. Submit NYS_SSP Workbooks, Set 1.	Completed	See Task.	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task Step 2. Submit NYS_SSP Workbooks, Set 2.	Completed	See Task.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3. Submit NYS_SSP Workbooks, Set 3.	Completed	See Task.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4. Submit NYS_SSP Workbooks, Set 4.	Completed	Additional Information as Required by IA: Under the direction of WMC Security Officer, establish PPS- wide protocols for protected data. Protocols will be adapted from WMC's existing security assessments and interventions which address training, risk analysis and mitigation. Physical and building security, identification and authentication, protocols for devices, data integrity, emergency, and break the glass and other contingencies will also be adapted.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5. Develop plan for ongoing security and	Completed	See Task.	04/01/2016	06/30/2016	04/01/2016	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
testing throughout PPS network.									
Task Step 6. Obtain PPS Executive Committee approval for data security and confidentiality plan.	Completed	See Task.	08/18/2015	06/30/2016	08/18/2015	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Description	Milestone Name
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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).	marville	Other	21_DY2Q4_IT_MDL51_PRES1_OTH_20170322_I TSystems&Processes_M1_Meeting_Schedule_Te mplate_(DY2Q4)_9740.pdf	IT Systems & Processes M1-Meeting Schedule Template (DY2Q4)	04/04/2017 01:05 PM
Develop an IT Change Management Strategy.	marville	Other	21_DY2Q4_IT_MDL51_PRES2_OTH_20170322_I TSystems&Processes_M2_Meeting_Schedule_Te mplate_(DY2Q4)_9742.pdf	IT Systems & Processes M2-Meeting Schedule Template (DY2Q4)	04/04/2017 01:16 PM
Develop an 11 Change Management Strategy.	marville	Other	21_DY2Q4_IT_MDL51_PRES2_OTH_20170322_I TSystems&Processes_M2_Training_Schedule_Te mplate_(DY2Q4)_9741.pdf	IT Systems & Processes M2-Training Schedule Template (DY2Q4)	04/04/2017 01:15 PM
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS	marville	Other	21_DY2Q4_IT_MDL51_PRES3_OTH_20170322_I TSystems&Processes_M3_Meeting_Schedule_Te mplate_(DY2Q4)_9744.pdf	IT Systems & Processes M3-Meeting Schedule Template (DY2Q4)	04/04/2017 01:19 PM
network	marville Other TSystem		21_DY2Q4_IT_MDL51_PRES3_OTH_20170322_I TSystems&Processes_M3_Training_Schedule_Te mplate_(DY2Q4)_9743.pdf	IT Systems & Processes M3-Training Schedule Template (DY2Q4)	04/04/2017 01:18 PM



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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.	

Milestone Review Status

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



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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 Nam	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload Date	Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Willestone 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.

The WMC PPS is a partnership of diverse network participants and stakeholders. While we view this as a necessity and strength in establishing an integrated delivery system of care, we expect it to present challenges around IT systems. We encompass a range of provider types, a variety of EMR systems (or none at all), technology capabilities and data literacy, and other factors. This diversity has the potential to impact each of the IT milestones—governance, data sharing, and data security and confidentiality. Because IT underpins all 11 of our projects in some way, each project may in turn be affected as well.

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.)

- 1. Governance. Representatives from partner organizations will be called upon to participate in the IT teams described above as well as facilitate the adoption of approved policies and procedures. The PPS Board will need to approve [or comment on] IT-related strategies and plans as described above.
- 2. Practitioner Engagement. PE is heavily dependent on IT Systems and Processes, specifically the ability to generate reports that are meaningful to physicians. Successful population health management strategies will require effective practitioner engagement both to change practices and provide data.
- 3. Funds Flow. As the tool for several key DSRIP milestones including PCMH achievement, data sharing, and performance reporting, IT adoption and use will be a key factor in contracting and funds flow. It is expected that funds to partners will be tied in part to the adoption of IT.
- 4. Workforce. New IT systems, including new uses of IT will require retraining of existing staff, training for new or redeployed staff, and in fact a new set of skills for many partner employees across the PPS. The IT team will work closely with the Workforce leads to ensure the creation and sustainability of the knowledge, skills, roles, and positions necessary to support a technology-enabled integrated delivery system.
- 5. General Interdependence with IT of all other workstreams. As a "cross-cutting" workstream, IT Systems and Processes are integral to the success of all other DSRIP workstreams because of the heavy reliance on information management. Clearly, performance monitoring will require the implementation and use of automated systems and effective reporting. Workforce statistics and metrics will need to be captured and tracked to assess and report the impact of the projects. Finance, budgets, and funds flow likewise all will rely on the ability to capture, analyze and report on program and organizational data.



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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
IT Systems and Processes Lead	Ron Zappulla, Sr Director, Integrated Delivery Systems, WMC PMO	Overall responsibility for IT System & Processes Milestone Completion; Overall responsibility for IDS (2.a.i) Milestones.
Technology SME	John McInally, Partner, Senior Solution Architect, Health Care Transformation Services, Philips Healthcare	Advise on EMR, EBS strategies and solutions.
WMC IT Committee	John Moustakakis, CIO, WMC	Review IT-related policies and procedures; interface with EC, members of IT committee and responsible for overall IT governance. SME for hospital based sytems and liaison to WMC IT vendors.
DSRIP IT Governance and Oversight	IT Governance Committee	Advise on current state, change management strategy, data sharing and interoperability, and data security and confidentialty planning and implementation.
Security of Health Information	John Moustakakis, Chief Security Officer, WMC	Oversee the identificiation, implementation, and monitoring of information security processes including DSRIP- specific requirements.
Strategy Development, Data Analytics and Total Population Health	Deborah Viola, Ph D., WMC PMO	Provide input related to development and deployment of WMC data platforms, MAPP tools, and data use needed to support DSRIP milestones and goals.
Analytics Platform Vendor John McInally, Partner, Senior Solution Architect, Health Care Transformation Services, Philips Healthcare		Develop and deploy IT platform and applications to support analytics and reporting.
Technical Support Steven Goriah, Director, IT Planning & Implementations, WMC IT		Networking, applications, desktop support, and importantly, access to vendors and suppliers.
Clinical Informatics Lead	Janet Sullivan, VP, Medical Director, PMO	Performs CMIO function on behalf of WMC PPS; overall responsibility for clinical metrics and measurement for outcomes improvement.



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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				
WMC PPS/PMO	Oversight & execution	Achievement of IT/Systems Milestones; provision of actionable clinical and process data to achieve outcomes		
External Stakeholders				
HealthLinkNY	QE (RHIO)	Enabling connections to RHIO; providing Direct Messaging; providing administrative analytics including consent for RHIO use		
PPS Network Partners	Program Participants; Data Sharing	Meeting program requirements, adopting approved P&Ps, participating in governance and work teams		
DOH/MAPP	Data Management and Analytics	Functionality related to member management, analytics, and reporting		
EMR Vendors	Data Integration Partners	Creation of interfaces to achieve data sharing & EMR integration		
Consumer/Family/Caregiver Advisement re patient engagement, consent issues		Membership on IT committee to provide input on barriers and facilitators to consenting to data sharing, cultural competencies, and public communications strategies		



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IPQR Module 5.7 - Progress Reporting

Instructions:

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

Success of the IT Systems and Processes workstream will be measured principally through the timely achievement of project milestones. To track progress against milestones in accordance with quarterly reporting to the DOH, we will deploy project management software to document deliverables, tasks, resources, timing, dependencies, and other critical success factors. Project management capabilities will also include proactive monitoring for early identification of possible slippage of due dates enabling the team to correct course as necessary.

IPQR Module 5.8 - IA Monitoring

Instructions:



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1. WMC PPS creates plan for the development and implementation of platforms to share administrative, milestone, and project information with network partners. These platforms will also support the establishment and tracking of data sharing agreements.	Completed	See Task.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2. Establish pilots/incubators for interim reports and communication modules using Pareto charts to identify key providers for quarterly reports.	Completed	See Task.	10/06/2015	12/31/2015	10/06/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3. Implement interim reporting tool for DSRIP milestone reporting and performance (see IT Systems and Processes, milestone #3).	Completed	See Task.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4. Establish a staffing plan for managing clinical and financial outcomes reporting with a designated project manager and PMO executive	Completed	See Task.	11/05/2015	12/31/2015	11/05/2015	12/31/2015	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
responsible for each project									
Task Step 5. Obtain Executive Committee approval of Reporting and Communications strategy.	Completed	See Task.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6. Provide training on MAPP: as appropriate MAPP tools become available, support staff will be trained and charged with presenting relevant MAPP reports to their committees.	Completed	See Task.	07/06/2015	06/30/2016	07/06/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 7. The Quality Steering Committee and its workgroups will review and revise project plans based on performance reports (rapid cycle evaluation) and will report and communicate "up" to PPS Executive Committee and "down" to partners through local deployment groups.	Completed	See Task.	08/09/2016	09/30/2016	08/09/2016	09/30/2016	09/30/2016	DY2 Q2	
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.	11/05/2015	06/30/2016	11/05/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1. The WMC PPS Quality Steering Committee will provide oversight and local deployment councils will provide feedback on implementation for clinical programs of each project.	Completed	See Task.	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2. The PMO will design curriculum and modalities for training PPS clinicians around each project intervention.	Completed	See Task.	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3. Field based deployment will follow an academic detailing model including centrally based and locally deployed staff.	Completed	See Task.	04/12/2016	06/30/2016	04/12/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4. PMO will monitor training roll-out and assess effectiveness via participant evaluation.	Completed	Additional Information as Required by IA: Partner feedback will be routinely solicited. Based on lessons learned and feedback from Partners and local deployment workgroups, the Quality Steering Committee and/or its	05/10/2016	06/30/2016	05/10/2016	06/30/2016	06/30/2016	DY2 Q1	



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		workgroups will review and adjust training materials/ best							
		practices/ protocols/ guidelines/standards and further							
		implementation plans in consultation with PMO staff.							

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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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			21_DY2Q4_PR_MDL61_PRES2_OTH_20170424_	Performance Reporting M2- Training Schedule	
individuals throughout the network, focused on	marville	Other	PerformanceReportingTrainingSchedule_(DY2Q4)_	Template (DY2Q4)	04/24/2017 03:47 PM
clinical quality and performance reporting.			11825.pdf		

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.	

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 Nam	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload Da
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No Records Found

PPS Defined Milestones Narrative Text

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Milestone Name	Narrative Text

No Records Found



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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 WMC PPS is a partnership of diverse network participants and stakeholders. While we view this as a necessity and strength in establishing an integrated delivery system of care, we recognize that there will be variations in experience and capabilities using reports to evaluate performance in the clinical setting. Levels of data literacy will vary, and partner organizations will need assistance in understanding both how to provide information for performance reporting, as well as how to use reports supplied to them. To mitigate this risk, we will start by conducting a thorough current state assessment to understand specifically the strengths and weaknesses of our partners with respect to performance and quality reporting. Based on this information, action plans with a focus on training on performance measurement and reporting will be developed and rolled out throughout the network. Additionally, the Quality Steering Committee will provide strategic direction and leadership on engaging providers and securing buy-in among staff to adopt data-driven best practices.

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.)

Performance reporting is generally interdependent with all other workstreams. As a "cross-cutting" workstream, performance measurement and reporting is integral to the success of all other DSRIP workstreams because of the heavy reliance on information management. Clearly, performance monitoring entails the implementation and use of automated systems and effective reporting, covered in the IT Systems and Processes workstream. Finance, budgets, and funds flow likewise all will rely on our ability to capture, analyze and report on program and organizational data.



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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
IT Systems and Processes Lead	Ron Zappulla, Sr Director, Integrated Delivery Systems, PMO	Overall responsibility for IT System & Processes Milestone Completion; Overall responsibility for IDS (2.a.i) Milestones.
Clinical Programs and Provider Engagement Lead	Janet Sullivan, VP, Medical Director, PMO	Overall responsibility for clinical program milestone completion and performance.
Total Population Health Lead	Deborah Viola, PhD, Health Services Research and Data Analytics, PMO	Overall responsibility for TPH milestone completion.
WMC IT Committee	John Moustakakis, CIO, WMC	Review IT-related policies and procedures; interface with EC, member of IT committee and responsible for overall governance. SME for hospital based sytems and liaison to WMC IT vendors.
Analytics	Ron Zappulla, Senior Director, IDS, PMO	Platform Development and Deployment.
Member Management & Analytics, Reporting	NYS DOH/MAPP	MAPP Portal; Quarterly Reports
WMC PPS Quality Steering Committee	Clinical leads of each Project Advisory Quality Committee (available) and identified leaders representing other stakeholdergroups	Review of all NYS defined metrics and development of project specific metrics for monitoring success of each project



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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					
WMC PPS PMO	Oversight and management	Establishing performance measurement systems and processes			
External Stakeholders		•			
HealthLink NY	Data Sharing and Analytics	Enabling connections to RHIO; providing Direct Messaging; providing adminstrative analytics including consent for RHIO use			
EMR Vendors	Data Integration Partners	Creation of interfaces to achieve data sharing & EMR integration.			
PPS Network Partners	Program Participants; Data Sharing	Meeting program requirements, adopting approved P&Ps, participating in governance and work teams.			
Quality Steering Committee	Performance Review, measure development, and intervention design.	Regular review of performance results and progress against milestones; review of all NYS defined metrics and development of project specific metrics for monitoring success of each project; development of strategies and interventions to achieve goals.			
Executive Committee	Performance Review , review of proposed new metrics and interventions and Decision-Making	Regular review of performance results and progress against milestones; review of PMO and PPS committee's quarterly reports, proposed strategies and interventions against performance goals, action plans as needed.			
Workforce Committee	Performance Review relative to workforce deliverables.	Regular review of performance results and progress against workforce related milestones; investigation of barriers to success; strategies for interventions.			



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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.

Our reliance on the NYS DOH MAPP system greatly facilitates our approach to performance reporting and provides many benefits:

- 1. It will free up resources to focus on training and supporting practices to engage in measurement and reporting.
- 2. It provides the ability to use a standard approach across the network as defined by NYSDOH.
- 3. It facilitates development and sharing among PPSs best practices and lessons learned.
- 4. It reduces [potential] duplication in data analytic services.

IPQR Module 6.8 - Progress Reporting

Instructions:

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

Success of the Performance Reporting workstream will be measured principally through the timely achievement of project milestones. To track progress against milestones in accordance with quarterly reporting to the DOH, we will deploy project management software to document deliverables, tasks, resources, timing, dependencies, and other critical success factors. Project management capabilities will also include proactive monitoring for early identification of possible slippage of due dates enabling the team to correct course as necessary.

IPQR Module 6.9 - IA Monitoring

Instructions :			



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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 groupsThe identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1. Submit general plan for Clinical Governance including Quality Committee and its workgroups to Executive Committee.	Completed	Task Completed; see upload.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2. Convene the Hudson Region DSRIP Public Health Council (HRDPHC) including participation by all three Hudson Valley PPS with local departments of health, mental health and social services. HRDPHC will be a forum for ensuring LGU input into the work of DSRIP PPSs in the Hudson Valley.	Completed	Task Completed; see upload in Governance Milestone #7, Task 1.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 3. Convene the WMC PPS project specific Advisory Quality Committees and workgroups.	Completed	See Task. We revised task end date because our annual quality summit is Nov 5, 2015 where all project advisory committees will meet. Because of the size of participation (over 200 network partners) we culd not get it coordinated and scheduled by 9/30/2015.	04/01/2015	11/05/2015	04/01/2015	11/05/2015	12/31/2015	DY1 Q3	
Task	Completed	See Task.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	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 4. PPS creates a plan for the development and implementation of platforms to share administrative, milestone and project information with network partners.									
Task Step 5. Convene a planning group for a Population Health Improvement Program (PHIP)/ PPS Clinical Quality Committee. Since our application was submitted the PHIP has been charged with convening a regional quality council. All 3 PPSs in our region agree that a region wide clinical council to coordinate PPS activities should be aligned with the PHIP.	Completed	See Task.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6. Implement interim reporting tied to DSRIP milestone reporting and performance (as indicated in the IT Systems and Processes section, Milestone #3).	Completed	See Task.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 7. Convene WMC PPS Quality Committee and local deployment councils.	Completed	See Task.	12/31/2015	03/31/2016	12/31/2015	03/31/2016	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 Step 1. Establish Webinars & Conference calls: Webinars and conference calls allow busy practitioners to incorporate PPS meetings into their schedules with less disruption to patient care. As we have done during the DSRIP planning period, the PPS will continue to use webinars with conference lines as the main forum for convening committees, workgroups and for presentations about the DSRIP program and PPS- specific projects, goals and progress.	Completed	See Task. We revised task end date because our annual quality summit is Nov 5, 2015 where all project advisory committees will meet. Because of the size of participation (over 200 network partners) we culd not get it coordinated and scheduled by 9/30/2015. Summit preparatory calls took place during the months of September and October with all quality project advisory committees.	04/01/2015	11/05/2015	04/01/2015	11/05/2015	12/31/2015	DY1 Q3	



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DSRIP Implementation Plan Project

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 2. Training on use of MIX: As appropriate, committees and workgroups will set up group sites on the MIX. (HRDPHC tobacco cessation group already has a site.) All committee members will be offered MIX training.	Completed	See Task.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3. Conduct face to face meetings and work sessions to train and educate providers. Quality committees and workgroups leading a PPS project will meet face-to-face at least once a year. These meetings will include presentations on the DSRIP program and PPS-specific quality improvement agenda with status updates on progress to goals. Periodically the PPS will also sponsor forums for exchange of best practices.	Completed	See Task.	11/05/2015	12/31/2015	11/05/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4. Training on use of MAPP: As appropriate MAPP tools become available, support staff will be trained and charged with presenting relevant MAPP reports to their committees.	Completed	See Task.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5. PMO will monitor training roll-out and assess effectivess via participant evaluation.	Completed	Additional Specificity as Required by IA: Partner feedback will be routinely solicited. Based on lessons learned and feedback from Partners and local deployment workgroups, the Quality Steering Committee and/or its workgroups will review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans in consultation with PMO staff. The PPS has developed a template for identification of potential members for quality committee participation that identifies professional specialty, stakeholder group and geographic region represented by each potential participant. Use of the template will help ensure that committees all have broad professional and stakeholder representation.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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IA Instructions / Quarterly Update

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Milestone Name	IA Instructions	Ougstasty Undete Description
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 / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	marville	Other		Practitioner Engagement M2-Practitioner Engagement Training Schedule Template (DY2Q4)	04/04/2017 01:52 PM

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



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Westchester Medical Center (PPS ID:21)

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	
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload Da
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Natiative text

No Records Found



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DSRIP Implementation Plan Project

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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.

One risk is the current level of practitioner engagement. Practitioner engagement for DSRIP has been characterized as establishing a structure for clinical governance, involving clinicians in participation and engaging practitioners in review of reports addressing DSRIP goals. Our PPS has made significant progress on all fronts. Our PPS is not building upon an existing organization but rather creating something new. This has the disadvantage of requiring a bit more work and a bit more time to get established but the advantage of being able to create an infrastructure specific to the tasks at hand and supported by new technology. To mitigate this risk we are systematically involving clinical leaders among our partners in the development of clinical governance for our PPS. We have a proposal for a clinical governance structure which has been well received in discussions with key clinical leaders of partner organizations. During the DSRIP planning and application period our PPS held numerous small and large meetings and hosted many webinars attended by 100s of practitioners; the responses regarding participation in quality committees and workgroups indicate that interest remains high. With the other Hudson Valley PPSs we have already convened planning meetings for two cross-PPS regional committees: a Hudson Region DSRIP Public Health Council (HRDPHC) and a Hudson Region DSRIP Clinical Council (HRDCC) in coordination with the PHIP. The HRDPHC has already met to discuss tobacco cessation, and we have also coordinated joint meetings of all PPSs around BH Crisis stabilization with local governments in more than one county.

A second risk is the need to begin engaging patients around each project in DY1, Q2 before all committees have convened, before contracts are in place with all our partners and before the PPS is fully staffed. Engaged patient targets for DY1 are at risk as a result. To mitigate this risk we are developing a two stage process for collecting data on engaged patients with a short term plan that will take into account that without consent from patients and executed BAA and DEAA we cannot collect PHI.

A third risk is the same one cited in the Clinical Integration workstream: our PPS is working with unaffiliated clinical partners with businesses that are in some cases competitors. This presents an obstacle to clinical integration. Risk mitigation strategies include communicating policy imperatives that are driving change.

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 is heavily dependent on IT Systems and Processes as noted in IT expectations, specifically the ability to generate reports that are meaningful to physicians. Successful population health management strategies will require effective practitioner engagement both to change practices and provide data. There is a major dependency on governance for overseeing compliance with protocols and participant



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contracts and overall DSRIP operations.



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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
Clinical Programs and Provider Engagement Lead	Jessie Sullivan, MD, VP, PMO	Overall responsibility for clinical program milestone completion and performance.
Network Director	Maureen Doran, VP Integrated Care Network	Aligning integrated relationships with external physicians and group practices, hospital and health systems and insurance networks.
Quality Steering Committee	Dr. Jonathan Nasser, Crystal Run Healthcare LLP Dr. Allen Dozor, Boston Children's Health Physicians LLP Dr. Daren Wu, Open Door Family Medical Center Mr. Joseph DeMarzo, Putnam County Department of Social Services and Mental Health Dr. Scott Hines, Crystal Run Healthcare LLP Dr. Avi Silber, Greater Hudson Valley Family Health Center Mrs. Cheryl Hunter-Grant, Children's Health & Research Foundation, Inc. Ms. Peggy Leonard, MVP Healthcare Ms. Ashley Brody, Search for Change, Inc. Mr. Andrew O'Grady, Mental Health America of Dutchess County Ms. Renee Garrick, Boston Children's Health Physicians LLP Dr. Paul Llobet, Health Alliance Inc. Dr. Mary Leahy, Bons Secours Charity Health System	Clinical protocols and oversight of general project plans.



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DSRIP Implementation Plan Project

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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					
Workforce Committee	Performance Review and Decision-Making	Regular review of performance results and progress against milestones; action plans as needed.			
External Stakeholders					
PHIP (Population Health Improvement Program)	Regional contractor selected by NYSDOH to promote Triple Aim.	Support and advance ongoing Prevention Agenda activities.			
Regional Clinical Council	Multiple providers and provider types	Overarching protocol and metrics direction on projects that are common to more than one PPS in the region.			
Regional Public Health Council	Multiple providers, CBOs, Local county departments	Overarching direction on population health projects that are common to more than one PPS in the region.			



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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.

Shared IT infrastructure impacts the Practitioner Engagement workstream because of the need for data and reporting in the DSRIP program. Since our Practitioner Engagement strategy is dependent on effective communication and reporting, we will rely upon existing and new IT systems. We will rely upon IT for communications purposes including webinars and conference calls, sharing of results, and the collection and management of patient data including EMR-based, Patient Activation, and other assessments.

IPQR Module 7.8 - Progress Reporting

Instructions:

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

Success of the Practitioner Engagement workstream will be measured principally through the timely achievement of project milestones. To track progress against milestones in accordance with quarterly reporting to the DOH, we will deploy project management software to document deliverables, tasks, resources, timing, dependencies, and other critical success factors. Project management capabilities will also include proactive monitoring for early identification of possible slippage of due dates enabling the team to correct course as necessary.

IPQR Module 7.9 - IA Monitoring

Instructions:	



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DSRIP Implementation Plan Project

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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.	In Progress	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 organizationsDefined priority target populations and define plans for addressing their health disparities.	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4	NO
Task Step 1. Update CNA hotspotting using final attribution to identify priority groups in terms of health disparities. Socioeconomic analyses will be based on zip code analysis using the Area Deprivation Index identified in the CNA and from responses from the Consumer Survey (N=4900) on access and use of services.	Completed	See Task.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2. The population health management roadmap mirrors the steps in the third milestone in IT Systems & Processes, "Roadmap to achieving clinical data sharing and interoperability."	Completed	See Task and IT section.	08/08/2015	12/31/2016	08/08/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3. Obtain Executive Committee approval of Population Health Roadmap.	Not Started	See Task.	01/17/2018	03/31/2018	01/17/2018	03/31/2018	03/31/2018	DY3 Q4	
Task Step 4. The plan for achieving PCMH mirrors the	In Progress	Additional Specificity as Required by IA: An RFP was issued 5/15/2015 for a vendor to do	05/01/2015	03/31/2018	05/01/2015	03/31/2018	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	AV
7th Milestone in the IDS Project Plan.		PCMH/APC readiness assessment of the WMC PPS network. Local deployment councils to serve as local PPS contacts for network partners engaging in PCMH/APCM will convene 11/5/2015; current state analysis of network partners to determine eligibility for PCMH/APCM, current certification status if any and EHR/MU capabilities will be completed by 3/31/2016. PMO with PCMH vendor will by 6/30/2016 create an action plan for PCMH/APCM eligible organizations as appropriate based on their particular gaps so as to enable them to close gaps in processes and services. Early adopter sites will be identified by 9/30/2016. Lessons learned from early connections will be summarized to inform a planned phase roll-out for other partners by 6/30/2017. Phase 1 of PCMH/APCM will be rolled out by 9/30/2017; Phase 2 of PCMH/APCM will be rolled out by 12/31/2017. Documentation of PCMH/APCM will be completed by 3/31/2018.							
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	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	NO
Task Step 1. Establish a Medical Village Project team that includes representatives from BSCH and HealthAlliance as well as a project manager from the PMO who will be responsible for monitoring and reporting on the progress of the WMC PPS Medical Village Project. Our goal is to right-size hospital capacity at two of our partner hospitals by reducing 125 staffed beds as described in our project application.	a Medical Village Project team resentatives from BSCH and s well as a project manager from I be responsible for monitoring the progress of the WMC PPS Project. Our goal is to right-size at two of our partner hospitals staffed beds as described in our		04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2. Evaluate impact on bed reduction of the WMC PPS crisis stabilization project plan that should result from the provision of crisis services across our region that fill gaps in care (e.g. mobile crisis teams, expanded and intensive crisis services, crisis lines to centralize triage	In Progress	See Task. This task won't complete before 3/31/2020 so we adjusted Milestone end date accordingly.	08/08/2015	03/31/2020	08/08/2015	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	AV
services, outreach/support including increased use of peer workers) for adults with serious BH disorders.									
Task Step 3. Convene Medical Village Project team to review project plan, implementation timelines and deliverables against submitted capital Restructuring Financing Program submissions. Make adjustments to Medical Village Implementation Plan steps as required.	In Progress	Additional Information as Required by IA: Both of our Medical Village partners, HAHV and BSCH, are developing their own implementation plans with guidance from the PMO- these are being considered with respect to funding and timelines will be modified as needed to reflect level of activity to complete the Milestone.	08/08/2015	03/31/2019	08/08/2015	03/31/2019	03/31/2019	DY4 Q4	
Task Step 4. Present BSCH and HAHV medical village plans to the Executive Committee for approval.	Completed	See Task.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Description

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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Prescribed Milestones Narrative Text

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



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
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 End Date End Date End Date End Date
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PPS Defined Milestones Current File Uploads

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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.

A primary risk is managing only to the attributed population by relying on data from NYS through MAPP. To truly impact the Medicaid population at-large, WMC PPS and its network will have to address the needs of every Medicaid patient. Attrition and "churn" in the attributed population, as well as the practical impossibility of identifying attributed members at the point of care, will require us to implement process changes regardless of attribution. However, we will not have access from NYS to data for non-attributed members in our service area. This will impede our ability to proactively identify patients with gaps in care or other service needs, as well as monitor quality performance for the population at large. To mitigate this risk, we are exploring HIPAA compliant possibilities for collecting data on the broader population served by the partner organizations in our PPS. An associated risk is that our IT roadmap assumes maximization of the DOH-supplied MAPP portal and analytics, which will not support inclusion of a broader data set. Accordingly, our IT and IDS strategies include transitioning to a powerful PPS based analytics platform.

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.)

Bed reduction is dependent upon the Medical Village Project; although not a workstream, the dependency on this project is critical and bears mentioning. Likewise, it should be noted that risks defined within that project apply here. Rebalancing health delivery to focus on primary and ambulatory care will result in staffing growth in certain job categories (e.g., outpatient, care management, community health workers) and staffing reductions in some inpatient units. Our PPS through its Workforce Strategy is committed to retaining/retraining/redeploying impacted staff to meet the skills-mix required to maintain employment or gain skills for new positions. This includes working with our labor organizations to access retraining resources for both new positions and for at-risk workers. To aid the development of an effective workforce strategy, BSCH and HealthAlliance have created a detailed timeline documenting the specifics of bed reduction and rationale.

Overall Population Health management is heavily dependent on IT Systems and Processes as noted in IT expectations. The expenses associated with IT and PCMH also have significant impact on the Finance Sustainability workstream. In addition, successful population health management strategies will require effective practitioner engagement and clinical integration both to change practices and provide data as detailed in those workstreams.



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Westchester Medical Center (PPS ID:21)

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
IT Systems and Processes Lead	Ron Zappulla, Sr Director, Integrated Delivery Systems, PMO	Overall responsibility for IT System & Processes Milestone Completion; Overall responsibility for IDS (2.a.i) Milestones.
Clinical Programs and Provider Engagement Lead	Jessie Sullivan MD, Medical Director, PMO	Overall responsibility for clinical program milestone completion and performance.
Deborah Viola, PhD, Health Services Research	Deborah Viola, PhD, Health Services Research and Data Analytics	Overall responsibility for total population health milestone
and Data Analytics		completion.
Health Alliance Hospital	Medical Village Particpant	Achievement of Medical Village Project Milestones.
Bon Secours Hospital	Medical Village Particpant	Achievement of Medical Village Project Milestones.
Analytics , Reporting, Data Management Strategy	WMC IT Committee	Review IT-related policies & procedures; interface with Executive Committee; responsible for overall governance. SME for hospital based sytems and liaison to WMC IT vendors.



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DSRIP Implementation Plan Project

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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		
PMO (CRHI)	Oversight and management	Establishing performance measurement systems and processes.
External Stakeholders		
HealthLink NY	Data Sharing and Analytics	Enabling connections to RHIO; providing Direct Messaging; providing adminstrative analytics including consent for RHIO use.
EMR Vendors	Data Integration Partners	Creation of interfaces to achieve data sharing & EMR integration.
PPS Network Partners	Program Participants; Data Sharing	Meeting program requirements, adopting approved policies and procedures, participating in governance and work teams.
Quality Steering Committee	Performance Review and Decision-Making	Regular review of performance results and progress against milestones; action plans as needed.
Executive Committee	Performance Review and Decision-Making	Regular review of performance results and progress against milestones; action plans as needed.
County Health, Mental Health and Social Services departments	Local county stakeholders who provide input and feedback on community needs	Community needs assessment.



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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.

IT will play a key role in achieving Population Health Management. Many providers in the WMC PPS network have EMRs. For those without, the procurement of a certified EMR will be evaluated. Our plan is to maximize the use of the NYSDOH MAPP portal for member management and analytics, which will be supplemented as necessary with other platforms. Data security and confidentiality plans, dashboards, and platforms for patient-generated data will also be established.

IPQR Module 8.8 - Progress Reporting

Instructions:

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

Success of the Population Health Management workstream will be measured principally through the timely achievement of project milestones. To track progress against milestones in accordance with quarterly reporting to the DOH, we will deploy project management software to document deliverables, tasks, resources, timing, dependencies, and other critical success factors. Project management capabilities will also include proactive monitoring for early identification of possible slippage of due dates enabling the team to correct course as necessary.

IPQR Module 8.9 - IA Monitoring

Instructions:	



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1. Draft plan for needs assessment accounting for provider type, specialties and locations including social services and community based organizations.	Completed	See Task. End date revised to reflect NYSDOH opening up the PPS networks in October for new provider NPIs and the draft plan needs to take these new providers into consideration.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2. Meet with Health Homes to assess capacity and links to other care providers: medical, behavioral health, social services.	Completed	See Task.	08/08/2015	06/30/2016	08/08/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3. Meet with partners to share clinical integration experiences and identify gaps and opportunities.	Completed	See Task.	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4. Assess network to confirm specialties and provider types for HIE capability, links to care management including Health Homes and	Completed	See Task.	08/08/2015	03/31/2016	08/08/2015	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
links to social services.									
Task Step 5. Map provider network locations.	Completed	See Task.	08/08/2015	09/30/2016	08/08/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6. Assess IT capacities of CBOs and social service agencies to share information.	Completed	See Task.	05/18/2016	09/30/2016	05/18/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 7. PPS Quality Steering Committee review and approval of clinical integration needs assessment.	Completed	See Task.	11/15/2015	12/31/2016	11/15/2015	12/31/2016	12/31/2016	DY2 Q3	
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	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1. Create PPS-wide data sharing roadmap.	Completed	See Task.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 2. Identify by provider type and project role the clinical information to be shared among partners.	Completed	See Task.	04/12/2016	09/30/2016	04/12/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3. Create roadmap for data sharing and reporting using platform to support population health analysis.	Completed	See Task.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 4. Plan training for appropriate partners and staff on care transition protocols from Hospital Transition and Health Home at risk projects.	Completed	See Task.	12/01/2016	12/31/2016	12/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task	Completed	See Task.	12/01/2016	12/31/2016	12/01/2016	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. PPS Quality Steering Committee review and approval of Clinical Integration Strategy.									

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
Devices a clinical integration based accessment	man illa		21_DY2Q4_CI_MDL91_PRES1_OTH_201703_Cli	Clinical Integration M1-Meeting Schedule	04/04/2017 02:06 PM
Perform a clinical integration 'needs assessment'.	marville	Other	nical_Integration_M1_Meeting_Schedule_Template _(DY2Q4)_9749.pdf	Template (DY2Q4)	04/04/2017 02.06 PW

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 & Complete	
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	
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PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload Date	Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Willestone 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.

One risk is that the PPS is working with unaffiliated clinical partners with businesses that are in some cases competitors. This presents an obstacle to clinical integration. Risk mitigation strategies include adopting and communicating policy imperatives including Committee guidelines, conflicts of interest policy, data sharing policies, compliance plan and dispute resolution procedures that are driving change and involving our partners as detailed in our Governance workstream. The information sharing strategy is dependent on the IT Systems and Processes workstream; risks inherent to that stream also apply here.

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 is dependent upon the clinical governance milestone in the Governance workstream. Clinical partners will have individualized schedules to their Master Services Agreements that describe their obligations with respect to DSRIP projects – including reporting and data sharing obligations and the funding related to performance of those obligations. Clinical Integration is heavily dependent on IT Systems and Processes as noted in IT expectations and the funding of these systems in turn is dependent on Financial Sustainability. Successful Population Health Management strategies will require effective clinical integration both to change practices and provide data.



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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 Programs and Provider Engagement Lead	Jessie Sullivan, MD, VP, Medical Director, PMO	Overall responsibility for clinical program milestone completion and performance.
IT Systems and Processes Lead	Ron Zappulla, Sr Director, Integrated Delivery Systems, PMO	Overall responsibility for IT System & Processes Milestone Completion; Overall responsibility for IDS (2.a.i) Milestones.
Total Population Health Lead	Deborah Viola, Ph D, VP and Director, Health Services Research and Data Analytics	Overall responsibility for TPH milestone completion.
Network Director	Maureen Doran, VP Integrated Care Network, WMC, PMO	Aligning integrated relationships with external physicians and group practices, hospital and health systems and insurance networks.



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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	,	
Quality Steering Committee and workgroups	Performance Review and Decision-Making	Regular review of performance results and progress against milestones; action plans as needed.
Executive Committee	Performance Review and Decision-Making	Regular review of performance results and progress against milestones; action plans as needed.
IT Committee	Overall responsibility for IT System & Processes Milestone Completion	Review IT-related policies and procedures; interface with EC, member of IT committee and responsible for overall governance. SME for hospital based sytems and liaison to WMC IT vendors.
Finance Committee	Operational oversight of business, operations and finance protocols	Review PMO Business plan and Budget for sustained funding of IT infrastructure and support.
External Stakeholders		
HealthLink NY	Data Sharing and Analytics	Enabling connections to RHIO; providing Direct Messaging; providing adminstrative analytics including consent for RHIO use.
Medical Professional Groups	Program participants, data sharing, network for VBP	Meeting program requirements, participating in governance and work teams including discussion of models for VBP.
Public Sector Agencies	Ensuring that perspective of public health entities included in PPS clinical integration work.	Participation in Hudson River DSRIP Public Health Council work groups on tobacco cessation and cancer screening.
Patients and Families	Clinical Integration should improve the patient experience of care	Participation in Focus groupsto gather patient and family perspective.



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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.

Shared IT infrastructure impacts Clinical Integration because of the need for data and reporting in the DSRIP program. Since our Clinical Integration strategy is dependent on effective communication and reporting, we will rely upon existing and new IT systems. We will rely upon IT for communications purposes including webinars and conference calls, sharing of results, and the collection and management of patient data including EMR-based, Patient Activation, and other assessments.

IPQR Module 9.8 - Progress Reporting

Instructions:

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

Success of the Clinical Integration workstream will be measured principally through the timely achievement of project milestones. To track progress against milestones in accordance with quarterly reporting to the DOH, we will deploy project management software to document deliverables, tasks, resources, timing, dependencies, and other critical success factors. Project management capabilities will also include proactive monitoring for early identification of possible slippage of due dates enabling the team to correct course as necessary.

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.

From day one, our PPS's guiding principles have been to leverage the DSRIP opportunity to develop community -driven and -led, regionally-focused care transformation that is: inclusive, transparent, patient and family focused and that fosters a culture of continuous learning and improvement. To achieve that goal and realize the overarching goals of DSRIP, the WMC PPS implementation is supported by five pillars: (1) engaging & connecting, (2) analyzing & identifying (both high risk patients and gaps in care), (3) stratifying & applying evidence and standardization, (4) supporting & communicating, and (5) incentivizing & performance monitoring.

These five pillars are operationalized through ten foundational elements and capabilities:

- (1) Robust Data Analytics, including ongoing hot spotting, outcome evaluation, the integration of non-clinical data that address the broader determinants of health, and actionable communication of key data to those who provide and receive care;
- (2) "Supporting Excellence," wherein evidence-based protocols are disseminated throughout the network, and adherence is tracked and facilitated through the use of rapid cycle evaluation mechanisms;
- (3) Quality Oversight and Strong Clinical and IT Governance, including standing committees, project-specific work groups, local deployment councils and region-wide multi-PPS collaborations/councils;
- (4) Practice Transformation, including achieving National Committee for Quality Assurance (NCQA) patient centered medical home (PCMH) Level 3 certification among eligible providers in the PPS;
- (5) Collaborative Care, supported through the creation of medical neighborhoods comprised of diverse networks of medical, behavioral health, Health Homes, and community-based organizations;
- (6) Care Management, linking appropriate care management to delivery of care (including mental/behavioral health services and community based services);
- (7) Data Sharing, leveraging health information exchange (HIE), shared care plans, and technologies that enable actionable information to providers and their patients;
- (8) Development of Value-Based Payment Models and Incentives with ongoing performance monitoring;
- (9) Patient Engagement, including both culturally competent patient outreach and training and equipping providers with tools to empower patients and their care givers; and
- (10) Relevant and targeted Training and Workforce Development to support both skills development and cultural transformation.

These competencies will be supported through a strong, collaborative, multi-stakeholder governance model and dedicated FTE staff at the WMC Project Management Office as well as contracted services from Participants and key vendor partners (including CBOs). Participants in our PPS are contractually agreeing to adhere to a set of expectations and requirements such as information technology adoption, adherence to evidence-based protocols and care pathways or guidelines adopted by the PPS Quality Committee, participation in performance monitoring and data sharing, participating in training programs, etc. While each individual DSRIP project has unique requirements and outcomes, ultimately, our PPS network is on a journey to develop a strong integrated, patient-centered delivery system capable of advancing value-based payment and



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population health management. Our Health IT Roadmap includes the development of performance dashboards and tools to promote transparency and actionable data. By systemically integrating data and measurement, applying evidence and standardization, and changing process and behavior, our health network will work together to improve patient care, decrease unnecessary utilization and demonstrate value to patients and purchasers.

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

Instructions:

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.

Our PPS serves an eight county region, which increases the complexity of coordination not just across our own PPS DSRIP programs but across multiple PPSs. Under DSRIP, patients may receive care from any provider, some participating in multiple PPSs. Cross-PPS collaboration, coordination and alignment of clinical implementation will be critical to achieving DSRIP goals across our region and State. The three PPSs serving our region, led by Montefiore Medical Center, Refuah Health Center and WMC, have establish a provider-led, regional clinical council to support development of a regional system of efficient and effective care, patient safety and quality improvement.

The Hudson Region DSRIP Clinical Council (HRDCC), with input from providers, payers, government agencies, and others, will review DSRIP project and implementation plans and make recommendations to align overlapping approaches. Region-wide coordination, requirements and expectations will minimize providers' implementation burdens, and create consistent, high quality patient experiences. The HRDCC will identify region-wide care improvement goals and serve as a forum to share and evaluate clinical strategies and practices. The HRDCC will support the rapid and widespread adoption of agreed-upon clinical protocols, as well as evidence-based practices across the region and payers.

In addition, strong clinical and IT governance within our own PPS – and broad, committed participation from across our Participants - will be critical to our success. As such, we have developed a framework that includes multiple levels of governance, including multi-disciplinary local deployment councils, transparency, and multiple pathways for input and stakeholder feedback. We have mapped out a robust framework of supporting requirements for project implementation at both a centralized and a local level. We have identified the following cross-cutting elements that are a component of most projects: (1) Evidence-base and care protocols; (2) Data sharing agreements (including privacy protections); (3) Use of EHRs and HIE; (4) Health homes and care management; (5) Coordination of care across transitions; (6) Performance reporting; (7) Cultural competence and health literacy; and (8) Workforce training and development. These are underpinned by an effective financial incentive sharing approach. As such our approach to project implementation is one that embraces the interdependencies and implements a systemic integrated transformation program, rather than a series of siloed independent projects.

The project management office leadership team is accountable to the WMC PPS Executive Committee and the PAC and will report regularly on progress against implementation milestones, as well as risks or resource needs.



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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
WMC PPS Project Management Office (PMO)	Center for Regional Healthcare Innovation (CRHI) at WMC	The PMO is responsible for overall PPS DSRIP project management and daily operations and for delivering quarterly reports to DOH. The PMO is responsible for implementation of DSRIP projects, staffing the PPS governing Committees and driving the implementation of PPS infrastructure such as IT, workforce training, practice support services, etc. The PMO is also responsible for collaborative cross-PPS project needs and establishing the Hudson Region DSRIP Clinical and Public Health Councils.
PMO Project Specific Staff Teams	Project management for individual DSRIP projects	Responsible for day-to-Day management of progress against Project requirements and alignment with and integration of PPS-wide initiatives such as cultural competency and health literacy efforts, PCMH transformation, IT implementation, workforce training, etc.
WMC PPS Quality Committee	PPS Quality Committee	Responsible for establishing evidence-based protocols and PPS project specific care pathways, quality metrics and reporting guidelines.
WMC PPS Hubs and Local Deployment Councils	PPS Hubs and Local Deployment Councils	Interdisciplinary stakeholder teams responsible for local governance and local project implementation, working with PMO.
WMC PPS Workforce Committee	PPS Workforce Committee	Responsible for the development and implementation of the WMC PPS's workforce plan and implementation to support successful DSRIP project implementation.
Westchester Medical Center Finance Leadership	John Morgan & Mark Fersko	Working with the PMO, oversight of all financial workstreams, including funding allocation for specific project implementations and incentive payments to providers.



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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		
WMC PPS Executive Committee	PPS Governance	Governing body of the PPS, in effect the Board of the PAC. Responsible for adopting terms sheet, policies and procedures, committee charters, etc. and well as populating committees. Responsible for transparency and accountability.
WMC PPS PAC	PPS Governance	WMC PPS Participant representation body. Participation in Committees and Workgroups, participation in PAC meetings, input and feedback on draft documents, adherence to participation agreements.
WMC PPS IT Committee	PPS IT Committee	Review IT-related policies and procedures; interface with EC, member of IT committee and responsible for overall governance. SME for hospital based systems and liaison to IT vendors.
WMC PPS Finance Committee	PPS Finance Committee	Responsible for financial policies and procedures, recommendations on funds flow and provider incentives, oversight of annual provider financial health assessment (and, with the Executive Committee and CRHI, on plans to ensure service provision and continuation of DSRIP performance) and creation and adoption of Value Vision and Action Plan (through its Taskforce).
WMC PPS Communications Team	Network and community communications	Responsible for supporting transparency and the challenging task of timely, informative and actionable communication to both ensure network participants are engaged and have the information they need and community and regional constituents feel informed and that they have a voice in care transformation in their community.
WMC SVP and Deputy General Council	Lead attorney	Oversight of contracting and legal compliance.
WMC SVP Internal Audit and Compliance	Compliance	Oversight of contracting and legal compliance.
External Stakeholders		
Network providers and their teams	Care transformation	Culture and care transformation requires commitment and engagement from clinical, administrative and professional staff at PPS Partner organizations. Will be responsible for participation in



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		training programs, data sharing, adherence to PPS clinical protocols and care pathways, performance reporting and project-specific commitments (such as PCMH transformation).
Hudson Region DSRIP Clinical Committee	Regional clinical committee including Montefiore and Refuah-led PPSs	Overarching protocol and metrics direction on projects that are common to more than one PPS in the region.
Hudson Region DSRIP Public Health Council	Regional public health council including Montefiore and Refuah-led PPSs	Overarching direction and community engagement on Domain 4 projects that are common to more than one PPS in the region.
County Health, Mental Health and Social Services departments	Local county stakeholders who provide input and feedback on community needs and resource coordination	Community needs assessment, support for project implementation, with an emphasis on behavioral health transformation and public health projects.
New York Medical College, School of Health Sciences and Practice and 1199SEIU Training and Employment Funds (TEF)	Training and development vendors	Preparing workforce for service excellence and transformation as a result of DSRIP.
Workforce representatives	Organized labor unions who will support training and workforce transformation through DSRIP	Input into and feedback on Workforce strategy; communication with members to help keep them informed of DSRIP initiatives and prepared for their role in transformation.
HealthLink NY RHIO	RHIO	Connectivity to SHIN-NY; possible additional services (such as ADT feeds) to support PPS data analytics.
Contracted CBOs	Provide subject matter expertise and assistance and services for execution of select projects	Key project deliverables.
Patients, families and patient advocates	Recipients of enhanced DSRIP services	Feedback on program implementation, patient needs and patient engagement
Managed Care Organizations and other payers	Payers	Providing data to PPS and active partnership in effort to advance Value-Based Payment reforms



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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.

IT is a cross-cutting workstream that supports and impacts all of the DSRIP projects. Accordingly, our plan is to establish the IT infrastructure necessary to enable WMC PPS network partners to form an integrated delivery system through data sharing and interoperability and to support the PPS itself in achieving its population health management objectives of patient identification, data-driven change, and performance reporting. While WMC PPS has created a high-level IT strategy to achieve these two goals, the current state analysis of IT capabilities across the network, including critical gaps to be completed by the end of the first year, will inform the prioritization and planning of IT systems deployment and enhancement. The WMC IT Committee, with representatives from diverse stakeholders including medical and behavioral health providers as well as CBOs, will play a key role in developing a tactical approach to IT implementation and other critical project milestones including an IT change management strategy and data security and confidentiality plans.

WMC PPS's approach to meeting its IT requirements is summarized below:

- Establish a database to support the PPS in managing its network partners related to their program participation and reporting, as well as administrative functions such as contracting;
- Identify and communicate throughout the network opportunities identified through the current state assessment to utilize IT to improve the process and outcomes of care, with an understanding of the risks and impacts of IT-driven change on provider practices;
- Connect network providers to the local HIE (QE) SHIN-NY to ensure the availability of clinical data as well as the ability to share it as appropriate;
- Foster the adoption of interoperable health IT platforms, including EHRs that meet MU standards;
- Leverage the potential of NYS DOH's MAPP portal for management of attributed members including enrollment, gaps in care, utilization and outcomes analysis, and performance reporting;
- Identify an interim solution reporting DSRIP milestones in accordance with quarterly reporting requirements, as well as a longer term road map for establishing a platform to support health analytics; and
- Create a training strategy for clinical and non-clinical segments of the workforce to use IT effectively.

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.

Proactive performance monitoring is key to the overall success of the DSRIP projects and program. Our PPS will develop and implement a framework to enable tracking of administrative, milestone, and project performance information with network partners in an effective and secure manner. The framework will include NYS DOH's MAPP portal, as well as the PPS's own customer relations management system. Our



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performance monitoring plan will also include a staffing plan wherein each project has a designated project manager and a responsible executive. Our Quality Committee will have responsibility for reviewing and monitoring project plans based on quarterly outcomes. In addition, we will establish project-specific quality steering committees to review Quality Committee input and in turn work with the local deployment councils to revise projects and assure the achievement of quality objectives.



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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.

The WMC PPS commitment to community engagement began with the formation of our PPS last year. In 2014 we undertook an extensive CNA that recognized the integral role of our community stakeholders, e.g. community based organizations, consumers, and local county departments. The needs and opinions represented by these stakeholders were gathered in a systematic way that included a series of meetings with county department leadership; focus groups; and a consumer survey that garnered close to 5000 responses. We listed 34 organizations in our application who are representative of our larger CBO network. As we begin project implementation plans this April, our PPS will make use of our IT Systems to support communication and the exchange of information with our CBO partners and local county departments as noted in #5 above.

To facilitate implementation planning, we reconvened with the county health, mental health and social services leadership in addition to many of our behavioral health partners so that they could share their insights on our project strategies. We have also formed with the other two PPSs in the region (Montefiore Medical Center and Refuah Health Center) a Hudson Region DSRIP Public Health Council (HRDPHC). The HRDPHC's first initiative involves Project 4.b.i, Tobacco Cessation. We have established a group on the MIX that includes representatives from such groups as the Center for a Tobacco-Free Hudson Valley, American Lung Association of the Northeast, and Search for Change. Common messaging and strategies will be shared across PPSs through the HRDPHC; within our PPS, local deployment councils will work with other community based groups to share findings.

Local deployment councils (LDCs) are an important component of our community engagement as we implement projects across our eight counties. We will rely upon our LDCs to assure appropriate outreach and effective communication takes place between local community groups and the PPS project management teams. Although the involvement of community stakeholders will vary by project, they will be critical towards our PPS achieving success with several cross-cutting work streams, including workforce training and cultural competency. For this reason, we are conducting additional focus groups, coordinated through the LDCs during DY1 with consumers and CBOs in "hot spots" identified as part of our CNA to help determine key access factors and effective communication pathways that acknowledge cultural differences, language, and health literacy competencies from a community perspective.

We realize the challenge of reaching out to uninsured populations in addition to some of our most vulnerable, including those with behavioral health issues and those who are homeless. We will provide training for our community based partners to help us with outreach and patient activation. Community stakeholders will be critical to the success of Project 2.d.i, Implementation of Patient Activation Measures.

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	537,468.25	537,468.25	776,343.75	776,343.75	776,343.75	776,343.75	776,343.75	776,343.75	716,625.00	716,625.00	7,166,249.00	
Redeployment	59,062.50	59,062.50	59,062.50	59,062.50	59,062.50	59,062.50	29,531.50	29,531.50	29,531.50	29,531.50	472,501.00	
New Hires	23,625.00	23,625.00	23,625.00	23,625.00	23,625.00	23,625.00	23,625.00	23,625.00	23,625.00	23,625.00	236,250.00	
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total Expenditures	620,155.75	620,155.75	859,031.25	859,031.25	859,031.25	859,031.25	829,500.25	829,500.25	769,781.50	769,781.50	7,875,000.00	

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.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1. Establish Workforce Project Team to support Workforce Committee	Completed	See Task	08/15/2015	09/30/2015	08/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2. Identify the health care workforce characteristics and categories to track and identify sources of data to define target state.	Completed	We began this as part of our Current State Assessment and for our Workforce Survey.	08/08/2015	09/30/2016	08/08/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3. Develop target workforce state and review with Workforce Committee for approval.	Completed	We have begun to develop a model with our vendor that will enable this analysis.	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4. Annually update target workforce state.	On Hold	See Task	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
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.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1. Consult with stakeholders to identify transition needs for training, redeployment, recruitment, hiring, and communications. Milestone 1 will provide input to workforce transition roadmap target state.	Completed	See Task	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2. Develop preliminary workforce transition roadmap including timeline, decision-making roles regarding resource availability, training, redeployment, and hiring.	Completed	See Task	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task	Completed	See Task	10/01/2016	12/31/2016	10/01/2016	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 3. Review final version of workforce transition roadmap with Workforce Committee.									
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.	09/08/2015	03/31/2017	09/08/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1. Workforce Committee Project Team will determine health care workforce characteristics and categories to track; and will also identify sources of data to define current state. The current state assessment will serve as the baseline workforce, which will be compared to the target state (produced in Milestone 1) and will support the development of the detailed gap analysis.	Completed	See Task	09/08/2015	09/30/2016	09/08/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2. Collect information on healthcare workforce current state, including headcounts, organizational structures, HR policies, wages/benefits, labor requirements, roles/responsibilities, competencies, experience, certifications, etc.	Completed	See Task	09/08/2015	12/31/2016	09/08/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3. Using data from workforce transition roadmap, establish target workforce state, compare to the current state, identify gaps and propose options for gap closure.	Completed	See Task	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 4. Analyze and update the workforce budget.	Completed	See Task	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	
Task Step 5. Review final version of workforce gap analysis with Workforce Committee and obtain approval.	Completed	See Task	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	YES



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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
redeployed staff, as well as new hires, particularly focusing on full and partial placements.									
Task Step 1. Project Team assesses compensation (including salaries and benefits) in the marketplace and implications for DSRIP projects, and compensation and benefits of employees that are likely to be redeployed or retrained.	Completed	See Task	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2. Develop recommendations for review with Workforce Committee, unions and labor management regarding compensation and benefits.	Completed	See Task	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3. Develop communications strategy for compensation and benefit recommendations.	Completed	See Task	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4. Transmit final compensation and benefit recommendations to Executive Committee for review and approval.	Completed	See Task	01/01/2016	06/30/2016	01/01/2016	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	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1. The PPS PMO will provide oversight for the design of curriculum and modalities for training PPS clinicians around each project intervention to support Performance Reporting Milestone #2 (training on clinical quality) and will coordinate with Workforce Committee Project Team.	Completed	See Task	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2. In collaboration with partners and vendors identified in the Workforce Training plan, including CBOs, providers, and unions, the PMO will develop or subcontract to vendors training that addresses disparities identified in our Cultural Competency and Health Literacy training	Completed	See Task	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
plan.									
Task Step 3. The Project Team will develop a preliminary training strategy (e.g., scale, timing, scope, methodologies, content and cultural competency considerations) and budget requirements regarding compensation and benefits and overall training costs.	Completed	See Task	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4. The Project Team will collect information of existing and planned training programs and resources, via surveys with our partners, including their capacity to expand and support PPS workforce training needs as identified in the gap analysis.	Completed	See Task	09/08/2015	12/31/2016	09/08/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 5. Review preliminary training strategy and budget requirements with Workforce Committee and stakeholders.	Completed	See Task	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 6. Develop detailed schedule and communications plan for training strategy.	Completed	See Task	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 7. Work with IT Committee to develop a platform for required quarterly reports and for tracking program offerings and participation. Develop mechanism to measure training effectiveness in relation to goals once strategy and plan implemented.	Completed	See Task	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	
Task Step 8. Transmit final training strategy, schedule, and budget recommendations to Workforce Committee and Executive Committee for review & approval.	Completed	See Task	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	



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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
Define target workforce state (in line with DSRIP program's goals).	marville	Other	21_DY2Q4_WF_MDL112_PRES1_OTH_20170315 _Workforce_Strategy_M1_Meeting_Schedule_Tem plate_(DY2Q4)_9747.pdf	Workforce Strategy M1-Meeting Schedule Template (DY2Q4)	04/04/2017 02:01 PM
Create a workforce transition roadmap for achieving defined target workforce state.	marville	Other	21_DY2Q4_WF_MDL112_PRES2_OTH_20170315 _Workforce_Strategy_M2Meeting_Schedule_Te mplate_(DY2Q4)_9748.pdf	Workforce Strategy M2-Meeting Schedule Template (DY2Q4)	04/04/2017 02:03 PM
Perform detailed gap analysis between current	marville	Other	21_DY2Q4_WF_MDL112_PRES3_OTH_20170612 _Workforce_M3_Gap_Analysis_(DY2Q4)_14943.p df	Workforce Strategy M3-Gap Analysis (DY2Q4)	06/12/2017 03:44 PM
state assessment of workforce and projected future state.	nbajaj	Other	21_DY2Q4_WF_MDL112_PRES3_OTH_20170612 _Workforce_M3_BoardApprovalofCurrentStateAss essmentandGapAnalysis_14938.pdf	Documentation for board approval of current state assessment and gap analysis	06/12/2017 02:52 PM
	marville	Other	21_DY2Q4_WF_MDL112_PRES5_OTH_20170613 _Workforce_M5_(DY2Q4_Remediation)_14950.pdf	Documentation of Workforce Committee and Executive Committee approval of finalized Workforce Training Strategy	06/13/2017 10:47 AM
Develop training strategy.	marville	Other	21_DY2Q4_WF_MDL112_PRES5_OTH_20170426 _Workforce_Strategy_Training_Schedule_Templat e_M5_(DY2Q4)_12648.pdf	Workforce Strategy M5-Workforce Training Schedule Template (DY2Q4)	04/26/2017 10:17 AM
	marville	Other	21_DY2Q4_WF_MDL112_PRES5_OTH_20170317 _WMCHealth_PPS_Workforce_Training_Strategy_ (DY2Q4)_9818.pdf	Workforce Strategy M5-Workforce Training Strategy (DY2Q4)	04/07/2017 11:10 AM

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.	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text		
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 & Ongoing	
Milestone #2	Pass & Complete	
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	
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload Date	Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Willestone 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.

- 1. Accurately gauging the impact of non-DSRIP factors on the health care workforce will present challenges. While the healthcare transformation enabled by WMC's DSRIP projects will significantly shape the future demands on the health care workforce in the region, other forces will have influence as well. Our analysis of the current and projected state of the workforce will include assessments of demographic changes, the aging of the population and the workforce, the anticipated effects of other payers (i.e., Medicare and commercial plans), and the impact of other PPSs in our region.
- 2. The development of budgets for redeployment and hiring will require assessments of sensitive, and at times confidential, information on wages, benefits, policies, and timing of anticipated workforce reductions. WMC PPS will engage a broad range of stakeholders from labor representatives, management, front line workers, HR personnel, legal counsel, public health agencies, workforce investment boards, and the NYS Department of Labor to ensure that issues are identified, discussed, and addressed in fair, legal, and transparent manner.
- 3. Recruitment challenges could be considerable. Our CNA identified clinical hotspots in a number of geographically isolated and underserved areas across our region. Recruiting health care providers, particularly clinical staff, to work in rural and underserved settings is a well documented challenge. The inability to recruit, hire and retain the staff needed to provide care delivery and management will pose a significant risk to our ability to meet milestones and measures. To address this risk, we will require DSRIP project budgets and plans to include costs for recruitment that are bench-marked to regional standards. We will also work with the PPSs in our region to collaborate and coordinate recruiting efforts.
- 4. Healthcare transformation, and the resulting changes to the delivery of care, can create uncertainty and anxiety among health care workers. WMC PPS will leverage the experience and expertise of PPS participants who have planned and implemented healthcare transformations that have impacted their workforce. We will catalogue best-practices, communication efforts, cultural competency and health literacy, team-based approaches to care, and change management strategies. To mitigate concerns and confusion, our PPS will continue to be inclusive of all stakeholders, rigorous in our collection of both input and feedback, transparent in decision-making processes, and timely and thorough in communication to PPS participants and the public.
- 5. Disparate HR policies across PPS participants will provide challenges to developing common training and compensation strategies. Unlike other PPSs, WMC is not an integrated delivery network of inpatient and outpatient services. As a result, the WMC PPS lacks the financial control to impose common compensation, hiring, and training practices across the PPS participants. We will leverage our collaborative process to build consensus on common approaches and best practices and utilize contracts and financial incentives to encourage and enforce compliance as appropriate. We also realize that relying on each PPS within our region to identify and develop workforce plan initiatives for regional programs may result in a fractured workforce strategy rather than a comprehensive, coordinated plan. The WMC PPS is working towards a collaboration of all PPS in the region to discuss and share workforce training strategies.
- 6. The DSRIP program is a highly visible culture shaping initiative that is moving care from a "medical model" to a community/recovery focus. The workforce will need major support to make a full transition to the new care models. Transformation will require fundamental change in the skills, competencies and deployment of the health care workforce. Adequate time and resourc

IPQR Module 11.5 - 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.)

The Workforce Strategy is foundational to the development of our care delivery model, our cultural competency and health literacy capabilities, and our implementation of all 11 DSRIP projects. The transition to a care delivery model focused on prevention, care coordination, and population health management will create demand for new positions in outpatient settings and increase availability of care navigators and managers.

Staffing costs are anticipated to be the largest component of many project budgets, and accordingly, all finance plans will require accurate and ongoing assessments of hiring and redeployment volume, timing, and costs, in addition to the costs and timing for retraining.

There is also a relationship between the workforce strategy and our cultural competency and health literacy efforts. To engage patients effectively and address the broad range of factors influencing their health, the workforce recruitment and training efforts will include elements to ensure that cultural, linguistic, and educational competencies are enhanced and maintained.



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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
WMC PPS Workforce Project Lead	Bonnie Reyna, Director, Community Workforce Transformation (PMO)	Dedicated project manager who will lead WMC PPS's workforce strategy design, development, implementation, and monitoring.
WMC PPS Workforce Project Team	Workforce Project Team includes: • Bonnie Reyna, Workforce Project Lead • June Keenan, Executive Director (PMO)	WMC PPS dedicated team that will develop Workforce Strategy plans, oversee and monitor implementation, and report progress to the PMO and the WMC PPS leaders.
Workforce Committee	Cynthia Wolff, Co-Chair, 1199SEIU Mary Leahy, Co-Chair, Bon Secours Charity Health System Belinda Miles, Westchester Community College Eileen Letzeiser, Westchester Medical Center Heidi Rosborough, PHR, Health Alliance of the Hudson Valley Jordy Rabinowitz, Westchester Medical Center Kathleen Lynch Cartine, Westchester Medical Center Mary Grenz Jalloh, Ulster BOCES Maxine Golub, The Institute for Family Health Nadine Williamson, 1199SEIU RN Division Roger King, CSEA, Westchester Medical Center Susan Cohen, Dominican Sisters Family Health Service, Inc.	Committee of key stakeholders who meet regularly to inform, guide, and review the development and implementation of the WMC PPS's workforce plan and implementation.
Workforce Consultant	•KPMG •1199SEIU	KPMG, an organization that can assist in the collection, analysis, development, implementation, and monitoring of the workforce strategy. 1199SEIU Training and Employment Funds (TEF), an organization that can assist in the collection, analysis, development, implementation, and monitoring of the workforce training strategy.
Workforce Training Vendor	Catskill Hudson Area Health Education Center www.chahec.org	Training vendors provide training modules, professional development, skills enhancement, and/or certifications to support workforce re-training, redeployment, or training needs.



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	•Jawanio, Inc., http://www.jawonio.org/	
	Health Literacy Partners (Terri Parnell), www.healthliteracypartners.com/	
	Mental Health Association of Westchester, http://www.mhawestchester.org/	
	•Mid-Hudson Regional Certified Home Health Services, www.midhudsonregional.org	
	•Hudson Valley Asthma Coalition & American Lung Association of The Northeast www.Lung.org	
	•Inquisithealth Helping Patients Mentor Patients To Better Health! http://www.inquisithealth.com/	



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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	Iders Role in relation to this organizational workstream Key deliverables / responsibilities					
Internal Stakeholders						
Leaders of PPS participant organizations	 Provide input, guidance. Provide estimated hiring, retraining, and redeployment Participate in strategy development, implementation, and communication 	Input, feedback, and participation in PPS Committees and Workgroups				
HR representatives of PPS participants	Provide HR policies, salary and benefit information as appropriate.	HR policies, salary and benefit information as appropriate				
Frontline staff	Provide input, guidance Participate in strategy development, implementation, and communication	Input, feedback, and participation in PPS Committees and Workgroups				
External Stakeholders						
Labor unions (including 1199SEIU, CSEA, NYS Nurses Association)	Provide input on workforce hiring, retraining, and redeployment impacts resulting from DSRIP projects	Input, feedback, and participation in PPS Committees and Workgroups				
1199SEIU Training and Employment Funds (TEF)	A training vendor that provides training modules and/or certification training to support workforce re-training needs.	Training modules and/or certification training				
Area Health Education Centers (AHECs)	Providing a pipeline for prospective medical students and clinical trainees who are willing to work in the diverse rural and underserved areas in our PPS. These AHECs also provide cultural competency training to existing healthcare workers.	Workforce pipeline and cultural competency training				
NYS Department of Labor	Provision of career fairs and on-the-job training programs	Workforce data, training programs, and placement support.				



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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.

WMC PPS will maintain a centralized IT management platform to track all project implementation work streams. The Workforce Strategy Training module will track the staff that have been trained, the type of training, the method of training, the training vendor, and duration. The Workforce Strategy Hiring and Redeployment module will track staff changes across the PPS. As required by the DSRIP Domain 1 milestones, the system will produce quarterly reports on the number of and budgets for hired, redeployed and trained personnel and will be used to identify trends, challenges, and potential risks.

Recognizing that many small to mid-sized providers lack the HR resources to support training on their own, the PMO will provide a centralized workforce capability that includes: the collection of available positions; staff to facilitate rapid placement of candidates into training programs; maintenance of an electronically available inventory of position descriptions, recruitment materials, and position postings; and communication and marketing services.

IPQR Module 11.9 - Progress Reporting

Instructions:

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

We will maintain a centralized IT management platform to track all project implementation work streams. The Workforce Strategy Training module will track staff that have been trained by type of training, method/approach, vendor, and duration. The Workforce Strategy Hiring and Redeployment module will track staff changes across the PPS. As required by the DSRIP Domain 1 milestones, the system will produce quarterly reports on the number of and budgets for hired, redeployed and trained personnel and will be used to identify trends, challenges, and potential risks.

Based on contractual arrangements with our PPS participants, WMC PPS will establish a process for reporting workforce information on a timely and reoccurring basis. Data collection will be overseen and monitored by PMO staff for compliance.

For their respective projects, DSRIP project teams will provide information on recruitment, hiring, redeployment, retraining, and communication efforts.

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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
nbajaj	Other	21_DY2Q4_WF_MDL1110_OTH_DY1&DY2Q3Q4_Workforce_Staffing_Impact_(A ctuals)_14955.pdf	Consolidated Workforce Staffing Impact Report for DY1&DY2Q3/Q4	06/13/2017 12:01 PM
marville	Other	21_DY2Q4_WF_MDL1110_OTH_20170428_Workforce_Strategy_DY2Q3Q4_Staff ing_Impact_(Actuals)_14338.pdf	Workforce Strategy DY2Q3Q4 Staffing Impact (Actuals)	04/28/2017 03:43 PM
marville	Other	21_DY2Q4_WF_MDL1110_OTH_20170428_Workforce_Strategy_DY1_Staffing_I mpact_(Actuals)_14335.pdf	Workforce Strategy DY1 Staffing Impact (Actuals)	04/28/2017 03:41 PM

Narrative Text:

Response to IA: We have added a file consolidating the numbers from the DY1&DY2Q3Q4 reports. In addition, we have included the DY1 Staffing Impact file as well as the DY2Q3Q4 file.

DY1-We surveyed a sample of partners for their DY1 Workforce Staffing Impact Actuals data. Partners were offered technical assistance. The survey resulted in a total of 32 responses, which included 29 partners with Staff Impact counts, 3 partners with no Staff Impact count during this time frame.

DY2Q3Q4-We surveyed a sample of partners for their October 1st, 2016- March 31st, 2017 Workforce Staffing Impact Actuals data. Partners were offered technical assistance. The survey resulted in a total of 17 responses, which included 10 partners with Staff Impact counts, 7 partners with no Staff Impact count during this time frame.

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)	2,958,374.00								

Funding Type	Workforce Spe	ending Actuals	Cumulative Spending to Date	Cumulative Percent of Commitments		
Funding Type	DY2(Q1/Q2)(\$) DY2(Q3/Q4)(\$) (DY1-DY5)(\$)			Expended through Current DSRIP Year (DY2)		
Retraining	706,407.36	850,828.82	2,161,344.18	82.25%		
Redeployment	0.00	0.00	0.00	0.00%		
New Hires	0.00	0.00	0.00	0.00%		
Other	153,511.20	148,695.00	701,330.20	0.00%		
Total Expenditures	859,918.56	999,523.82	2,862,674.38	96.77%		

Current File Uploads

User ID File Type File Name	File Description U	Upload Date
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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
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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.

As the primary mechanism of Medicaid service payments, MCOs must be engaged to achieve a value-based payment (VBP) structure. MCOs also have relationships with providers in our network and with the Medicaid patients that must be leveraged to meet DSRIP goals. Accordingly, we have begun preliminary discussions with a major Medicaid regional MCO and plan to expand our discussions to other MCOs. MCO engagement requires a concerted effort to communicate to MCOs the mutual benefit to be derived from working with our PPS: since we all share the DSRIP goals and objectives of cost-effective and high-quality care, WMC (and other PPSs) can assist the MCOs in establishing the infrastructure that providers will inevitably need to operate in a VBP model. Where possible, we will align our DSRIP workstreams with MCOs' efforts: outreach to members, quality reporting, directories of CBOs, and Health Home expansion can provide opportunities for streamlining, efficiency, and coordination. We will incorporate an ongoing function of monitoring of state policies and practices related to Medicaid Managed Care, and other regulatory and operational drivers of payment reform. Engagement and contacts with MCOs will be tracked using our CRM, Salesforce, which enables the documentation, tracking, and updates not only of MCO locations, but also key contacts, and the ability to record and display (internally) calls, emails, meeting attendance, project participation and governance roles - information which will facilitate a coherent and informed relationship over the course of the DSRIP program. A second risk is the current lack of EMRs among all eligible providers. An in-depth current state assessment is a milestone in our IT/Systems Plan, but preliminary data obtained from the RHIO and our CNA show that some practices are without EMRs. Without an EMR, practices will not be able to obtain PCMH certification, impacting achievement of IDS milestone #7, and greatly impeding the achievement of other milestones related to connecting to the RHIO, interoperability, and data sharing. To mitigate this risk, we plan a multifaceted process. First, our current state assessment results will show the magnitude of the EMR gap across the PPS. Second, we will participate with the NYSDOH CIO council and the RHIO and the other PPSs in our region, and coordinate our strategy with the region, the state, and overall best practices. Third, we will develop a strategy to close the gap, including a cost analysis and the comparison of various solutions. We will evaluate whether to procure an EMR solution, endorse one or more certified-EMRs, and other options. EMR adoption and use will also be tracked. Current state assessment results will be stored in Salesforce, enabling ready analysis of many variables including EMR product and version, MU, certification, deployment stage, hosting model, technical support, features, and other important factors. Likewise, RHIO connections, PCMH status, and other information relevant to EMR-driven data sharing will also be tracked. A third risk is the transition to ICD 10 in October 2015. Because coding and billing are mission-critical to health care providers, ICD 10 adoption will compete with DSRIP initiatives. At the same time, ICD 10 represents a modernizing of the infrastructure that is in concert with DSRIP goals and objectives which the PPS will support. We will explore our role in referring providers to resources supplied by CMS, the AMA, and other stakeholders aimed at facilitating the transition, and will work through our PCMH vendors, local deployment councils, and other technical assistance partners to assess and mitigate risks to DSRIP project work.



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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.	DY3 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community- based providers.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 1. WMC PPS customizes Salesforce to support IDS network; establish provider type, geographic, and other categories.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Execute Master Services Agreement with PPS network Participants and/or services contract between the PPS PMO and CBOs as appropriate.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3.WMC PPS to identify gaps in provider types, geographic coverage or other factors by crosswalking existing network to needs identified in CNA.		Project		Completed	08/08/2015	12/31/2016	08/08/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. WMC PPS practitioner engagement and IDS teams reach out to potential new partners.		Project		Completed	08/08/2015	12/31/2016	08/08/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 5. WMC PPS practioner engagement and communication teams develop and deploy "onboarding" materials and processes to integrate new partners in network and programs.		Project		Completed	10/03/2015	03/31/2016	10/03/2015	03/31/2016	03/31/2016	DY1 Q4
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	Completed	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 PPS produces a list of participating HHs and ACOs.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	08/08/2015	03/31/2017	08/08/2015	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		Completed	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS identifes Health Homes and assesses capabilities to underpin IDS including sharing systems and best practices.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. WMC PPS identifies ACOs and assesses capabilities to underpin IDS including sharing systems and best practices.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Unlike other PPSs who have experience as a result of developing ACOs and/or HHs, WMC PPS will meet with ACOs & HHs within and external to our network to identify successful models which can be replicated in our own IDS strategy.		Project		Completed	08/08/2015	12/31/2016	08/08/2015	12/31/2016	12/31/2016	DY2 Q3
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	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	11/15/2015	03/31/2017	11/15/2015	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		Completed	09/01/2015	03/31/2017	09/01/2015	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		Completed	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.		Project		Completed	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS plans clinical governance structure to include participation of medical, behavioral health, post acute and long		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	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year
	Due Date	20101			Otari Bate	Liid Date			Liid Date	and Quarter
term care and public health partners.										
Task Step 2. Update CNA hot spotting using final attribution to identify priority groups in terms of health disparities. Socioeconomic analyses will be based on zip code analysis using the Area Deprivation Index identified in the CNA and from responses from the Consumer Survey (N=4900) on access and use of services.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3. As part of the practitioner engagement workstream, WMC PPS wll establish local deployment councils to include local CBOs which will be encouraged to participate; CBOs will also be invited to participate in the Quality Committee.		Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. Assess network to confirm specialties and provider types for HIE capability, links to care management including Health Homes and links to social services.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5. WMC PPS creates protocols for care coordination and process flow as part of Hospital Transitions and Health Home at Risk projects.		Project		Completed	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6. As part of Practicioner Engagement workstream PPS will plan training for appropriate partners and staff on care transitions protocols for Hosptial Transitions and Health Home at Risk projects.		Project		Completed	11/05/2015	09/30/2016	11/05/2015	09/30/2016	09/30/2016	DY2 Q2
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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	
Task		Provider	Safety Net Mental Health	In Progress	08/08/2015	03/31/2018	08/08/2015	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
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS in coordination with QE, establishes preliminary plan to connect network partners to RHIO.		Project		Completed	08/08/2015	06/30/2016	08/08/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2. WMC PPS completes current state analysis of current EHR based connections to RHIO.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. PPS reviews and finalizes action plan.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. Identify pilot partner/early adopter sites for QE connection.		Project		Completed	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5. In accordance with IT & Systems workstream, obtain PPS Board Approval: Data Security and Confidentiality Plan.		Project		Completed	08/18/2015	12/31/2016	08/18/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6. Evaluate lessons learned from initial connections.		Project		Completed	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 7. Plan phased implementation for network rollout.		Project		Completed	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 8. Implement Phase 1 of network rollout.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9. Implement Phase 2 of network rollout.		Project		In Progress	03/31/2017	03/31/2018	03/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10. As RHIO alert and secure messaging functionality is established and rolled out, WMC PPS will provide technical support and training to network partners to activate functionality.		Project		In Progress	06/30/2016	03/31/2018	06/30/2016	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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	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
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS completes current state analysis of network partners; included will be determination as to eligibility for PCMH based on primary care provider type, as well as current PCMH certification if any and EHR and MU capabilities.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. WMC PPS creates and implement mechanism to track EHR, MU, and PCMH status for each network provider.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. WMC PPS, based on findings of MS #1 (current state assessment) finalizes plan for procuring and rolling out certified EHRs to safety net primary care providers.		Project		In Progress	08/08/2015	03/31/2018	08/08/2015	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.	DY3 Q4	Project	N/A	In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking.		Project		Completed	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Define functional reporting requirements for clinical projects.		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. WMC PPS creates roadmap for data sharing and reporting to support population health analytics.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. Begin IT based population health reporting.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 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	05/15/2015	03/31/2018	05/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	11/15/2015	03/31/2018	11/15/2015	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
Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	11/15/2015	03/31/2018	11/15/2015	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	11/15/2015	03/31/2018	11/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS issues RFP for vendor to do a PCMH readiness assessment.		Project		Completed	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. WMC PPS establishes local deployment councils to serve as local PPS contacts for network partners engaging in PCMH.		Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. WMC PPS completes current state analysis of network partners; included will be determination as to eligibility for PCMH based on primary care provider type, as well as current PCMH certification if any and EHR and MU capabilities.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. WMC PPS working with PCMH vendor creates action plan for PCMH eligible organizations as appropriate based on their particular gaps so as to enable them to close gaps in processes and services.		Project		In Progress	05/18/2016	12/31/2017	05/18/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	02/01/2016	03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Based on MAPP portal data, WMC PPS identifies MCOs whose members have been attributed to our PPS.		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. WMC PPS and MCOs plan for sharing reports including establishing data sharing agreements.		Project		Completed	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Create PPS/MCO agenda series aimed at developing business case for MCO engagement; incorporate principles of		Project		Completed	06/30/2016	03/31/2017	06/30/2016	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
DOH Value-Based Payment roadmap including the alignment of incentives, regulatory amendments and other requirements of payment reform.										
Task Step 4. WMC PPS and MCOs establish a regular meeting schedule to review performance and develop action plans as appropriate.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY3 Q4	Project	N/A	In Progress	09/15/2015	03/31/2018	09/15/2015	03/31/2018	03/31/2018	DY3 Q4
PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	10/23/2015	03/31/2018	10/23/2015	03/31/2018	03/31/2018	DY3 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	06/30/2016	03/31/2018	06/30/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Review final State value-based payment roadmap with Finance and Executive Committees.		Project		Completed	10/23/2015	12/31/2015	10/23/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. WMC aligns PPS payments for patient engagement for DSRIP projects.		Project		In Progress	11/15/2015	03/31/2018	11/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3. Establish Value-Based Payment Task Force (note, previously referred to as Financial Sustainability Taskforce in DSRIP Application; further guidance on financial sustainability workstream expectations from DOH led to modification).		Project		Completed	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4. Conduct current state assessment of value-based payment across all WMC PPS Participants.		Project		Completed	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5. Review baseline assessment of Participants' value-based payment arrangements (and capabilities).		Project		Completed	12/15/2015	12/31/2016	12/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6. Conduct gap assessment to achieving stated goal of 90% within five years.		Project		Completed	12/15/2015	12/31/2016	12/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 7. PPS Draft VBP Plan, including MCO strategy, distributed for stakeholder feedback.		Project		Completed	11/15/2015	12/31/2016	11/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 8. WMC PPS establishes guidelines for calculating incentive		Project		Completed	04/01/2016	12/31/2016	04/01/2016	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
payments.										
Task Step 9. Incorporate stakeholder feedback into final VBP Plan; Plan signed off on by Finance Committee and Executive Committee.		Project		Completed	11/15/2015	12/31/2016	11/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 10. WMC PPS working with performance reporting, network partners, and the MAPP development team, creates and deploys dashboards to support VBP.		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
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.	DY3 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1. Establish a Community Engagement Quality Advisory Committee.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 2. Identify cultural competency and health literacy champions within the local deployment groups established as part of Clinical Governance who are responsible for patient and provider engagement. These Champions will communicate cultural competency strategy and plans to our provider network and report back to the WMC Quality Committee and Workforce Committee.		Project		Completed	11/15/2015	12/31/2016	11/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3. Conduct Focus groups with community consumers/residents and CBOs to help identify key access factors and effective communication pathways that acknowledge cultural differences, language and health literacy competencies from a community perspective.		Project		Completed	11/15/2015	12/31/2016	11/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. Working with the Cultural Competency/Health Literacy workgroup, assess risk factors for sub populations based on race, ethnicity, disability, and behavioral health challenges. This workgroup when established will also suggest approaches for patient self-management of disease risk factors that are culturally appropriate and review these with the WMC PPS Quality		Project		Completed	11/15/2015	12/31/2016	11/15/2015	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
Committee										
Task Step 5. WMC PPS creates staffing plan to support patient engagement including documented human resource/workforce needs & reporting relationships.		Project		Completed	11/15/2015	12/31/2016	11/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6. Complete identification of appropriate and meaningful measures to monitor ongoing impact of the WMC PPS Cultural Competency Strategy. Work with IT Committee to develop a platform for required quarterly reports and for sharing annual results with community stakeholders via portals that allow for web-based feedback.		Project		Completed	11/15/2015	12/31/2016	11/15/2015	12/31/2016	12/31/2016	DY2 Q3

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical,	nbajaj	Other	21_DY2Q4_PROJ2ai_MDL2ai2_PRES1_OTH_201701 24_2ai_M1_(DY2Q3)_12842.pdf	Pdf of list of network providers for satisfaction of this milestone	04/26/2017 12:36 PM
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.	nhaiai I Other I		21_DY2Q4_PROJ2ai_MDL2ai2_PRES1_OTH_2aim1_li st_12840.xlsx	Excell file of network providers for satisfaction of this milestone	04/26/2017 12:35 PM
	marville	Other	21_DY2Q4_PROJ2ai_MDL2ai2_PRES2_OTH_201704 24_2ai_M2D2_IDS_Strategy_with_HH_PCMH_(DY2Q4)_12179.pdf	2.a.i M2 D2 (DY2Q4)	04/25/2017 01:29 PM
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	marville	Other	21_DY2Q4_PROJ2ai_MDL2ai2_PRES2_OTH_201704 05_2ai_M2_D3_Med_Neighborhood_Meeting_Schedule _(DY2Q4)_9982.pdf	2.a.i. M2 D3 (DY2Q4)	04/11/2017 04:11 PM
	marville	Other	21_DY2Q4_PROJ2ai_MDL2ai2_PRES2_OTH_201704 05_2ai_M2_D1_(DY2Q4)_9981.pdf	2.a.i M2 D1 (DY2Q4)	04/11/2017 04:10 PM
Ensure patients receive appropriate health care and	nbajaj	Other	21_DY2Q4_PROJ2ai_MDL2ai2_PRES3_OTH_201704 26_2AI_Milestone3_D_1ICinical_InteroperabilitySystem _InPlace12902.pdf	2ai Milestone 3 Deliverable 1: Clinical interoperability	04/26/2017 01:21 PM
community support, including medical and behavioral health, post-acute care, long term care and public	marville	Other	21_DY2Q4_PROJ2ai_MDL2ai2_PRES3_OTH_201703 12_2ai_M3_D4_(DY2Q4)_9985.pdf	2.a.i M3 D4 (DY2Q4)	04/11/2017 04:14 PM
health services.	marville	Other	21_DY2Q4_PROJ2ai_MDL2ai2_PRES3_OTH_201704 05_2ai_M3_D3_(DY2Q4)_9984.pdf	2.a.i M3 D3 (DY2Q4)	04/11/2017 04:14 PM
	marville	Other	21_DY2Q4_PROJ2ai_MDL2ai2_PRES3_OTH_201703	2.a.i M3 D2 (DY2Q4)	04/11/2017 04:13 PM

NYS Confidentiality - High



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Prescribed Milestones Current File Uploads

Milestone Name User ID File Type		File Name	Description	Upload Date	
			10_2ai_M3_D2_(DY2Q4)_9983.pdf		
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	marville	Other	21_DY2Q4_PROJ2ai_MDL2ai2_PRES9_OTH_201704 17_2ai_M9_D1_(DY2Q4)_10572.pdf	2ai M9 D1 (DY2Q4)	04/18/2017 10:08 AM

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	We have uploaded the excel file that went with the pdf we submitted last qtr as well as resubmitted the pdf. The State Mandated date for completion of this milestone is
care, and community-based service providers within the PPS network;	3/31/18 (DY3Q4) and we can update the numbers for the DY3Q4 submission if needed.
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.	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass (with Exception) & Ongoing	The IA does not consider this milestone complete. In order to substantiate completion of this milestone, the PPS must include all providers in its Integrated Delivery System.
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 #9	Pass & Complete	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Complete	



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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	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
Willestone Name	OSEI ID	i iie i ype	i ile Naille	Description	Opioau 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						
Ins	Instructions:						
		_					



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TORK -

Project 2.a.iii – Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services

IPQR Module 2.a.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.

- #1- Dec. 2014 commitments were based on our then current understanding of definitions and specifications. Subsequent or future changes, e.g. for an activated patient, may substantially affect our ability to meet targets. We will mitigate this risk by respectfully raising concerns and issues relevant to our performance.
- #2- To satisfy PPS speed and scale commitments providers must meet project requirements by a certain date. However, the appropriate role of any participant may vary by specialty, setting and provider type and we risk having based our commitments on a view of provider roles not fully aligned with the view of the IA. To mitigate this risk we describe our assumptions: Providers will assume leading, secondary or supporting roles as appropriate. Leading participants will satisfy all project requirements while participants in secondary or supporting roles will satisfy a role specific subset of requirements. A related risk relates to our view that hospitals are important participants for the success of this project but were an omitted type in the application, we therefore included hospitals in our count for "all other."
- #3- This project requires PCMH/APCM recognition for PCPs. The number required was based on NYS criteria which included some not eligible for PCMH/APCM, e.g. Hospitalists. To mitigate the risk of falling short, we will encourage other PCPs to join our PPS and will work with NYS on requirements for those not eligible for PCMH/APCM.
- #4- This project requires the patient care team use Health Information Exchange (HIE) to share information and make referrals. We plan to satisfy this requirement by connecting providers with the SHIN_NY through Qualified Entity (QE) enabled HIE. There is significant risk the QE may not be able to support this requirement, and/or that some providers may not be able to meet the aggressive time frame of this project. To mitigate the risk we continue to work closely with our local QE, PCPs and Health Homes.
- #5- For all projects there is a risk of poor alignment of the population of patients attributed to the PPS through the NYS algorithm based on past experience and the population of current Medicaid patients treated by PPS partners. To mitigate this risk our PPS will advocate for modifications to the attribution algorithm that will, overtime, lead to a closer fit between the set of patients attributed to a PPS and the set of patients treated by PPS partners.
- #6- This project shares risks with other projects and work streams: A risk that practices will be overwhelmed by the volume of guidelines, policies and training related to DSRIP which will be mitigated by support from PMO staff and by setting reasonable and staged due dates for milestones. Project speed and scale commitments were made before contracts with partners were executed and before any integrated PPS infrastructure was in place. To mitigate the risk of falling short, we are developing a two stage process for collecting data on engaged patients taking into account prohibitions on collecting PHI prior to meeting requirements for IT security, patient consent and contractual agreements. A risk that relying solely on data from NYS through MAPP the PPS will not have information needed to meet the needs of every Medicaid patient served by PPS providers, including those not "attributed" to the PPS. To mitigate this risk, we are exploring HIPAA compliant possibilities for collecting data on the broader



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population served by the partner organizations in our PPS. An associated risk is that our IT roadmap assumes maximization of the DOH-supplied MAPP portal and analytics, which will not support inclusion of a broader data set. Accordingly, our IT and IDS strategies include transitioning to PPS based project management, analytics, and care management platforms.



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IPQR Module 2.a.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	11,000				

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	330	2,200	2,750	5,500
PPS Reported	Quarterly Update	650	2,030	0	5,939
	Percent(%) of Commitment	196.97%	92.27%	0.00%	107.98%
IA Approved	Quarterly Update	0	2,030	0	5,929
IA Approved	Percent(%) of Commitment	0.00%	92.27%	0.00%	107.80%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
nbajaj	Other	21_DY2Q4_PROJ2aiii_MDL2aiii2_PES_OTH_2aiii_AEP_Roster_04282017_14342.xlsx	AEP for 2aiii = 5939	04/28/2017 03:53 PM

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.a.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 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	DY2 Q4	Project	N/A	Completed	06/30/2015	03/31/2017	06/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs		Project		Completed	06/30/2015	03/31/2017	06/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. In consultation with partner organizations (including health homes and case management agencies) and the Health Home at Risk Project Advisory Quality Committee (HHPAQC, a workgroup of the WMC PPS Quality Committee), explore models for implementing a health home at risk intervention program. attributed to our PPS. DY1, Q2		Project		Completed	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Convene HHPAQC to review and discuss the candidate care management plan tools and components and the roles and responsibilities of both health homes and primary care providers in the health home at risk project.		Project		Completed	06/30/2015	03/31/2016	06/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. In consultation with PMO and HHPAQC develop staffing, training and implementation plan including roles of PCMH PCPs and HHs.		Project		Completed	05/18/2016	09/30/2016	05/18/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 4. Partner feedback will be solicited. Based on lessons learned and feedback from Partners and local deployment workgroups, the HHPAQC and/or the Quality Steering Committee and/or its workgroups will review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans in consultation with PMO staff.		Project		Completed	08/10/2016	03/31/2017	08/10/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Ensure all eligible primary care providers participating in the	DY3 Q4	Project	N/A	In Progress	05/15/2015	03/31/2018	05/15/2015	03/31/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

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
project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.										and Quarter
Task All eligible practices meet NCQA 2014 Level 3 PCMH and APCM standards		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	11/15/2015	03/31/2018	11/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS issues RFP for vendor to do a PCMH or APC model readiness assessment.		Project		Completed	05/15/2015	07/01/2015	05/15/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 2. WMC PPS establishes local deployment councils to serve as local PPS contacts for network partners engaging in PCMH.		Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. WMC PPS completes current state analysis of network partners; included will be determination as to eligibility for PCMH or APC based on practice characteristics primary care provider type, as well as current PCMH or APC certification if any and EHR and MU capabilities.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. WMC PPS working with PCMH/APC practice transformation vendor creates action plan for PCMH/APC eligible organizations as appropriate based on their particular gaps so as to enable them to close gaps in processes and services.		Project		In Progress	05/18/2016	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	DY3 Q4	Project	N/A	In Progress	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Case Management / Health Home	In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

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. WMC PPS in coordination with QE, establishes preliminary plan to connect network partners to RHIO.		Project		Completed	08/08/2015	06/30/2016	08/08/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2. WMC PPS completes current state analysis of current EHR based connections to RHIO.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. PPS reviews and finalizes action plan.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. Plan phased implementation for network rollout.		Project		In Progress	03/31/2016	06/30/2017	03/31/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 5. As RHIO alert and secure messaging functionality is established and rolled out, WMC PPS will provide technical support and training to network partners activate functionality.		Project		In Progress	06/30/2016	03/31/2018	06/30/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	DY3 Q4	Project	N/A	In Progress	08/10/2015	03/31/2018	08/10/2015	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	08/10/2015	03/31/2018	08/10/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	08/10/2015	03/31/2018	08/10/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS completes current state analysis of network partners; included will be determination as to eligibility for PCMH/APC based on primary care provider type, as well as current PCMH/APC certification if any and EHR and MU capabilities.		Project		Completed	08/10/2015	03/31/2016	08/10/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. WMC PPS creates and implement mechanism to track EHR, MU, and PCMH/APC status for each network provider.		Project		In Progress	08/17/2016	03/31/2018	08/17/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 3. As detailed in Milestone 2, Step 4 of this project (2.a.iii), the WMC PPS working with the PCMH/APC practice transformation vendor creates an action plan for PCMH eligible organizations as approprirate based on their particular gaps so as to enable them to close gaps in processes and services. This includes technical assistance from the vendor to assist practices		Project		In Progress	08/17/2016	03/31/2018	08/17/2016	03/31/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

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
in achieving MU stage 2 CMS requirements and NCQA Level 3 PCMH standards.										
Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 Q4	Project	N/A	Completed	08/08/2015	03/31/2018	08/08/2015	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		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking taking into account all project compliant services delivered during DY1.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Define functional reporting requirements for Health home at Risk project.		Project		Completed	05/18/2016	06/30/2016	05/18/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. WMC PPS creates roadmap for data sharing and reporting.		Project		Completed	08/10/2016	09/30/2016	08/10/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 4. Report and track actively engaged patients.		Project		Completed	11/16/2016	03/31/2018	11/16/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	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 Procedures to engage at-risk patients with care management plan instituted.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. In consultation with partner organizations and the Health Home at Risk Project Advisory Quality Committee (HHPAQC, a workgroup of the WMC PPS Quality Committee), identify evidence based literature and best practices for candidate care management plans, tools, components.		Project		Completed	09/10/2015	12/31/2015	09/10/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Convene Health Home at Risk Project Advisory Quality Committee (HHPAQC) to review and discuss the candidate care management plan tools and components.		Project		Completed	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. In consultation with PMO and HHPAQC develop staffing,		Project		Completed	05/18/2016	09/30/2016	05/18/2016	09/30/2016	09/30/2016	DY2 Q2



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DSRIP Implementation Plan Project

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
trianing and implementation plan including roles of PCMH PCPs and HHs.										
Task Step 4. In consultation with partner organizations and PMO the HHPAQC will identify or develop metrics to assess success of project implementation.		Project		In Progress	08/10/2016	06/30/2017	08/10/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 5. Partner feedback will be solicited. Based on lessons learned and feedback from Partners and local deployment workgroups, the HHPAQC and/or the Quality Steering Committee and/or its workgroups will review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans in consultation with PMO staff.		Project		Not Started	11/30/2017	03/31/2018	11/30/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	DY2 Q4	Project	N/A	Completed	09/15/2015	03/31/2017	09/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/15/2015	03/31/2017	09/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Case Management / Health Home	Completed	09/15/2015	03/31/2017	09/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. In consultation with partner organizations and the Health Home at Risk Project Advisory Quality Committee (a workgroup of the WMC PPS Quality Committee), identify appropriate Health Home partners to provide care management services.		Project		Completed	09/15/2015	12/31/2015	09/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Convene Health Home at Risk Project Advisory Committee to review and discuss the roles and responsibilities of both health homes and primary care providers in the health home at risk project.		Project		Completed	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Explore successful models for information sharing between PCPs and Health Homes.		Project		Completed	05/10/2016	03/31/2017	05/10/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health	DY2 Q4	Project	N/A	Completed	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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
departments).										
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	11/05/2015	03/31/2017	11/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Case Management / Health Home	Completed	11/05/2015	03/31/2017	11/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.		Project		Completed	11/30/2016	03/31/2017	11/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Meet with Health Homes to assess capacity and links to other care providers: medical, behavioral health, social services.		Project		Completed	08/08/2015	06/30/2016	08/08/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2. Meet with partners to share experiences and identify gaps and opportunities.		Project		Completed	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Assess network to confirm specialties and provider types for ability to exchange information, links to care management including Health Homes and links to social services.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. Identify by provider type and project role the clinical information to be shared among providers		Project		Completed	02/10/2016	06/30/2016	02/10/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 5. Create roadmap for data sharing and reporting		Project		Completed	02/10/2016	06/30/2016	02/10/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 6. Plan training for appropiate partners and staff		Project		Completed	05/18/2016	03/31/2017	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	DY2 Q4	Project	N/A	Completed	11/05/2015	03/31/2017	11/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.		Project		Completed	11/05/2015	12/31/2016	11/05/2015	12/31/2016	12/31/2016	DY2 Q3
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.		Project		Completed	02/17/2016	06/30/2016	02/17/2016	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	11/05/2015	12/31/2016	11/05/2015	12/31/2016	12/31/2016	DY2 Q3



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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 has included social services agencies in development of risk reduction and care practice guidelines.										
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.		Project		Completed	08/17/2016	03/31/2017	08/17/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. In consultation with partner organizations and the Health Home at Risk Project Advisory Quality Committee (HHPAQC, a workgroup of the WMC PPS Quality Committee), identify appropriate evidence based literature and best practices addressing risk factor reduction, care engagement, and chronic disease management.		Project		Completed	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Convene the HHPAQC to review and discuss the candidate best practices/protocols/guidelines/standards. The HHPAQC includes clinical leaders from partner organizations and other stakeholder including social service agencies representing a range of credentials and experience relevant to the project.		Project		Completed	02/17/2016	06/30/2016	02/17/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. The Cultural Competency/Health Literacy workgroup, a subset of the Workforce Committee, is charged with identification of evidence-based clinical training and educational materials that takes into consideration disease risk factors for sub populations based on race, ethnicity, disability, and behavioral health challenges. This workgroup will suggest approaches for patient self management of disease risk factors that are culturally appropriate and will review these with WMC PPS quality steering committee and its workgroups		Project		Completed	11/05/2015	11/30/2016	11/05/2015	11/30/2016	12/31/2016	DY2 Q3
Task Step 4. Plan phased roll out of culturally competent materials adapted to local considerations.		Project		Completed	11/30/2016	03/31/2017	11/30/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	marville	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES1_OTH_20170 428_2aiii_M1_D1_(DY2Q4)_14294.pdf	2.a.iii M1 D1 (DY2Q4)	04/28/2017 01:54 PM



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	marville	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_OTH_20170 425_2.a.iii_M5_D1_AEP_Documentation_2AIII_(DY2Q4)_12273.pdf	2aiii M5 D1 (DY2Q4)	04/25/2017 03:58 PM
Establish partnerships between primary care providers and the local Health Home for care	marville	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_20170 424_2aiii_M7_D1_(DY2Q4)_13753.pdf	2.a.iii M7 D1 (DY2Q4)	04/27/2017 11:42 AM
management services. This plan should clearly delineate roles and responsibilities for both parties.	marville	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_20170 419_Scaling2aiii_M7_(DY2Q4)_11845.xlsx	2.a.iii M7 D1 Scaling (DY2Q4)	04/24/2017 04:49 PM
Establish partnerships between the primary care providers, in concert with the Health Home, with	marville	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_OTH_20140 427_2aiii_M8_D1_(DY2Q4)_Final_14712.pdf	2.a.iii M8 D1 (DY2Q4)	05/01/2017 09:42 AM
network resources for needed services. Where necessary, the provider will work with local	marville	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_OTH_20170 419_Scaling2aiii_M8_11985.xlsx	2.a.iii Milestone 8 Scaling (DY2Q4)	04/25/2017 09:41 AM
government units (such as SPOAs and public health departments).	marville	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_OTH_20170 315_2aiii_M8_D2_(DY2Q4)_11857.pdf	2.a.iii M8 D2 (DY2Q4)	04/24/2017 05:09 PM
Implement evidence based practice guidelines to	nbajaj	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_OTH_20170 428_2aiii_M9_D3_(DY2Q4)_14355.pdf	2.a.iii M9 D3 (DY2Q4)	04/28/2017 04:32 PM
Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure	nbajaj	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_OTH_20170 428_2aiiiM9D2_Dy2Q4_14354.pdf	2.a.iii M9 D2 (DY2Q4)	04/28/2017 04:31 PM
appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	marville	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_OTH_20170 427_2aiii_M9_D4_(DY2Q4)_13598.pdf	2.a.iii M9 D4 (DY2Q4)	04/27/2017 09:59 AM
and imguistic fieeds of the population.	marville	Other	21_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_OTH_20170 425_2aiii_M9_D1_(DY2Q4)_12207.pdf	2.a.iii M9 D1 (DY2Q4)	04/25/2017 02:22 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a Health Home At-Risk Intervention Program, utilizing	
participating HHs as well as PCMH/APC PCPs in care coordination within	
the program.	
Ensure all eligible primary care providers participating in the project meet	
NCQA (2011) accredited Patient Centered Medical Home, Level 3	
standards and will achieve NCQA 2014 Level 3 PCMH and Advanced	
Primary Care accreditation by Demonstration Year (DY) 3.	
Ensure that all participating safety net providers are actively sharing EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
sharing health information among clinical partners, including direct	
exchange (secure messaging), alerts and patient record look up.	
Ensure that EHR systems used by participating safety net providers meet	
Meaningful Use and PCMH Level 3 standards and/or APCM.	



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Westchester Medical Center (PPS ID:21)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform population health management by actively using EHRs and other	
IT platforms, including use of targeted patient registries, for all	
participating safety net providers.	
Develop a comprehensive care management plan for each patient to	
engage him/her in care and to reduce patient risk factors.	
Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	PPS has uploaded excel file as evidence of having met scale requirements. PCP= 497 Case Management HH= 25
Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services.	PPS has uploaded excel file as evidence of having met scale requirements.
Where necessary, the provider will work with local government units	PCP: 497
(such as SPOAs and public health departments).	Case Management/HH: 25
Implement evidence-based practice guidelines to address risk factor	
reduction as well as to ensure appropriate management of chronic	
diseases. Develop educational materials consistent with cultural and	
linguistic needs of the population.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Complete	



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Westchester Medical Center (PPS ID:21)

IPQR Module 2.a.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
Mid-Point Assessment	Completed	Mid-Point Assessment	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
Willestone Maine	USeriD	i iic i ypc	I lie Name	Description	Opioad Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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

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IPQR Module 2.a.III.5 - IA Monitorin	.g	
Instructions:		



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

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Westchester Medical Center (PPS ID:21)

Project 2.a.iv – Create a medical village using existing hospital infrastructure

IPQR Module 2.a.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.

Both BSCH and HealthAlliance face conversion costs and funding challenges, potential disruptions in care delivery during the transition period, and workforce training and redeployment considerations. Specifically, the date for which capital projects are approved and receipt for total monies requested pose significant risks.

To contain costs, BSCH will utilize internal and community resources to further develop urgent care in the ED, outpatient psychiatric services, and rehabilitation, laboratory, radiology and surgical services for outpatients. BSCH will provide community education space to minimize costs and maximize usage for services such as smoking cessation and diabetes education, and nutrition and fitness programs.

To fund infrastructure development, BSCH and HealthAlliance did apply for the Capital Restructuring Financing Program, new market tax credits, foundation funding for capital and VAP funding for operating losses. Both Medical Villages will also attempt to offset losses through expansion and/or consolidation of outpatient services—including laboratory, behavioral health, diagnostic radiology, and ambulatory surgery.

Medical Village development requires facility changes, closures, and creation of new services that shift patterns of care. Patients, out of habit, may arrive at the wrong location. To mitigate potential disruptions in care delivery, BSCH and HealthAlliance are conducting comprehensive community engagement and planning to identify needs, assets, health behavior and utilization patterns and perceptions. BSCH and HealthAlliance will continue efforts to increase awareness of and promote access to the new services. Dedicated outreach programs will focus on identified health needs of the community and include comprehensive marketing and communication efforts.

Rebalancing health delivery to focus on primary and ambulatory care will result in staffing growth in certain job categories (e.g., outpatient, care management, community health workers) and staffing reductions in some inpatient units and support services. Our PPS is committed to retaining/retraining/redeploying impacted staff to meet the skill-mix required to maintain employment or gain skills for new positions. This includes working with our labor organizations and local educational institutions to access retraining resources for both new positions and for at-risk workers. To aid the development of an effective workforce strategy, BSCH and HealthAlliance will create a detailed timeline documenting the specifics of bed reduction and rationale.



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IPQR Module 2.a.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						
DY4,Q4	6,600						

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	0	1,210	0	3,300
PPS Reported	Quarterly Update	261	1,390	0	4,598
	Percent(%) of Commitment		114.88%		139.33%
IA Approved	Quarterly Update	0	1,390	0	4,590
IA Approved	Percent(%) of Commitment		114.88%		139.09%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
nbajaj	Other	21_DY2Q4_PROJ2aiv_MDL2aiv2_PES_OTH_2aiv_AEP_Roster_04282017_14343.xlsx	AEP for 2aiv = 4598	04/28/2017 03:54 PM

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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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IPQR Module 2.a.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 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task A strategic plan is in place which includes, at a minimum: Definition of services to be provided in medical village and justification based on CNA Plan for transition of inpatient capacity Description of process to engage community stakeholders Description of any required capital improvements and physical location of the medical village Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1. Establish a Medical Village Project Quality Advisory Committee that includes representatives from BSCH and HealthAlliance as well as project management from the PMO who will be responsible for monitoring and reporting on the progress of the WMC PPS Medical Village Project.		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 2. Review community health assessments undertaken in Ulster and Orange county as well as CNA conducted by the PPS to determine service needs.		Project		Completed	04/01/2015	11/05/2015	04/01/2015	11/05/2015	12/31/2015	DY1 Q3
Task Step 3. Convene Medical Village Project team to review project plan, implementation timelines and deliverables against submitted capital Restructuring Financing Program submissions.		Project		In Progress	01/01/2016	03/31/2019	01/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task		Project		In Progress	01/01/2016	03/31/2019	01/01/2016	03/31/2019	03/31/2019	DY4 Q4



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DSRIP Implementation Plan Project

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 4. Once CRFP is approved, make adjustments to Medical Village Implementation Plan as required.										
Task Step 5. Once CRFP is approved, a plan for marketing and promotion of the medical village and consumer education regarding access to medical village services will be developed.		Project		In Progress	01/01/2016	03/31/2019	01/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 6. Plan community presentations as town hall type review that will be open to neighbors and stakeholders.		Project		In Progress	01/01/2016	03/31/2019	01/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Once CRFP is approved, make adjustments to Medical Village Implementation Plan as required and review timeline as it relates to staffed bed reduction.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Complete and submit Certificate of Need (CON) for bed reduction.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Once CON approved, maintain baseline bed capacity and periodic progress reports documenting bed reduction.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure that all eligible participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	DY3 Q4	Project	N/A	In Progress	05/15/2015	03/31/2018	05/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS issues RFP for vendor to do a PCMH readiness assessment.		Project		Completed	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. WMC PPS establishes local deployment councils to serve as local PPS contacts for network partners engaging in PCMH.		Project		Completed	11/05/2015	06/30/2016	11/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

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. WMC PPS completes current state analysis of network partners; included will be determination as to eligibility for PCMH based on primary care provider type, as well as current PCMH certification if any and EHR and MU capabilities.										
Task Step 4. WMC PPS working with PCMH vendor creates action plan for PCMH eligible organiztions as appropriate based on their particular gaps so as to enable them to close gaps in processes and services.		Project		Completed	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	DY4 Q4	Project	N/A	In Progress	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS in coordination with QE, establishes preliminary plan to connect network partners to RHIO.5		Project		Completed	08/08/2015	06/30/2016	08/08/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2. WMC PPS completes current state analysis of current EHR based connections to RHIO.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. PPS reviews and finalizes action plan.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. Identify pilot partner/early adopter sites for QE connection.		Project		Completed	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5. In accordance with IT & Systems workstream, obtain PPS Board Approval: Data Security and Confidentiality Plan.		Project		Completed	08/18/2015	12/31/2016	08/18/2015	12/31/2016	12/31/2016	DY2 Q3



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DSRIP Implementation Plan Project

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 6. Evaluate lessons learned from initial connections.		Project		Completed	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 7. Plan phased implementation for network rollout.		Project		Completed	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 8. Implement Phase 1 of network rollout.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9. Implement Phase 2 of network rollout.		Project		In Progress	03/31/2017	03/31/2018	03/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10. As RHIO alert and secure messaging functionality is established and rolled out, WMC PPS will provide technical support and training to network partners activate functionality.		Project		In Progress	06/30/2016	03/31/2018	06/30/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	08/08/2015	03/31/2017	08/08/2015	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		Completed	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking.		Project		Completed	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Identify by provider type and project role the clinical information to be shared among providers. Include in evaluation all the provider types essential to management of EHRs.		Project		Completed	05/10/2016	09/30/2016	05/10/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 3. WMC PPS creates roadmap for data sharing and reporting to support population health analytics.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. Begin IT based population health reporting.		Project		Completed	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	DY4 Q4	Project	N/A	In Progress	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS completes current state analysis of network partners; included will be determination as to eligibility for PCMH based on primary care provider type, as well as current PCMH certification if any and EHR capabilities.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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 2. WMC PPS creates and implement mechanism to track EHR, MU, and PCMH status for each network provider.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. WMC PPS, based on findings of current state assessment finalizes plan for procuring and rolling out certified EHRs.		Project		In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Review Community Needs Assessment to determine migration plan.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Develop guidelines and protocols to ensure appropriate migration.		Project		Completed	11/05/2015	03/31/2017	11/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Policies and procedures are developed to determine the frequency of updates to guidelines and protocols.		Project		Completed	02/10/2017	03/31/2017	02/10/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

			·		
Milestone Name	User ID	File Type	File Name	Description	Upload Date
Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	nbajaj	Other	21_DY2Q4_PROJ2aiv_MDL2aiv3_PRES2_OTH_20170 316_2aiv_Milestone_2_D1_DY2Q4_11635.pdf	CONs for Bed Reduction	04/24/2017 11:58 AM
Use EHRs and other technical platforms to track all patients engaged in the project.	· I marville I		21_DY2Q4_PROJ2aiv_MDL2aiv3_PRES5_OTH_20170 425_2aiv_M5_D1_AEP_Documentation_(DY2Q4)_1227 9.pdf	2.a.iv M5 D1 (DY2Q4)	04/25/2017 04:02 PM
Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are	marville	Other	21_DY2Q4_PROJ2aiv_MDL2aiv3_PRES7_OTH_20170 616_2aivM7_(DY2Q4_Remediation)_(2)_15362.pdf	2.a.iv Milestone 7 (DY2Q4 Remediation)	06/19/2017 01:23 PM
supported by the comprehensive community needs assessment.	marville	Other	21_DY2Q4_PROJ2aiv_MDL2aiv3_PRES7_OTH_20170 403_2aiv_M7_D1_Protocols_for_Medical_Village_BSC H_Kingston_(DY2Q4)_15361.pdf	Detailed migration plan	06/19/2017 01:22 PM

NYS Confidentiality - High



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	Natiative Text
Convert outdated or unneeded hospital capacity into an outpatient	
services center, stand-alone emergency department/urgent care center or	
other healthcare-related purpose.	
Provide a detailed timeline documenting the specifics of bed reduction	
and rationale. Specified bed reduction proposed in the project must	
include active or "staffed" beds.	
Ensure that all eligible participating PCPs meet NCQA 2014 Level 3	
PCMH accreditation and/or meet state-determined criteria for Advanced	
Primary Care Models by the end of DSRIP Year 3.	
Ensure that all safety net providers participating in Medical Villages are	
actively sharing EHR systems with local health information	
exchange/RHIO/SHIN-NY and sharing health information among clinical	
partners, including direct exchange (secure messaging), alerts and	
patient record look up.	
Use EHRs and other technical platforms to track all patients engaged in	
the project.	
Ensure that EHR systems used in Medical Villages meet Meaningful Use	
Stage 2	
Ensure that services which migrate to a different setting or location (clinic,	
hospitals, etc.) are supported by the comprehensive community needs	
assessment.	

Milestone Review Status

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



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IPQR Module 2.a.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
Mid-Point Assessment	Completed	Mid-Point Assessment	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
Willestolle Name	OSELID	i iie i ype	i ile Naille	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQR Module 2.a.iv.5 - IA Monitorin	.g	
Instructions:		



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Westchester Medical Center (PPS ID:21)

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.

- #1- Hospitals may be reluctant for care managers not credentialed by the hospital to see patients prior to discharge and HH care managers without nursing/medical backgrounds may not be qualified to evaluate deteriorating medical conditions post-discharge. To mitigate these risks we will explore a hospital or PCP affiliated RN care manager working in tandem with HH colleagues.
- #2- This project requires the PPS to coordinate care, share records, determine HH eligibility and notify care managers and PCPs about upcoming discharges. If the admitted patient is not an attributed beneficiary the PPS will not have the benefit of the MAPP tools to meet these requirements. To mitigate this risk we will advocate for PPS notification of hospital admissions without regard to PPS "attribution" and access to PCP and HH assignment for admitted patients not attributed to the PPS.
- #3- Dec. 2014 commitments were based on our understanding of definitions and specifications. Subsequent or future changes, e.g. for an activated patient, may substantially affect our ability to meet targets. We will mitigate this risk by respectfully raising concerns and issues.
- #4- To satisfy PPS speed and scale commitments providers must meet requirements by a certain date. We are at risk for interpreting that the appropriate role of a participant varies by specialty, setting and provider type and basing our commitments on those roles. To mitigate this risk we describe our assumptions: Providers will assume leading, secondary or supporting roles as appropriate; leading participants will satisfy all project requirements while those in secondary or supporting roles will satisfy only role-applicable milestones.
- #5-To meet the requirement for Health Information Exchange (HIE) we plan to connect providers to the SHIN_NY through our Qualified Entity (QE). There is significant risk the QE may not be able to support this requirement or providers may not be able to meet the aggressive time frame. To mitigate risk we will work closely with our QE and partners.
- #6- This project shares risks with others: Practices may be overwhelmed by the volume of guidelines, policies and training related to DSRIP, a risk to be mitigated by support from PMO staff and by setting reasonable and staged dates for milestones. Project speed and scale commitments made before executed contracts with partners and PPS infrastructure was in place may be at risk. To mitigate we are developing a two stage process for collecting data on engaged patients taking into account requirements for IT security, patient consent and contractual agreements. Relying solely on data from NYS through MAPP the PPS would not have information needed to meet the needs of Medicaid patients served by PPS providers but not "attributed" to the PPS. To mitigate this risk, we are exploring HIPAA compliant possibilities for collecting data on the broader population served by our partner organizations. An associated risk is that our IT roadmap assumes maximization of the DOH-supplied MAPP portal and analytics, which will not support inclusion of a broader data set. Accordingly, our IT and IDS strategies include transitioning to PPS based project management, analytics, and care management platforms.



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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	5,320						

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	285	1,140	1,425	2,660
PPS Reported	Quarterly Update	1,913	4,095	0	14,089
	Percent(%) of Commitment	671.23%	359.21%	0.00%	529.66%
IA Approved	Quarterly Update	0	4,095	0	14,089
IA Approved	Percent(%) of Commitment	0.00%	359.21%	0.00%	529.66%

Current File Uploads

User ID	File Type File Name		File Description	Upload Date
nbajaj	Other	21_DY2Q4_PROJ2biv_MDL2biv2_PES_OTH_2biv_AEP_Roster_04282017_14344.xlsx	AEP for 2biv	04/28/2017 03:56 PM

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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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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	Completed	10/14/2015	03/31/2017	10/14/2015	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		Completed	10/14/2015	03/31/2017	10/14/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. In consultation with partner organizations and the Care Transitions Project Advisory Quality Committee (CTPAQC,a workgroup of the WMC PPS Quality Committee), identify appropriate evidence based literature and best practices addressing care transitions.		Project		Completed	10/14/2015	03/31/2017	10/14/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Convene the CTPAQC review and discuss the candidate best best practices/protocols/ guidelines/standards. The Care Transitions Project Advisory Quality Committee includes clinical leaders from partner organizations and other stakeholders representing a range of credentials and experience relevant to the project.		Project		Completed	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Compare status of current practice among participating partners to identified best practices, including current ability of partner hospitals to identify Health Home enrolled or Health Home eligible patients, to notify of planned discharge, to provide a care manager visit with transition services prior to discharge, and to create and share a timely care transition record.		Project		Completed	02/10/2016	06/30/2016	02/10/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4. Plan phased roll out of best practices/protocols/ guidelines/standards adapted to local considerations. Protocols will include: notification of early discharge, transmission of a transition care record, facilitation of visit by transition care manager, assessment of Health Home enrollment and or eligiblity, notification of MCO and, if applicable, Health Home and		Project		Completed	08/17/2016	03/31/2017	08/17/2016	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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
will include a 30 day transition period.										
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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
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	08/17/2016	03/31/2018	08/17/2016	03/31/2018	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	05/18/2016	03/31/2018	05/18/2016	03/31/2018	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	08/15/2015	03/31/2018	08/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS cunducts analysis of current practice among participating hospital partners regarding current ability to identify Health Home enrolled or Health Home eligible patients.		Project		Completed	08/15/2015	03/31/2016	08/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. In consultation with partner organizations and the CTPAQC the PMO will work with each participating hospital to develop a plan for implementing identification of Health Home enrolled or eligible patients and to link the patient to Health Home services.		Project		Completed	05/18/2016	03/31/2017	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. WMC PPS identifies Medicaid Managed Care Organizations (MCOs) and Health Homes (HHs) doing business in our service area whose members and clients are at risk of admission to partner hospitals.		Project		Completed	08/10/2015	09/30/2015	08/10/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4. WMC PPS conducts learning sessions for area HH and MCO care managers on the new care transition protocols. See role out of protocols 2biv M1: 8/17/2016-3/31/2017.		Project		Completed	08/17/2016	03/31/2017	08/17/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. MCOs and HHs are invited to participate in committees, work groups and local deployment councils working on care coordination. WMC PPS seeks to identify a contact person at each MCO who will work with PPS partners to ensure coordination of care management.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 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
Task Step 6. Work with State organizations such as GNYHA, HANYS, PHSP Coalition and NYS DOH to convene discussion with NY MCOs around DSRIP related issues including successful models for reimbursement for transition services.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure required social services participate in the project.	DY3 Q4	Project	N/A	In Progress	05/20/2016	03/31/2018	05/20/2016	03/31/2018	03/31/2018	DY3 Q4
Task Required network social services, including medically tailored home food services, are provided in care transitions.		Project		In Progress	05/20/2016	03/31/2018	05/20/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. In collaboration with PPS partners working on community engagement and patient activation, identify local social services, including medically tailored home food services, within the service area of each participating hospital.		Project		Completed	05/20/2016	09/30/2016	05/20/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 2. In consultation with CBOs, social service agencies, network partners and the CTPQAC, create resource tools including lists of available social services and protocols for making referals for use by care managers, hospitals, primary care and other network providers.		Project		In Progress	11/18/2016	06/30/2017	11/18/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 3. Partner feedback will be solicited. Based on lessons learned and feedback from Partners and local deployment workgroups, the CTPAQC and/or the Quality Steering Committee and/or its workgroups will review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans in consultation with PMO staff.		Project		Not Started	08/16/2017	03/31/2018	08/16/2017	03/31/2018	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	Completed	05/18/2016	03/31/2017	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	08/12/2016	03/31/2017	08/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	08/12/2016	03/31/2017	08/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of		Provider	Hospital	Completed	08/12/2016	03/31/2017	08/12/2016	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
planned discharges.										
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		Completed	08/12/2016	03/31/2017	08/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS completes analysis of current practice among participating hospital partners regarding current ability to notify of planned discharges and provide care manager visit prior to discharge to provide transition services.		Project		Completed	05/18/2016	09/30/2016	05/18/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 2. In consultation with partner organizations and the CTPAQC the PMO will work with each participating hospital to develop a plan for implementing early notification of planned discharges and care manager visits prior to discharge to provide transition services.		Project		Completed	08/12/2016	03/31/2017	08/12/2016	03/31/2017	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	Completed	08/08/2015	03/31/2017	08/08/2015	03/31/2017	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		Completed	08/12/2016	03/31/2017	08/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS completes current state analysis of current EHR based connections to RHIO.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. WMC PPS completes analysis of current practice among participating hospital partners regarding current ability to create and share a timely care transition record.		Project		Completed	05/18/2016	09/30/2016	05/18/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 3. In consultation with partner organizations and the CTPAQC the PMO will work with each participating hospital to develop a plan for closing gaps to enable the sharing of a care transition plan with primary care practices caring for discharged patients.		Project		Completed	08/12/2016	03/31/2017	08/12/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	Completed	08/17/2016	03/31/2017	08/17/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	08/17/2016	03/31/2017	08/17/2016	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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
Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.										
Task Step 1. Phased roll out of best practices/protocols/ guidelines/standards will include a 30 day transition period.		Project		Completed	08/17/2016	03/31/2017	08/17/2016	03/31/2017	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	Completed	08/08/2015	03/31/2017	08/08/2015	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		Completed	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking tacking into account all project compliant services for DY1.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Define functional reporting requirements for care transition project.		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. WMC PPS creates roadmap for data sharing and reporting.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. Begin reporting to track all activated patients.		Project		Completed	11/15/2015	09/30/2016	11/15/2015	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	nbajaj	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES1_OTH_20170 613_Standardized_care_transitions_workflow_14953.pd f	Standardized care transitions workflow between Rehabilitation Support Services, Inc. and Orange Regional Medical Center	06/13/2017 11:45 AM
Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other	nbajaj	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES1_OTH_20170 6132_Care_Transitions_Policy_and_Procedure_14952. pdf	Care Transitions Policy and Procedure (Cornerstone Family Healthcare care manager provides care transitions case management services at St. Luke's Cornwall Hospital)	06/13/2017 11:44 AM
appropriate community agency.	nbajaj	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES1_OTH_20170 613_HAHVCareTransitionsProcessPolicy_14951.pdf	HAHV (hospital) Care Transitions Policy: HAHV standardized care transitions protocols with IFH, Bridge Street Family Medicine, and Hurley Avenue Family Medicine.	06/13/2017 11:44 AM
	marville	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES1_OTH_20170 412_2biv_M1_D1_(DY2Q4)_11204.pdf	2.b.iv M1 D1 (DY2Q4)	04/21/2017 10:01 AM

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Westchester Medical Center (PPS ID:21)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	marville	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES4_OTH_20170	2.b.iv M4 D1 (DY2Q4)	05/01/2017 09:59 AM
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	marville	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES4_OTH_20170 412_2biv_M4_D2_(DY2Q4)_11208.pdf	2.b.iv M4 D2 (DY2Q4)-Documentation demonstrating that care managers have access to visit their patients in the hospital	04/21/2017 10:18 AM
pe transition care manager to visit the patient in the pospital to develop the transition of care services.	nbajaj	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES4_OTH_20170 420_2bivM4D1_11156.xlsx	Excel sheet detailing that scale requirements have been met PCP 567 (Requirement = 497) Non PCP 1437 (Requirement = 950) Hospitals 10 (Requirement = 9)	04/20/2017 04:19 PM
Protocols will include care record transitions with	nbajaj	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES5_OTH_20170 612_Remediation_2bivM5_14954.pdf	Workflow and summary of care	06/13/2017 11:51 AM
timely updates provided to the members' providers, particularly primary care provider.	marville	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES5_OTH_20170 428_2biv_M5_D1_(DY2Q4)_FINAL_14366.pdf	2.b.iv M5 D1 (DY2Q4)	04/28/2017 05:04 PM
Ensure that a 30-day transition of care period is established.	marville	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES6_OTH_20170 428_2biv_M6_D1_(DY2Q4)_14365.pdf	2.b.iv M6 D1 (DY2Q4)	04/28/2017 05:03 PM
Use EHRs and other technical platforms to track all patients engaged in the project.	marville	Other	21_DY2Q4_PROJ2biv_MDL2biv3_PRES7_OTH_20170 425_2biv_M7_D1_(DY2Q4)_12293.pdf	2.b.iv M7 D1 (DY2Q4)	04/25/2017 04:08 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop standardized protocols for a Care Transitions Intervention Model	In response to the provider engagement commitments of this Project: The IA responded in an email "This comment was sent inadvertently as the reviewers believed this Project was currently due in its entirety. Please disregard this comment as this project is not yet due for your PPS." To confirm implementation of processes across corresponding providers to complete this metric, we are attaching the following documents: 1. HAHV (hospital) Care Transitions Policy: HAHV standardized care transitions protocols with IFH, Bridge Street Family Medicine, and Hurley Avenue Family Medicine.
	 Care Transitions Policy and Procedure (Cornerstone Family Healthcare care manager provides care transitions case management services at St. Luke"s Cornwall Hospital) Standardized care transitions workflow between Rehabilitation Support Services, Inc. and Orange Regional Medical Center (Rehabilitation Support Services, Inc. care manager has access to visit their patients in the hospital, Orange Regional Medical Center part of the Greater Hudson Valley Health System)
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.	manager has access to visit their patients in the hospital, Orange Neglonal Medical Center part of the Greater Hudson valley Health System)
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.	Attached are 2 files 1. List of training materials 2. Excel sheet detailing that scale requirements have been met PCP: 497

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Westchester Medical Center (PPS ID:21)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	NON-PCP: 950
	HOSPITAL: 9
	We previously submitted screenshots of ambulatory patient medical records updated with hospital encounters.
Protocols will include care record transitions with timely updates provided	We are now submitting:
to the members' providers, particularly primary care provider.	1. A process diagram demonstrating how primary care providers receive timely updates from the hospital
to the members providers, particularly primary care provider.	2. A complete 'Summary of Care' which was received by a primary care physician via fax on the same day that the patient was discharged. The 'Summary of Care' includes
	a care transition plan: patient education/instructions, medication reconciliation, and follow up.
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 & Complete	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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
Mid-Point Assessment Narrative	Completed	Mid-Point Assessment 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
Willestolle Name	OSELID	i iie i ype	i ile Naille	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment Narrative	



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IPQK	Module 2.b.iv.5 - IA Moni	itoring		
Instruction	is:			



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

Project 2.d.i – Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

☑ IPQR Module 2.d.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.

We anticipate challenges and risks in locating patients for this project. During our CNA process we identified hot spots that were most frequently represented within disease categories. This experience provided us with a sense of how difficult it may be to survey and engage individuals as part of Project 2.d.i. Although we were successful in getting into these communities and developing relationships with local providers and CBOs, we realize that the target population's size and geographic distribution will represent logistical challenges to achieving project milestones. To minimize this risk we will work through our local deployment councils (LDCs) which will communicate with the FQHCs, MCOs and CBOs who are part of our project effort.

Another challenge will be directing the UI/NU/LU to care and improving patient activation scores and utilization of primary and prevention services. In our region, these populations currently engage the health system at multiple points, including FQHCs, EDs, Medicaid MCOs, and organizations that facilitate insurance enrollment. Our strategy includes working with partner organizations like MISN and our MCOs to facilitate enrollment into the NYS Exchange or guide the uninsured to our partner FQHCs. We will also work with the MCOs to obtain lists of their low and non-utilizing Medicaid beneficiaries to help connect these patients to their primary care provider. To increase the likelihood of patients' completion of activation measures, we will offer a free mobile app that links patients to local clinical and social services.

This project shares similar risks identified in our IT Systems and Population Health work streams, briefly summarized here. We have committed to engaging patients for this project before all committees have convened, before contracts are in place with all our partners and before the PPS is fully staffed. To mitigate this risk we are developing a two stage process for collecting data on engaged patients with a short term plan that will take into account that without consent from patients, and executed BAA and DEAA, we cannot collect PHI information. We are also at risk of only being able to manage our attributed population by relying on data from NYS through MAPP. To truly impact the Medicaid population at-large, the WMC PPS and its network will have to address the needs of every Medicaid patient. Not having access to data for non-attributed members in our service area will impede our ability to proactively identify patients with gaps in care or other service needs, as well as monitor quality performance for the population at large. To mitigate this risk, we are exploring HIPAA compliant possibilities for collecting data on the broader population served by the partner organizations in our PPS. An associated risk is that our IT roadmap assumes maximization of the DOH-supplied MAPP portal and analytics, which will not support inclusion of a broader data set. Accordingly, our IT and IDS strategies include transitioning to a powerful PPS based analytics platform.



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IPQR Module 2.d.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.

Benchn	narks
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	81,500

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	5,000	10,000	10,001	25,000
PPS Reported	Quarterly Update	3,815	2,231	0	1,897
	Percent(%) of Commitment	76.30%	22.31%	0.00%	7.59%
IA Approved	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (1,897) does not meet your committed amount (25,000) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
nbajaj	Other	21_DY2Q4_PROJ2di_MDL2di2_PES_OTH_21_DY2Q4_PROJ2di_MDL2di2_PES_OTH_d y2q4PAMLevelDistribution_10738_(1)_14352.pdf	DY2Q4 Pam Surveys	04/28/2017 04:12 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2,Q4.



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IPQR Module 2.d.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 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2019	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.		Project		Completed	11/06/2015	03/31/2019	11/06/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Establish a Community Engagement Quality Advisory Committee.		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 2. PPS will establish relationships with CBOs by connecting to local/ regional coalitions and quality advisory groups.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Execute MSA with some PPS Participants and/or service contracts between PMO and CBOs as appropriate.		Project		Completed	05/01/2015	03/31/2016	05/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. The Community Engagement Quality Advisory Committee will evaluate and provide oversight and ensure the engagement is sufficient and appropriate		Project		Completed	11/15/2015	03/31/2019	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	DY2 Q4	Project	N/A	Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Patient Activation Measure(R) (PAM(R)) training team established.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 1. Conduct trainings with Core PAM Team.		Project		Completed	06/01/2015	08/11/2015	06/01/2015	08/11/2015	09/30/2015	DY1 Q2
Task Step 2. Work with IT Committee to develop a platform for required quarterly reports and for tracking program offerings and		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 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
participation. Develop mechanism to measure training effectiveness in relation to goals once strategy and plan implemented.										
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Utilize CNA's baseline data as a starting point to ascertain "hot spot" areas where the UI, NU, and LU are most likely to go to for health care or social support services; emergency departments, community health centers, public hospitals, charitable clinics, teaching and community hospitals, and the Departments of Social Services, in the Hudson Valley region.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Collaborate with CBOs through the (Community Engagement Quality Advisory) Committee as per Milestone 1		Project		Completed	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	DY2 Q4	Project	N/A	Completed	10/08/2015	03/31/2017	10/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.		Project		Completed	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Conduct Focus groups / community engagement session with community consumers/residents and CBOs to help identify key access factors and effective communication pathways that acknowledge cultural differences, language and health literacy competencies from a community perspective.		Project		Completed	10/27/2015	12/31/2015	10/27/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Participate in monthly community / regional network meetings that will allow us to identify the CBO in our hot spots and engage community members throughout the Hudson Valley.		Project		Completed	10/08/2015	03/31/2017	10/08/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	DY2 Q4	Project	N/A	Completed	08/10/2015	03/31/2019	08/10/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

									Overter	DSRIP
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	Reporting Year and Quarter
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".		Project		Completed	08/10/2015	03/31/2019	08/10/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Working with the Cultural Competency/Health Literacy workgroup, assess risk factors for sub populations based on race, ethnicity, disability, and behavioral health challenges. This workgroup when established will also suggest approaches for patient self-management of disease risk factors that are culturally appropriate and review these with the WMC PPS Quality Committee		Project		Completed	10/06/2015	12/31/2015	10/06/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Finalize appropriate role-based training strategy for non- clinical and clinical segments of workforce based on the previous step, incorporating on-site and on-line based input from providers and CBOs.		Project		Completed	03/31/2016	03/31/2019	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Identify cultural competancy and health literacy champions within the local deployment groupos established as part of Clinical governance who are responsible for patient and provider emgagement.		Project		Completed	10/06/2015	12/31/2015	10/06/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect		Project		Completed	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
that beneficiary to his/her designated PCP.										
Task Step 1. Based on MAPP portal data, WMC PPS identifies MCOs whose members have been attributed to our PPS.		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. WMC PPS and MCOs plan for sharing reports to help reconnect benificiaries to designated PCPs including establishing data sharing agreements.		Project		Completed	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Review with respective MCOs and PCPs outreach materials.		Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	DY2 Q4	Project	N/A	Completed	08/05/2015	09/30/2019	08/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).		Project		Completed	08/05/2015	03/31/2019	08/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. LU/NU Medicaid beneficiaries and the UI in the Hudson Valley region will be engaged and activated through the administration of PAM.		Project		Completed	08/05/2015	03/31/2019	08/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Identify by User IDs, baseline PAM activation level and score will be captured and tracked at the individual level. These PAM respondents will be followed-up at set intervals defined by the State by their providers.		Project		Completed	08/31/2016	03/31/2019	08/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Through data analysis, cohorts of LU/NU and UI, as well as subgroups based on PAM activation level and score will be assessed at each follow-up to determine progress and improvement trend, and to establish subsequent achievement goals.		Project		Completed	08/31/2016	09/30/2019	08/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	DY2 Q4	Project	N/A	Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Beneficiaries are utilized as a resource in program development		Project		Completed	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	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and awareness efforts of preventive care services.										
Task Step 1. The Community Engagement Quality Advisory Committee through the local deployment council will provide oversight to include beneficiaries in the development process.		Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Conduct Community engagement sessions with community consumers/residents and CBOs to help identify key access factors and effective communication pathways that acknowledge cultural differences, language and health literacy competencies from a community perspective.		Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Measure PAM(R) components, including: Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. Individual member's score must be averaged to calculate a baseline measure for that year's cohort. The cohort must be followed for the entirety of the DSRIP program. On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. The PPS will NOT be responsible for assessing the patient via PAM(R) survey. PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2019	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	11/15/2015	03/31/2019	11/15/2015	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
Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement										
Task Step 1. WMC PPS creates a plan for the development of platforms to share administrative, milestone, and project information with network partners with includes patients using PAM and their scores		Project		Completed	11/15/2015	03/31/2019	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Based on MAPP portal data, WMC PPS identifies MCOs whose members have been attributed to our PPS (see Milestone #6)		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3. As indicated in Milestone 5 Task 7 of Workforce, "Work with IT Committee to develop a platform for required quarterly reports and for tracking program offerings and participation." This system will also track the number of clinicians trained in PAM		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. As noted in IT Milestone 3 Step 8, "Create roadmap for data sharing and reporting using platform to support population health analytics including assessment of patient engagement."		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5. Generate reports and submit to Department of Health		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2019	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.		Project		Completed	08/15/2016	03/31/2019	08/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Through PAM administration and its coaching		Project		Completed	04/01/2015	03/31/2019	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
functionality and capability, many providers in our network (FQHCs, MCOs) will be able to assess our beneficiaries' access to care information for non-emergent care.										
Task Step 2. WMC-PPS project teams will collaborate with these providers to create a referral network for our beneficiaries to access these primary care services.		Project		Completed	08/15/2015	03/31/2019	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	DY2 Q4	Project	N/A	Completed	09/30/2015	03/31/2019	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators identified and contracted.		Provider	PAM(R) Providers	Completed	11/16/2015	03/31/2019	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.		Provider	PAM(R) Providers	Completed	09/30/2015	03/31/2019	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Contract with CBOs as described in Milestone 1		Project		Completed	09/30/2015	03/31/2019	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Develop preliminary training strategy (e.g., scale, timing, scope, methodologies, content and cultural competency considerations) as defined in Milestone 5 of the Workforce Strategy.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. 3) Similar to Milestone 10, through PAM administration and its coaching functionality, this group of trained community navigators will be able to coach and connect patients to relevant preventive care services and educational resources.		Project		Completed	08/15/2016	03/31/2019	08/15/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	DY2 Q4	Project	N/A	Completed	08/05/2015	03/31/2017	08/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures for customer service complaints and appeals developed.		Project		Completed	08/05/2015	03/31/2017	08/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS will follow WMC policy on Patient Complaints and Grievances, policy # RI-11A.		Project		Completed	08/05/2015	03/31/2017	08/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Along with WMC's 24/7 toll free help line which is		Project		Completed	08/05/2015	03/31/2017	08/05/2015	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
available to patients and staff, WMC is well positioned to receive and respond to all recipients and project participants.										
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	DY2 Q4	Project	N/A	Completed	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).		Provider	PAM(R) Providers	Completed	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Core team will train community navigators who will be responsible for performing PAM.		Project		Completed	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. As indicated in Milestone 5 Task 7 of Workforce, "Work with IT Committee to develop a platform for required quarterly reports and for tracking program offerings and participation." This system will also track the number of community navigators		Project		Completed	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2019	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.		Provider	PAM(R) Providers	Completed	07/01/2015	03/31/2019	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Identify hot spots as indicated in Milestone 3		Project		Completed	04/01/2015	03/31/2019	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Train navigators as indicated in Milestone 5, 11 and 13		Project		Completed	04/01/2015	03/31/2019	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Community navigators will utilize resources that will allow them to connect, track and follow up on engaged UI/LU/NU to ensure appropriate health services and insurance options were provided and/or discussed.		Project		Completed	04/01/2015	03/31/2019	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	DY2 Q4	Project	N/A	Completed	11/15/2015	03/31/2019	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Navigators educated about insurance options and healthcare resources available to populations in this project.		Project		Completed	11/15/2015	03/31/2019	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	11/15/2015	03/31/2019	11/15/2015	03/31/2017	03/31/2017	DY2 Q4



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Westchester Medical Center (PPS ID:21)

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. Train navigators as indicated in Milestones 5, 11, 13 and 14										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	DY2 Q4	Project	N/A	Completed	10/14/2015	03/31/2019	10/14/2015	03/31/2017	03/31/2017	DY2 Q4
Task Timely access for navigator when connecting members to services.		Project		Completed	10/31/2016	03/31/2019	10/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Plan training for navigators on care transition protocols		Project		Completed	10/14/2015	03/31/2019	10/14/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Follow care transition strategy as outlined in 2biv Milestone #2		Project		Completed	05/18/2016	03/31/2018	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	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		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Identify by provider type and project role the clinical information to be shared among providers. Include in evaluation all the provider types essential to management of EHRs.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. WMC PPS creates roadmap for data sharing and reporting to support population health analytics.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. Begin IT based population health reporting.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Contract or partner with community-based organizations (CBOs) to engage target populations	nbajaj	l ()ther	21_DY2Q4_PROJ2di_MDL2di3_PRES1_OTH_201704 06_2di_M1_D1(DY2Q4)_11095.pdf	File with list/inventory of contracts between the PPS and CBOs as defined in the milestone requirement	04/20/2017 02:19 PM

NYS Confidentiality - High



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.					
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot"	nbajaj	Documentation/Certificati on	21_DY2Q4_PROJ2di_MDL2di3_PRES3_DOC_201404 09_D1_ReportingSubstantiationQAfinalguidance_14833 .pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 10:30 AM
areas.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES3_OTH_201703 07_2di_M3_D1_(DY2Q4)_11210.pdf	2.d.i M3 D1 (DY2Q4)	04/21/2017 10:40 AM
Survey the targeted population about healthcare	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES4_OTH_201404 09_D1_ReportingSubstantiationQAfinalguidance_14838 .pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:04 PM
needs in the PPS' region.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES4_OTH_201704 17_2di_M4_D1_(DY2Q4)_11211.pdf	2.d.i M4 D1 (DY2Q4)	04/21/2017 10:42 AM
Train providers located within "hot spots" on patient activation techniques, such as shared decision-	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES5_OTH_201404 09_D1_ReportingSubstantiationQAfinalguidance_14839 .pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:09 PM
making, measurements of health literacy, and cultural competency.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES5_OTH_201704 07_2di_M5_D1_(DY2Q4)_11212.pdf	2.d.i M5 D1 (DY2Q4)	04/21/2017 10:45 AM
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES6_OTH_201404 09_D1_ReportingSubstantiationQAfinalguidance_14840 .pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:12 PM
designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES6_OTH_201704 14_2di_M6_D1_(DY2Q4)_11214.pdf	2.d.i M6 D1 (DY2Q4)	04/21/2017 10:46 AM
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES7_OTH_201404 09_D1_ReportingSubstantiationQAfinalguidance_14841 .pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:13 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
again, at set intervals. Baselines, as well as intervals	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES7_OTH_201704 18_2di_M7_D1_(DY2Q4)_Cohort_Report_11220.xlsx	2.d.i M7 D1 (DY2Q4) 2 of 2	04/21/2017 11:04 AM
towards improvement, must be set for each cohort at the beginning of each performance period.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES7_OTH_201704 18_2di_M7_D1_(DY2Q4)_11219.pdf	2.d.i M7 D1 (DY2Q4) 1 of 2	04/21/2017 11:03 AM
Include beneficiaries in development team to promote preventive care.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES8_OTH_201404 09_D1_ReportingSubstantiationQAfinalguidance_14842 .pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:14 PM
preventive care.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES8_OTH_201704 07_2di_M8_D1_(DY2Q4)_11222.pdf	2.d.i M8 D1 (DY2Q4)	04/21/2017 11:06 AM
Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES9_OTH_201404 09_D1_ReportingSubstantiationQAfinalguidance_14843 .pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:15 PM
designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a	nbajaj	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES9_OTH_Cohort_PAM_Data_Layout_final_11110.xlsx	Member Engagement lists by PAM cohorts	04/20/2017 02:36 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
monthly basis, as well as to DOH on a quarterly basis.					
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES10_OTH_20140 409_D1_ReportingSubstantiationQAfinalguidance_1484 4.pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:15 PM
persons.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES10_OTH_20170 427_2di_M10D1_report_FINAL_14203.pdf	2.d.i M10 D1 (DY2Q4)	04/28/2017 11:42 AM
Contract or partner with CBOs to develop a group of	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES11_OTH_20140 409_D1_ReportingSubstantiationQAfinalguidance_1484 5.pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:17 PM
community navigators who are trained in connectivity to healthcare coverage, community healthcare	nbajaj	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES11_OTH_20170 501_2di_M11_D1_(DY2Q4)_14719.pdf	2di M11 D1 (DY2Q2)	05/01/2017 10:08 AM
resources (including for primary and preventive services) and patient education.	nbajaj	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES11_OTH_20170 501PAM_MasterTrainingLog_14718.xlsx	PAM training log	05/01/2017 10:00 AM
	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES11_OTH_20170 418_2di_M11_D2_(DY2Q4)_11227.pdf	2.d.i M11 D2 (DY2Q4)	04/21/2017 11:09 AM
Develop a process for Medicaid recipients and project	nbajaj	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES12_OTH_WMCH ealth_PPS-DSRIP-ComplaintsAppealLetter_14834.pdf	Sample letter sent to a complainant	06/08/2017 10:59 AM
participants to report complaints and receive customer service.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES12_OTH_20170 307_2di_M12_D1_(DY2Q4)_11230.pdf	2.d.i M12 D1 (DY2Q4)	04/21/2017 11:12 AM
Train community navigators in patient activation and	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES13_OTH_20170 612_2.d.iM13_(DY2Q4_Remediation)_14944.pdf	2.d.i Milestone 13 (DY2Q4 Remediation)	06/12/2017 04:22 PM
education, including how to appropriately assist project beneficiaries using the PAM(R).	nbajaj	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES13_OTH_20170 501_2di_M13_D1_(DY2Q4)_(2)_14714.pdf	Documentation requirement for 2di M13	05/01/2017 09:54 AM
project beneficialies using the LAM(IX).	nbajaj	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES13_OTH_20170 501PAM_Master_Milestone13_14713.xlsx	List/ inventory of the community navigators formally trained in the PAM	05/01/2017 09:49 AM
Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs,	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES14_OTH_20140 409_D1_ReportingSubstantiationQAfinalguidance_1484 6.pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:19 PM
emergency departments, or community events, so as to facilitate education regarding health insurance	nbajaj	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES14_OTH_20170 501PAM_MasterTrainingLog_14716.xlsx	PAM training log	05/01/2017 09:58 AM
coverage, age-appropriate primary and preventive healthcare services and resources.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES14_OTH_20170 419_2di_M14_D1_(DY2Q4)_11233.pdf	2.d.i M14 D1 (DY2Q4)	04/21/2017 11:17 AM
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES15_OTH_20140 409_D1_ReportingSubstantiationQAfinalguidance_1484 7.pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:20 PM
	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES15_OTH_20170 419_2di_M15_D1_(DY2Q4)_11235.pdf	2.d.i M15 D1 (DY2Q4)	04/21/2017 11:20 AM
Ensure appropriate and timely access for navigators	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES16_OTH_20140	Please see attached the Documentation provided by	06/08/2017 01:22 PM

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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
when attempting to establish primary and preventive services for a community member.			409_D1_ReportingSubstantiationQAfinalguidance_1484 8.pdf	the State on Speed and Scale.	
	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES16_OTH_20170 419_2di_M16_D1_(DY2Q4)_11238.pdf	2.d.i M16 D1 (DY2Q4)	04/21/2017 11:23 AM
Perform population health management by actively using EHRs and other IT platforms, including use of	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES17_OTH_20140 409_D1_ReportingSubstantiationQAfinalguidance_1484 9.pdf	Please see attached the Documentation provided by the State on Speed and Scale.	06/08/2017 01:23 PM
targeted patient registries, to track all patients engaged in the project.	marville	Other	21_DY2Q4_PROJ2di_MDL2di3_PRES17_OTH_20170 419_2di_M17_D1_(DY2Q4)_(2)_11241.pdf	2.d.i M17 D1 (DY2Q4)	04/21/2017 11:25 AM

Milestone Name	Narrative Text
Contract or partner with community-based organizations (CBOs) to	
engage target populations using PAM(R) and other patient activation	
techniques. The PPS must provide oversight and ensure that	
engagement is sufficient and appropriate.	
Establish a PPS-wide training team, comprised of members with training	
in PAM(R) and expertise in patient activation and engagement.	
	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to: Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement
	for each project?
	A. As described in the PPS Project Application, each PPS is now required to develop an
	implementation plan to be submitted to the IA for approval for the purpose of tracking overall
	project implementation progress. In the development of the implementation plan framework
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms).	and achievement value methodology, the IA has assigned a unit level of reporting – project-level
Contract or partner with CBOs to perform outreach within the identified	and provider-level - to each project requirement's metric/deliverable to provide further clarity as
"hot spot" areas.	to the level of reporting for the PPS lead to demonstrate requirement completion.
	The two unit levels of reporting include:
	1) Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which
	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall
	project performance and success. These are requirements not specific to individual provider
	but rather are requirements that must be organized and administered by the PPS lead through
	the PPS' participating providers and partners. Some of these requirements include
	performing population health management activities, monthly meetings with MCOs,
	establishing partnerships between primary care providers and participating Health Homes,



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Westchester Medical Center (PPS ID:21)

Milestone Name	Narrative Text
willestoffe marile	
	and developing materials meeting the cultural and linguistic needs of the population.
	For these, the expectation is that the PPS lead will be able to attest completion of the all
	project-level requirements, as directed by the Domain 1 Project Requirements document.
	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for
	which performance and success must be demonstrated at the provider level. Some of these
	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO
	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.
	Note: Only those project requirements which have been identified as pertaining to a specific
	provider classification should be included in the PPS' implementation plan speed and scale table
	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS
	quarterly reports and speed and scale commitments.
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this
	into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.
	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to:
	Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement
	for each project?
	A. As described in the PPS Project Application, each PPS is now required to develop an
	implementation plan to be submitted to the IA for approval for the purpose of tracking overall
	project implementation progress. In the development of the implementation plan framework
	and achievement value methodology, the IA has assigned a unit level of reporting – project-level
	and provider-level - to each project requirement's metric/deliverable to provide further clarity as
Survey the targeted population about healthcare needs in the PPS'	to the level of reporting for the PPS lead to demonstrate requirement completion.
region.	The two unit levels of reporting include:
	1) Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which
	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall
	project performance and success. These are requirements not specific to individual provider
	but rather are requirements that must be organized and administered by the PPS lead through
	the PPS' participating providers and partners. Some of these requirements include
	performing population health management activities, monthly meetings with MCOs,
	establishing partnerships between primary care providers and participating Health Homes,
	and developing materials meeting the cultural and linguistic needs of the population.
	For these, the expectation is that the PPS lead will be able to attest completion of the all
	project-level requirements, as directed by the Domain 1 Project Requirements document.



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Westchester Medical Center (PPS ID:21)

	T rescribed willestones Narrative Text
Milestone Name	Narrative Text
	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for
	which performance and success must be demonstrated at the provider level. Some of these
	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO
	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.
	Note: Only those project requirements which have been identified as pertaining to a specific
	provider classification should be included in the PPS' implementation plan speed and scale table
	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS
	quarterly reports and speed and scale commitments.
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this
	into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.
	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to:
	Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement
	for each project?
	A. As described in the PPS Project Application, each PPS is now required to develop an
	implementation plan to be submitted to the IA for approval for the purpose of tracking overall
	project implementation progress. In the development of the implementation plan framework
	and achievement value methodology, the IA has assigned a unit level of reporting – project-level
	and provider-level - to each project requirement's metric/deliverable to provide further clarity as
	to the level of reporting for the PPS lead to demonstrate requirement completion.
	The two unit levels of reporting include:
Train providers located within "hot spots" on patient activation techniques,	
such as shared decision-making, measurements of health literacy, and	1) Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which
cultural competency.	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall
	project performance and success. These are requirements not specific to individual provider
	but rather are requirements that must be organized and administered by the PPS lead through
	the PPS' participating providers and partners. Some of these requirements include
	performing population health management activities, monthly meetings with MCOs,
	establishing partnerships between primary care providers and participating Health Homes,
	and developing materials meeting the cultural and linguistic needs of the population.
	For these, the expectation is that the PPS lead will be able to attest completion of the all
	project-level requirements, as directed by the Domain 1 Project Requirements document.
	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for
	which performance and success must be demonstrated at the provider level. Some of these
	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO



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Prescribed Milestones Narrative Text		
Milestone Name	Narrative Text	
	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.	
	Note: Only those project requirements which have been identified as pertaining to a specific	
	provider classification should be included in the PPS' implementation plan speed and scale table	
	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements	
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS	
	quarterly reports and speed and scale commitments.	
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this	
	into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.	
	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to:	
	Please see allached the Documentation provided by the State on Speed and Scale. In particular, Freier to.	
	Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement	
	for each project?	
	Tot oddit project.	
	A. As described in the PPS Project Application, each PPS is now required to develop an	
	implementation plan to be submitted to the IA for approval for the purpose of tracking overall	
	project implementation progress. In the development of the implementation plan framework	
Obtain list of BCDs assigned to NILL and LLL assallage from MCOs. Along	and achievement value methodology, the IA has assigned a unit level of reporting – project-level	
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to	and provider-level - to each project requirement's metric/deliverable to provide further clarity as	
with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to	to the level of reporting for the PPS lead to demonstrate requirement completion.	
	The two unit levels of reporting include:	
inappropriately move members to different health plans and PCPs, but		
rather, shall focus on establishing connectivity to resources already	1) Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which	
available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall	
	project performance and success. These are requirements not specific to individual provider	
	but rather are requirements that must be organized and administered by the PPS lead through	
	the PPS' participating providers and partners. Some of these requirements include	
	performing population health management activities, monthly meetings with MCOs,	
	establishing partnerships between primary care providers and participating Health Homes,	
	and developing materials meeting the cultural and linguistic needs of the population. For these, the expectation is that the PPS lead will be able to attest completion of the all	
	project-level requirements, as directed by the Domain 1 Project Requirements document.	
	project-level requirements, as unected by the Domain 11 Toject Nequirements document.	
	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for	
	which performance and success must be demonstrated at the provider level. Some of these	
	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO	
	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.	
	Note: Only those project requirements which have been identified as pertaining to a specific	
	Trace only these project requirements which have been identified do pertaining to a openito	



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Prescribed Milestones Narrative Text		
Milestone Name	Narrative Text	
	provider classification should be included in the PPS' implementation plan speed and scale table	
	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements	
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS	
	quarterly reports and speed and scale commitments.	
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.	
	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to:	
	Thease see allacined the Bootameritation provided by the olate on opeca and ocale. In particular, Trefer to.	
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the	Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement	
	for each project?	
	A. As described in the PPS Project Application, each PPS is now required to develop an	
	implementation plan to be submitted to the IA for approval for the purpose of tracking overall	
	project implementation progress. In the development of the implementation plan framework	
	and achievement value methodology, the IA has assigned a unit level of reporting – project-level	
	and provider-level - to each project requirement's metric/deliverable to provide further clarity as	
	to the level of reporting for the PPS lead to demonstrate requirement completion.	
	The two unit levels of reporting include:	
	Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which	
	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall	
	project performance and success. These are requirements not specific to individual provider	
project and again, at set intervals. Baselines, as well as intervals towards	but rather are requirements that must be organized and administered by the PPS lead through	
improvement, must be set for each cohort at the beginning of each performance period.	the PPS' participating providers and partners. Some of these requirements include	
	performing population health management activities, monthly meetings with MCOs,	
	establishing partnerships between primary care providers and participating Health Homes,	
	and developing materials meeting the cultural and linguistic needs of the population.	
	For these, the expectation is that the PPS lead will be able to attest completion of the all	
	project-level requirements, as directed by the Domain 1 Project Requirements document.	
	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for	
	which performance and success must be demonstrated at the provider level. Some of these	
	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO	
	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.	
	Note: Only those project requirements which have been identified as pertaining to a specific	
	provider classification should be included in the PPS' implementation plan speed and scale table	
	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements	
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS	



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Westchester Medical Center (PPS ID:21)

Prescribed Milestones Narrative Text		
Milestone Name	Narrative Text	
	quarterly reports and speed and scale commitments.	
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.	
	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to:	
	Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement for each project?	
	A. As described in the PPS Project Application, each PPS is now required to develop an	
	implementation plan to be submitted to the IA for approval for the purpose of tracking overall	
	project implementation progress. In the development of the implementation plan framework	
	and achievement value methodology, the IA has assigned a unit level of reporting – project-level	
	and provider-level - to each project requirement's metric/deliverable to provide further clarity as	
	to the level of reporting for the PPS lead to demonstrate requirement completion.	
	The two unit levels of reporting include:	
	Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which	
	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall	
	project performance and success. These are requirements not specific to individual provider	
	but rather are requirements that must be organized and administered by the PPS lead through	
Include beneficiaries in development team to promote preventive care.	the PPS' participating providers and partners. Some of these requirements include	
· · ·	performing population health management activities, monthly meetings with MCOs,	
	establishing partnerships between primary care providers and participating Health Homes,	
	and developing materials meeting the cultural and linguistic needs of the population.	
	For these, the expectation is that the PPS lead will be able to attest completion of the all project-level requirements, as directed by the Domain 1 Project Requirements document.	
	project-level requirements, as directed by the Domain 1 Project Requirements document.	
	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for	
	which performance and success must be demonstrated at the provider level. Some of these	
	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO	
	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.	
	Note: Only those project requirements which have been identified as pertaining to a specific	
	provider classification should be included in the PPS' implementation plan speed and scale table	
	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements	
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS	
	quarterly reports and speed and scale commitments.	
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this	



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

Milestone Name	Narrative Text
	into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.
	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to:
	Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement for each project?
Measure PAM(R) components, including:	A. As described in the PPS Project Application, each PPS is now required to develop an implementation plan to be submitted to the IA for approval for the purpose of tracking overall
Screen patient status (UI, NU and LU) and collect contact information	project implementation progress. In the development of the implementation plan framework
when he/she visits the PPS designated facility or "hot spot" area for	and achievement value methodology, the IA has assigned a unit level of reporting – project-level
health service.	and provider-level - to each project requirement's metric/deliverable to provide further clarity as
• If the beneficiary is UI, does not have a registered PCP, or is attributed	to the level of reporting for the PPS lead to demonstrate requirement completion.
to a PCP in the PPS' network, assess patient using PAM(R) survey and	The two unit levels of reporting include:
designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline	Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which
measure for that year's cohort.	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall
The cohort must be followed for the entirety of the DSRIP program.	project performance and success. These are requirements not specific to individual provider
On an annual basis, assess individual members' and each cohort's level	but rather are requirements that must be organized and administered by the PPS lead through
of engagement, with the goal of moving beneficiaries to a higher level of	the PPS' participating providers and partners. Some of these requirements include
activation. • If the beneficiary is deemed to be LU & NU but has a	performing population health management activities, monthly meetings with MCOs,
designated PCP who is not part of the PPS' network, counsel the	establishing partnerships between primary care providers and participating Health Homes,
beneficiary on better utilizing his/her existing healthcare benefits, while	and developing materials meeting the cultural and linguistic needs of the population. For these, the expectation is that the PPS lead will be able to attest completion of the all
also encouraging the beneficiary to reconnect with his/her designated PCP.	project-level requirements, as directed by the Domain 1 Project Requirements document.
The PPS will NOT be responsible for assessing the patient via PAM(R)	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for
survey.	which performance and success must be demonstrated at the provider level. Some of these
PPS will be responsible for providing the most current contact	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO
information to the beneficiary's MCO for outreach purposes.	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.
Provide member engagement lists to relevant insurance companies (for	Note: Only those project requirements which have been identified as participing to a specific
NU & LU populations) on a monthly basis, as well as to DOH on a	Note: Only those project requirements which have been identified as pertaining to a specific provider classification should be included in the PPS' implementation plan speed and scale table
quarterly basis.	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS
	quarterly reports and speed and scale commitments.
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.
Increase the volume of non-emergent (primary, behavioral, dental) care	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to:



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

Trescribed willestones ivaliative rext					
Milestone Name	Narrative Text				
provided to UI, NU, and LU persons.	Narrative Text Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement for each project? A. As described in the PPS Project Application, each PPS is now required to develop an implementation plan to be submitted to the IA for approval for the purpose of tracking overall project implementation progress. In the development of the implementation plan framework and achievement value methodology, the IA has assigned a unit level of reporting project-level and provider-level - to each project requirement's metric/deliverable to provide further clarity as to the level of reporting for the PPS lead to demonstrate requirement completion. The two unit levels of reporting include: 1) Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which will be reported by the PPS lead at the project-wide level demonstrating the PPS overall project performance and success. These are equirements not specific to individual provider but rather are requirements that must be organized and administered by the PPS lead through the PPS participating providers and partners. Some of these requirements include performing population health management activities, monthly meetings with MCOs, establishing partnerships between primary care providers and participating Health Homes, and developing materials meeting the cultural and linguistic needs of the population. For these, the expectation is that the PPS lead will be able to attest completion of the all project-level requirements, as directed by the Domain 1 Project Requirements document. 2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for which performance and success must be demonstrated at the provider level. Some of these requirements include PCPs meeting 2014 NGOA Level 3 PCMH standards, EHR meeting RHIO HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices. Note: Only those project requirements which have been identified as ppending to a s				
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation. Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to: Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement for each project?				



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Westchester Medical Center (PPS ID:21)

Prescribed Milestones Narrative Text				
Milestone Name	Narrative Text			
	A. As described in the PPS Project Application, each PPS is now required to develop an			
	implementation plan to be submitted to the IA for approval for the purpose of tracking overall			
	project implementation progress. In the development of the implementation plan framework			
	and achievement value methodology, the IA has assigned a unit level of reporting – project-level			
	and provider-level - to each project requirement's metric/deliverable to provide further clarity as			
	to the level of reporting for the PPS lead to demonstrate requirement completion.			
	The two unit levels of reporting include:			
	1) Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which			
	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall			
	project performance and success. These are requirements not specific to individual provider			
	but rather are requirements that must be organized and administered by the PPS lead through			
	the PPS' participating providers and partners. Some of these requirements include			
	performing population health management activities, monthly meetings with MCOs,			
	establishing partnerships between primary care providers and participating Health Homes,			
	and developing materials meeting the cultural and linguistic needs of the population.			
	For these, the expectation is that the PPS lead will be able to attest completion of the all			
	project-level requirements, as directed by the Domain 1 Project Requirements document.			
	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for			
	which performance and success must be demonstrated at the provider level. Some of these			
	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO			
	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.			
	Note: Only those project requirements which have been identified as pertaining to a specific			
	provider classification should be included in the PPS' implementation plan speed and scale table			
	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements			
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS			
	quarterly reports and speed and scale commitments.			
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this			
	into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.			
Develop a process for Madisaid registrate and project portion onto to	The WMCHealth PPS process for handling complaints includes an appeal opportunity that is expressly stated in the letters sent to a complainant, an example of which is			
Develop a process for Medicaid recipients and project participants to	attached. The right to contact DOH if the person is not satisfied is embedded in the letter template to ensure that it is always included and will not be omitted in error; this			
report complaints and receive customer service.	is the appeal process provided to any and all complainants – we even give a toll free phone number.			
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Excel spreadsheet uploaded to satisfy PAM scale requirements.			
Ensure direct hand-offs to navigators who are prominently placed at "hot	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to:			
spots," partnered CBOs, emergency departments, or community events,				
so as to facilitate education regarding health insurance coverage, age-	Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement			



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Prescribed Milestones Narrative Text			
Milestone Name	Narrative Text		
appropriate primary and preventive healthcare services and resources.	In reach project? A. As described in the PPS Project Application, each PPS is now required to develop an implementation plan to be submitted to the IA for approval for the purpose of tracking overall project implementation progress. In the development of the implementation progress. In the development of the implementation plan for some project requirement's metric/deliverable to provide further clarity as to the level of reporting for the PPS lead to demonstrate requirement completion. The two unit levels of reporting include: 1) Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which will be reported by the PPS lead to demonstrate requirement the reported performance and success. These are requirements not specific to individual provider but rather are requirements that must be organized and administered by the PPS lead through the PPS' performance and success. Some of these requirements include performing population health management activities, monthly meetings with MCOs, establishing partnerships between primary care providers and partners, some of these requirements include performing population health management activities, monthly meetings with MCOs, establishing partnerships between primary care providers and partnicyaling Health Homes, and developing materials meeting the cultural and linguistic needs of the population. For these, the expectation is that the PPS lead will be able to attest completion of the all project-level requirements, as directed by the Domain 1 Project Requirements document. 2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for which performance and success must be demonstrated at the provider level. Some of these requirements include PCPs meeting 2014 NGQA Level 3 PCMH standards, ER Remeding RHID HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices. Note: Only those project requirements which have been identified as pertaining to a specific provider classification should be		
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement for each project?		



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Milestone Name	Narrative Text
	A. As described in the PPS Project Application, each PPS is now required to develop an
	implementation plan to be submitted to the IA for approval for the purpose of tracking overall
	project implementation progress. In the development of the implementation plan framework
	and achievement value methodology, the IA has assigned a unit level of reporting – project-level
	and provider-level - to each project requirement's metric/deliverable to provide further clarity as
	to the level of reporting for the PPS lead to demonstrate requirement completion.
	The two unit levels of reporting include:
	1) Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which
	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall
	project performance and success. These are requirements not specific to individual provider
	but rather are requirements that must be organized and administered by the PPS lead through
	the PPS' participating providers and partners. Some of these requirements include
	performing population health management activities, monthly meetings with MCOs,
	establishing partnerships between primary care providers and participating Health Homes,
	and developing materials meeting the cultural and linguistic needs of the population.
	For these, the expectation is that the PPS lead will be able to attest completion of the all
	project-level requirements, as directed by the Domain 1 Project Requirements document.
	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for
	which performance and success must be demonstrated at the provider level. Some of these
	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO
	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.
	Note: Only those project requirements which have been identified as pertaining to a specific
	provider classification should be included in the PPS' implementation plan speed and scale table
	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS
	quarterly reports and speed and scale commitments.
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this
	into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.
	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to:
	Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement
Ensure appropriate and timely access for navigators when attempting to	for each project?
establish primary and preventive services for a community member.	
	A. As described in the PPS Project Application, each PPS is now required to develop an
	implementation plan to be submitted to the IA for approval for the purpose of tracking overall
	project implementation progress. In the development of the implementation plan framework



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Prescribed Milestones Narrative Text

Trescribed willestones ratrative rext				
Milestone Name	Narrative Text			
	and achievement value methodology, the IA has assigned a unit level of reporting – project-level			
	and provider-level - to each project requirement's metric/deliverable to provide further clarity as			
	to the level of reporting for the PPS lead to demonstrate requirement completion.			
	The two unit levels of reporting include:			
	1) Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which			
	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall			
	project performance and success. These are requirements not specific to individual provider			
	but rather are requirements that must be organized and administered by the PPS lead through			
	the PPS' participating providers and partners. Some of these requirements include			
	performing population health management activities, monthly meetings with MCOs,			
	establishing partnerships between primary care providers and participating Health Homes,			
	and developing materials meeting the cultural and linguistic needs of the population.			
	For these, the expectation is that the PPS lead will be able to attest completion of the all			
	project-level requirements, as directed by the Domain 1 Project Requirements document.			
	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for			
	which performance and success must be demonstrated at the provider level. Some of these			
	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO			
	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.			
	Note: Only those project requirements which have been identified as pertaining to a specific			
	provider classification should be included in the PPS' implementation plan speed and scale table			
	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements			
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS			
	quarterly reports and speed and scale commitments.			
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this			
	into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.			
	Please see attached the Documentation provided by the State on Speed and Scale. In particular, I refer to:			
	Q1 - Can the Independent Assessor explain the reporting levels for each individual project requirement			
	for each project?			
Perform population health management by actively using EHRs and other				
IT platforms, including use of targeted patient registries, to track all	A. As described in the PPS Project Application, each PPS is now required to develop an			
patients engaged in the project.	implementation plan to be submitted to the IA for approval for the purpose of tracking overall			
	project implementation progress. In the development of the implementation plan framework			
	and achievement value methodology, the IA has assigned a unit level of reporting – project-level			
	and provider-level - to each project requirement's metric/deliverable to provide further clarity as			
	to the level of reporting for the PPS lead to demonstrate requirement completion.			
	i · · ·			

NYS Confidentiality - High



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Prescribed Milestones Narrative Text

Milestone Name Narrative Text			
Milestone Name	Narrative Text		
	The two unit levels of reporting include:		
	1) Project-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables which		
	will be reported by the PPS lead at the project-wide level demonstrating the PPS' overall		
	project performance and success. These are requirements not specific to individual provider		
	but rather are requirements that must be organized and administered by the PPS lead through		
	the PPS' participating providers and partners. Some of these requirements include performing population health management activities, monthly meetings with MCOs,		
	establishing partnerships between primary care providers and participating Health Homes,		
	and developing materials meeting the cultural and linguistic needs of the population.		
	For these, the expectation is that the PPS lead will be able to attest completion of the all		
	project-level requirements, as directed by the Domain 1 Project Requirements document.		
	2) Provider-Unit Level Reporting - These are Domain 1 requirement metrics/deliverables for		
	which performance and success must be demonstrated at the provider level. Some of these		
	requirements include PCPs meeting 2014 NCQA Level 3 PCMH standards, EHR meeting RHIO		
	HIE and SHIN-NY requirements or implementing open access scheduling in PCP practices.		
	Note: Only those project requirements which have been identified as pertaining to a specific		
	provider classification should be included in the PPS' implementation plan speed and scale table		
	(delineated in appendix I of this document) and identified in the Domain 1 Project Requirements		
	Milestones and Metrics document. Only these project requirements will be reconciled to the PPS		
	quarterly reports and speed and scale commitments.		
	Disease and Dags 20 for 2 d.i. indicating that the relevant Dravider types are DAM providers. CDOs and we have mot this commitment. We would require the IA to take this		
	Please see Page 22 for 2.d.i indicating that the relevant Provider types are PAM providers, CBOs and we have met this commitment. We would request the IA to take this into account and allow up to "Page" our 2 d i Milestones that do not require remediation.		
	into account and allow us to "Pass" our 2.d.i Milestones that do not require remediation.		

Milestone Review Status

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



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	
Milestone #12	Pass & Complete	
Milestone #13	Pass & Complete	
Milestone #14	Pass & Complete	
Milestone #15	Pass & Complete	
Milestone #16	Pass & Complete	
Milestone #17	Pass & Complete	



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DSRIP Implementation Plan Project

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IPQR Module 2.d.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	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone CG-CAHPS Survey Results Submission	Completed	CG-CAHPS Survey Results Submission	12/31/2016	12/31/2016	12/31/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone PAM Data Reporting MY1 and MY2	Completed	PAM Data Reporting MY1 and MY2	12/31/2016	12/31/2016	12/31/2016	12/31/2016	12/31/2016	DY2 Q3

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description U	Upload Date
--	--------------------

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	
CG-CAHPS Survey Results Submission	
PAM Data Reporting MY1 and MY2	



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IPQR Module 2.d.i.5 - IA	Monitoring		
Instructions:			



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Westchester Medical Center (PPS ID:21)

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.

- #1- Dec. 2014 commitments were based on our then current understanding of definitions and specifications. Subsequent or future changes, e.g. for an activated patient, may substantially affect our ability to meet targets. We will mitigate this risk by respectfully raising concerns and issues relevant to our performance.
- #2- To satisfy PPS speed and scale commitments providers must meet project requirements by a certain date. However, the appropriate role of any participant may vary by specialty, setting and provider type and we risk having based our commitments on a view of provider roles not fully aligned with the view of the IA. To mitigate this risk we describe our assumptions: Providers will assume leading, secondary or supporting roles as appropriate. Leading participants will satisfy all project requirements while participants in secondary or supporting roles will satisfy a role specific subset of requirements.
- #3-This project includes tasks which could require modifications to EHRs by vendors who may be unable/unwilling to make changes, or the requested modifications could be prohibitively costly putting practices/clinics with a primary role in this project are at risk of failing timely milestone completion. To mitigate we will explore alternative solutions to linking documentation of screening and transfer to BH with the point of care electronic health record.
- #4- Integration of medical and Behavioral Health records within an individual patient record could be interpreted to violate privacy standards posing a risk for the PPS/partners who must comply with regulations. To mitigate this risk we will collaborate with DOH/other PPS to demonstrate integration of records in a manner compliant with regulatory and other requirements.
- #5- Primary care participants in this project include small independent practices wanting to co-locate BH services for their patients. Because current regulation limits licensed BH agencies in providing services in off-site location, and current contract arrangements with managed care plans may not support providing BH in a medical practice, co-location may not be financially viable. We will mitigate the risk by exploring regulatory waivers to allow licensed BH agencies to collaborate with private PC practices, and modification of managed care contracts to support BH-PC co-location. A related risk is the shortage of licensed BH professionals to be addressed under the workforce work stream.
- #6- This project shares risks with other projects and work streams: A risk that practices will be overwhelmed by the volume of guidelines, policies and training related to DSRIP which will be mitigated by support from PMO staff and by setting reasonable and staged due dates for milestones. Project speed and scale commitments were made before contracts with partners were executed and before any integrated PPS infrastructure was in place. To mitigate the risk of falling short, we are developing a two stage process for collecting data on engaged patients taking into account prohibitions on collecting PHI prior to meeting requirements for IT security, patient consent and contractual agreements. A risk that relying solely on data from NYS through MAPP the PPS will not have information needed to meet the needs of every Medicaid patient served by PPS providers, including those not "attributed" to the PPS. To mitigate this risk, we are exploring HIPAA compliant possibilities for collecting data on the broader population served by the partner organizations in our PPS. An associated risk is that our IT roadmap assumes maximization of the DOH-supplied



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MAPP portal and analytics, which will not support inclusion of a broader data set. Accordingly, our IT and IDS strategies include transitioning to PPS based project management, analytics, and care management platforms.



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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.

Benchn	narks
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	17,050

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	550	2,750	3,300	6,600
PPS Reported	Quarterly Update	3,773	7,109	0	15,257
	Percent(%) of Commitment	686.00%	258.51%	0.00%	231.17%
IA Approved	Quarterly Update	0	7,109	0	15,160
IA Approved	Percent(%) of Commitment	0.00%	258.51%	0.00%	229.70%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
nbajaj	Other	21_DY2Q4_PROJ3ai_MDL3ai2_PES_OTH_3ai_AEP_Roster_04282017_14345.xlsx	AEP 3ai	04/28/2017 03:57 PM

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	05/15/2015	03/31/2018	05/15/2015	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	11/15/2015	03/31/2018	11/15/2015	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	05/15/2015	03/31/2018	05/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS issues RFP for vendor to do a PCMH or APC model readiness assessment.			Project		Completed	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Conduct current state analysis of BH services, if any, at PPS participating primary care sites & identifies co-location staffing needs.			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. WMC PPS establishes local deployment councils to serve as local PPS contacts for network partners engaging in PCMH or APC model.			Project		Completed	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. WMC PPS completes current state analysis of network partners; included will be determination as to eligibility for PCMH or APC based on practice characteristics, as well as current PCMH or APC certification if any and EHR and MU capabilities.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 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
Task Step 5. WMC PPS working with PCMH/APC practice transformation vendor creates action plan for PCMH/APC eligible organizations as appropriate based on their particular gaps so as to enable them to close gaps in processes and services.			Project		In Progress	05/18/2016	12/31/2017	05/18/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Completed	05/18/2015	03/31/2017	05/18/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	05/18/2015	03/31/2017	05/18/2015	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		Completed	05/18/2015	03/31/2017	05/18/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. In consultation with partner organizations and the Behavioral Health Project Quality Committee (BHPQC), identify appropriate evidence based literature and best practices addressing medication management, care engagement, delivery of integrated care.			Project		Completed	09/16/2015	06/30/2016	09/16/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2. Convene the BHPQC to review and discuss the candidate best practices/protocols/guidelines/standards. The BHPQC includes clinical leaders from partner organizations and other stakeholders representing a range of credentials and experience relevant to the project.			Project		Completed	11/05/2015	09/30/2016	11/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3.Compare status of current practice among participating partners to identified best practices			Project		Completed	02/10/2016	12/31/2016	02/10/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. Plan phased roll out of best practices/protocols/ guidelines/standards adapted to local considerations.			Project		Completed	05/18/2016	03/31/2017	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Gather lessons learned and feedback from			Project		Completed	11/30/2016	03/31/2017	11/30/2016	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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
Partners and local deployment workgroups; BHPQC, and/or Quality Steering Committee (QSC) and/or its workgroups will review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans in consultation with PMO staff.											
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	05/01/2015	03/31/2018	05/01/2015	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	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.			Project		In Progress	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Assess current practice among partners at participating primary care sites re BH screening, follow-up treatment (warm transfer) and documentation in the EHR.			Project		Completed	05/15/2015	12/31/2016	05/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 2. Assess barriers to screening, to completing "warm transfer" for patients screening positive and to recording screening and transfer in EHR.			Project		Completed	05/18/2016	03/31/2017	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Convene the BHPQC to address the appropriate frequency of each recommended screening and appropriate inclusion criteria for patients to be screened. The BHPQC includes clinical leaders			Project		Completed	10/13/2015	03/31/2017	10/13/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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
from partner organizations and other stakeholders representing a range of credentials and experience relevant to the project.											
Task Step 4. The BHPCQ and/or the QSC or its workgroup will develop metrics to track screening rates, results of screenings, and that patients screening positive are connected to appropriate care documented in EHR. Measures of success may be revised as appropriate.			Project		Not Started	05/18/2017	03/31/2018	05/18/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 6. Sites where BH care has been integrated will develop a plan for workflow, policies and proceedures to support screening, "warm transfer" to BH care, documentation of all in the EHR and regular calculation of performance rates to facilitate improvement.			Project		In Progress	05/18/2016	03/31/2018	05/18/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 7. Summarize lessons learned from early adoption sites, through discussions among partners in local deployment workgroups.			Project		Completed	05/18/2016	03/31/2017	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8. Based on lessons learned and feedback from Partners and local deployment workgroups, The BHPQC and/or QSC or its workgroup will review lessons learned, feedback from partners and, in consultation with PMO staff, will adjust plan for ongoing monitoring of screening and connection of patients to care.			Project		In Progress	11/30/2016	03/31/2018	11/30/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 5. Agree to collaborate with other PPSs toshare best practices, educationalmaterials, training strategies and strategies to overcome project implementation barriers.			Project		In Progress	08/08/2015	03/31/2018	08/08/2015	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	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	11/08/2015	03/31/2017	11/08/2015	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Implement interim reporting tool for DSRIP milestone reporting and performance taking into account all project compliant services for DY1.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Identify by provider type and project role the clinical information to be shared among providers.			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3. Create roadmap for data sharing and reporting using platform to support population health analytics.			Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 4. At sites where BH care has been integrated, develop workflow to support electronic reporting of BH screenings and tracking of patients for milestone reporting; to support documentation within an individual patient record of connection with BH provider after a positive screening and transfer for appropriate BH services.			Project		Completed	05/18/2016	03/31/2017	05/18/2016	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	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	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 Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	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 Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		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			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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DSRIP Implementation Plan Project

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
place, including a medication management and care											
engagement process. Milestone #7											
Conduct preventive care screenings, including physical and behavioral health screenings.	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 Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Screenings are documented in Electronic Health Record.			Project		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 primary care services, 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).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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	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 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	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Use EHRs or other technical 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 EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		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			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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DSRIP Implementation Plan Project

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
reporting.											
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 Policies and procedures include process for consulting with Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

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
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 EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		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
Develop collaborative evidence-based standards of care including medication management and care engagement process.	marville	Other	21_DY2Q4_PROJ3ai_MDL3ai3_PRES2_OTH_201706 09_3.a.iM2_D1-D2_(DY2Q4_Remediation)_14964.pdf	3.a.i Milestone 2, Deliverable 1/Deliverable 2 (DY2Q4 Remediation)	06/13/2017 12:57 PM
	marville	Other	21_DY2Q4_PROJ3ai_MDL3ai3_PRES2_OTH_201704 04_3ai_M2_D2_(DY2Q4)_9811.pdf	Project 3.a.i M2 Deliverable 2 (DY2Q4)	04/06/2017 12:31 PM
	marville	Other	21_DY2Q4_PROJ3ai_MDL3ai3_PRES2_OTH_201704 04_3.a.i_M2_D1_(DY2Q4)_9810.pdf	Project 3.a.i M2 Deliverable 1 (DY2Q4)	04/06/2017 12:30 PM
Use EHRs or other technical platforms to track all	marville	Other	21_DY2Q4_PROJ3ai_MDL3ai3_PRES4_OTH_201704 25_3ai_M4_D2(DY2Q4)_AEP_Documentation_3AI_1 2302.pdf	3.a.i M4 D2 (DY2Q4)	04/25/2017 04:14 PM
patients engaged in this project.	marville	Other	21_DY2Q4_PROJ3ai_MDL3ai3_PRES4_OTH_201704 04_3ai_M4_D1_(DY2Q4)_9755.pdf	Project 3.a.i. M4 Deliverable 1 (DY2Q4)	04/04/2017 04:50 PM

NYS Confidentiality - High



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Westchester Medical Center (PPS ID:21)

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	
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 & Complete	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Complete	
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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Westchester Medical Center (PPS ID:21)

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	Mid-Point Assessment	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
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau 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	J		
Instructions:			



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Westchester Medical Center (PPS ID:21)

Project 3.a.ii – Behavioral health community crisis stabilization services

☑ IPQR Module 3.a.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.

- 1. Crisis stabilization services are expensive and reimbursement will be challenging. Without funding, our PPS will be unable to meet Milestones 1, 3, 5, 6 and 7. A potential mitigation plan is to explore options for financial sustainability through HARPs and/or HCBS. Our PPS will work with Medicaid MCOs to establish agreements that cover these services and ensure their viability. Additionally, current NYS DOH requirements do not allow Article 28 hospitals to operate and be reimbursed by Medicaid for BH health observation beds. WMC may request waivers to address this issue.
- 2. Coordination with other PPSs in our region will be critical to ensure patients in need of BH crisis services have a seamless experience and can access services regardless of their location or provider. This project will enable all three PPSs in our region to achieve efficiencies through the Hudson Region DSRIP (HRD) Behavioral Health Crisis Leadership Group.
- 3. Of the Hudson Valley counties, many have only one Article 28 hospital with an OMH licensed inpatient psychiatric unit. In some of the counties, the hospital is owned by and affiliated with another PPS and did not sign an attestation form with WMC. This will make meeting the metrics difficult since our project implementation speed is at the county level.
- 4. In one case, government funding of the only countywide mobile crisis team is not affiliated with a WMC hospital, not allowing WMC to apply this publically funded service to its network. This is not the intent of government funding for a county service.
- 5. Capturing and tracking patients and their services allow WMC PPS to accurately report the required project metrics will be challenging as most BH crisis providers are not reimbursed through Medicaid and many BH and community PPS Participants do not have EHRs. We will work with the other PPSs to develop a region-wide encounter system to capture patient services attributed to this project. The PPS will work with participating providers to ensure they are actively using EHRs and are connected to the RHIO to support secure messaging/notifications by DY 3.
- 6. Changing behavior is both a challenge and a key to success. Our PPS will implement outreach to encourage people with BH disorders, community service providers and family members to seek project services to prevent potential crises, resulting in ER or hospitalization versus community based services.



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Westchester Medical Center (PPS ID:21)

IPQR Module 3.a.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	1,733						

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	55	138	138	413
PPS Reported	Quarterly Update	112	194	0	423
	Percent(%) of Commitment	203.64%	140.58%	0.00%	102.42%
IA Amproved	Quarterly Update	0	194	0	423
IA Approved	Percent(%) of Commitment	0.00%	140.58%	0.00%	102.42%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
nbajaj	Other	21_DY2Q4_PROJ3aii_MDL3aii2_PES_OTH_3aii_AEP_Roster_04282017_14346.xlsx	AEP 3aii	04/28/2017 03:58 PM

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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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IPQR Module 3.a.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 a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1. Review partners and county crisis intervention programs to establish a baseline of existing servicesincluding hot spots.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Establish the Hudson Region DSRIP (HRD) Behavioral Health Crisis Leadership Group with Montefiore Hudson Valley Collaborative and Refuah Community Health Collaborative to collaborate on development of coordinated crisis intervention services and programming in the Hudson Valley Region.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3. Convene HRD Behavioral Health Crisis Leadership Group		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4. Work with counties to determine if gaps exist.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5. Analyze the existing services funding to determine opportunities for leverage and development of new models.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6. Plan for implementation of services.		Project		Not Started	04/01/2017	03/31/2019	04/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task Step 7. Monitor completeness of implementation plan.		Project		Not Started	01/01/2019	03/31/2019	01/01/2019	03/31/2019	03/31/2019	DY4 Q4
Task Step 4a: Once gaps are identified, continue work with the counties and providers to identify opportunities and strategies for filling service gaps. From there, the PPS, counties, and providers will develop a road map for implementation. Road map will identify potential funding sources (from all payers including government grants) to initiate service expansions and		Project		In Progress	04/01/2016	03/31/2019	04/01/2016	03/31/2019	03/31/2019	DY4 Q4



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DSRIP Implementation Plan Project

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
sustainability in collaboration with the other PPSs.										
Task Step 6a: Apply road map to improve services implementation.		Project		Not Started	04/01/2018	03/31/2019	04/01/2018	03/31/2019	03/31/2019	DY4 Q4
Task Step 7a: Monitor road map/ implementation plan by county to determine if gaps in services and geographic areas are being addressed.		Project		Not Started	01/01/2019	03/31/2019	01/01/2019	03/31/2019	03/31/2019	DY4 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	DY3 Q4	Project	N/A	In Progress	11/05/2015	03/31/2019	11/05/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		In Progress	11/05/2015	03/31/2019	11/05/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1. In consultation with partner organizations and the Behavioral Health Crisis Project Advisory Committee (a workgroup of the WMC PPS Quality Committee), identify appropriate best practices addressing diversion management		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 2. Convene the Project Advisory Committee to review and discuss best practices for diversion management processes.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3.PPS works with counties, health homes, and hospitals to review best practices for diversion management processes.		Project		Not Started	04/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Step 4. Compare status of current diversion practice among participating partners to identified best practices.		Project		Not Started	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1
Task Step 5: Plan phased rollout of diversion management processes.		Project		Not Started	07/01/2018	03/31/2019	07/01/2018	03/31/2019	03/31/2019	DY4 Q4
Task Step 6. Provide training resources for key personnel and finalize protocols.		Project		Not Started	07/01/2018	03/31/2019	07/01/2018	03/31/2019	03/31/2019	DY4 Q4
Task Step 7. Document diversion management protocols.		Project		Not Started	01/01/2019	03/31/2019	01/01/2019	03/31/2019	03/31/2019	DY4 Q4
Task Step 8. Gather lessons learned and feedback as a result of deployment; review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans		Project		Not Started	01/01/2019	03/31/2019	01/01/2019	03/31/2019	03/31/2019	DY4 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
in consultation with PMO staff.										
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1. WMC PPS identifies and meets with MCOs doing business in our service area and at other times as needed to consider which services may be covered		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Step 2. WMC meets with Hudson Health Plan/MVP, represented on the Executive Committee, to explore successful models for data sharing and value based contracting.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3. Begin dialogue with MCO regarding value-based payment models as indicated in 2ai Milestone 8.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. Review options for coverage through the HARPs and HCBS for Medicaid recipients.		Project		Not Started	04/01/2017	03/31/2019	04/01/2017	03/31/2019	03/31/2019	DY4 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	DY2 Q4	Project	N/A	Completed	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 consensus on treatment protocols.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. In consultation with partner organizations and the Behavioral Health Crisis Project Advisory Quality Committee (a workgroup of WMC PPS), identify appropriate evidence based literature and best practices addressing coordinated treatment protocols.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Convene BHCAQC to review and discuss the best practice options for implementation.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	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
Step 3. Compare the status of current practices among participating partners to identify the best practices										
Task Step 4: Plan phased rollout of best practices adapted to local considerations.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Provide training resources for key personnel and finalize protocols.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6. Document treatment practices.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7. Gather lessons learned and feedback as a result of deployment; review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans in consultation with PMO staff.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Use results from the CNA and a mapping of providers to evaluate access to specialty services and crisis oriented services and identify gaps in service coverage		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. PPS will work to identify a hospital with the capacity and ability to expand access to specialty psychiatric and crisisoriented services.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. PPS will draft an action plan that may be used to improve access to psychiatric crisis and crisis-oriented services.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 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
an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		Not Started	01/01/2019	03/31/2019	01/01/2019	03/31/2019	03/31/2019	DY4 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	10/01/2016	03/31/2019	10/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Clinic	In Progress	10/01/2016	03/31/2019	10/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Mental Health	In Progress	10/01/2016	03/31/2019	10/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 1. With the Hudson Region DSRIP (HRD) Behavioral Health Crisis Leadership Group, use results from CNA to evaluate access and identify gaps in service coverage.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Use results from CNA and a mapping of providers to evaluate access and identify gaps in service coverage.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3. PPS will work to identify a hospital outpatient or off campus crisis residence that could provide an opportunity to provide access.		Project		Not Started	04/01/2018	03/31/2019	04/01/2018	03/31/2019	03/31/2019	DY4 Q4
Task Step 4. WMC PPS will consult with the Hudson Region DSRIP (HRD) Leadership Group and draft an action plan that may be used to improve access to services.		Project		Not Started	07/01/2018	03/31/2019	07/01/2018	03/31/2019	03/31/2019	DY4 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS includes mobile crisis teams to help meet crisis stabilization		Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4



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

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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
needs of the community.										
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.		Project		Not Started	10/01/2018	03/31/2019	10/01/2018	03/31/2019	03/31/2019	DY4 Q4
Task Step 1. In consultation with the Behavioral Health Crisis & Primary Care Integration Project Quality Advisory Committee (a workgroup of the WMC PPS Quality Committee), review appropriate evidence-based literature and best practices (including current crisis teams) for mobile crisis.		Project		In Progress	07/01/2015	12/31/2018	07/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task Step 2. Convene the BHCAQC to review and discuss best practices and procedures including current team practices and procedures.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3. Work with counties, the Hudson Region DSRIP (HRD) Leadership Group and providers to review practices and procedures.		Project		In Progress	09/01/2015	09/30/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 4: Plan phased roll out of best practices and procedures adapted to local considerations.		Project		Not Started	10/02/2017	03/31/2018	10/02/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 5. Provide training resources for key personnel and finalize best practices and procedures.		Project		Not Started	04/02/2018	09/28/2018	04/02/2018	09/28/2018	09/30/2018	DY4 Q2
Task Step 6. Document evidence based protocols.		Project		Not Started	04/02/2018	06/30/2018	04/02/2018	06/30/2018	06/30/2018	DY4 Q1
Task Step 7. Gather lessons learned and feedback as a result of deployment; review and adjust training materials and best practices and procedures as warranted and further implementation plans in consultation with PMO staff.		Project		Not Started	07/02/2018	03/31/2019	07/02/2018	03/31/2019	03/31/2019	DY4 Q4
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	08/08/2015	03/31/2018	08/08/2015	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
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	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	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		In Progress	08/08/2015	03/31/2018	08/08/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. WMC PPS in coordination with QE, establishes preliminary plan to connect network partners to RHIO.		Project		Completed	08/08/2015	06/30/2016	08/08/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2. WMC PPS completes current state analysis of current EHR based connections to RHIO.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. PPS reviews and finalizes action plan.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. Identify pilot partner/early adopter sites for QE connection.		Project		Completed	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5. In accordance with IT & Systems workstream, obtain PPS Board Approval: Data Security and Confidentiality Plan.		Project		Completed	08/18/2015	12/31/2016	08/18/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6. Evaluate lessons learned from initial connections.		Project		Completed	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 7. Plan phased implementation for network rollout.		Project		Completed	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 8. Implement Phase 1 of network rollout.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9. Implement Phase 2 of network rollout.		Project		In Progress	03/31/2017	03/31/2018	03/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10. As RHIO alert and secure messaging functionality is established and rolled out, WMC PPS will provide technical support and training to network partners activate functionality.		Project		In Progress	06/30/2016	03/31/2018	06/30/2016	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
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.		Project		Not Started	01/01/2019	03/31/2019	01/01/2019	03/31/2019	03/31/2019	DY4 Q4
Task Step 1. Work with communities to identify existing triage services within their jurisdiction.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Identify gaps in existing triage services.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 3. Identify opportunities and partnerships to expand or better coordinate triage services.		Project		In Progress	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Step 4. Work with partners to establish agreements for triage services.		Project		Not Started	01/01/2018	03/31/2019	01/01/2018	03/31/2019	03/31/2019	DY4 Q4
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for		Project		Completed	07/01/2016	03/31/2017	07/01/2016	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
this project.										
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Establish Behavioral Health (Crisis) and Primary Care (Integration) Project Advisory Quality Committee (a workgroup of the WMC PPS Quality Committee), to identify appropriate evidence based measures addressing the quality of relevant crisis intervention approaches.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Convene the Project Advisory Committee to review and discuss quality of service interventions. The committee includes clinical leaders and representatives from county mental health departments, hospitals and behavioral health partner organizations and other stakeholders representing a range of credentials and experience relevant to the project.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Create roadmap for data sharing and reporting of best practices and protocols specific to the milestones above.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. Gather lessons learned and feedback as a result of deployment; review and adjust training materials and best practices and procedures as warranted and further implementation plans in consultation with PMO staff.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	08/08/2015	03/31/2017	08/08/2015	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		Completed	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking.		Project		Completed	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. WMC PPS creates roadmap for data sharing and reporting.		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop written treatment protocols with consensus	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES4_OTH_201704 07_3aii_M4_D2_(DY2Q4)_11252.pdf	3.a.ii M4 D2 (DY2Q4)	04/21/2017 11:49 AM
from participating providers and facilities.	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES4_OTH_201704 07_3aii_M4_D1_(DY2Q4)_11251.pdf	3.a.ii M4 D1 (DY2Q4)	04/21/2017 11:48 AM
	nbajaj	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_201706 13_Participating_Provider_List_14958.xlsx	Provider list required under Metric 1	06/13/2017 12:27 PM
	nbajaj	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_201704 18_3aii_M5_D2_(DY2Q4)Scaling_14942.xlsx	List of 11 Safety Net Hospitals	06/12/2017 03:40 PM
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_201706 07_3aii_M5_D1_MHRH_Participating_Provider_List_14 832.xlsx	3.a.ii M5 D1-MHRH Participating Provider List	06/07/2017 04:37 PM
crisis-oriented services.	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_201705 01_3aii_M5_D2_(DY2Q4)_14711.pdf	3.a.ii M5 D2 (DY2Q4) 1 of 2	05/01/2017 09:33 AM
	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_201704 18_3aii_M5_D2_(DY2Q4)_11257.xlsx	3.a.ii M5 D2 (DY2Q4) 2 of 2	04/21/2017 11:56 AM
	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_201704 10_3.aii_M5_D1_(DY2Q4)_11255.pdf	3.a.ii M5 D1 (DY2Q4)	04/21/2017 11:54 AM
	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES10_OTH_20170 613_3aii_M10_(DY2Q4_Remediation)_15003.pdf	3aii Milestone 10 (DY2Q4 Remediation)	06/13/2017 04:35 PM
	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES10_OTH_20170 410_3aii_M10_D5_(DY2Q4)_11265.pdf	3.a.ii M10 D5 (DY2Q4)	04/21/2017 12:21 PM
Ensure quality committee is established for oversight	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES10_OTH_20170 410_3aii_M10_D4_(DY2Q4)_11264.pdf	3.a.ii M10 D4 (DY2Q4)	04/21/2017 12:19 PM
and surveillance of compliance with protocols and quality of care.	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES10_OTH_20170 410_3aii_M10_D3_(DY2Q4)_(3)_11263.pdf	3.a.ii M10 D3 (DY2Q4)	04/21/2017 12:18 PM
	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES10_OTH_20170 410_3aii_M10_D2_(DY2Q4)_11259.pdf	3.a.ii M 10 D2 (DY2Q4)	04/21/2017 12:07 PM
	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES10_OTH_20170 410_3.a.ii_M10_D1_(DY2Q4)_11258.pdf	3.a.ii M10 D1 (DY2Q4)	04/21/2017 12:05 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	marville	Other	21_DY2Q4_PROJ3aii_MDL3aii3_PRES11_OTH_20170 425_3aii_M11_D1_(DY2Q4)_AEP_Documentation_3AII _12304.pdf	3.a.ii M11 D1 (DY2Q4)	04/25/2017 04:16 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes	
outreach, mobile crisis, and intensive crisis services.	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish clear linkages with Health Homes, ER and hospital services to	
develop and implement protocols for diversion of patients from	
emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations	
serving the affected population to provide coverage for the service array	
under this project.	
Develop written treatment protocols with consensus from participating	
providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-	Please find attached the Excel Sheet for Metric 1.
oriented psychiatric services; expansion of access to specialty psychiatric	In addition we are also attaching the Safety Net Hospitals that meet the scaling requirement. All the hospitals listed in our excel sheet have attested to participation in the
and crisis-oriented services.	PPS and executed Master Services agreements. This project is not due in its entirety till 3/31/2018 thus we are attaching the Excel sheet to count towards the Scale
	requirements. If the IA would prefer that we reflect this participation in the PIT, we would be happy to do so.
Expand access to observation unit within hospital outpatient or at an off	
campus crisis residence for stabilization monitoring services (up to 48	
hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using	
evidence-based protocols developed by medical staff.	
Ensure that all PPS safety net providers have actively connected EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
share health information among clinical partners, including direct	
exchange (secure messaging), alerts and patient record look up by the	
end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating	
psychiatrists, mental health, behavioral health, and substance abuse	
providers.	
Ensure quality committee is established for oversight and surveillance of	
compliance with protocols and quality of care.	
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 & Complete	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #5	Fail	PPS failed to engage sufficient number of Safety Net Hospitals to meet Provider Level commitment.
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	



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IPQR Module 3.a.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
ilestone id-Point Assessment	Completed	Mid-Point Assessment	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
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQR Module 3.a.ii.5 - IA Monitoring	
nstructions:	



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Westchester Medical Center (PPS ID:21)

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

IPQR Module 3.c.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- Dec. 2014 commitments were based on our understanding of definitions and specifications. Subsequent or future changes, e.g. for an activated patient, may substantially affect our ability to meet targets. We will mitigate this risk by respectfully raising concerns and issues. Other projects define an activated patient with services received in the current year and we continue to assume the same will apply for 3ci.

#2- To satisfy PPS speed and scale commitments providers must meet requirements by a certain date. We are at risk for interpreting that the appropriate role of a participant varies by specialty, setting and provider type and basing our commitments on those roles. To mitigate this risk we describe our assumptions: Providers will assume leading, secondary or supporting roles as appropriate; leading participants will satisfy all project requirements while those in secondary or supporting roles will satisfy only role-applicable milestones. This project requires PCMH/APCM recognition for PCPs whose number was based on NYS criteria which included some not eligible for PCMH/APCM, e.g. Hospitalists. To mitigate the risk of falling short, we will encourage other PCPs to join and will work with NYS on requirements for those not eligible for PCMH.

#3-To meet the requirement for Health Information Exchange (HIE) we plan to connect providers to the SHIN_NY through our Qualified Entity (QE). There is significant risk the QE may not be able to support this requirement or providers may not be able to meet the aggressive time frame. To mitigate risk we will work closely with our QE, and give providers who play a primary role on this project high priority for HIE.

#4-This project requires agreements with MCO's related to coordination of services. Because MCOs already have contracts with NYS, providers and their members, MCO's may have no reason for an agreement with the PPS. To mitigate this risk, our PPS will work with State organizations such as GNYHA, HANYS, PHSP Coalition and NYS DOH to convene discussions with NY MCOs around DSRIP related issues including common ground for improving diabetes care coordination.

#5-THE WMC PPS primary care Network includes pediatricians. Although increasing, the prevalence of diabetes among children is lower than among adults and treatment guidelines are different. We risk insufficient PCP involvement if Pediatric practices see the requirements as geared toward adults. To mitigate this risk the PPS will monitor the issue and if needed modify the program appropriately.

#6- This project shares risks with others: Practices may be overwhelmed by the volume of guidelines, policies and training related to DSRIP, a risk to be mitigated by support from PMO staff and by setting reasonable and staged dates for milestones. Project speed and scale commitments made before executed contracts with partners and PPS infrastructure was in place may be at risk. To mitigate we are developing a two stage process for collecting data on engaged patients taking into account requirements for IT security, patient consent and contractual agreements. Relying solely on data from NYS through MAPP the PPS would not have information needed to meet the needs of Medicaid patients served by PPS providers but not "attributed" to the PPS. To mitigate this risk, we are exploring HIPAA compliant possibilities for collecting data on the broader population served by our partner organizations. An associated risk is that our IT roadmap assumes maximization of the DOH-supplied MAPP portal and analytics, which will not support inclusion of a broader data set. Accordingly, our IT and IDS strategies include transitioning to PPS based project management, analytics, and care management platforms.



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IPQR Module 3.c.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					
DY2,Q4	8,039				

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	500	2,700	3,000	8,039
PPS Reported	Quarterly Update	4,452	5,512	0	6,571
	Percent(%) of Commitment	890.40%	204.15%	0.00%	81.74%
IA Approved	Quarterly Update	0	5,512	0	6,404
	Percent(%) of Commitment	0.00%	204.15%	0.00%	79.66%

Marning: PPS Reported - Please note that your patients engaged to date (6,571) does not meet your committed amount (8,039) for 'DY2,Q4'

Current File Uploads

U	ser ID	File Type	File Name	File Description	Upload Date
nbajaj		Other	21_DY2Q4_PROJ3ci_MDL3ci2_PES_OTH_3ci_AEP_Roster_04282017_14347.xlsx	AEP for 3ci	04/28/2017 04:00 PM

Narrative Text:

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

Module Review Status

	Review Status	IA Formal Comments
F	-ail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2,Q4.



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IPQR Module 3.c.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 evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	DY2 Q4	Project	N/A	Completed	09/09/2015	03/31/2017	09/09/2015	03/31/2017	03/31/2017	DY2 Q4
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.		Project		Completed	09/09/2015	03/31/2017	09/09/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. In consultation with partner organizations and the Diabetes Project Advisory Quality Committee (DPAQC, a workgroup of the WMC PPS Quality Committee), identify appropriate evidence based literature and best practices addressing management of diabetes in community and ambulatory settings.		Project		Completed	09/09/2015	02/18/2016	09/09/2015	02/18/2016	03/31/2016	DY1 Q4
Task Step 2. Convene the DPAQC to review and discuss the candidate best ractices/protocols/guidelines/standards. The DPAQC includes clinical leaders from partner organizations and other stakeholders representing a range of credentials and experience relevant to the project.		Project		Completed	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Compare status of current practice among partners to identified best practices.		Project		Completed	02/10/2016	06/30/2016	02/10/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4. Plan phased roll out of best practices/protocols/ guidelines/standards adapted to local considerations.		Project		Completed	05/10/2016	09/30/2016	05/10/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5. Gathering lessons learned and feedback from Partners and local deployment workgroups, DPAQC and/or Quality Steering Committee and/or its workgroups will review and adjust best practices/ protocols/ guidelines/standards and further implementation plans in consultation with PMO staff.		Project		Completed	11/10/2016	03/31/2017	11/10/2016	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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 #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	DY2 Q4	Project	N/A	Completed	02/10/2016	03/31/2017	02/10/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	02/10/2016	03/31/2017	02/10/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Compare status of current practice among partners to identified best practices.		Project		Completed	02/10/2016	06/30/2016	02/10/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 2. Plan phased roll out of best practices/protocols/ guidelines/standards adapted to local considerations		Project		Completed	05/18/2016	09/30/2016	05/18/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 3. Monitor number of primary care providers participating or not participating, by specialty of PCP.		Project		Completed	11/15/2016	03/31/2017	11/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. If necessary, modify the program to be able to engage Pediatric practices.		Project		Completed	11/16/2016	03/31/2017	11/16/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	DY2 Q4	Project	N/A	Completed	11/18/2015	03/31/2017	11/18/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	05/10/2016	03/31/2017	05/10/2016	03/31/2017	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		Completed	11/18/2015	03/31/2017	11/18/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are established and implemented.		Project		Completed	05/10/2016	03/31/2017	05/10/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Identify by provider type and project role the clinical information to be shared among providers.		Project		Completed	05/10/2016	09/30/2016	05/10/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 2. Create roadmap for data sharing and reporting using platform to support population health analytics.		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 3. Gathering lessons learned and feedback from Partners		Project		Completed	11/16/2016	03/31/2017	11/16/2016	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
and local deployment workgroups; DPAQC and/or QSC and/or its workgroups will review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans in consultation with PMO staff.										
Task Step 4. In consultation with partner organizations and the DPAQC, identify appropriate Health Home partners, as well as pharmacists, dieticians or diabetes educators and community health workers in the community.		Project		Completed	11/18/2015	03/31/2016	11/18/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5. Convene DPAQC with network partners and stakeholders broadly to discuss the roles and responsibilities of all care team members and protocols for referring patients to ensure care coordination.		Project		Completed	05/18/2016	03/31/2017	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6. In consultation with PMO and DPAQC develop staffing, training and implementation plan including roles of PCPs and other team members for care coordination.		Project		Completed	11/16/2016	03/31/2017	11/16/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 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		Completed	10/12/2015	03/31/2017	10/12/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	11/05/2015	03/31/2017	11/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		Completed	05/18/2016	03/31/2017	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Identify participating partners providing the Stanford Model Diabetes Self-Management Program.		Project		Completed	10/12/2015	03/31/2016	10/12/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Update CNA hot spotting using final attribution to identify priority groups in terms of health disparities. Socioeconomic analyses will be based on zip code analysis using the Area Deprivation Index identified in the CNA and from responses from		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3



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DSRIP Implementation Plan Project

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
the Consumer Survey (N=4900) on access and use of services.										
Task Step 3. In consultation with partner organizations and the DPAQC, identify appropriate Health Home partners.		Project		Completed	11/18/2015	03/31/2016	11/18/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. Convene DPAQC with network partners and stakeholders to discuss the roles and responsibilities of PCP and HH and protocols for referring patients to ensure coordination.		Project		Completed	05/18/2016	12/31/2016	05/18/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5. Meet with Stanford Disease Self Management programs to identify ways to support, promote and expand model in the Hudson Valley.		Project		Completed	05/18/2016	12/31/2016	05/18/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6. Prioritize locations to conduct diabetes self-management programs based on diabetes hot spotting evidence from step 2 above.		Project		Completed	08/17/2016	12/31/2016	08/17/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 7. Develop education materials for PCPs and Health Home providers regarding local standard disease self-management programs available for their clients.		Project		Completed	06/17/2016	09/30/2016	06/17/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 8. Provide ongoing support to partners implementing or referring patients to the Stanford Diabetes Self-Management programs.		Project		Completed	08/17/2016	03/31/2017	08/17/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	DY2 Q4	Project	N/A	Completed	07/15/2015	03/31/2017	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
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		Completed	01/10/2017	03/31/2017	01/10/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS identifies Medicaid Managed Care Organizations (MCOs) doing business in our service area whose members may be patients of Partner providers.		Project		Completed	08/10/2015	09/30/2015	08/10/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. MCOs and HHs are invited to participate in committees, work groups and local deployment councils. WMC PPS seek to identify a contact person at each MCO who will work with PPS partners to ensure coordination of services.		Project		Completed	08/10/2015	09/30/2015	08/10/2015	09/30/2015	09/30/2015	DY1 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
Task Step 3. Work with State organizations such as GNYHA, HANYS, PHSP Coalition and NYS DOH to convene discussion with NY MCOs around DSRIP related issues including successful models for coordination of services.		Project		Completed	07/15/2015	03/31/2017	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	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		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.		Project		Completed	11/06/2016	03/31/2017	11/06/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking taking into account all project compliant services for DY1.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Define functional reporting requirements for diabetes projects.		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. WMC PPS creates roadmap for data sharing and reporting.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. Report and track actively engaged patients.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	DY2 Q4	Project	N/A	Completed	08/08/2015	03/31/2018	08/08/2015	03/31/2017	03/31/2017	DY2 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		Completed	11/15/2015	03/31/2018	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	08/08/2015	03/31/2018	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	08/08/2015	03/31/2018	08/08/2015	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 EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	08/08/2015	03/31/2018	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Mental Health	Completed	08/08/2015	03/31/2018	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS completes current state analysis of network partners; included will be determination as to eligibility for PCMH/APC based on primary care provider type, as well as current PCMH/APC certification if any and EHR and MU capabilities.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. WMC PPS creates and implement mechanism to track EHR, MU, and PCMH/APC status for each network provider.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES1_OTH_2017041 2_3ci_M1_D1_(DY2Q4)_11329.pdf	3.c.i M1 D1 (DY2Q4)	04/21/2017 02:53 PM
France at least 000/ of minor, one manifely within	nbajaj	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES2_OTH_Email_re sponse_14877.pdf	Email verifying that we have met scale requirements.	06/08/2017 03:57 PM
Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES2_OTH_2017041 9_Scaling3ci_M2_12063.xlsx	3.c.i Milestone 2 Deliverable 1 Scaling (DY2Q4)	04/25/2017 10:56 AM
management evidence-based best practices.	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES2_OTH_2017041 2_3ci_M2_D1_(DY2Q4)_11299.pdf	3.c.i M2 D1 (DY2Q4)	04/21/2017 02:02 PM
Develop care coordination teams (including diabetes	nbajaj	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES3_OTH_Schedul eBImplementationContract_The_Institute_of_Family_He alth_14976.pdf	Schedule B showing contract language requiring expanded care management capacity and a clinically interoperable system is in place for all participating providers.	06/13/2017 03:20 PM
educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy,	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES3_OTH_2017_3c i_M3_D3_(DY2Q4)_11332.pdf	3.c.i M3 D3 (DY2Q4)	04/21/2017 02:57 PM
patient self-efficacy, and patient self-management.	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES3_OTH_2017041 2_3ci_M3_D2_(DY2Q4)_11331.pdf	3.c.i M3 D2 (DY2Q4)	04/21/2017 02:56 PM
	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES3_OTH_2017_3c i_M3_D1_(DY2Q4)_11330.pdf	3.c.i M3 D1 (DY2Q4)	04/21/2017 02:55 PM
Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES4_OTH_2017041 2_3ci_M4_D2_(DY2Q4)_11337.pdf	3.c.i M4 D2 (DY2Q4)	04/21/2017 03:04 PM

NYS Confidentiality - High



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Westchester Medical Center (PPS ID:21)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Stanford Model for chronic diseases in high risk	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES4_OTH_2017041 2_3ci_M4_D3_(DY2Q4)_11315.pdf	3.c.i M4 D3 (DY2Q4)	04/21/2017 02:22 PM
neighborhoods.	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES4_OTH_2017041 2_3ci_M4_D1_(DY2Q4)_11309.pdf	3.c.i M4 D1 (DY2Q4)	04/21/2017 02:15 PM
Ensure coordination with the Medicaid Managed Care organizations serving the target population.	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES5_OTH_2017041 2_3ci_M5_D1_(DY3Q4)_11308.pdf	3.c.i M5 D1 (DY2Q4)	04/21/2017 02:13 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES6_OTH_2017042 8_3ci_M6_D1_(DY2Q4)_AEP_Documentation_3CI_123 08.pdf	3.c.i M6 D1 (DY2Q4)	04/25/2017 04:19 PM
	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES7_OTH_2017041 9_Scaling3ci_M7_D3_12084.xlsx	3.c.i Milestone 7 Deliverable 3 Scaling PCP, Safety Net PCP, Safety Net Non PCP, Safety Net Mental Health (DY2Q4)	04/25/2017 11:25 AM
Meet Meaningful Use and PCMH Level 3 standards	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES7_OTH_2017041 9_Scaling3ci_M7_D2_12081.xlsx	3.c.i Milestone 7 Deliverable 2 Scaling PCP (DY2Q4)	04/25/2017 11:22 AM
and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES7_OTH_2017041 2_3ci_M7_D3_(DY2Q4)_11307.pdf	3.c.i. M7 D3 (DY2Q4)	04/21/2017 02:12 PM
ριονίασιο.	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES7_OTH_2017041 2_3ci_M7_D2_(DY2Q4)_11306.pdf	3.c.i M7 D2 (DY2Q4)	04/21/2017 02:10 PM
	marville	Other	21_DY2Q4_PROJ3ci_MDL3ci3_PRES7_OTH_2017031 7_3ci_M7_D1_(DY2Q4)_11305.pdf	3.c.i. M7 D1 (DY2Q4)	04/21/2017 02:08 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based best practices for disease management,	
specific to diabetes, in community and ambulatory care settings.	
	Results for WMC Health PPS = 85.9%
	Number for WMCPPS = 574
	List of total participating PCPs physicians/practitioners comprising name, license #, start/end date of contract, full address, etc. The information must be provided in excel
	spreadsheet format.
Engage at least 80% of primary care providers within the PPS in the	Number for WMCPPS = 668
implementation of disease management evidence-based best practices.	
	We have uploaded an excel spreadsheet documenting that the PPS has engaged at least 80% of PCPs in this activity.
	Email from IA also attached validating that the scale commitments have been met
Develop care coordination teams (including diabetes educators, nursing	The Documentation requirements allowed us to provide the IA with ONE Of 3 Options. We submitted vendor certification (Option 3). We are now providing a
staff, behavioral health providers, pharmacy, community health workers,	Implementation Schedule B as demonstration of the fact that a clinically interoperable system is in place for all participating providers. As per that:
and Health Home care managers) to improve health literacy, patient self-	"Expanded Services. The Participant shall: (i) expand existing capacity for care management, project management and reporting activities, including information technology

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Westchester Medical Center (PPS ID:21)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
efficacy, and patient self-management.	reporting, and other activities as necessary to meet the deliverables of the Projects; (ii) have a clinical interoperability system in place; and (iii) engage in discussions with CRHI regarding connection to the regional qualifying entity ("Expanded Services"). These Expanded Services may be accomplished by, among other things, engaging or hiring additional staff."
Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	
Ensure coordination with the Medicaid Managed Care organizations serving the target population.	The PPS confirms that it is working with 2 MCOs. More of our targeted population is associated with MVP than any other health plan. In addition we have an additional contract with Agewell Health Plan. We do not believe that there are any scale requirements associated with this Milestone.
Use EHRs or other technical platforms to track all patients engaged in this project.	
Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	It is our understanding that there are no Scale Requirements for 3ciM7 Metric 1 and that the documentation we previously submitted of Meaningful Use certification is sufficient for this metric.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Fail	The IA does not consider this milestone complete. The milestone requires that the EHR systems used by participating safety net providers meet Meaningful Use requirements. The PPS provided documentation for a sample of providers, but failed to provide documentation demonstrating compliance across the participating safety net providers as required for this milestone.



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IPQR Module 3.c.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
ilestone id-Point Assessment	Completed	Mid-Point Assessment	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
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQR Module 3.C.I.5 - IA N	honitoring			
Instructions:				



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Westchester Medical Center (PPS ID:21)

Project 3.d.iii – Implementation of evidence-based medicine guidelines for asthma management

IPQR Module 3.d.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.

- #1- Dec. 2014 commitments were based on our understanding of definitions and specifications. Subsequent or future changes, e.g. for an activated patient, may substantially affect our ability to meet targets. We will mitigate this risk by respectfully raising concerns and issues.
- #2- To satisfy PPS speed/scale commitments providers must meet requirements by a certain date. We are at risk for interpreting that the appropriate role of a participant varies by specialty, setting and provider type and for basing our commitments on those roles. To mitigate this risk we describe our assumptions: Providers will assume leading, secondary or supporting roles as appropriate; leading participants will satisfy all project requirements while those in secondary or supporting roles will satisfy only role-applicable milestones. The provider types selected by NYS for 3diii did not include hospitals and emergency rooms, yet better coordination with these entities is essential to better asthma management. To mitigate this risk we included these sites in the "all other" category.
- #3- This project requires physicians share information through the QE. There is a risk the QE may not be able to support this requirement in the allotted timeframe. To mitigate this risk, we will work to ensure providers who play a primary role on this project are given high priority for QE connection.
- #4- This project requires the implementation of telemedicine to improve asthma care for remotely located patients. There is risk the required study may find telemedicine is cost prohibitive or not suitable to circumstances. To mitigate the risk we will involve NYS DOH to discuss alternatives.
- #5- One way to improve asthma care is to improve asthma education to patients. A shortage of certified asthma educators (AE-C's) and difficulty in receiving payment for asthma education present a risk for success. To mitigate this risk we will include the status of AE-C's in our workforce assessments and include addressing any identified shortages in our workforce plan.
- #6- This project requires the PPS have written agreements with MCOs addressing asthma coverage. Because the Medicaid managed care benefit already covers asthma treatment in its entirety, MCOs may see no reason for such an agreement with the PPS. Furthermore, a PPS-MCO agreement about coverage could interfere with the MCO's existing contracts with NYS, its enrollees or its network providers. To mitigate this risk, our PPS will work with State organizations such as GNYHA, HANYS, PHSP Coalition and NYS DOH to convene discussions with NY MCOs around DSRIP related issues including asthma care.
- #7- This project shares risks with others: Practices may be overwhelmed by the volume of guidelines, policies and training related to DSRIP, a risk to be mitigated by support from PMO staff and by setting reasonable and staged dates for milestones. Project speed and scale commitments made before executed contracts with partners and PPS infrastructure was in place may be at risk. To mitigate we are developing a two stage process for collecting data on engaged patients taking into account requirements for IT security, patient consent and contractual agreements. Relying solely on data from NYS through MAPP the PPS would not have information needed to meet the needs of Medicaid patients served by PPS providers but not "attributed" to the PPS. To mitigate this risk, we are exploring HIPAA compliant possibilities for collecting data on the



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broader population served by our partner organizations. An associated risk is that our IT roadmap assumes maximization of the DOH-supplied MAPP portal and analytics, which will not support inclusion of a broader data set. Accordingly, our IT and IDS strategies include transitioning to PPS based project management, analytics, and care management platforms.



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IPQR Module 3.d.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							
DY2,Q4	3,740							

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
	Baseline Commitment	385	1,375	1,430	3,740
PPS Reported	Quarterly Update	211	1,169	0	2,290
	Percent(%) of Commitment	54.81%	85.02%	0.00%	61.23%
IA Amproved	Quarterly Update	0	1,169	0	2,254
IA Approved	Percent(%) of Commitment	0.00%	85.02%	0.00%	60.27%

Marning: PPS Reported - Please note that your patients engaged to date (2,290) does not meet your committed amount (3,740) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
nbajaj	Other	21_DY2Q4_PROJ3diii_MDL3diii2_PES_OTH_3diii_AEP_Roster_04282017_14348.xlsx	AEP 3diii	04/28/2017 04:02 PM

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2,Q4.



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IPQR Module 3.d.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 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community- based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has agreements from participating providers and community programs to support a evidence-based asthma management guidelines.		Project		Completed	09/09/2015	03/31/2017	09/09/2015	03/31/2017	03/31/2017	DY2 Q4
Task All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. In consultation with partner organizations and the Asthma Project Advisory Quality Committee (APAQC; a workgroup of the WMC PPS Quality Committee), identify appropriate evidence based literature and best practices addressing medication management, care engagement, delivery of integrated care, practice standards and chronic disease management.		Project		Completed	11/05/2015	02/14/2016	11/05/2015	02/14/2016	03/31/2016	DY1 Q4
Task Step 2. Convene the APAQC to review and discuss the candidate best practices/protocols/guidelines/standards. The APAQC includes clinical leaders from partner organizations and other stakeholders representing a range of credentials and experience relevant to the project, particularly the Hudson Valley Asthma Coalition.		Project		Completed	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Compare status of current practice among participating partners to identified best practices.		Project		Completed	02/10/2016	06/30/2016	02/10/2016	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	05/18/2016	09/30/2016	05/18/2016	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
Step 4: Plan phased roll out of best practices/protocols/ guidelines/standards adapted to local considerations.										
Task Step 5. Identify by provider type and project role the clinical information to be shared among providers.		Project		Completed	05/18/2016	09/30/2016	05/18/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 6. Create roadmap for data sharing and reporting using platform to support population health analytics.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 7. Gather lessons learned and feedback from Partners and local deployment workgroups; APAQC and/or QSC and/or its workgroups will review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans in consultation with PMO staff.		Project		Completed	11/30/2016	03/31/2017	11/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8. At participating sites, identify barriers and develop plans to implement workflow to support electronic reporting and sharing of asthma action plans.		Project		Completed	11/15/2016	03/31/2017	11/15/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	DY2 Q4	Project	N/A	Completed	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Agreements with asthma specialists and asthma educators are established.		Project		Completed	05/18/2016	03/31/2017	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	02/10/2016	03/31/2017	02/10/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	02/10/2016	03/31/2017	02/10/2016	03/31/2017	03/31/2017	DY2 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		Project		Completed	02/10/2016	03/31/2017	02/10/2016	03/31/2017	03/31/2017	DY2 Q4



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DSRIP Implementation Plan Project

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
- challenges expected and plan to pro-actively resolve - plan for long term sustainability										
Task Step 1. Identify AE-C's and Asthma specialists WMC PPS network.		Project		Completed	02/10/2016	03/31/2016	02/10/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Establish agreements with asthma specialists and educators to adhere to national guidelines for asthma management		Project		Completed	05/18/2016	03/31/2017	05/18/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Research the potential impact of telemedicine on Asthma care in underserved areas.		Project		Completed	05/18/2016	12/30/2016	05/18/2016	12/30/2016	12/31/2016	DY2 Q3
Task Step 4. WMC PPS completes Current state analysis of current EHR based connections to RHIO.		Project		Completed	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5. WMC PPS in coordination with QE, establishes plan to connect network partners to RHIO.		Project		Completed	08/08/2015	06/30/2016	08/08/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 6. Asthma project participants to be included among early adopters/pilot for QE connections		Project		Completed	08/12/2016	03/31/2017	08/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7. Identify gaps in care that might be addressed by telemedicine based geographyl on availability of specialists or other factors.		Project		Completed	05/18/2016	12/31/2016	05/18/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 8. Establish whether telemedicine may be the best alternative to provide these services to these geographic areas.		Project		Completed	05/18/2016	12/31/2016	05/18/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 9. Make plan to implement a pilot program using telemedicine if it is found to be a likely successful endeavor		Project		Completed	02/15/2017	03/31/2017	02/15/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	DY2 Q4	Project	N/A	Completed	08/12/2016	03/31/2017	08/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task Participating providers receive training in evidence-based asthma management.		Project		Completed	08/12/2016	03/31/2017	08/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. WMC PPS provides oversight for the design of curriculum and modalities for training PPS clinicians on best practices of evidence-based management of Asthma, identified in Milestone		Project		Completed	08/12/2016	12/30/2016	08/12/2016	12/30/2016	12/31/2016	DY2 Q3



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DSRIP Implementation Plan Project

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
1.										
Task										
Step 2. Identify a subgroup of key personnel within provider network who can be initially trained.		Project		Completed	08/12/2016	12/30/2016	08/12/2016	12/30/2016	12/31/2016	DY2 Q3
Task										
Step 3. Collect feedback from key personnel and if necessary		Project		Completed	11/16/2016	03/31/2017	11/16/2016	03/31/2017	03/31/2017	DY2 Q4
revise education protocol and guidelines.		i iojeci		Completed	11/10/2010	03/31/2017	11/10/2010	03/31/2017	03/31/2017	D12 Q4
Milestone #4	DV0 O4	Danie et	N/A	0	07/04/0045	00/04/0040	07/04/0045	00/04/0040	00/04/0040	DV4 04
Ensure coordination with the Medicaid Managed Care	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
organizations and Health Homes serving the affected population.										
Task										
PPS has established agreements with MCOs that address the										
coverage of patients with asthma health issues. PPS has		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
established agreements with participating health home care										
managers, PCPs, and specialty providers.										
Task										
Step 1. WMC PPS identifies MCOs and Health Homes serving		Project		Completed	08/08/2015	09/30/2015	08/08/2015	09/30/2015	09/30/2015	DY1 Q2
Medicaid beneficiaries in our service area.		1								
Task										
Step 2. MCOs and HHs are invited to participate in committees,										
work groups and local deployment councils. WMC PPS seek to		Project		Completed	08/08/2015	09/30/2015	08/08/2015	09/30/2015	09/30/2015	DY1 Q2
identify a contact person at each MCO who will work with PPS		1 10,000		Completed	00/00/2010	00/00/2010	00/00/2010	00/00/2010	00/00/2010	DIT QL
partners to ensure coordination of services.										
Task										
Step 3. Work with State organizations such as GNYHA, HANYS,										
					44/45/0045	00/04/0040	44/45/0045	00/04/0040	00/04/0040	DV4 0 4
PHSP Coalition and NYS DOH to convene discussion with NY		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
MCOs around DSRIP related issues including asthma health										
issues.										
Milestone #5										
Use EHRs or other technical platforms to track all patients	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
engaged in this project.										
Task										
PPS identifies targeted patients and is able to track actively		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
engaged patients for project milestone reporting.										
Task										
Step 1. WMC PPS implements interim reporting tool for DSRIP										
milestone reporting and engaged patient tracking taking into		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	טY2 Q4
account all project compliant services for DY1.										
Task										
Step 2. Identify by provider type and project role the clinical		Project		Completed	05/18/2016	06/30/2016	05/18/2016	06/30/2016	06/30/2016	DY2 O1
information to be shared among providers. Include in evaluation		1 10,000		Jonipidied	00/10/2010	00/00/2010	00/10/2010	00/00/2010	00/00/2010	D12 0(1
inionnation to be shared among providers. Include in evaluation										



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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
all the provider types essential to management of asthma including asthma educatiors, community health workers, asthma educators, pharmacists, to build patient self-efficacy and confidence in self manamagment.										
Task Step 3. WMC PPS creates roadmap for data sharing and reporting.		Project		Completed	08/10/2016	12/31/2016	08/10/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. Report and track actively engaged patients.		Project		Completed	11/06/2016	03/31/2017	11/06/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	nbajaj	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES1_OTH_Sched uleBImplementationContract_The_Institute_of_Family_Health_14971.pdf	Schedule B Implementation for The Institute for Family Health showing language validating adherence to national Asthma and Diabetes guidelines and protocols	06/13/2017 02:01 PM
Implement evidence-based asthma management guidelines between primary care practitioners,	nbajaj	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES1_OTH_20140 409_Speed&Scale_Guidance_14961.pdf	Guidance from April 2014 for Speed and Scale. Please refer to page 29	06/13/2017 12:46 PM
specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a	nbajaj	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES1_OTH_20170 4283diiiM1D1_14339.pdf	3diii Milestone 1 Deliverable 1: asthma specialist and asthma educators	04/28/2017 03:42 PM
regional population based approach to asthma management.	marville	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES1_OTH_20170 419_Scaling3diii_M1_D1-D2_12112.xlsx	3.d.iii Milestone 1 Deliverable 1, Deliverable 2 Scaling PCP, Non-PCP (DY2Q4)	04/25/2017 11:58 AM
	marville	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES1_OTH_20170 417_3diii_M1_D3_Non_PCP_(DY2Q4)_11377.pdf	3.d.iii M1 D3 (DY2Q4)	04/21/2017 04:05 PM
	marville	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES1_OTH_20170 420_3diii_M1_D2_(DY2Q4)_11374.pdf	3.d.iii_M1_D2 (DY2Q4)	04/21/2017 04:01 PM
	marville	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES2_OTH_20170 428_3diii_M2_D4_(DY2Q4)_14295.pdf	3.d.iii M2 D4 (DY2Q4)	04/28/2017 02:11 PM
Establish agreements to adhere to national guidelines	marville	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES2_OTH_20170 425_3diii_M2_D1_(DY2Q4)_12131.pdf	3.d.iii M2 D1 (DY2Q4)	04/25/2017 12:28 PM
for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity	marville	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES2_OTH_20170 419Scaling3diii_M2_D2-D3_12114.xlsx	3.d.iii Milestone 2 Deliverable 2, Deliverable 3 Scaling Safety Net PCP, Safety Net Non-PCP	04/25/2017 12:04 PM
and telemedicine.	marville	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES2_OTH_20170 421_3diii_M2_D3_SNNonPCP_11399.pdf	3.d.iii M2 D3 (DY2Q4)	04/21/2017 04:59 PM
	marville	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES2_OTH_20170 421_3diii_M2_D2_SNPCP_(DY2Q4)_11398.pdf	3.d.iii M2 D2 (DY2Q4)	04/21/2017 04:58 PM
Deliver educational activities addressing asthma management to participating primary care providers.	marville	Other	21_DY2Q4_PROJ3diii_MDL3diii3_PRES3_OTH_20170 421_3diii_M3_D1_(DY2Q4)_11381.pdf	3diii M3 D1 (DY2Q4)	04/21/2017 04:12 PM

NYS Confidentiality - High



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Use EHRs or other technical platforms to track all patients engaged in this project.	marville	l .	21_DY2Q4_PROJ3diii_MDL3diii3_PRES5_OTH_3.d.iii_ M5_D1_(DY2Q4)_AEP_Documentation_3DIII_12316.pd f	3.d.iii M5 D1 (DY2Q4)	04/25/2017 04:23 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	Documentation for Metric 2: 597 PCPs are associated with organizations who have executed contracts for 3diii. We are attaching a sample schedule B as well as excel sheet listing the 597 PCPs and 2025 Non PCPs. The schedule B has the following language: Adherence to National Asthma and Diabetes Guidelines and Protocols: The Participant shall also: (i) adhere to national, evidence based asthma guidelines and protocols for access to asthma specialists, as applicable and (ii) adhere to national guidelines for diabetes management and implement related evidence-based protocols, as applicable.
Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	Speed and Scale Requirements: Please see attached documentation from the State on Speed and Scale and in particular page 29 indicating that the relevant Provider types for this Milestone are PCPs, Non- PCPs and we have met the commitment for both. The only Providers Participating in Projects commitment that we have not met in PIT is for Pharmacy- which as per the April 2014 guidance is not a required category. We built an internal system to adhere to scale requirements stated in the April 2014 guidance. We would request the IA to please consider this and pass us on this Milestone.
	We have uploaded an excel spreadsheet documenting that we have met the scale requirements for this milestone
	PCP: 597 Non-PCP: 760
Establish agreements to adhere to national guidelines for asthma	We have uploaded an excel spreadsheet documenting that the scale requirements for this milestone have been met.
management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	Safety Net PCP: 132 Safety Net Non-PCP: 182
Deliver educational activities addressing asthma management to	
participating primary care providers. Ensure coordination with the Medicaid Managed Care organizations and	
Health Homes serving the affected population.	
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 & Complete	



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Westchester Medical Center (PPS ID:21)

Milestone Review Status

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



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

IPQR Module 3.d.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	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
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQR Module 3.d.iii.5 - IA Monitoring	
Instructions:	



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Westchester Medical Center (PPS ID:21)

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.

- 1-Because this is one of many projects to be implemented by the PPS and its affiliated primary care and other providers there is a risk that committees will be overwhelmed by the volume of guidelines to review, practices will be overwhelmed by the number of policies to be drafted and implemented and both PPS and partners will be overwhelmed by the volume of training to be accomplished. To mitigate risks, the PPS will initially concentrate on the public health aspect of tobacco cessation by developing outreach campaigns and other programs with the HRDPHC and in later years work with partners to implement evidence based guidelines and best practice policies in their organizations. Additionally, the PPS will dedicate resources to staffing committees, drafting model policies and to training to enhance the skills of the health care workforce. A final strategy will be to stage the development and production of materials—materials for some targeted audiences will be developed first and distributed, then materials for another population will be developed.
- 2- A related risk is that the practices will be busy creating the building blocks of an integrated delivery system in the initial years of the DSRIP program, such as building the IT infrastructure with connections the QEs, meeting Meaningful Use requirements and developing patient tracking tools, and will be unable to meet the many technology related milestones without the infrastructure built prior to implementation. To mitigate those risks we will stage implementation of EHR alerts for tobacco cessation, for example, to follow implementation of the needed technology.
- 3- This project will be dependent on EHR vendors to implement alerts. Vendors may be unwilling or unable to modify their systems or the modifications may be cost prohibitive. To mitigate the risk of not being able to implement alerts in the EHR our PPS will explore other options for alerting physicians to gaps in care at the point of care and facilitating referrals to the NYS Quitline.



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Westchester Medical Center (PPS ID:21)

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. Initially survey PPS Participants about their outdoor policies, share best practices, and resurvey participants to assess progress in implementing tobacco-free outdoor policies	In Progress	Initially survey PPS Participants about their outdoor policies, share best practices, and re-survey Participants DY2 to assess progress in implementing tobacco-free outdoor policies	08/15/2015	03/31/2020	08/15/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1. Develop contented of survey in consultation with HRD_PHC and the provider groups represented in tobacco and asthma committees	Completed	See Task	08/15/2015	03/31/2016	08/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Incorporate survey in detailed assessment by PCMH vendor.	Completed	See Task	08/15/2015	10/08/2015	08/15/2015	10/08/2015	12/31/2015	DY1 Q3
Task Step 3. In consultation with partner organizations and the tobacco cesssation workgroup, identify appropriate evidence based literature and best practices addressing tobacco cessation and tobacco-free outdoor policies.	Completed	See Task	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Use PPS meetings and other forums to desseminate best practices on tobacco free outdoor policies to PPS partners.	In Progress	See Task	12/31/2015	09/30/2017	12/31/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 5. Resurvey those who responded in round 1 re Outdoor smoking policies	Not Started	See Task	05/15/2018	09/30/2019	05/15/2018	09/30/2019	09/30/2019	DY5 Q2
Task Step 6. Develop plan to facilitate those who have succeeded with outdoor policies assist those who have not.	Not Started	See Task	10/15/2019	03/31/2020	10/15/2019	03/31/2020	03/31/2020	DY5 Q4
Milestone 2. Convene a region-wide tobacco cessation campaign committee by DY1;	Completed	Convene a region-wide tobacco cessation campaign committee by DY1;	08/08/2015	03/31/2016	08/08/2015	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
Task Step1. In collaboration with Montefiore PPS, and Refuah PPS convene the Hudson River DSRIP Public Health Council (HRDPHC) tobacco cessation work group. HRDPHC includes representatives of all three Hudson valley PPSs (Montefiore, Refuah and WMCHealth) as well as representatives of County Health Departments and from the 8 Counties in the region.	Completed	See Task	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone 3. Engage Medicaid MCOs around coverage and payment	In Progress	Engage Medicaid MCOs around coverage and payment	08/01/2015	12/31/2018	08/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task Step 1. WMC PPS identifies Medicaid Managed Care Organizations (MCOs) doing business in our service area	Completed	See Task	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. MCOs are invited to participate in committees, and work group working on tobacco cessation.	Completed	See Task	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. Work with State organizations such as GNYHA, HANYS, PHSP Coalition and NYS DOH to convene discussion with NY MCOs around DSRIP related issues including coverage for smoking cessation treatment.	Not Started	See Task	05/15/2017	12/31/2018	05/15/2017	12/31/2018	12/31/2018	DY4 Q3
Milestone 4. Survey PPS Participants about USPSTF and PHS guidelines, use of EHRs to facilitate 5 A's, and referrals to the NYS Smokers' Quitline and subsequently promulgate best practices	In Progress	Survey PPS Participants about USPSTF and PHS guidelines, use of EHRs to facilitate 5 A's, and referrals to the NYS Smokers' Quitline and subsequently promulgate best practices	05/15/2016	03/31/2020	05/15/2016	03/31/2020	03/31/2020	DY5 Q4
Task Step 1. Develop contents of survey in consultation with HRD_PHC tobacco cessation workgroup and the provider groups represented in tobacco and asthma committees	Not Started	See Task	02/15/2019	09/30/2019	02/15/2019	09/30/2019	09/30/2019	DY5 Q2
Task Step 2. Incorporate survey in detailed assessment by PCMH vendor.	Not Started	See Task	02/15/2019	09/30/2019	02/15/2019	09/30/2019	09/30/2019	
Task	Completed	See Task	05/15/2016	03/31/2017	05/15/2016	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
Step 3. In consultation with partner organizations and the tobacco cesssation workgroup, identify appropriate evidence based literature and best practices addressing implementation of the USPSTF and PHS guidelines on tobacco cessation, use of EHRs to prompt providers to complete "5As" and to promote referrrals to the NYS Quitline.								
Task Step 3. In consultation with partner organizations and the tobacco cesssation workgroup, identify appropriate evidence based literature and best practices addressing implementation of the USPSTF and PHS guidelines on tobacco cessation, use of EHRs to prompt providers to complete "5As" and to promote referrrals to the NYS Quitline.	Completed	See Task	05/15/2016	03/31/2017	05/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Use PPS meetings and other forums to desseminate best practices to PPS partners concerning implementation of the USPSTF and PHS guidelines on tobacco cessation to PPS partners, use of EHRs to prompt providers to complete "5As" and to promote referrrals to the NYS Quitline.	Not Started	See Task	04/15/2017	03/31/2018	04/15/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 5. In consultation with partner organizations and the tobacco cesssation workgroup, the WMC PPC Quality Steering Committee (QSC) and local hub implementation groups develop a site specific plan to assist providers in implementation of the USPSTF and PHS guidelines on tobacco cessation, use of EHRs to prompt providers to complete "5As" and to promote referrrals to the NYS Quitline.	Not Started	See Task	03/31/2018	03/31/2020	03/31/2018	03/31/2020	03/31/2020	DY5 Q4
Task Step 6. WMC PPS will work with NYS DOH Bureau of Tobacco Control's Health Systems for a Tobacco-Free NY contractors to make technical	Not Started	See Task	03/31/2018	03/31/2020	03/31/2018	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
assistance on system improvements related to tobacco use cessation available to partners as they implement.								
Milestone 5. Launch a campaign to promote tobacco cessation among all eligible providers	In Progress	Launch a campaign to promote tobacco cessation among all eligible providers	08/01/2015	06/30/2019	08/01/2015	06/30/2019	06/30/2019	DY5 Q1
Task Step 1. HRD_PHC tobacco cessation workgroup will develop a culturally competent communication strategy for patient and clinician education regarding availability of covered tobacco dependence treatment that encourages patients to use the services.	In Progress	See Task	03/15/2016	12/31/2017	03/15/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 2. WMC PPS will budget to support an outreach campaign including dissemination of training and toolkits such as templates for incorporation of "5As" into EHRs.	In Progress	See Task	08/01/2015	06/30/2018	08/01/2015	06/30/2018	06/30/2018	DY4 Q1
Task Step 3. In consultation with partner organizations and the tobacco cesssation workgroup, the WMC PPC Quality Steering Committee (QSC) and local hub implementation groups develop a site specific plans to support developent of site specific workflow to promote tobacco screeening and cessation counseling including identification of designated staff.	In Progress	See Task	05/15/2016	12/31/2018	05/15/2016	12/31/2018	12/31/2018	DY4 Q3
Task Step 4. HRD_PHC tobacco cessation workgroup will develop sample policies to support tobacco cessation such as policies for a tobacco free outdoors, templates for EHRs, etc. Having sample policies available will facilitate adoption by partner organizations.	In Progress	See Task	03/15/2016	09/30/2017	03/15/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 5. In consultation wit the HRD_PHC tobacco cessation workgroup, the WMC PPS QSC or its workgroup will develop metrics to track screening rates, results of screenings, and that patients screening positive are connected to supportive	Not Started	See Task	06/15/2018	06/30/2019	06/15/2018	06/30/2019	06/30/2019	DY5 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
cessation therapy. Measures of success may be revised as appropriate. Metrics will incorporate daa from NYS quitline to the extent permitted by privacy regulations.								
Milestone 6. Develop targeted outreach materials for special populations (dental, behavioral health, and DD patients)	In Progress	Develop targeted outreach materials for special populations (dental, behavioral health, and DD patients)	07/15/2015	12/31/2018	07/15/2015	12/31/2018	12/31/2018	DY4 Q3
Task Step 1. HRD_PHC tobacco cessation workgroup will develop a culturally competent communication strategy for patient education targeting the special needs of special populations to encourage patients to use the services to facilitat tobacco cessation.	In Progress	See Task	03/15/2016	12/31/2017	03/15/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 2. WMC PPS will budget to support an outreach campaign to special populaitons.	Completed	See Task	07/15/2015	12/31/2015	07/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3. Partner and client feedback will be solicited. Based on lessons learned and feedback from beneficiaries, Partners and local deployment workgroups, the HRDPHC and/or the Quality Steering Committee and/or its workgroups will review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans in consultation with PMO staff.	Not Started	See Task	11/15/2017	12/31/2018	11/15/2017	12/31/2018	12/31/2018	DY4 Q3
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	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	
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No Records Found



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DSRIP Implementation Plan Project

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. Initially survey PPS Participants about their outdoor policies, share	
best practices, and re-survey participants to assess progress in	
implementing tobacco-free outdoor policies	
Convene a region-wide tobacco cessation campaign committee by	
DY1;	
3. Engage Medicaid MCOs around coverage and payment	
4. Survey PPS Participants about USPSTF and PHS guidelines, use	
of EHRs to facilitate 5 A's, and referrals to the NYS Smokers' Quitline	
and subsequently promulgate best practices	
5. Launch a campaign to promote tobacco cessation among all	
eligible providers	
Develop targeted outreach materials for special populations	
(dental, behavioral health, and DD patients)	
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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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer

IPQR Module 4.b.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.

doctor's order for a mammogram followed by a visit to a screening site. To overcome that obstacle, we will explore the feasibility of a "one-stop" model for Breast Cancer screening wherein a physician will be co-located at the screening site, allowing patients to obtain the order and the test at the same time. We propose to test variations of this model with several partners to identify a feasible solution.

#2- As second risk to this project is its dependence on PCMH achievement. As stated in the IDS implementation plan, preliminary data obtained from the RHIO and our CNA show that some number of practices are without EMRs. Without an EMR, practices will not be able to obtain PCMH certification, impacting achievement of IDS milestone #7, and greatly impeding connection to the RHIO, interoperability, and data sharing and other population level projects. To mitigate this risk, we plan a multifaceted and multistage process. First, EMR status will be captured in our current state assessment; results will show the magnitude of the gap across the PPS. Second, we will participate with the CIO council, as well as leverage the expertise of the RHIO, and the other PPSs in our region, coordinate our strategy with the region, the state, and overall best practices. Third, we will develop a strategy to close the gap, including a cost analysis and the comparison of various solutions. Finally, we will stage implementation of embedded cancer screening guidelines, alerts and reminders in EMRs to follow implementation of the needed technology as it cannot be completed without the technology in place.

1- Based on earlier experience of some partners, one challenge to meeting breast cancer screening goals is the two-step nature of the service: a

#3- To be successful at improving cancer screening and follow-up, this project requires data sharing and streamlined referral processes among PCPs, Health Homes and other specialty providers. Our current planning relies on the QE for data sharing, however there is a risk that the QE will not be able to connect providers to the HIE within program timeframes. To mitigate the risk we will continue to work closely with our local QE, PCPs and Health Homes to develop a strategy to prioritize connections to the QE, and address technical and operational barriers to connection. #4- Not having access to data for non-attributed members in our service area will impede our ability to proactively identify patients with gaps in cancer prevention care or other service needs, as well as monitor quality performance for the population at large. To mitigate this risk, we are exploring opportunities to obtain health plan or NYS claims data on the broader population served by the our network partners #5-Because this is one of many projects to be implemented by the PPS and its affiliated primary care and other providers there is a risk that committees will be overwhelmed by the volume of guidelines to review, practices will be overwhelmed by the number of policies to be drafted and implemented and both PPS and partners will be overwhelmed by the volume of training to be accomplished. To mitigate risks, the PPS will initially concentrate on the public health aspect of cancer screening by developing outreach campaigns and other programs with the HRDPHC and in later years work with partners to implement evidence based guidelines and best practice policies in their organizations. Additionally, the PPS will dedicate resources to staffing committees, drafting model policies and to training to enhance the skills of the health care workforce. A final strategy will be to stage the development and production of materials—materials for some targeted audiences will be developed first and distributed, then materials for another population will be



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IPQR Module 4.b.ii.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
Milestone1. Development of a comprehensiveimplementation plan, DY1	In Progress	Development of a comprehensive implementation plan, DY1	08/10/2015	03/31/2018	08/10/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. In consultation with partner organizations and the Cancer Screening Project Advisory Quality Committee (CPAQC, a workgroup of the WMC PPS Quality Committee), identify appropriate evidence based literature and best practices addressing cancer screening including the NYS Prevention Agenda goals and objectives and experiences of Cancer Services Program. Notify partners of the intention to take action on this project and invite participation in the CPAQC and the Hudson Region DSRIP Public Health Council (HRD-PHC).	Completed	See Task	10/29/2015	06/30/2016	10/29/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2. Convene the (CPAQC to review and discuss the candidate best practices/ protocols /guidelines/ standards. The CPAQC includes clinical leaders from partner organizations and other stakeholders representing a range of credentials and experience relevant to the project.	Completed	See Task	10/29/2015	09/30/2016	10/29/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3. In consulation with the Hudson River DSRIP Public Health Council (HRDPHC), review DSRIP Hudson valley Community Needs assessment and other data to identify gaps in cancer screening for Medicaid beneficiaries. HRDPHC includes representatives of all three Hudson valley PPSs (Montefiore, Refuah and WMCHealth) as well as representatives of County	Completed	See Task	05/18/2016	12/31/2016	05/18/2016	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
Health Departments and from the 8 Counties in the region. Gap analysis should seek to understand the drivers of low screening and follow-up.								
Task Step 4. Develop a private group on MIX to share strategies for Cancer Prevention and Management.	Completed	See Task	11/05/2015	03/31/2016	11/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5. Plan phased roll out of best practices/protocols/ guidelines/standards adopted adapted to local considerations. To align incentives with identified needs, the plan should be tailored to address barriers to care identified from step 5. For example, if loss of eligibility for insurance coverage is a driver, then one component of the plan should promote public education around Exchange health insurance products and the Cancer Services (CSP) program for coverage of cancer screening and treatment for the uninsured; If NYS Medicaid or health plan benefit design is a barrier to care then the plan should address benefit deficiencies through advocacy or collaboration with MCOs to improve screening rates.	In Progress	See Task	08/17/2016	12/31/2017	08/17/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 6. Work with State organizations such as GNYHA, HANYS, PHSP Coalition and NYS DOH to convene discussion with NY MCOs around DSRIP related issues including successful models for coordination of services and improvement of cancer screening rates.	In Progress	See Task	08/10/2015	03/31/2018	08/10/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone 2. Analysis of CSP best practices and lessons learned, DY1	In Progress	Analysis of CSP best practices and lessons learned, DY1	10/29/2015	12/31/2017	10/29/2015	12/31/2017	12/31/2017	DY3 Q3
Task Step 1. Invite community leaders with experience in NYS Cancer Services Program (CSP) to join the Cancer Screening Project Advisory Quality Committee to share experience and lessons learned.	Completed	See Task	10/29/2015	06/30/2016	10/29/2015	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
Task Step 2. Convene the (CPAQC to review and discuss the candidate best practices/ protocols /guidelines/ standards including experiences in CSP to inform development of a region wide roll-out of best-practices for cancer screening.	In Progress	See Task	08/17/2016	12/31/2017	08/17/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone 3. Development of a technology-enablement plan to embed cancer screening guidelines, alerts and reminders in EHRs	Not Started	Development of a technology-enablement plan to embed cancer screening guidelines, alerts and reminders in EHRs	05/15/2018	03/31/2019	05/15/2018	03/31/2019	03/31/2019	DY4 Q4
Task Step 1. WMC PPS creates roadmap for data sharing and reporting to support cancer screening including plans to embed cancer screening templates and alerts into EHRs.	Not Started	See Task	05/15/2018	12/31/2018	05/15/2018	12/31/2018	12/31/2018	DY4 Q3
Task Step 2. The CPACQ and/or the QSC or its workgroup will develop metrics to track screening rates, results of screenings, and that patients screening positive are connected to appropriate care. Measures of success may be revised as appropriate.	Not Started	See Task	05/15/2018	03/31/2019	05/15/2018	03/31/2019	03/31/2019	DY4 Q4
Milestone 4. Identification of functional requirements for the cancer screening registry; DY1	Not Started	See Task	05/15/2019	12/31/2019	05/15/2019	12/31/2019	12/31/2019	DY5 Q3
Task Step 1. Define functional reporting requirements for cancer screening projects.	Not Started	See Task	05/15/2019	12/31/2019	05/15/2019	12/31/2019	12/31/2019	DY5 Q3
Milestone 5. Piloting rapid cycle evaluation of our PPS' care management function DY1	In Progress	Piloting rapid cycle evaluation of our PPS' care management function DY1	02/15/2017	09/30/2019	02/15/2017	09/30/2019	09/30/2019	DY5 Q2
Task Step 1. The PPS "care management" function is based on implementation of the Health Home at risk project that will first be piloted in a few large practices and will seek to include appropriate cancer screening in the gaps in care section of the comprehensive care plan. Pilot implementation to begin by end of year 1.	In Progress	See Task	02/15/2017	09/30/2019	02/15/2017	09/30/2019	09/30/2019	DY5 Q2
Milestone	Completed	Selection of an analytics platform to support patient identification	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description St		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Selection of an analytics platform to support patient identification								
Task Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking.	Completed	See Task	08/08/2015	03/31/2017	08/08/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Aligned with IT development for project 2 ai the WMC PPS begins IT based population health reporting.	Completed	See Task	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 3. Begin phased roll-out of embedded templates and alerts; share templates of early adopters with others to speed adoption.	Completed	See Task	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone 7. Roll-out of a one-stop screening pilot	Not Started	Roll-out of a one-stop screening pilot	08/15/2018	03/31/2020	08/15/2018	03/31/2020	03/31/2020	DY5 Q4
Task Step 1. Based on past experience we hypothesize that one obstacle to breast cancer screening is getting the referring physician to write a script or an order for the consulting radiologist. If the gap analysis from M1 of this project supports that hypothesis We will examine the feasibility of having a cancer surgeon examine patients, order the mammogram and fu with pt and PCP. Develop proposal with model.	Not Started	See Task (12/31/2019	08/15/2018	12/31/2019	12/31/2019	DY5 Q3
Task Step 2. Identify potential sites and partners to test "one stop Breast cancer screening model"	Not Started	See Task	11/30/2018	09/30/2019	11/30/2018	09/30/2019	09/30/2019	DY5 Q2
Task Step 3. Plan for role-out of pilot test of one-stop Breast Cancer Screening	Not Started	See Task	02/10/2019	03/31/2020	02/10/2019	03/31/2020	03/31/2020	DY5 Q4
Milestone 8. Wider roll-out of CSP-adapted protocols DY2 and preliminary evaluation of results. By the end of DY3 the PPS will ensure all providers have developed or adopted PCMH or team-based care models.	In Progress	Wider roll-out of CSP-adapted protocols DY2 and preliminary evaluation of results. By the end of DY3 the PPS will ensure all providers have developed or adopted PCMH or team-based care models.	08/08/2015	12/31/2018	08/08/2015	12/31/2018	12/31/2018	DY4 Q3
Task Step 1. Gather lessons learned and feedback from	Not Started	See Task	05/15/2018	12/31/2018	05/15/2018	12/31/2018	12/31/2018	DY4 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
Partners and local deployment workgroups; CPAQC and/or QSC and/or its workgroups will review and adjust training materials/ best practices/ protocols/ guidelines/standards and further implementation plans for wider roll out in consultation with PMO staff.								
Task Step 2. WMC PPS issues RFP for vendor to do a PCMH or APC model readiness assessment.	Completed	See Task	08/08/2015	09/30/2015	08/08/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3. WMC PPS establishes local deployment councils to serve as local PPS contacts for network partners engaging in PCMH or APC model.	Completed	See Task	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4. WMC PPS completes current state analysis of network partners; included will be determination as to eligibility for PCMH or APC based on practice characteristics, as well as current PCMH or APC certification if any and EHR and MU capabilities.	Completed	See Task	08/08/2015	03/31/2016	08/08/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5. WMC PPS working with PCMH/APC practice transformation vendor creates action plan for PCMH/APC eligible organizations as appropriate based on their particular gaps so as to enable them to close gaps in processes and services.	In Progress	See Task	05/18/2016	12/31/2017	05/18/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 6. Identify pilot partner/early adopter sites to achieve PCMH or APCM by DY3.	Completed	See Task	08/15/2015	12/31/2015	08/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7. Evaluate lessons learned from initial connections; plan phased rollout.	Completed	See Task	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 8. Implement Phase 1 of network rollout PCMH/APCM	Completed	See Task	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9. Implement Phase 2 of network rollout PCMH/APCM	In Progress	See Task	03/31/2017	03/31/2018	03/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task	Not Started	See Task	01/01/2018	12/31/2018	01/01/2018	12/31/2018	12/31/2018	DY4 Q3



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Milestone/Task Name	Status	Description		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 10. Document PCMH or APC certification among eligible providers.								
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	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
6. Selection of an analytics platform to support patient identification	marville	Other	21_DY2Q4_PROJ4bii_MDL4bii2_PPS1072_OTH_2017 0411_4bii_M6_(DY2Q4)_12132.pdf	4.b.ii M6 (DY2Q4)	04/25/2017 12:33 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Development of a comprehensive implementation plan, DY1	
2. Analysis of CSP best practices and lessons learned, DY1	
Development of a technology-enablement plan to embed cancer screening guidelines, alerts and reminders in EHRs	
4. Identification of functional requirements for the cancer screening registry; DY1	
5. Piloting rapid cycle evaluation of our PPS' care management function DY1	
6. Selection of an analytics platform to support patient identification	
7. Roll-out of a one-stop screening pilot	
8. Wider roll-out of CSP-adapted protocols DY2 and preliminary evaluation of results. By the end of DY3 the PPS will ensure all providers have developed or adopted PCMH or team-based care models.	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 4.b.ii.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 Quarte	rly Report, please enter the required inform	nation and check the box below:	
following initial submi	•	•	ue and accurate to the best of my knowledge, and that, nly to documented instructions or documented approval of
Primary Lead PPS Provider:	WESTCHESTER MED CTR		
Secondary Lead PPS Provider:			
Lead Representative:	June Keenan		
Submission Date:	06/19/2017 02:31 PM		
Comments:			



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	Status Log				
Quarterly Report (DY,Q)	Quarterly Report (DY,Q) Status Lead Representative Name User ID Date Timestamp				
DY2, Q4	Adjudicated	June Keenan	sm506673	06/30/2017 01:19 PM	



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Comments Log			
Status	Comments	User ID	Date Timestamp
Adjudicated	The DY2 Q4 quarterly report has been adjudicated.	sm506673	06/30/2017 01:19 PM
Returned	The DY2, Q4 Quarterly Report has been returned for Remediation.	sm506673	05/31/2017 05:19 PM
Returned	The DY2, Q4 Quarterly Report has been returned for Remediation.	sm506673	05/31/2017 05:19 PM



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Section	Module Name	Status
	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
Section 01	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	
	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
Section 02	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	
	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
Section 03	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	
	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
Section 04	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	
	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
Section 05	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	Completed
section us	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	
	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
Section 06	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	
	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
ection 08	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	
	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
ection 09	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	
	IPQR Module 10.1 - Overall approach to implementation	Completed
ection 10	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	
	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
Paction 11	IPQR Module 11.6 - Roles and Responsibilities	Completed
Section 11	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
	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
0 - :	IPQR Module 2.a.i.2 - Prescribed Milestones	Completed
2.a.i	IPQR Module 2.a.i.3 - PPS Defined Milestones	Completed
	IPQR Module 2.a.i.4 - IA Monitoring	
	IPQR Module 2.a.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.iii.2 - Patient Engagement Speed	Completed
2.a.iii	IPQR Module 2.a.iii.3 - Prescribed Milestones	Completed
	IPQR Module 2.a.iii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.a.iii.5 - IA Monitoring	
	IPQR Module 2.a.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.iv.2 - Patient Engagement Speed	Completed
2.a.iv	IPQR Module 2.a.iv.3 - Prescribed Milestones	Completed
	IPQR Module 2.a.iv.4 - PPS Defined Milestones	Completed
	IPQR Module 2.a.iv.5 - IA Monitoring	
	IPQR Module 2.b.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.iv.2 - Patient Engagement Speed	Completed
2.b.iv	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	
	IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.d.i.2 - Patient Engagement Speed	Completed
2.d.i	IPQR Module 2.d.i.3 - Prescribed Milestones	Completed
	IPQR Module 2.d.i.4 - PPS Defined Milestones	Completed
	IPQR Module 2.d.i.5 - IA Monitoring	
	IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
3.a.i	IPQR Module 3.a.i.2 - Patient Engagement Speed	Completed
	IPQR Module 3.a.i.3 - Prescribed Milestones	Completed



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



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Section	Module Name / Milestone #	Review Stat	us
	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	e
Continu 04	Module 1.5 - Prescribed Milestones		
Section 01	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & 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	
	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	<u> </u>
	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	
Section 02	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	(3)
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Complete	0
	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 & Complete	<u> </u>
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete	
	Module 3.1 - Prescribed Milestones		
Section 03	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 Statu	S
	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 & Complete	B
	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	
	Module 4.1 - Prescribed Milestones		
Section 04	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	
	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	0
Section 05	Milestone #2 Develop an IT Change Management Strategy.	Pass & Complete	B
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Complete	B
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Complete	
	Module 6.1 - Prescribed Milestones		
Section 06	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	•
	Module 7.1 - Prescribed Milestones		
Section 07	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 State	us
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
	Module 9.1 - Prescribed Milestones		
Section 09	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete	0
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Complete	
	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 & Ongoing	0
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Complete	0
Section 11	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Complete	0
	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	D
	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 St	atus
	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 (with Exception) & Ongoing	(P) (1A)
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Complete	D
	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 & Complete	D
	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	
2.a.i	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 & Complete	D
	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 & Complete	
	Module 2.a.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.a.iii.3 - Prescribed Milestones		
	Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Pass & Complete	В
2.a.iii	Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Revie	w Status
	Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Ongoing	
	Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Complete	B
	Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Pass & Ongoing	
	Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Pass & Complete	
	Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Pass & Complete	
	Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	Pass & Complete	B
	Module 2.a.iv.2 - Patient Engagement Speed	Pass & Ongoing	(b)
	Module 2.a.iv.3 - Prescribed Milestones		
	Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	Pass & Ongoing	
	Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	Pass & Complete	B
2.a.iv	Milestone #3 Ensure that all eligible participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	0
	Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	Pass & Ongoing	
	Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	Pass & Complete	0
	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	0
	Module 2.b.iv.3 - Prescribed Milestones		
2.b.iv	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 & Complete	(P)
	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	



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Project ID	Module Name / Milestone #	Review Statu	Review Status				
	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 & Complete	(P)				
	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Complete	(P)				
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Complete	B				
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	0				
	Module 2.d.i.2 - Patient Engagement Speed	Fail	□ IA				
	Module 2.d.i.3 - Prescribed Milestones						
	Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Pass & Complete	0				
	Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Pass & Complete					
	Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Pass & Complete	(P)				
	Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Pass & Complete	6 G				
	Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Pass & Complete	(P)				
	Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).						
2.d.i	 This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as 	Pass & Complete					
	outlined in 42 CFR §438.104.		P				
	Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Pass & Complete	(a)				
	Milestone #8 Include beneficiaries in development team to promote preventive care.	Pass & Complete					
	Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.	Pass & Complete					
	 If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. Individual member's score must be averaged to calculate a baseline measure for that year's cohort. 		9 0				



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Project ID	Module Name / Milestone #	Review Status						
	The cohort must be followed for the entirety of the DSRIP program.							
	• On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to							
	a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS'							
	network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.							
	The PPS will NOT be responsible for assessing the patient via PAM(R) survey.							
	• PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes.							
	• Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.							
	Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Pass & Complete						
	Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Pass & Complete						
	Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Pass & Complete	9 C					
	Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Pass & Complete						
	Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Pass & Complete	(P)					
	Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Pass & Complete	® B					
	Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Pass & Complete	(P)					
	Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Pass & Complete	(P)					
	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	(B)					
	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						
a.i	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	0					
	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 & Complete	(b)					
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing						



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Project ID	Module Name / Milestone #	Review Status						
	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						
	Module 3.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	0					
	Module 3.a.ii.3 - Prescribed Milestones							
	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Ongoing						
	Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Pass & Ongoing						
	Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing						
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Complete	B					
3.a.ii	Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Fail	₽ L					
	Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Pass & Ongoing						
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Ongoing						
	Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing						
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Ongoing						
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of	Pass & Complete	0					



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review State	us
	care.		
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	<u> </u>
	Module 3.c.i.2 - Patient Engagement Speed	Fail	IA IA
	Module 3.c.i.3 - Prescribed Milestones		
	Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Pass & Complete	0
	Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Pass & Complete	(P)
3.c.i	Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Pass & Complete	(a)
	Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Pass & Complete	0
	Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Pass & Complete	
	Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	<u> </u>
	Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Fail	
	Module 3.d.iii.2 - Patient Engagement Speed	Fail	□ IA
	Module 3.d.iii.3 - Prescribed Milestones		
	Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	Pass & Complete	
3.d.iii	Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	Pass & Complete	(P)
	Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	Pass & Complete	D
	Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	Pass & Complete	
	Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	B
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing	
4.b.ii	Module 4.b.ii.2 - PPS Defined Milestones	Pass & Ongoing	



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Westchester Medical Center (PPS ID:21)

Providers Participating in Projects

		Selected Projects													
	Project 2.a.i	Project 2.a.iii	Project 2.a.iv	Project 2.b.iv	Project 2.d.i	Project 3.a.i	Project 3.a.ii	Project 3.c.i	Project 3.d.iii	Project 4.b.i	Project 4.b.ii				
Provider Speed Commitments	DY3 Q4	DY3 Q4	DY4 Q4	DY3 Q4	DY2 Q4	DY3 Q4	DY3 Q4	DY2 Q4	DY2 Q4						

	Provider Category		t 2.a.i	Project	2.a.iii	Project 2.a.iv Project 2.b.iv		Project 2.d.i		Project 3.a.i		Projec	t 3.a.ii	Projec	t 3.c.i	Projec	t 3.d.iii	Project 4.b.i		Project 4.b.ii			
Provider Categor	У		Selected / Selected / Committed		Selected / Committed			cted / nitted	Selec Comm		Selec Comr	cted / nitted	Selec Comm		Selec Comr		Selec Comr		Sele Comi	cted / nitted	Selec Comm		
Practitioner - Primary Care	Total	601	578	590	497	310	-	597	497	145	-	682	95	564	-	602	497	602	497	597	-	597	-
Provider (PCP)	Safety Net	260	177	257	132	189	73	258	132	92	97	277	45	255	177	258	132	258	132	258	-	258	-
Practitioner - Non-Primary Care	Total	2,126	1,784	2,023	950	631	-	2,105	950	635	-	2,614	95	1,989	-	2,106	760	2,106	760	2,105	-	2,105	-
Provider (PCP)	Safety Net	329	332	319	243	207	155	321	243	208	85	375	32	319	81	321	182	321	182	321	-	321	-
Hospital	Total	11	13	9	-	7	-	10	9	5	-	12	-	9	-	10	-	10	-	10	-	10	-
Поѕрна	Safety Net	9	11	8	-	6	4	8	7	5	6	11	-	7	10	8	-	8	-	8	-	8	-
Clinic	Total	28	40	24	23	9	-	25	-	7	-	36	20	24	-	25	10	25	12	25	-	25	-
Cililic	Safety Net	22	36	20	25	8	6	20	-	7	8	31	20	19	36	20	10	20	12	20	-	20	-
Case Management / Health	Total	30	25	25	25	2	-	26	25	5	-	38	-	26	-	26	25	26	25	26	-	26	-
Home	Safety Net	18	16	17	16	1	1	17	16	4	-	19	-	17	10	17	16	17	16	17	-	17	-
Mental Health	Total	308	307	299	71	73	-	305	-	74	-	383	109	292	-	305	103	305	-	305	-	305	-
Mentar realin	Safety Net	65	80	63	26	16	3	63	-	24	-	82	25	62	44	63	38	63	-	63	-	63	-
Substance Abuse	Total	20	26	17	8	6	-	17	-	6	-	23	10	16	-	17	10	17	-	17	-	17	-
Substance Abuse	Safety Net	19	25	16	7	6	2	16	-	6	-	22	9	15	25	16	9	16	-	16	-	16	-
Nursing Home	Total	5	36	4	-	4	-	4	-	2	-	31	-	4	-	4	-	4	-	4	-	4	-
ivursing riome	Safety Net	4	35	3	-	3	-	3	-	1	-	30	-	3	-	3	-	3	-	3	-	3	-
Pharmacy	Total	3	3	2	3	1	-	2	-	2	-	4	-	1	-	2	3	2	3	2	-	2	-
FilalillaCy	Safety Net	2	0	1	0	1	0	1	-	2	0	1	-	1	-	1	0	1	0	1	-	1	-
Hospice	Total	3	6	2	-	1	-	2	-	0	-	11	-	1	-	2	-	2	-	2	-	2	-



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Westchester Medical Center (PPS ID:21)

	5		ct 2.a.i	Projec	t 2.a.iii	Project	2.a.iv	Projec	t 2.b.iv	Projec	t 2.d.i	Proje	ct 3.a.i	Project	3.a.ii	Projec	ct 3.c.i	Projec	t 3.d.iii	Projec	t 4.b.i	Projec	t 4.b.ii
Provider Category		Selected / Selected / Committed Committed		Selected / Selected / Committed Committed			Selected / Committed		Selected / Committed		Select Comm		Selec Comr	cted / nitted		cted / nitted				cted / nitted			
	Safety Net	1	0	1	-	1	0	1	-	0	-	5	-	1	-	1		1	-	1	-	1	-
Community Based	Total	0	148	0	68	0	-	0	64	0	-	0	20	0	-	0	65	0	35	0	-	0	-
Organizations	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
All Other	Total	1,238	1,094	1,176	280	554	-	1,203	415	332	-	1,627	190	1,113	-	1,207	454	1,207	432	1,203	-	1,203	-
All Other	Safety Net	509	200	495	280	359	216	497	294	261	168	608	19	493	285	497	33	497	333	497	-	497	-
Uncategorized	Total	633	-	618	-	80	-	627	-	109	-	784	-	615	-	627	-	627	-	627	-	627	-
Officategorized	Safety Net	7	-	7	-	2	-	7	-	2	-	13	-	7	-	7	-	7	-	7	-	7	-
Additional Providers	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Additional Froviders	Safety Net	0	-	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
Expected Number of Medical Villages Established	2.a.iv	0	2
PAM(R) Providers	2.d.i	457	275
Expected Number of Crisis Intervention Programs Established	3.a.ii	0	7

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Kamin Henry L Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schiffer Kenneth A	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chernaik Richard B Md	Practitioner - Primary Care Provider (PCP)											
Steinfeld Leonard Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~



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Westchester Medical Center (PPS ID:21)

* Safety Net Providers in Green

	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Sperling Walter L Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Pallant Bennett S J Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Roth Donald S Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Boyer Jose N Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lichtenstein John Md	Practitioner - Primary Care Provider (PCP)		~				~		~	~		
Gapay Alexander R Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shah Shantilal V Md	Practitioner - Primary Care Provider (PCP)											
Amin Shoeb I Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
George Joseph A Md	Practitioner - Primary Care Provider (PCP)						~					
Rummo Nicholas J Md	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	~
Reggev Avner Md	Practitioner - Primary Care Provider (PCP)											
Rivera Jaime H Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cox George R Pc Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hui Raymond C Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Velez Domenech Gilberto A Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Garcia Alfredo Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Guneratne Franklin P E Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Leidner Sheldon D Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cohen Daniel Harold Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Landau Arthur Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Pandya Dhimantkumar A Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Samuel Valsamma Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Israel James	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Marshall David Lloyd Md	Practitioner - Primary Care Provider (PCP)											
Bhardwaj Sushil Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Banker Dipak Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Knipp John E Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Markowitz Robert Jay Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Priester William D Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sorgen Carl D Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hannes Andrew Paul Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating Pa	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Greenberg William Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bambino Nicholas G Md	Practitioner - Primary Care Provider (PCP)											
Nichols Jeffrey N Md	Practitioner - Primary Care Provider (PCP)						~					
Gorelick Seymour Pc Md	Practitioner - Primary Care Provider (PCP)						~					
Horowitz Mark L Md	Practitioner - Primary Care Provider (PCP)	~	~		*		~	~	~	~	~	~
Landanno Clement R Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Monteleone Virgilio A Md	Practitioner - Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Lubell Harry Robert	Practitioner - Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Mandelbaum Joel Md	Practitioner - Primary Care Provider (PCP)											
Zarlengo Marco Dominic Md	Practitioner - Primary Care Provider (PCP)	~	~		>		~		~	~	~	~
Dilorenzo James V Jr Md	Practitioner - Primary Care Provider (PCP)											
Newfield Philip Md	Practitioner - Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Beeber Stuart E Md	Practitioner - Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Walker Richard F Md	Practitioner - Primary Care Provider (PCP)						~					
Lat Mercedes A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	>		~	~	~	~	~	~
Appel Joseph Md	Practitioner - Primary Care Provider (PCP)											
Ampil Paulo E Pc Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Baker Paul Mark Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kapoor Satish Chander Md	Practitioner - Primary Care Provider (PCP)	~	~		>		~		~	~	~	~
Lal Indu M Md	Practitioner - Primary Care Provider (PCP)						~					
Amler Robert William Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Robbins Chester Lewis Md	Practitioner - Primary Care Provider (PCP)											
Shah Dhirajlal M Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hackell Jesse Michael Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Barone Luciano Vito Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rosemarin Eve Louise	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ancona Richard Carmine Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Farkouh Nora H Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Belkin Glenn J Do	Practitioner - Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Lessin Herschel R Md	Practitioner - Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Desai Bharati Chandrakant	Practitioner - Primary Care Provider (PCP)						~					



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Teich Clifford Martin Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Stillman Margaret A Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Pace Bella Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dummett Jocelyn Angela Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Rao Geetha P Md	Practitioner - Primary Care Provider (PCP)											
Bleski John Andrew Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Salzberg Paul David Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gulati Rajan Pc Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kapoor Urmil Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Szpur Walter B Md	Practitioner - Primary Care Provider (PCP)											
Dinsmore Robert E Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Berger Barbara J Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Horowitz Jeffrey Scot Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Soltren Rafael Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Sawhney Suman Kumar Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Friedman Ross Md	Practitioner - Primary Care Provider (PCP)											
Marsh Franklin Jr Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Calamia Vincent Md	Practitioner - Primary Care Provider (PCP)	~										
Anderson John A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gill Amarjit S Md	Practitioner - Primary Care Provider (PCP)						~					
Beyer Barbara Conley Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Garfield Gary C Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Fenner David L Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Escher Jeffrey Ethan Md	Practitioner - Primary Care Provider (PCP)											
Seth Lalit Mohan Md	Practitioner - Primary Care Provider (PCP)											
Giampietro John D Md	Practitioner - Primary Care Provider (PCP)											
Henson Elliot M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Juster Fern R Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Borker Priti V Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sacolick Benzion Md	Practitioner - Primary Care Provider (PCP)											
Abramovici Bernard Barbu Md	Practitioner - Primary Care Provider (PCP)											1



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Hewitt Ross G Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Nadelman Robert B Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schiller Robert M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Maselli Frank Joseph Md	Practitioner - Primary Care Provider (PCP)											
Teicher Elyse H Md	Practitioner - Primary Care Provider (PCP)						~					
Weinberg Harlan R Md	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	~
Tendler Yacov Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Chesir Joshua E Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Klein Stephen Allen	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ibelli Vincent Marc Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ventrudo Steven L Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ashe David Md	Practitioner - Primary Care Provider (PCP)											
Dematteo Robert Enrico Md	Practitioner - Primary Care Provider (PCP)						~					
Roth Robert M	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Weiss Philip Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Woodley Walter Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Jalaj Jai Krishna Md	Practitioner - Primary Care Provider (PCP)											
Dibona Marcello Md	Practitioner - Primary Care Provider (PCP)											
Bernstein Scott Alan Md Pc	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sprague Curtis Davis Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Neuendorf James Lee Md	Practitioner - Primary Care Provider (PCP)	~										
Branche Judith A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ahmad Farhat Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Davis Glenn Adrian Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Altura Barry Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ross Jody A Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Wurzel Carol Lynn Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Trivedi Darshan Ghanshyam Md	Practitioner - Primary Care Provider (PCP)						~					
Hill David Jacob Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Douglas Montgomery Md	Practitioner - Primary Care Provider (PCP)											
Altman Robin Leslie Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Gergely Peter Ernest Md	Practitioner - Primary Care Provider (PCP)						~					
Antoine Michel Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Barenfeld Howard L Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Teubl William Philip Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Zemel Anna Rynskaya Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Levine Steven Barry Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Fuchs Richard T Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Karmen Carol Lynn Md	Practitioner - Primary Care Provider (PCP)						~					
Hammer John T Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jenkins Wallace R Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Savino Douglas Brian Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vogel Gerald Scott Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sayegh Osama Elias Md	Practitioner - Primary Care Provider (PCP)						~					
Schwalb David B Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hwang Haeyoung Ko	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Green Roger Daniel Md	Practitioner - Primary Care Provider (PCP)											
Back Ephraim Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hetzler Theresa L Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gannon Barbara Luck Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Youkeles Lisa Md	Practitioner - Primary Care Provider (PCP)											
Lesnewski Ruth F Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Abate Charles James Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Alam Mehjabeen Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gluck Gerson Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mallick Abida K Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kitson Kwame A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Maw Myo Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Eisner Yvonne	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ferguson John Francis Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chumaceiro Rolando Md	Practitioner - Primary Care Provider (PCP)						~					
Gorelick Risa Schwed Md	Practitioner - Primary Care Provider (PCP)						~					



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Goldstein Lawrence Wayne Md	Practitioner - Primary Care Provider (PCP)											
Shear Mitchell Barry Md	Practitioner - Primary Care Provider (PCP)											
Mumford James M Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Devons Cathryn A Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Tun Raymond Aung Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Eugene P Heslin Md Pc	Practitioner - Primary Care Provider (PCP)						~					
Villi Roger A Md	Practitioner - Primary Care Provider (PCP)											
Smith Martha L Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kang David S Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Dave Devang Md	Practitioner - Primary Care Provider (PCP)											
Sackler Lorna Carro	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schaffer Alan E Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sacco Joseph P Md	Practitioner - Primary Care Provider (PCP)											
Mallick Imtiaz Ahmad Md	Practitioner - Primary Care Provider (PCP)											
Lynch Patricia Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Weiss Jonathan R Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bar Mordechai Fenikel Md	Practitioner - Primary Care Provider (PCP)						~					
Dixit Drishan Kant Md	Practitioner - Primary Care Provider (PCP)						~					
Miller Dean A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Neu Natalie M Md	Practitioner - Primary Care Provider (PCP)						~					
Asamenew Markos Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nastase Liviu Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chamberlin Joe Md	Practitioner - Primary Care Provider (PCP)						~					
Hillman Roy A Md	Practitioner - Primary Care Provider (PCP)											
Avvocato Gloria P Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sayegh Nadem Jamil Md	Practitioner - Primary Care Provider (PCP)						~					
Gluck-Shats Maya Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Graves Daryl W Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Walker Jenny	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Madhava Valsa S Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hershkowitz Jon E Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~



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Finkelstein Michael B Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Lurio Joseph Glen Messner Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Benoit Marcel M Md	Practitioner - Primary Care Provider (PCP)											
Costley Sandra Y Md	Practitioner - Primary Care Provider (PCP)											
Menezes Robert Charles Jr Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Narula Rajiv Md	Practitioner - Primary Care Provider (PCP)						~					
Santiago Yvonne	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Carosella Christine E Md	Practitioner - Primary Care Provider (PCP)						~					
Livanios Noulas Chrisia Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rogg Gary Ira Md	Practitioner - Primary Care Provider (PCP)						~					
David Maria Carina Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nweke-Chukumerije Obiageli Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nazario-Blas Rudolfo A Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Biradavolu Lakshmi Bhaskar Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Spencer Gregory Allen Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Felix Robert Livingston Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Iannotti Vicki Ann	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Baird Philip Lee Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hadid Ahmad Md	Practitioner - Primary Care Provider (PCP)						~					
Decker Laura Md	Practitioner - Primary Care Provider (PCP)						~					
Cohrssen Andreas Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Carniciu Stere	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Battu Vasantha Kumari	Practitioner - Primary Care Provider (PCP)											
Jangda Aslam Sattar Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Zaidi Najia Akhtar Md	Practitioner - Primary Care Provider (PCP)						~					
Best Robert Eric Md	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	~
Arden Martha R Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nastase Aniela	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Yuen Hak Kin	Practitioner - Primary Care Provider (PCP)											
Feygin Polina Md	Practitioner - Primary Care Provider (PCP)											·
Green Herbert	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Cortijo Amarilys R Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Siciliano Donna	Practitioner - Primary Care Provider (PCP)											
Lerche Adam David Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Brown Cynthia Eliza Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Shapiro Deborah Ann Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Khan Zubair Mohammed Md	Practitioner - Primary Care Provider (PCP)						~					
Scherr Jennifer Ann Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Prine Linda Whisler	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Walsh Margaret Mary	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mangan Patricia Ann Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cohen Cynthia Ceresney Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kurtz Linda Joyce Md	Practitioner - Primary Care Provider (PCP)											
Samuels Daralyn Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bancroft Hartley S li Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bonoan Jose Tadeo M Md	Practitioner - Primary Care Provider (PCP)						~					
Hervada Teresa Md	Practitioner - Primary Care Provider (PCP)											
Luay S Marji Md Pc	Practitioner - Primary Care Provider (PCP)											
Ortiz Sandra Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Josefski Mark Alan Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Macaluso Brett M Md	Practitioner - Primary Care Provider (PCP)											
Shurp Yevgeniya Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gillespie Ginger Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kelly Janine S Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Lee Sophia Sun Y Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Tolis Arthur F Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Forman Leanne Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ferrara Lisa A	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Schelker Jennifer	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Skelly Michael	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Arbisser-Grohman Debra	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Merer Michelle	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Wilson Jeanne Marie	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Leahy Mary Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mccormick Michael Stephen Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Banc Tobe E Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Sullivan Maura Md	Practitioner - Primary Care Provider (PCP)											
Zaman Moneeka Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Vianna Andrea Luiza	Practitioner - Primary Care Provider (PCP)											
Nelson Shirley W Do	Practitioner - Primary Care Provider (PCP)						~					
Platzman Michael Do	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Lolo Delatre Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Robie Kristin	Practitioner - Primary Care Provider (PCP)											
Stockheim Janet A Md	Practitioner - Primary Care Provider (PCP)						~					
Neretin Nicole	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ritchin Andrea Ko Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gayle Eric George Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Raschella Nunziata Md	Practitioner - Primary Care Provider (PCP)						~					
Habert Marc Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Frisbie Jo Anne	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Begley-Pritzker Kathleen	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sprenz Valerie M Md	Practitioner - Primary Care Provider (PCP)											
Jovino Louise M Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sosinsky Jeffrey H Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
O'Connor Peter J Jr Md	Practitioner - Primary Care Provider (PCP)											
Pagan Diane Elizabeth	Practitioner - Primary Care Provider (PCP)											
Akhter Mohammad	Practitioner - Primary Care Provider (PCP)											
Zuckerman Deschino Diane Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rieder Jessica Md	Practitioner - Primary Care Provider (PCP)											
Kaseta Suzanne Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Litt Annebeth Md	Practitioner - Primary Care Provider (PCP)						~					
Kabeer Nasreen Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Caring Pediatrics White Plain	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Aronow Wilbert Solomon Md	Practitioner - Primary Care Provider (PCP)						~					
Doti Sandy	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Martini Anthony Joseph Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Wilken Philip David	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Yu Shick Hong Md	Practitioner - Primary Care Provider (PCP)						~					
Cable Mary Louise	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Schiffer Todd Jay Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Burke Catherine	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Kasinathan Sumathi Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Meyer Patricia	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Rovito Lucy	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Statile Margaret	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Hassan Mostafa S Md	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	>
Giannini Nancy Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Yu Chin Hsien	Practitioner - Primary Care Provider (PCP)											
Clark Cheryl L Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Piet Joseph James Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Oltean Ion Md	Practitioner - Primary Care Provider (PCP)											
Weissman Evan Laird Do	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Abdullah Medical Pc	Practitioner - Primary Care Provider (PCP)						~					
Iriza Ecaterina	Practitioner - Primary Care Provider (PCP)						~					
Minei Costley Elizabeth Do	Practitioner - Primary Care Provider (PCP)						~					
Back Sara Deborah	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Hafeez Mohammad Md	Practitioner - Primary Care Provider (PCP)						~					
Lyo Thomas	Practitioner - Primary Care Provider (PCP)											
Kozicz Izabela Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Koestler Jennifer Lyn Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Evers Martin Louis Md	Practitioner - Primary Care Provider (PCP)	~	~	✓	~		~	~	~	~	~	~
Beacon Medical Pc	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Maria Mazen Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Goldberg Randy Md	Practitioner - Primary Care Provider (PCP)						~					



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Heublum Rona Rivka Md	Practitioner - Primary Care Provider (PCP)						~					
Harvey Raymond G Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Finnigan Karen Jean Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Dave Hirendrakumar J Md	Practitioner - Primary Care Provider (PCP)						~					
Maisey Susan B Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Raz Amy B Md	Practitioner - Primary Care Provider (PCP)	~										
Roye Kristin Michaelsen Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shah Parag J Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sartan Tatyana Md	Practitioner - Primary Care Provider (PCP)						~					
Shah Anita C Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Cincu Catalina E Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Eschenberg Nancy Anne	Practitioner - Primary Care Provider (PCP)						~					
Mathai Riny Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Iqbal Amjad Md	Practitioner - Primary Care Provider (PCP)						~					
Rosenberg Robert	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bondar Ellen Md	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	~
Cho Caroline	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Creech Charlotte L	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Nanjappa Nirmala Md	Practitioner - Primary Care Provider (PCP)						~					
Oberman Eric	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Argenzio Donna J	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cole Karen	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Goth Melanie Michele Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Viray Alvin K Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Barbanel Eric William Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Nasser Jonathan Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Wu Daren	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mcgowan Heather	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bekritsky Esther	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gorlitsky Michele L Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Husain Syed S Md	Practitioner - Primary Care Provider (PCP)						~					



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Gonzalez-Klayman Noemi Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Littleton Andrea Wileen Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Asante Baah Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gutnik Igor Md	Practitioner - Primary Care Provider (PCP)											
Weeks Williams David	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tashman Stuart Matthew Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Krawitz Lawrence E Md	Practitioner - Primary Care Provider (PCP)						~					
Shafran Gail	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Henry Lernice L Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Riffle Anne Elizabeth	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Levin Marc William Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Zaslow Jay A Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Miller Hanan G Md	Practitioner - Primary Care Provider (PCP)											
Brown Emily Rivera	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Woo Mary Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schiskie Melissa A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ishtiaq Bakhtiar Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Menezes Cheryl Molaison	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Boyar Karyn Lee	Practitioner - Primary Care Provider (PCP)											
Gerson Debra	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bisnauth Rajes	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Decastro Manuel Hernandez Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Heckman Barbara Jean	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Wells Barbara	Practitioner - Primary Care Provider (PCP)						~					
Spoto Amy E Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ancona Keith	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Klimenko Elena A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Samaniego Robert Md	Practitioner - Primary Care Provider (PCP)						~					ĺ
Gallin Jill	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Distefano Pamela A	Practitioner - Primary Care Provider (PCP)						~					i
Nerkar Sanjay D Md	Practitioner - Primary Care Provider (PCP)						~					Ī .



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Kumar Vanita Md	Practitioner - Primary Care Provider (PCP)						~					
Bogdanov Assen Petrov Md	Practitioner - Primary Care Provider (PCP)											
Hambright Maya Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kovoor Johnny George Md	Practitioner - Primary Care Provider (PCP)											
Gilmour Cynthia	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Yuen Thomas	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Scarlett Lissa Annette Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Nicoll Laura Ann Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Weissman Alicia Marlene Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bochenek Joanna Barbara Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Deschamps Patricia	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Puthiyamadam Maryrose	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Grassey Claudia	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Balutowski Marek Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Androne Louis Cristian Md	Practitioner - Primary Care Provider (PCP)											
Morales Frank	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kolanuvada Bangaruraju Md	Practitioner - Primary Care Provider (PCP)						~					
Gennarelli Melisssa D Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Shapiro Carin	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Zachariah Mano	Practitioner - Primary Care Provider (PCP)											
Leanza Francesco Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
John Stanley Md	Practitioner - Primary Care Provider (PCP)						~					
Costabile David	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chacko Bijo Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Dalwadi Sejal Nagin Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ley Robert	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mcmullan Megan Anne Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Whyte-Connell Stacey E Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Newmeyer Michele E	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Coultman Angela Anita R Md	Practitioner - Primary Care Provider (PCP)											i
Teets Raymond	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~



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Lombardi Filomena	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Migias Nikolaos A Md	Practitioner - Primary Care Provider (PCP)											
Chorny Shameela Anisa Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Groves Jill Elizabeth Md	Practitioner - Primary Care Provider (PCP)											
Tawil Laurence A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Selbo Scot T Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Nelson Julian T Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Tawil Rashmi P Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hadid Ahmad Md	Practitioner - Primary Care Provider (PCP)						~					
Singh Pushpinder Md	Practitioner - Primary Care Provider (PCP)						~					
Wancier Romina G Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Weinstein Jeffrey Ross Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Burnham Daniel Christian	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hodgens Donna A	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Pinto Eduardo Navarro	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Dadarwala Aashish Dhansukhlal	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Pumarol Alba	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ramzan Muhammad Masood	Practitioner - Primary Care Provider (PCP)											
Bezdickova Martina Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ennabi Kathleen Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kancharla Madhavi R	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Issack Joshua	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lombardi Maria E Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Millos Rosana Teresita Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Jellett Carol X	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Anandu Nandini Md	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	~
Pileta Lourdes X	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Byadgi Shalini Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sarrai Mona Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Mendelson Ali Md	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	~
Berger Sam H Np	Practitioner - Primary Care Provider (PCP)						~					



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Shkolnikov Tatyana Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Harkisoon Shantie D Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
El-Naghy Dilshad Md	Practitioner - Primary Care Provider (PCP)											
Eisenberg Amy	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Calligaris Rosemary	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Avella Thomas Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Braier Florencia	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chen Wei	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lucas Tracy	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mcguire Evon L Np	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Cuccia Christopher A Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cigliano Danielle Do	Practitioner - Primary Care Provider (PCP)											
Cristescu Corina Elena Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Auld Clara Stringer	Practitioner - Primary Care Provider (PCP)											
Sosanya Oluwakemi	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ayodeji Adeola	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Figueroa Yvette	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Maritato Andrea F Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Pandya Amy Arun Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Khalil Richard Md	Practitioner - Primary Care Provider (PCP)						~					
Elmore Dillard	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kurtz Seth David Md	Practitioner - Primary Care Provider (PCP)						~					
Nesheiwat Ogleh Ihsan Md	Practitioner - Primary Care Provider (PCP)						~					
Callanan Emily M Np	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Keegan Kulravee Puttharuksa Do	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Foy Bridget M	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Silber Avi Katnel Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Dr Donna Loketch	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Yeddu Mrilini Marthamoses Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bosco Vincent J Rpa	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Grosso Celeste M Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participatin Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Ainsworth Alison M	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sales Francie Fortuno Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cohen Asaf	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Joy Christina	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Llobet Paul S Md	Practitioner - Primary Care Provider (PCP)		~				~		~	~		
Muir Janice Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Iannitti-Hulse Iannitti-H	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Pavese Heidi Elizabeth	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Osband Yardaena Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Martinez Ofelia Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Nosal Sarah Catherine	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Jacobs Amanda	Practitioner - Primary Care Provider (PCP)											
Basa Kathrynne Mae G Md	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	~
Siddiqua Latifa Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jindal Meenu	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gottlieb Esther	Practitioner - Primary Care Provider (PCP)					~	~					
Steinberg Gwen Sarah Morgan	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Persaud Indrani	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Dori Anchin Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Yartey Juliana Ayergo	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Collins Rebecca	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Poonthota Anjana	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Rabadi Ammir	Practitioner - Primary Care Provider (PCP)											
Abdelmassih Shawkat G	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mihaleva Velitchka Vasileva	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Goforth Thomas	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hamid Mohammed A	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Tawil Ramzi A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Osman Sami	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Moon Caroline M S	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Biswas Radha	Practitioner - Primary Care Provider (PCP)											



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Nadpara Kajalber N	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mathew Liby	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kempton Patricia B	Practitioner - Primary Care Provider (PCP)											
Kyaw Soe Paing Md	Practitioner - Primary Care Provider (PCP)						~					
Amy S Ciner Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shahid Atter Muhammad	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Prino Maria Paola Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kar Kausik	Practitioner - Primary Care Provider (PCP)						~					
Singh Chanchal	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hameedi Rukhshinda Rahman	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Hackenburg Emily	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lazaroff Florence Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Desai Vikas	Practitioner - Primary Care Provider (PCP)											
Reich Jennifer	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jahn Margaret Ann	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Stanovic Maria	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	~
Saporito Anna Gabriella Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kogan Margarita Md	Practitioner - Primary Care Provider (PCP)											
Bute Samir Afzal Md	Practitioner - Primary Care Provider (PCP)						~					
Reyes Ma.	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rimmer Linda Marie Gawronski	Practitioner - Primary Care Provider (PCP)											
Remenar Lin-Lin Yu-Lin Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ford Miriam	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ranin-Lay Mari	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Dunn Patricia	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mir Khawaja S	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Samatha Bagam	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kaw Pankaj	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Nabors Christohpher Cummins	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Emenike Loretta Azuka	Practitioner - Primary Care Provider (PCP)						~					
Rahman Riaz	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Gohel Jagruti Pankaj Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Miller Sarah	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Masson Ella	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Siddiqui Ayesha	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Guindi Nabil Boshra	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Shtrambrand Dmitry Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Colleen Yvette Ohene-Agyei	Practitioner - Primary Care Provider (PCP)											
Allegro-Skinner Lorraine	Practitioner - Primary Care Provider (PCP)						~					
Portalatin Helen	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Beniyaminov Yanna	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rahman Andreea	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Din Sofia R	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Noor Afza Begum	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Smith Aimee	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Neptune Lindsa	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sellers Carol	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Monaco Domenic	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sulangi-Lorenc Sheryl Rivera	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Doshi Jay Vinay Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Park Boma Diana	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cellin Melissa Maria	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tenney Nancy Lee	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mitchell Ronald Alvin	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Levis Rebekka Jo Do	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Nicholas Belasco	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Capparelli Mar	Practitioner - Primary Care Provider (PCP)						~					
Tracz Michael	Practitioner - Primary Care Provider (PCP)											
Abankwah Akosua Sarpomaa	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Troy Lisa S Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hago Weymin	Practitioner - Primary Care Provider (PCP)		~				~		~	~		
Mary Katherine Michalak	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Min Insung	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rai Samantha Anna	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Maggie Daley Carpenter	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Alvarez Dimitri	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Khan Najmi Shamim	Practitioner - Primary Care Provider (PCP)						~					
Llobet Holly	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bowman Maureen	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mathews Tina	Practitioner - Primary Care Provider (PCP)						~					
Underwood Patricia Lee Np	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ronan Sharon	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kupershtokh Svetlana	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Lanier Gregg	Practitioner - Primary Care Provider (PCP)						~					
Harburger Joseph	Practitioner - Primary Care Provider (PCP)						~					
Frengle-Burke Ingrid	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mckenna Linda	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Little Sara Jane	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Elpenord Claire Jocelene	Practitioner - Primary Care Provider (PCP)						~					
Carr Hemlata	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Wilson Geniene	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sy Sheldon	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sylvester Julie Ann	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Paige Melanie K	Practitioner - Primary Care Provider (PCP)						~					
Ukachukwu Princess	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Karp Sara	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Page Dorothy E	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Semanision Kristen	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Pinzon Robin Ramos	Practitioner - Primary Care Provider (PCP)											
Chen Yong	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Suter Maureen Natalie	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Levine Alanna	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mansouri Giti	Practitioner - Primary Care Provider (PCP)											



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Johnson Catherine	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Roth Rachel	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Baldwin Barbara B	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jean-Charles Sashenka	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Robert Joyce Folashade	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Russo Rocco Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Grinion Charlene M	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sevcik Renee Marie	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Koelsch Emily M Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Budrock Karin Marie	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Watkins Isheka S	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Singh Manoranjan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Via Chirstine	Practitioner - Primary Care Provider (PCP)		~				~		~	~		
Shiblee Towhid	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Lazrak-Bertini Kenza	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Thompson Rober	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Miller Michael	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Fallon Jaclyn Anne	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sawhney Manita	Practitioner - Primary Care Provider (PCP)											
Pidkaminetskiy Vasyl	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Shah Anuj	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Shah Parth	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Singh Simarjit	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Agopian Eliz Hazar	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Pimentel Martha M	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Burdick Theresa	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Leroy-Sterling Marilyn	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Fakhoury Wael	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Podziewski Judy Fnp-C	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Carolan Shelley Denise	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Belfield Uticia	Practitioner - Primary Care Provider (PCP)											



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Antoine Michaelle	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Qaqish Saed	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Santoro Katherine Elizabeth	Practitioner - Primary Care Provider (PCP)						~					
Anikanova Yuliya Sergeyevna	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shanmugam Malathi	Practitioner - Primary Care Provider (PCP)						~					
Jaravaza Mukai Heather	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Dumrese Danielle Lee	Practitioner - Primary Care Provider (PCP)											
Thomas Koreen	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Thayer Lisa	Practitioner - Primary Care Provider (PCP)											
Lee Hojin	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Beruke Hanna	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gabriana Nimfa	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Rivera Veronica	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Prashad Priya	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Braun Ivy	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Connelly Jane M	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Singh Tarunjit	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Kaul Rachna	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
March Anika Jolene	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Bissonette Maya Sahan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Goldstein Lissa Kary	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Garcia Quinones Saribel	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dave Amie N	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mathews Premila Maria	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hsiung Ahmed Leslie	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mclendon Lucia Cogswell	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Flynn Gameng Mary Ann	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Stern Michael R	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chopra Ashok Chanparkash	Practitioner - Primary Care Provider (PCP)											
John Asha	Practitioner - Primary Care Provider (PCP)						~					
Mercedes Angela	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Sta Ana Victor	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Shenko Christina Angela	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	*
Riaz Aasma	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	*
Nguyen Henry Van	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gearing Bobby	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Winkler Jason Ben	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Winkler Seth Ross	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	*
Cinnante Karma Maria	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Goel Narender	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Roman Lauren S	Practitioner - Primary Care Provider (PCP)						~					
Lobo Stephen	Practitioner - Primary Care Provider (PCP)						~					
Lisenby Veronica	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Bell Ryan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Janet Eisig	Practitioner - Primary Care Provider (PCP)						~					
Fox Kelita Louise	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Laurent Yvenalie	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Francis Monica	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Laude Amy Kristin	Practitioner - Primary Care Provider (PCP)											
Wilder Venis Tiarra	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Natarajan Rupa Narayani	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Baird Sara	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Tocco-Stevens Vanessa Lorraine	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rodriguez-Jaquez Carlos R	Practitioner - Primary Care Provider (PCP)											
Agahiu Samuel Aminu	Practitioner - Primary Care Provider (PCP)											
Alois Marika	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Van Kust Bianca	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hwang Andrew	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lazarin Margaux Helene	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ijomah Uloma	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Roy Shewli	Practitioner - Primary Care Provider (PCP)						~					
James Kesha Antionette	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	*



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	Participatin Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Denis Lunique	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Boxer William Paul	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Lamb Angela	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Leasy Menachem Jeremy	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ho Wesley Hok Man	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Chan York Sing	Practitioner - Primary Care Provider (PCP)											
Ellsweig Bruce Alan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Chowdhury Imaan	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Kilinski Benjamin	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Cooper Howard	Practitioner - Primary Care Provider (PCP)						~					
Anderson Rita	Practitioner - Primary Care Provider (PCP)						~					
Appelbaum Michelle	Practitioner - Primary Care Provider (PCP)						~					
Thomas Kerone P	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ray-Schoenfeld Naomi	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rosenbach Ari	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Simpson-Dunne Jacqueline	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Elliott Jilliann	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Reindl Alisa	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Roman Jasmin	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sidorski-Nutt Lori	Practitioner - Primary Care Provider (PCP)						~					
Heemstra Valerie	Practitioner - Primary Care Provider (PCP)											
Pinnamaneni Susruth	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Vanhoy Christine	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Jacob Noble	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Prince Jennifer	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sta Maria Jaclyn	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Giegel Melanie Joy	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Virani Zahra	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Martinez Zaneta	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kaplan-Weisman Laura	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rodriguez German	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~



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Pierce Carolyn Marie	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Remde Alan Hugh	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rosenberg Rachel	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ursitti Kristina	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sanchez Marta Maria	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Quick Melissa Kaufman	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Espinoza Andres A	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Lominy Marie-Micheline Md	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mcgoldrick Patricia Engel	Practitioner - Primary Care Provider (PCP)	~										
Shah Gopal	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Connolly Bridget Reilly	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gilles Emmanuelle	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Tiwari Purushottom	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Cooper Leslie	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Stumacher Richard L Md	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	~
Sessions Jessica	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vindya Kuzhikatil Achuthan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Cook Heather Tiffany Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Paul Sara Marie	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Oppenheimer Orit	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Julien-Banica Jehan	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hynes Tanjia	Practitioner - Primary Care Provider (PCP)		~				~		~	~		
Model Lawrence Marc Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Khan Sakina	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Diaz Daniela C	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dave Hema A	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Plachta Leslie	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Institute For Family Hlth	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	*
Hugg Lori	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Villegas Miriam Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Chavez Carey Joseph	Practitioner - Primary Care Provider (PCP)						~					
	<u> </u>	1					1					



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Bindi K Patel	Practitioner - Primary Care Provider (PCP)						~					
Teich Alice	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Hill Joyce	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Block Kara Michelle	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Meka Rajana Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Safran Michael Lee Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Hay Elena	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	>
Faverio Charles David Jr	Practitioner - Primary Care Provider (PCP)						~					
Demaio Lois	Practitioner - Primary Care Provider (PCP)	~			~			~	~	~	~	>
Giovinazzo Andrea	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Codella Luanne	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Gage Dina	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Badiwala Anesh V	Practitioner - Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Muse London M	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Rosenblum Donald Z Pc Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Soltren Alex	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Mutnick Andrew	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Malik Amer	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Cohen Randy Edward	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Lavotshkin Boris	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Ludmerer Zohra	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Trejo Dionisio	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Floyd Leroy Cordero	Practitioner - Primary Care Provider (PCP)						~					
Oyerinde Koyejo	Practitioner - Primary Care Provider (PCP)											
Espana Jorge M	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Bowman Ralph Edward	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Goldblum Louis M Do	Practitioner - Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Walker Stephanie	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Deible Stephanie Jean	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Lam Hao	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Park Lydia Sujung	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
136700962midelton Gary Todd Md	Practitioner - Primary Care Provider (PCP)						~					
Castillo-Rodriguez Raquel	Practitioner - Primary Care Provider (PCP)						~					
Callahan Brian D	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kakay-Diallo Isatu	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Polizzi Gaspare A Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Daly Charlene	Practitioner - Primary Care Provider (PCP)						~					1
Panini Aruna S	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Woolf George Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lerner Robert G Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Rosenbaum Robert F Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Boltin Harry N Md	Practitioner - Non-Primary Care Provider (PCP)											1
Barandes Martin Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Beskyd Peter P	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tenner Michael Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Chastanet David A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Juechter Kenneth B Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Bobroff Lewis M Md	Practitioner - Non-Primary Care Provider (PCP)											
Sack Peter Gordon Md	Practitioner - Non-Primary Care Provider (PCP)											1
Frishman William Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Newman Leonard J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chellappa Paul Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Salgunan Nambi Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Schmugler Joan Md	Practitioner - Non-Primary Care Provider (PCP)											
Salerno Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)											
Merav Avraham D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Quintos Lorceli Alvarez Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Choe Jinhoon Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mathew Rajamma Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Greenman Lawrence A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kessler Kenneth J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Fish Bernard G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Gottlieb Howard P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Edelson Charles W Md Pc	Practitioner - Non-Primary Care Provider (PCP)						~					
Lorinsky Marc H Dmd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Eitches Alexander E Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Halata Michael S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Field Barry E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Winik Sheldon E Dmd	Practitioner - Non-Primary Care Provider (PCP)						~					
Lieder Joseph N O D	Practitioner - Non-Primary Care Provider (PCP)											
San Filippo J Anthony Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Herman Richard Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Cristofaro Robert Pc Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Landau Leon C Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Koutcher Gary Lewis Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Gingold Samuel M Md	Practitioner - Non-Primary Care Provider (PCP)											
Nininger James E	Practitioner - Non-Primary Care Provider (PCP)											
Kupietz Samuel S Phd	Practitioner - Non-Primary Care Provider (PCP)											
Yablon Steven B Md	Practitioner - Non-Primary Care Provider (PCP)											
Golembe Edward Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Jacowitz Lawrence S Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Firshein Daniel Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Baskin Howard F Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shaffer Bruce M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nelson John C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Maguire George P Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Datta Moitri Nath Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Frisenda Robert A Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Devi Sarala A Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Block Michael N Od	Practitioner - Non-Primary Care Provider (PCP)											
Wellington Liu Y Md	Practitioner - Non-Primary Care Provider (PCP)											
Pomerantz Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Grayson Stephen Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~



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Baldinger Harry G Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Naveh Marcia Spiegel Md	Practitioner - Non-Primary Care Provider (PCP)											
Ali Zafer Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Kymissis Pavlos Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Zupnick Gerald Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Handelsman Dan Gabriel Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Neuman George Geza Md	Practitioner - Non-Primary Care Provider (PCP)											
Palmer Martin S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Park Chan Soo Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Shapiro Stephen B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Parrino G Richard	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Mendelowitz Lawrence G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Pfail John Lawrence Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Stewart Julian M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Miskin Solomon Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Kim Zung Wan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Osei Clement Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	*		~	~	~	~	~	>
Richman Lawrence F Dds	Practitioner - Non-Primary Care Provider (PCP)											
Krakower Leon A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Rubenstein Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Kaplan Mitchel A Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Bhatty Neena M Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Stumacher Mark Jay	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Shah Pravin M	Practitioner - Non-Primary Care Provider (PCP)						~					
Chowdhury Fazlur R Md	Practitioner - Non-Primary Care Provider (PCP)											
Sadaghiani Hassan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Rubinstein Boris	Practitioner - Non-Primary Care Provider (PCP)	~										
Chepuru Yadagiri Md	Practitioner - Non-Primary Care Provider (PCP)											
Tutnauer Steven I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Robotti Flavia Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		*	~	~	~	~	~	~	>
Delorenzo Lawrence J Md	Practitioner - Non-Primary Care Provider (PCP)						~					



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Tuchman Alan Joel Md	Practitioner - Non-Primary Care Provider (PCP)											
Liebert Peter S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Leeds Jeffrey Gordon Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	*		~	~	~	~	~	>
Berezin Stuart Howard Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Rivera Victoria Athenea Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		*		~	~	~	~	~	>
Wormser Gary P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Kramer Mark M Md	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Miller Martin B Phd	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Pastore Frank R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Novotny Paul L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Zweig Joseph B Phd	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Schwartz Michael Harris Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Babu Sateesh C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Bierman Frederick Z Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Soe Khin Maung Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Lagamma Edmund Francis Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Redinger Roberto A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Noto Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Libre Rosemary M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Fiore John Leonard Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Menitove Stephen M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Singh Avtar Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mcclung John A Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Fields Joel H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	*	~
Dworkin Brad Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gupta Prem Prakesh Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Branson Perry R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Di Bianco Joseph T Md	Practitioner - Non-Primary Care Provider (PCP)											
Berman Harvey M Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Strauss Brian Mark Dpm	Practitioner - Non-Primary Care Provider (PCP)						~					



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Spero Charles R Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Corsones James P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Tarle Marc E Md	Practitioner - Non-Primary Care Provider (PCP)											
Troyer Claudette Hope Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Thornton Yvonne Shirley Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Proner Sanford Clay Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Lutwak Seymour H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Singh Baldev K Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Levitzky Susan E Md	Practitioner - Non-Primary Care Provider (PCP)											
Miller Richard G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Munzer Andrei Bernard Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Fass Arthur E	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Rao Prakashchandra M Md	Practitioner - Non-Primary Care Provider (PCP)											
Gewitz Michael H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Horowitz Marc Andrew Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Glicklich Daniel G Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Madori Frank P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Weissbart Clyde H Md	Practitioner - Non-Primary Care Provider (PCP)											
Landowne Ann Elizabeth	Practitioner - Non-Primary Care Provider (PCP)						~					
Modi Jayesh R Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Borgueta Custodio R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Wolfson Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Issenberg Henry Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lee Mi Hyun Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Devincenzo Salvatore John Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ahmed Tausee F	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Lattarulo Frank J Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Kyi Michael Min T	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Morton Titus Aruna Md	Practitioner - Non-Primary Care Provider (PCP)						~					<u> </u>
Sarreck Robert Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Marini Corrado P Md	Practitioner - Non-Primary Care Provider (PCP)						~					



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Pagnani Daniel J Md Jr	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Seagriff Curtin Patricia Dds	Practitioner - Non-Primary Care Provider (PCP)						~					
Fayemi Ayodeji Bodunrin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cohen Randolph Jack Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Friedman Elliott T Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Friedman Deborah M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Becker Richard H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Hellerman James Guy Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Small Catherine Butkus Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rubeo Thomas Joseph Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Weiler Marc E Phd	Practitioner - Non-Primary Care Provider (PCP)											
Grambau Robert F Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Daly Stephen M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lapidus Shirley M	Practitioner - Non-Primary Care Provider (PCP)						~					
Tartell Michael G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dicostanzo Lynne Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Curreri Robert L Md	Practitioner - Non-Primary Care Provider (PCP)											
Ankolekar Anjali Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Jospitre Micheline D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cantor Richard S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hirsch Cary Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Zupnick Joseph Od	Practitioner - Non-Primary Care Provider (PCP)											
Jacobson Ronald I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bucciarelli Pici Maria A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Linder Alice Anne Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Distefano Sarina J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Del Rowe John Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Terzano Gabriel M Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Katzenstein Martin S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Glassman Mark S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ratna A Sabnis Pllc	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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* Safety Net Providers in Green	Participating i	n Projects										
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Carleton Jack Hardy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Stern Stuart M Dpm	Practitioner - Non-Primary Care Provider (PCP)						~					
Benzakein Ralph Dpm	Practitioner - Non-Primary Care Provider (PCP)						~					
Dozor Allen J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rymond Claes Coran Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Speicher Julia E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jelalian Christine Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Sawkar Venkatesh Tulsappa Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Jaffe Joshua Md	Practitioner - Non-Primary Care Provider (PCP)											
Kathpalia S Alil Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Franco Israel Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Malik Muhammad Aslam Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Katz Henry J Md	Practitioner - Non-Primary Care Provider (PCP)											
Garrick Renee E Md	Practitioner - Non-Primary Care Provider (PCP)											
Karpfen Robin B Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	>	~	~	~	~	~	~	~
Lehrman Gary R Md	Practitioner - Non-Primary Care Provider (PCP)	~	>		*		~		~	~	~	~
Kahn Judith Eve	Practitioner - Non-Primary Care Provider (PCP)											
Mathew Varghese T Md	Practitioner - Non-Primary Care Provider (PCP)	~	>		*		~		~	~	~	~
Raspa Ronald W Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	>	~	~	~	~	~	~	~
Nelson Mario Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Lansman Steven Louis Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Brockunier James Kirk Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	*	~	~	~	~	~	~	~
Harris Leon S Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	~		~	~	~	~	~	~
Landau Stanislaw T Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	*	~	~	~	~	~	~	~
Meller Bruce L Md	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	*		~	~	~	~	~	~
Schechter Andrew Gary Md	Practitioner - Non-Primary Care Provider (PCP)											
Weingarten Marvin J Md	Practitioner - Non-Primary Care Provider (PCP)											
Healy Elaine Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Merker Edward Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Kadesh Irving	Practitioner - Non-Primary Care Provider (PCP)						~					
Gerard Perry Scott Md	Practitioner - Non-Primary Care Provider (PCP)						~					<u> </u>



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Zimmerman Franklin H Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Rozenblit Grigory Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Zisman Parvin Azin Md	Practitioner - Non-Primary Care Provider (PCP)											
Dubey Anjani Kumari Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hershman Jack I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Malvarosa Mario Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Smith Philip S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Blass Joel Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Clements Jerry Eugene Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lebovics Edward Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Li Karl	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Zinzuvadia Kishor Natvarlal	Practitioner - Non-Primary Care Provider (PCP)						~					
Hall Joseph E Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Krugley Richard A Md	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Martin B	Practitioner - Non-Primary Care Provider (PCP)						~					
Adler Stephen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Fischman Eddie Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Mendoza Glenn Joseph B Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Youchah Joan R Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Chandra Sekhara Muthaiah Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Karroum Nabil Hanna Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lavian Manouchehr Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Housman Arno David	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Angara Prasad V	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kaul Raman Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Weiss Irene Amy Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Dee Kenneth R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	*
Bostwick Howard E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Facelle Thomas L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	*
Leven Leonard Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Delerme Milton Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Tugal Oya Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nackenson Marcia Judith Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Seligman Karen Peyser Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Budnik Theodora S Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Mast Joelle Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Adler Arlene Gail Phd	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kalatsky Stewart Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Dickoff David J Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Blonda Gil Nora A Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Aska Glenroy Anthony Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Pessolano Joanna Clair Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Hameed Chaudhry Abdul Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Saltzman Beth Rn Midwife Pc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Levinson William M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Singh Kuljit Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Innerfield Michael Lee Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Puccio Carmela A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Weisbard James Joseph	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Southren David B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Delaney Veronica Bridget Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lehrman Stuart Gene Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Engel Harry Mark	Practitioner - Non-Primary Care Provider (PCP)											
Manzo Laura E Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Arthur Karen S Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Rogers Craig Steven Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Gross Benita L Md	Practitioner - Non-Primary Care Provider (PCP)						~					ĺ
Levner Charles	Practitioner - Non-Primary Care Provider (PCP)											ĺ
Reda Dominick Frank Md	Practitioner - Non-Primary Care Provider (PCP)						~					ĺ
Winski Francis V Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Turer Gary Evan Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Lazar Stephen Dale Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Kemker Susan Stark Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Brudnicki Adele Ruth Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Gass Alan L	Practitioner - Non-Primary Care Provider (PCP)						~					1
Noboa Jacqueline Francia Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Stafford John Richard Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Shreedhar Rakesh Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Fletcher Douglas Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lafaro Rocco James Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Kumar Smita Rajeev Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Amin Nikhil Shanttlal Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Baruch Jeffrey David	Practitioner - Non-Primary Care Provider (PCP)						~					1
Mendelson Harold L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hibbert Jean Francois Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Condro Nancy Ann Dpm	Practitioner - Non-Primary Care Provider (PCP)	~										1
Gardiner James Gerard Dpm	Practitioner - Non-Primary Care Provider (PCP)						~					1
Plummer Robert L Md.,Facs.,Pc	Practitioner - Non-Primary Care Provider (PCP)											1
Wilkins Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kozin Arthur M Md	Practitioner - Non-Primary Care Provider (PCP)											1
Katz Bernard Joel Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Coombs Kenneth E Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Chu Wico Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	<	~	~	~	~	~	~	*	~
Reddy Nirmala M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Johansson Jan O K Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Myo Khin Maung Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Parton Lance Alan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
White Bernard Paul Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	*	~
Shapiro Robert S Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Tash Robert Ryan Md	Practitioner - Non-Primary Care Provider (PCP)											
Nowakowski John Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Montecalvo D'Ascanio Marisa A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Aakalu Geetha N	Practitioner - Non-Primary Care Provider (PCP)						~					



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Costley-Hoke Karen M Md	Practitioner - Non-Primary Care Provider (PCP)											
Vazquez Rafael Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Magrill Robert A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Van Aken Thomas Leonard Md	Practitioner - Non-Primary Care Provider (PCP)											
Chou James C Y Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chin Henry Thickbin Md	Practitioner - Non-Primary Care Provider (PCP)											
Carino Aurora L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rasch Stuart G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Schwalb Murray David Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Romano Alicia A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sidorowicz Wladyslaw Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Gallagher Richard E Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Seiter Karen P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Ganti Sudha Rajaram Md	Practitioner - Non-Primary Care Provider (PCP)											
Berkowitz Jessica F Md	Practitioner - Non-Primary Care Provider (PCP)											
Khalifeh Mazen Taher Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Ayers Frederick P Md	Practitioner - Non-Primary Care Provider (PCP)											
Valencia Sharon Hubert Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Foto Frank Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Borakove Larry Steven	Practitioner - Non-Primary Care Provider (PCP)											
Policastro Anthony J Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Yapor Josie Altagracia Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Cabasso Arnold Lawrence	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	<	~
Samuel Schenker O D P C	Practitioner - Non-Primary Care Provider (PCP)						~					
Wassermann Evelyn R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lowenthal Diana Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Boyer Joseph Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lackey Mary Michele	Practitioner - Non-Primary Care Provider (PCP)						~					
Sheikh Iqbal Qamar Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Mercado Reyes Myra E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bakas Constantine Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Scalisi Jennie Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Yusuf Yasmin Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Psychiatric Services Of Orang	Practitioner - Non-Primary Care Provider (PCP)						~					
Stringel Gustavo Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Darwin Buschman Md Pc	Practitioner - Non-Primary Care Provider (PCP)						~					
Haque Masood U Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Chibambo-Smith Gadi M Dds	Practitioner - Non-Primary Care Provider (PCP)	~										
Hoffman Lynne F Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Levine Sally M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mogul Harriette R Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Kessler Karl M Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Riddle Albert L Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Coster Lisha Jean	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Erb Markus Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Carena Gina Frances Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sandoval Claudio Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Brown Kevin R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Whikehart Douglas Md	Practitioner - Non-Primary Care Provider (PCP)											
Haydock Timothy G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Lago Jesus Angel Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Diflo Thomas Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Galvin Daniel Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Yee Lily Fong Cho Md	Practitioner - Non-Primary Care Provider (PCP)											
Lefkovitz Zvi Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Buch Sanford Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Patel Umangi Mukesh Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Freda J Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Wolf David C Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Chao Chun Peng Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Silverman Gary Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Delbello Damon A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Fethke Eric Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Bogursky Eileen Gayle Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Waldman Jill Slater Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Mehta Meena Saurabh Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Karsif Karen S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Bentsi-Barnes Augustus Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Perry Manuel C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Wilson Arnold Brett Md	Practitioner - Non-Primary Care Provider (PCP)											
Subhedar Dilip V Md	Practitioner - Non-Primary Care Provider (PCP)											1
Vazquez Soraya E	Practitioner - Non-Primary Care Provider (PCP)						~					1
Pasquerello Joanne Rose Phd	Practitioner - Non-Primary Care Provider (PCP)											1
Wolf Steven Md	Practitioner - Non-Primary Care Provider (PCP)	~										1
Gil Bernardo R	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rosenberg Michael Howard Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Jain Diwaker Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Appel Debra Anne	Practitioner - Non-Primary Care Provider (PCP)	~			~		~	~	~	~	~	~
Lantin Jose Antonio R L Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Sherzoy Ali	Practitioner - Non-Primary Care Provider (PCP)											1
Shih Andrew Chih Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Patel Prem S Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Atlas Paul	Practitioner - Non-Primary Care Provider (PCP)											1
Grasso Michael Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Katz Dina R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Patel Dhiren B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Peralo Charles Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gadioma Roy V Md	Practitioner - Non-Primary Care Provider (PCP)	~										1
Fraser Angela Marie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Yegudin-Ash Julia Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Brill Joseph J Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Mirabello Elizabeth Mary	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Kazanjian Hratch Karnik Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Thoracic Vascular Surgeon PII	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Walker Robert Steven Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ward Katherine Ann Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Holmberg Arthur lii	Practitioner - Non-Primary Care Provider (PCP)											
Goltzman Carey Steven Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Root Lee P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ozkaynak Mehmet Fevzi Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hotchandani Meenu Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Russakoff L Mark Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Boniuk Jonathan Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Del Giudice Martha	Practitioner - Non-Primary Care Provider (PCP)						~					
Turken Arthur Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Wu Victor Hsueh-Wen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kligler Benjamin Eli Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Birnbaum Israel	Practitioner - Non-Primary Care Provider (PCP)											
Kass Lewis J Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Arlievsky Nina Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gjonaj Suzette Theresa Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Petersen Pamela H	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Nowak Paul Charles Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Aftab Naeem Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Carr Samuel Stephen Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Ghods-Kash Safieh	Practitioner - Non-Primary Care Provider (PCP)						~					
Katz Daniel Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Rowe Timothy Owen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mendola Antony J Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Haram-Mourabet Soheir A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
White Desmond Anthony Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Parikh Shital Ramesh Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Nirenberg Alla Md	Practitioner - Non-Primary Care Provider (PCP)						~					ĺ
Diana Mary G Md	Practitioner - Non-Primary Care Provider (PCP)						~					i



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* Safety Net Providers in Green												
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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Billotti Thomas J	Practitioner - Non-Primary Care Provider (PCP)											
Gotsis William	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Koury Michelle A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Anderson Ralph George Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Reichard Steven Gerard Md	Practitioner - Non-Primary Care Provider (PCP)											
Kapklein Matthew Jason Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Zale Gregory Paul Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Maddineni Shekher Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Savani Nargis Kasam Ali Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Mahoney Patricia Marie Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Kronn David Frederick Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Drooker Martin Allan Md	Practitioner - Non-Primary Care Provider (PCP)											
Levin-Waldman Renee Marci Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Lawrence Peter Alderman S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Karcnik Teresa J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Malik Tabbsum Lodhi Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Byfield Floyd Clayton Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Yee Medicine & Pediatric Asso	Practitioner - Non-Primary Care Provider (PCP)											
Sherif El-Masry	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Golombek Sergio Gustavo Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Goyal Arun Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Mumtaz Arif Md	Practitioner - Non-Primary Care Provider (PCP)						~					
White Lalura Rose Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Viard Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Roldan Ernesto	Practitioner - Non-Primary Care Provider (PCP)											
Winter-Eisinger Jacquelin Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Singh Rakesh Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Sanchez Julian William	Practitioner - Non-Primary Care Provider (PCP)						~					
Lippman Eric Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Townsend Sheila	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	✓	~	~	~	~
Sheth Snehal R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Cukaj Lynnette Culanculan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Spencer Deborah Kay Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Castano Lourdes Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Paracha Fauzia Md	Practitioner - Non-Primary Care Provider (PCP)											
Levin Andrew Paul Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Navon Richard Eric Md	Practitioner - Non-Primary Care Provider (PCP)											
Coleton Stuart H Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Naik Pushpa Hosahatti Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Elimian Andrew A Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Fallick Frederick S Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Tinger Alfred Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Bogen Steven Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Gupta Rajesh Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Cirillo Vincenzo Antonio Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Delma Dominique Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Linneman Nancy I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Winchester-Penny Sherma Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gallousis Francene Moschetti	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Homonoff Mark C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Schwartz Clifford Justin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Singh Sukhminder Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Patel Mayank	Practitioner - Non-Primary Care Provider (PCP)											
Stoddart Janet Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rexdale Starr R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Cohen Aaron Howard Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Ahsan Sadaf R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Pinto Alan Anthony	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Obremski Christine Ann Lanza	Practitioner - Non-Primary Care Provider (PCP)						~					
Masch Rachel J Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Kocherlakota Prabhakar	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vilar Rolando Estrella	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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* Safety Net Providers in Green												
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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Johnson Amy Horton	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Amin Abha R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Wang Zhifu Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Daley Lisa M Md	Practitioner - Non-Primary Care Provider (PCP)											
Gullen Ann Hayden Pt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Towner Robert A Md	Practitioner - Non-Primary Care Provider (PCP)											
Wu Sharon Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rubin Iris Caridad	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Felix Alan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Bergman Scott Zachary Phd	Practitioner - Non-Primary Care Provider (PCP)											
Degelsmith Laurence Miles	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Boselli Lucia Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Weintraub Elizabeth C Dpm	Practitioner - Non-Primary Care Provider (PCP)						~					
Ythier Denise	Practitioner - Non-Primary Care Provider (PCP)											
Hajar Marilyn	Practitioner - Non-Primary Care Provider (PCP)						~					
Baxi Shreyas Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Croen Edward C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Atkinson Rosa E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lerman Alexander	Practitioner - Non-Primary Care Provider (PCP)						~					
Zhabinskaya Irina Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Adelfio Mary Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Arenson Richard	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Ross Donald Md	Practitioner - Non-Primary Care Provider (PCP)											
Winther Lynn C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Deen Taj Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Berger Gary	Practitioner - Non-Primary Care Provider (PCP)											
Catanese James	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Bodack Mark Peter	Practitioner - Non-Primary Care Provider (PCP)						~					
Holzer Barry	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hirschman Alan M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Brand Renee P	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Camargo Mareilla Cnm	Practitioner - Non-Primary Care Provider (PCP)						~					
Damore Mary E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Monteverde Barbara Ann	Practitioner - Non-Primary Care Provider (PCP)	~										
Schenkman Emmanuel Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Wolf Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Vaid Asha Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Zinchuk Tatiana Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Mateo Romeo B Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Sankar Douglas D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Grcevic Joan Carla Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Zubair Zoha Physician Pllc	Practitioner - Non-Primary Care Provider (PCP)						~					
Boron Michael D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mian Rashid A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Klein Michael David Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Flamer Harold E Md	Practitioner - Non-Primary Care Provider (PCP)											
Chandramouly Praveen	Practitioner - Non-Primary Care Provider (PCP)						~					
Laguerre Julius J	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cole Sonia Lois Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Srihari Arudi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Cooper Steven Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Khana Pragna	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Albulak Mehmet Kerim Md	Practitioner - Non-Primary Care Provider (PCP)											
Sofair Audrey F Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Oiseth Stanley J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Chabner Thompson Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Brett-Mohyla Maureen Joan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Flaggman Allan Gary Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Gaschke Yvonne Nanette	Practitioner - Non-Primary Care Provider (PCP)											
Sanyal Rajat S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Sands Brenda M	Practitioner - Non-Primary Care Provider (PCP)											
Pritzker Debra Janette Rpa	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~



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Rollin Michael Anthony	Practitioner - Non-Primary Care Provider (PCP)						~					
Carter-Edwards Mildred G	Practitioner - Non-Primary Care Provider (PCP)											
Eckles Robert Arthur Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Atkin Christina Gay Hammerman Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kahn Scott	Practitioner - Non-Primary Care Provider (PCP)											
Nobler Mitchell Scott Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Hundorfean Gabriela Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Goldfischer Evan R Md	Practitioner - Non-Primary Care Provider (PCP)											
Small Jonathan M Phd	Practitioner - Non-Primary Care Provider (PCP)											
Torossian Carol L	Practitioner - Non-Primary Care Provider (PCP)											
Khan Tabassum Y Md	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Elizabeth C Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Spielvogel David Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Tier Beatrice Louise	Practitioner - Non-Primary Care Provider (PCP)											
Greco Robert N Md	Practitioner - Non-Primary Care Provider (PCP)											
Guerrieri Claudio Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Farragher Patricia B Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Feminella Michael Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Serocki Ronald A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Loigman Mark D Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Rothberg Daniel M Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Atlas Gregg Keith Dpm	Practitioner - Non-Primary Care Provider (PCP)											
John Annamma	Practitioner - Non-Primary Care Provider (PCP)											
Conde Eileen Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mcpadden Marion C Cnm	Practitioner - Non-Primary Care Provider (PCP)						~					
Mccarthy Dalton Judith Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sellinger Shelley Joy Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Porteous-Cole Paulette Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bronley Gray	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Waxman Dennis Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Podeszwa John Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Tighe John Francis Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Wold Eric Richard Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Lowenkron David Drew Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hom Christine Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mitchell John Burbank Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Singh Aalok Ramnaresh Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Luchs Scott Glenn Md	Practitioner - Non-Primary Care Provider (PCP)											
Palermo-Gomez Dora Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Murtuza Maqbool Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Schectman Merryl	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Smolin Yvette Lynne Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Miranda Ann Loring Md	Practitioner - Non-Primary Care Provider (PCP)											
Liu Delong Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Osborne Michael Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
See Mary Celaine Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Beebe Bridget Renee Rpa	Practitioner - Non-Primary Care Provider (PCP)						~					
White Soren Matthew Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Burke Alban	Practitioner - Non-Primary Care Provider (PCP)	~	~	*	~		~	~	~	~	~	~
Posner Jonathan	Practitioner - Non-Primary Care Provider (PCP)											
Koerner-Baalbaki Alissa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	>	~	~	~
Martin Karen Leslie	Practitioner - Non-Primary Care Provider (PCP)											
Grundfast Steven Keith Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	>	~	~	~
Frisina Natale Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cohen Marna	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Fishman Ross Phd	Practitioner - Non-Primary Care Provider (PCP)											
Smoller Andreas	Practitioner - Non-Primary Care Provider (PCP)						~					
Waggener Ellen	Practitioner - Non-Primary Care Provider (PCP)						~					
Merguerian Susan	Practitioner - Non-Primary Care Provider (PCP)						~					
Mitchell Mary	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Staller Jerry	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Raynes Hillary Ruth Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Newborn Robert James Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Killian Carol Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Rajendran Geetha Prabhavathy	Practitioner - Non-Primary Care Provider (PCP)						~					
Snyder Andrea Madeline Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Shah Tushar	Practitioner - Non-Primary Care Provider (PCP)						~					
Juliano John Stephen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Asemota Babatunde	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chandy Dipak Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Galarneau Gerard Jules Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Devlin-Craane Sheila	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Harrison David Maxwell Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gomberg Anna Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kobeckis Elizabeth Carpio	Practitioner - Non-Primary Care Provider (PCP)											
Kovar Lance Ira Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Cestari Stephen Todd Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Wynne-Brosius Janet Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Feldman Howard Lee Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Ida Joseph Richard	Practitioner - Non-Primary Care Provider (PCP)											
Mohammadi Shahrzad Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Smith Keisha	Practitioner - Non-Primary Care Provider (PCP)						~					
Fox-Distefano Laura	Practitioner - Non-Primary Care Provider (PCP)											
Shrestha Binaya Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Cairo Mitchell Stuart Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nauth-Otello Nalini C Md	Practitioner - Non-Primary Care Provider (PCP)											
Swaby Stanley Stephen Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Dicioccio Linda Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Chandrasekhara Lalitha Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Singh Sandeep Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Robbins Rosemary A Phd	Practitioner - Non-Primary Care Provider (PCP)											
Efobi Chukwuemeka K Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Caramico Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Torrens Kevin Joseph Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Valdes Maurico	Practitioner - Non-Primary Care Provider (PCP)						~					
Silverio Carl Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Blanchette Howard Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Cahan Anthony	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Chung Charles II Md	Practitioner - Non-Primary Care Provider (PCP)											
Rubino Belinda Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Choi Julie Chee-Un Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Janums Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sacajiu Galit Meller Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Davis Lauren	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Benyaminov Gennadiy Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Bordas Jose Rafael Md	Practitioner - Non-Primary Care Provider (PCP)											
Acosta Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Wallace Dawn K Rn	Practitioner - Non-Primary Care Provider (PCP)						~					
Mccullough Gene P	Practitioner - Non-Primary Care Provider (PCP)											
Larkin Roland Mcmanus	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kim Youngsook Cathy Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Iwai Sei Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Karpoff Howard Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Draoua Jay D Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Purugganan Romeo Sison Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Budrik Nancy Solomon	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Horng Jack W Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Herman Paul Phd	Practitioner - Non-Primary Care Provider (PCP)											
Ediale Kolo N Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Alpan Gad Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sharma Cordelia Vancheswara	Practitioner - Non-Primary Care Provider (PCP)						~					
Mantica Robert P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rathinapandian Francis X Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hordines John Chambers Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Rehmani Muhammad B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	~	~	~	~	~	~	~
Timmermans Robert J Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Adversario Eden Florendo	Practitioner - Non-Primary Care Provider (PCP)											
Banikazemi Maryam Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Krishnan Sankaran Sivarama Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Zuckerberg David N Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Brogan Maureen E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Goldberg Michael David Md	Practitioner - Non-Primary Care Provider (PCP)											
Bender Evan David Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Baecher-Disalvo Joanne M	Practitioner - Non-Primary Care Provider (PCP)	~	~		>	~	~	~	~	~	~	~
Brammer Ann M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Donat Rhonda E	Practitioner - Non-Primary Care Provider (PCP)	~	~		>	~	~	~	~	~	~	~
Lim-Melia Elizabeth R Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Monaghan Patrice M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Murphy Carolyn	Practitioner - Non-Primary Care Provider (PCP)	~	~		>	~	~	~	~	~	~	~
Sadler Pablo	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Spater Herman W	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kessler Michael Steven Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Solliday Michael P Md	Practitioner - Non-Primary Care Provider (PCP)											
Seecharran Bonnie V	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Zach Jonathan Ilan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Basso Alan Matthews Phd	Practitioner - Non-Primary Care Provider (PCP)						~					
Weinberg Jerry Charles Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Ko Yongsoon Kim	Practitioner - Non-Primary Care Provider (PCP)											
Ratakonda Santhi S Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Saleh Nagwa S Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Mcbride Whitney J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Al-Husaini Hiyad Jawad Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Tatz Gary Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Spagnuolo Eugene Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Ballabh Praveen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Bakshi Aman Md	Practitioner - Non-Primary Care Provider (PCP)	~			~		~	~	~	~	~	~
Palaia David	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Posner Laurie	Practitioner - Non-Primary Care Provider (PCP)											
Puttaswamy Rajeev	Practitioner - Non-Primary Care Provider (PCP)						~					
Carman Marilyn Halpin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Walker Kelly Caramore Cnm	Practitioner - Non-Primary Care Provider (PCP)						~					
Dubois Maria Yvone	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Basavaraju Nerlige G	Practitioner - Non-Primary Care Provider (PCP)											
Capoor Pediatric Neuromuscular Reha	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Eisen David Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Grabowitz Ellen W	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Manning Frank A Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Krumholtz Jason S Md	Practitioner - Non-Primary Care Provider (PCP)											
Bezdicek Petr Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Widas Maribeth Rpa-C	Practitioner - Non-Primary Care Provider (PCP)						~					
Suarez Diane	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ronen Tal Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Jubinsky Paul Thomas	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Choung Rosa J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Shinder Neil Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosencrantz Richard Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kipoliongo Lezode Justine Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Fischer Linda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Berg Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hodges Jason Leroy Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nikiforov Konstantin Md	Practitioner - Non-Primary Care Provider (PCP)											
Kortright Dawn L Rn	Practitioner - Non-Primary Care Provider (PCP)											
Estler Kimberly A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kimball Rita	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Ginsburg Michael M Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Siewers Kevin Np	Practitioner - Non-Primary Care Provider (PCP)											



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Hulse Geoffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sambataro Simonetta Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Cotto Sylvia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Rydell Timothy P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Collarelli Fabio Rpa	Practitioner - Non-Primary Care Provider (PCP)						~					1
Lee Heidi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Shahzad Abdul Rahim Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Hutcheon Robert Gordon Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Abraham Susy T Md	Practitioner - Non-Primary Care Provider (PCP)											1
Schwartz Paige M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Speranza Michele Lee Phd	Practitioner - Non-Primary Care Provider (PCP)											1
Holt Kimberly J Phd	Practitioner - Non-Primary Care Provider (PCP)						~					1
Busby Alan	Practitioner - Non-Primary Care Provider (PCP)						~					1
Santrella Roxana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Turkowski Joseph Robert Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Traeger Nadav Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gattuso Christi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Medwid Steven W Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Abrahams John M Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Adams Dumisa Melanie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Paraschiv Adrian	Practitioner - Non-Primary Care Provider (PCP)						~					1
Jocelyn Susan Phd	Practitioner - Non-Primary Care Provider (PCP)											1
Guoping Zhou	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Brumberg Heather Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ackerman-Rapha Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Adamczak Julita Rae	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kalus Oren	Practitioner - Non-Primary Care Provider (PCP)						~					1
Ranges Mary E	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shivashankar Gowramma	Practitioner - Non-Primary Care Provider (PCP)						~					
Sullivan Stephen P	Practitioner - Non-Primary Care Provider (PCP)						~					
Alaie Mazda Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Ryntz Timothy E Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Rosenberg Sharon Marie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Valiquette Guy Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Kessler Carol	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kathryn Spanknebel Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Hirsch Suzanne Leslie Phd	Practitioner - Non-Primary Care Provider (PCP)											
Lazarus Zvi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kraus Gregory James Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Klyatis Irina Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Westchester Neurological Cnsl	Practitioner - Non-Primary Care Provider (PCP)						~					
Shapiro Tara E Do	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Patel Prakash Nanubhai Md	Practitioner - Non-Primary Care Provider (PCP)											
Kushnir Seymour Larry Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Phillips Cara Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Pilchik Robert	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Kanganis Polly	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Win Phone Myint Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Parvez Shahid Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Regard Monique M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Solis J Louis Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Geller Lisa J	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Solomon Lori Weir	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Colodny Nikki Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Park Maryann M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Yoo Tae S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sonke Pierre-Yves J	Practitioner - Non-Primary Care Provider (PCP)						~					1
Gaer Sasha Mihail	Practitioner - Non-Primary Care Provider (PCP)						~					
Nodiff Debra	Practitioner - Non-Primary Care Provider (PCP)						~					
Mcnamara Maureen P Np	Practitioner - Non-Primary Care Provider (PCP)	~										
Todd Jacquline Yvonne Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Butler Renita Danette Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Fallon John Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Lento Patrick Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Qayyum Abdul Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Banquet Agnes Quiman Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mcdonald Gail Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Klein Alan Dds	Practitioner - Non-Primary Care Provider (PCP)											
Bozzone Janet	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Henriquez Naida	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Weisstuch Zvi Samuel Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Scharoun Gina Magali Phd	Practitioner - Non-Primary Care Provider (PCP)											
Grossman Patricia Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Trabout Sylvana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Guerrero Consuelo	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Lerner Helen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Marcus Adrienne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Deleon Deogenes G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Witek Malgorzata Wieslawa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Murray Karen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Alvarez Jesus Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dinnall Vanessa Nicola Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Byrne Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Fishman Rochel L	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	<	~
Chen Yuxi Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	*	~
Thomas Cheryl A Phd	Practitioner - Non-Primary Care Provider (PCP)											
Mannion Christina Marie Cnw	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	<	~
Morse Diana Frances Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lettsome Lydell Cecil Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	>	~
Brady Ann Theresa	Practitioner - Non-Primary Care Provider (PCP)						~					
Braga Eileen	Practitioner - Non-Primary Care Provider (PCP)						~					
Kamthan Mridula	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mance Deborah	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Micker Deirdre	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Amarosa Josephine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Al-Tariq Quazi Saifullah	Practitioner - Non-Primary Care Provider (PCP)						~					
Berg Brad	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Brodkin Joanne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Edelstein Gary	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Goff Janet	Practitioner - Non-Primary Care Provider (PCP)						~					
Hajal Fady	Practitioner - Non-Primary Care Provider (PCP)						~					
Henry Diane	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Iler Christina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kellner Thomas	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lazarus Kristen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Packard Regina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Zelinger Gila	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Fitzsimmons Laura A Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Newman Aaron Marc	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Di Lullo Joseph Matthew Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Midelton Gary Todd Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Elmouchtari Abdelouahe Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vazquez Olga	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Bonanno Joseph Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Knights Jennifer Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Brassel James	Practitioner - Non-Primary Care Provider (PCP)						~					
Giannone Vincent	Practitioner - Non-Primary Care Provider (PCP)						~					
Reitman Lynne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Szpylka Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Victor Deena	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Levi Yaakov E	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Leen Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)											
Rexhouse Sandra E	Practitioner - Non-Primary Care Provider (PCP)						~					
Kim Kyungae Rn	Practitioner - Non-Primary Care Provider (PCP)						~	1				



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Lev Olga Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Prero Joshua Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Marecki Marsha A	Practitioner - Non-Primary Care Provider (PCP)						~					
Umali Sofia	Practitioner - Non-Primary Care Provider (PCP)						~					
Waite Leslie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Williams Ruby	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ciment Avraham Yitchak Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kuras Alan L	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Parvez Boriana Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cardillo Edward Paul Phd	Practitioner - Non-Primary Care Provider (PCP)						~					
Zia Muhammad T Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Han Jihuk	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kandera John	Practitioner - Non-Primary Care Provider (PCP)	~	>		~		~	~	>	~	~	~
Barrack Bruce	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nirenberg Ruth	Practitioner - Non-Primary Care Provider (PCP)	~	>		~	~	~	~	>	~	~	~
Sett Suvro	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	*
Agarwal Surbhi Md	Practitioner - Non-Primary Care Provider (PCP)											
Eapen Jeena Viji Md	Practitioner - Non-Primary Care Provider (PCP)											
Price Richard L	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Zhao Qing Hua Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sharma Parvesh Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	*
Guccione Michael Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Gries James Robert Phd	Practitioner - Non-Primary Care Provider (PCP)											
Mckenna Donna F	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ardito Diane A Phd	Practitioner - Non-Primary Care Provider (PCP)											
Sodha Samir Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	*
Trapp Kevin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	>	~	~	~
Scott Karen E Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Brodkin Erika Dawn Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Landres Rachel F Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Strassberg Sonya Stefanie Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	in Projects										
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Bele Mark Joseph Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Phillip Dennis-Roger Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Killion Christopher David Md	Practitioner - Non-Primary Care Provider (PCP)											
Taylor Gregory Warwick Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Olasin Regina Flynn Do	Practitioner - Non-Primary Care Provider (PCP)	~										
Mason Linda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Biglane Rayma	Practitioner - Non-Primary Care Provider (PCP)						~					
Mitchell Christa	Practitioner - Non-Primary Care Provider (PCP)						~					
Varma Raja G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Lozano Claudia M Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Amelemah Edward Nana Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Salvato Tatiana	Practitioner - Non-Primary Care Provider (PCP)											
Chang Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Bakey William	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Bryan Duane Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
George Sherin	Practitioner - Non-Primary Care Provider (PCP)											
Du Jinlin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Jaeger David A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Aaron Lisa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Ascencio Janice K Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Russ Hana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	*	~
Yahr Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Zucker Briendy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	*	~
Kirschner-Lanzkowsky Debra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Fekete Zoltan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Robertson Karyn F Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sacks Sandra Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kase Jordan S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Malekan Ramin Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Zedek Ilan J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Coughlin Margaret Mary Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Mori Judith	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Francois Lissa Nattacha Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Spencer Eric Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Rahman Naeem U Md	Practitioner - Non-Primary Care Provider (PCP)											
Hirsch Adam Michael	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Guo Gary Gang	Practitioner - Non-Primary Care Provider (PCP)						~					
Kim David	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Allegretti Gina L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hmidi Ali Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Antar Koshnaf Alan Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dymond Calvin M	Practitioner - Non-Primary Care Provider (PCP)						~					
Wang Richard Chris Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Mattone Matthew Louis	Practitioner - Non-Primary Care Provider (PCP)											
Inzerillo V Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Shamah Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Witkowska Renata A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Medina Irwin R Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hull Kristen Tracey Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Cantor Liliah Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sule Sachin S	Practitioner - Non-Primary Care Provider (PCP)						~					
Jafri Syed Z A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Aggarwal Alka	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Castro Jonathan M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Stambaugh Kweon I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Norman Janet	Practitioner - Non-Primary Care Provider (PCP)											
Korsakoff Kristopher Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Danon Martha A Md	Practitioner - Non-Primary Care Provider (PCP)						~					
D'Alessandro Angela Marie	Practitioner - Non-Primary Care Provider (PCP)	~										
Melnychuk Elizabeth Maria Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Zale Deborah L Rpa	Practitioner - Non-Primary Care Provider (PCP)						~					
Franklin Kate	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Leader Barbara	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lundy Christine Denise	Practitioner - Non-Primary Care Provider (PCP)						~					
Kaiser Kathleen Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Scoyni Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Jessup Todd P	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bonthu Spinivas Md	Practitioner - Non-Primary Care Provider (PCP)						~					1
Welter John J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Pillai Nisha U Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sherman Deborah S Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mclaughlin James Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Maala-Gentolia Clarice Np	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Kalra Falguni Ghanshyam Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Swarttz Marc Eric	Practitioner - Non-Primary Care Provider (PCP)											
Winik Alan M	Practitioner - Non-Primary Care Provider (PCP)						~					1
Wang Ye Md	Practitioner - Non-Primary Care Provider (PCP)											1
Attaie Ali Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Burnett X	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lubetsky Stacey Jill	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Ruffy X	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Oyugi Samwel Odoyo Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Schultheis Gary B	Practitioner - Non-Primary Care Provider (PCP)						~					
Munnangi Yugandhar Reddy Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sime Rosemarie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Hamparsoumian Hagop	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mercado Neomi Rpa	Practitioner - Non-Primary Care Provider (PCP)						~					1
Naqvi Syed Hasan Mahboob Md	Practitioner - Non-Primary Care Provider (PCP)											1
Birnbaum Stuart C Dpm	Practitioner - Non-Primary Care Provider (PCP)											ĺ
Doyle Carmela Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lopez Nancy Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Chirumamilla Sree	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Agunloye Christianah Aina Rn	Practitioner - Non-Primary Care Provider (PCP)											Ī



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Wall David	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Wasserman Abby	Practitioner - Non-Primary Care Provider (PCP)											
Kleinman George	Practitioner - Non-Primary Care Provider (PCP)						~					
Labrunda Patricia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vinces Giacomo Vladimir Md	Practitioner - Non-Primary Care Provider (PCP)											
Rezvin Yevgeny Alexander Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Lukaswitz Mary Ellen Currigan	Practitioner - Non-Primary Care Provider (PCP)						~					
Nelson Liane E Phd	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Greer Verna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Pietrow Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Mehta Hasit Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Iraj Raha	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Zambenedetti Maurizio	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mundra Ajit R Phd	Practitioner - Non-Primary Care Provider (PCP)											
Siegel Audra Rochelle Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Hines Scott T Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kaznatcheeva Elena Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Melcer Joshua Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Lucas Anne Marie Np	Practitioner - Non-Primary Care Provider (PCP)											
Smith-Menchin Cindy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mcdonald Katherine G	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Davison Sarah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kaplan Eric Michael Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Posada Gerardo A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Shah Shetal Indravan Shah Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
James Gary S Rpa	Practitioner - Non-Primary Care Provider (PCP)						~					
Dickstein Steven G Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Etienne Mill Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ben-Eli David Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Lancaster Karen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mc Carthy Nora	Practitioner - Non-Primary Care Provider (PCP)						~					i



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Bowden Nancy	Practitioner - Non-Primary Care Provider (PCP)						~					
Santilli Tirza	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Jelley Denise	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rossetti David	Practitioner - Non-Primary Care Provider (PCP)											
Frankel Aryeh	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Cyvas Edmund	Practitioner - Non-Primary Care Provider (PCP)											
Emanuel Tracey Bowen	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Suciu Corina	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Lodhi Sadaf Rashid Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Khuda Abul Basar Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sung Jenny Chia Ning	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Pais Shireen Andrade Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nasir Syed Usman Asdul Md	Practitioner - Non-Primary Care Provider (PCP)											
Quilatan Romeo L Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Vengrin Jana Gale Np	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Miller Ann M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Rowe Steven Jay Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	*
Ghattas Shaden	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Spano Laura Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Lantsberg Ilya Y Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Goumas William Marcus Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	*
Gaudio Joann	Practitioner - Non-Primary Care Provider (PCP)						~					
Palmer Kimberly	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	*
Shah Amar B Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Dwyer James Kieran Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	>
Maduekwe Nnamdi E Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	*
Krisel Angela Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Overby Philip Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Collins Jeanette Jennie Np	Practitioner - Non-Primary Care Provider (PCP)											
Martin Christopher A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	*
Obi Vivian	Practitioner - Non-Primary Care Provider (PCP)						~					



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Khan Mohammad S Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Murray Brian	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Merritts-Carr Tanya	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hujus Amy Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Patel Ashok A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Remson Karen M Np	Practitioner - Non-Primary Care Provider (PCP)											
Suresh Lekha Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nelson Dina S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Tillmon Linda	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kakkanatt Anand Md	Practitioner - Non-Primary Care Provider (PCP)											
Morales Denise	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ubriani Chandrakanta Ramesh	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ramani Shoba	Practitioner - Non-Primary Care Provider (PCP)											
Amsden Jane E	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Hlubik Vivian	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Miller Ernest	Practitioner - Non-Primary Care Provider (PCP)						~					
Soloman Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Khalil Hani L	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Peritz Robin	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Coopersmith Bruce	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Machado Carmen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vandenheuvel Angela	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Blossy Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bove Liza	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Levy David	Practitioner - Non-Primary Care Provider (PCP)						~					
O'Brien Vicki	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schulman Morgan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Cerberville Mark	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Morales Zory	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Brown Ashley	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Braniecki Suzanne Hadly Phd	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Toledo Elizabeth Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	>	~	~	~	~	~	~	~	~
Dhallu Manjeet	Practitioner - Non-Primary Care Provider (PCP)						~					
Johnson Rhea	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Bains Amarpreet S Md	Practitioner - Non-Primary Care Provider (PCP)	*	~		~		~		~	~	~	*
Singaravelu Nila Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mercado Vanessa Maria V Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Payne Melinda Lee Md	Practitioner - Non-Primary Care Provider (PCP)											
Tomlinson Daniel P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sethi Gurvinder Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Perkins Susan Mary	Practitioner - Non-Primary Care Provider (PCP)						~					
Rashid Asif Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Rohan Darren I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Steinberg David	Practitioner - Non-Primary Care Provider (PCP)						~					
Winner Alan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Altszuler Karen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hertford Douglas E. Md	Practitioner - Non-Primary Care Provider (PCP)											
Ma Jianxin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Halko Nadine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Engle Deborah Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Velez Ligia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Velella Lisa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nowosielski Iz	Practitioner - Non-Primary Care Provider (PCP)						~					
Patuto Jennifer Cnm	Practitioner - Non-Primary Care Provider (PCP)						~					
Fishman Olga Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ma Kaiyu Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Uy George	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Diku Alice	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Siller Pamela	Practitioner - Non-Primary Care Provider (PCP)						~					
Qayyum Shujaat	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Bauman Jonathan H	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Delasho Suzanne Santana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Schrieber Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Larkin Alison	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Stone Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Chavarro Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Jones Donna	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Griffin Kay F	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Nifenecker Susan	Practitioner - Non-Primary Care Provider (PCP)											
Mcandrews Barabara	Practitioner - Non-Primary Care Provider (PCP)						~					
Laskowski Igor Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Dr Christopher M Allen Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Giraud Lissette Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hermanto Ulrich Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Baribault Heather	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bekele-Arcuri Zewditu Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Rosenthal Francine	Practitioner - Non-Primary Care Provider (PCP)	>	~		~	~	~	~	~	~	~	~
Loulou Majd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Fanucchi Michael Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Rudnick Jonathan A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Moccio Lisa Stephanie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Michelson Dori	Practitioner - Non-Primary Care Provider (PCP)	>	~		~		~	~	~	~	~	~
Tessler Patric	Practitioner - Non-Primary Care Provider (PCP)						~					1
Beharrie Andrew W	Practitioner - Non-Primary Care Provider (PCP)	>	~	~	~	~	~	~	~	~	~	~
Beeren Gajjar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Bertolini John Md	Practitioner - Non-Primary Care Provider (PCP)	>			~			~	~	~	~	~
Lisa Nicole Jackson	Practitioner - Non-Primary Care Provider (PCP)						~					
Gross Kara J Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Dunham Michael Rennell	Practitioner - Non-Primary Care Provider (PCP)						~					
Taher Farah Deeba	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Paralkar Mayur Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Samuel Tai Tack Wong	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Idowu Kehinde Olabisi	Practitioner - Non-Primary Care Provider (PCP)											Ī



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Onua Edith	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Galli Viviana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Goodemote Melissa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gindi Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Wiencek Vandy	Practitioner - Non-Primary Care Provider (PCP)						~					
Crist Rebecca Lynn Cnm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Zak Veronica Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Dhand Abhay	Practitioner - Non-Primary Care Provider (PCP)						~					
Alapatt Leena	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Tsoi Kin Ping S	Practitioner - Non-Primary Care Provider (PCP)						~					
Cesar A Rojas Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Nebolisa Felicia	Practitioner - Non-Primary Care Provider (PCP)											
Hussain Shakeeb	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Jamil Rizqalla Do	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Most Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Matthew Pinto Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Yeon Howard Bok	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Tran Anhtho	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Quiros Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Torres-Orta Minerva	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Willgren Krister	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schatz Barbara	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gibbs-Bryant Shirley	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Pineda Lisette	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Farrell Denis	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Da Silva-Siegel Denize	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Stevenson Teresa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rhodes Sheila	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Shah Farnaz	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Romanelli Matthew	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Moraldo Stacy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Codrington Jamila	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Williams Elijah	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ghezel-Ayagh Anousheh	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Raphael Katia	Practitioner - Non-Primary Care Provider (PCP)											1
Richard H Grayson Phd	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jean-Louis Florence Md	Practitioner - Non-Primary Care Provider (PCP)											
Suleiman Mary Karim Rpa	Practitioner - Non-Primary Care Provider (PCP)						~					1
Hoffman Michael Ethan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Depaola Thomas	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Han Liying	Practitioner - Non-Primary Care Provider (PCP)						~					1
Velez-Green Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Heim Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Coleman Cheoka	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mcbride Janet	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Atkins Judith	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kunin Catherine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Schwarzbaum Gila	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Johnson Katherine	Practitioner - Non-Primary Care Provider (PCP)											1
Perales Joseph	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Phillips Kari Yaffa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Verna Matias Augusto	Practitioner - Non-Primary Care Provider (PCP)						~					
Kumar Nina Bhagavath Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Elsakka Zainab Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Lidia Zozistaua Klepacz	Practitioner - Non-Primary Care Provider (PCP)						~					
Panda Tapti	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Leone Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kronenberg Sharon	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Dall Amy Joan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Peddireddy Aruna Kumari Md	Practitioner - Non-Primary Care Provider (PCP)											
Schaetzl Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Martha Cecilia Gamboa	Practitioner - Non-Primary Care Provider (PCP)						~					1



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

	Participating in	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Davelman Felix S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kathleen Ann Johnson	Practitioner - Non-Primary Care Provider (PCP)											
Mohan Avinash Lalith Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Napchan Uri	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Longden Andrea Carney	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Bedi Sudha	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rudraraju Praveen	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Aurigemma Toni	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Polowczyk Barbara	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Rose Melissa J	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kim Hanna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mercado Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mantica Sarah Koffman	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bergamin Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Velez Jenna	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Alvarez Patricia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Desoto Joy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Demichele Tiffany	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ward Victoria Courtney	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Booker Thomas	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Nirav Mistry Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Uy Guillermo M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Oommen Shobin Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Gorelov Dmitri Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hnin Khin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Francis-Leito Femi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Digiorno Michael A Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Tobias Michael Eric	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Michael O Petrella	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
George Elizabeth Mary Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	✓	~	~	~	~	~	~
Gomez Dorian Y	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Malacoff Robert Frederick Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Gatti Claudio	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Park Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Cho Ronald	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~		~	~	~	~
Vanvlack Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Standefer James	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Samenfeld-Specht James	Practitioner - Non-Primary Care Provider (PCP)											
Keidong Chris	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Tornatore Angela	Practitioner - Non-Primary Care Provider (PCP)											
Banerjee Rittika	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>		~	~	~	~	~	~
Gamss Jonathan	Practitioner - Non-Primary Care Provider (PCP)	~			>			~	~	~	~	~
Della Rocca Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Gadol Charles	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~		~	~	~	~
Libby Christophe	Practitioner - Non-Primary Care Provider (PCP)	~	~		>	~	~	~	~	~	~	~
Adams Amie	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Scelia Lauren	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Adler Nelson	Practitioner - Non-Primary Care Provider (PCP)	~	~		>	~	~	~	~	~	~	~
Grendly Sharon	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Hinman Robin	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Kennedy Nanci	Practitioner - Non-Primary Care Provider (PCP)	~	~		>	~	~	~	~	~	~	~
Simone Jean	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Dallas Kim	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Higgins Erin	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Krumins Martin	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~		~	~	~	~
Sasvary Mark	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Valdez Jacqueline	Practitioner - Non-Primary Care Provider (PCP)	~	~		>	~	~	~	~	~	~	~
Nieves Dominick Richard	Practitioner - Non-Primary Care Provider (PCP)											
Yousef Essam E Md	Practitioner - Non-Primary Care Provider (PCP)											
Patel Alka Suresh	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Little Virna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>		~	~	~	~	~	~
Youssef Hanni	Practitioner - Non-Primary Care Provider (PCP)						~					



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Moysak Jane	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tupili Lakshmi	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Wolslau Hans Johann Do	Practitioner - Non-Primary Care Provider (PCP)											
Kobak Jeffrey	Practitioner - Non-Primary Care Provider (PCP)						~					
Teixeira Janice	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sharma Girish C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nandita Singh Do	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Barkstrom Scott	Practitioner - Non-Primary Care Provider (PCP)						~					
Frohlich Jonathan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Goldin Rena	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Brunette Erin	Practitioner - Non-Primary Care Provider (PCP)						~					
Bennett Philip	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bergman Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Reid Kenneth	Practitioner - Non-Primary Care Provider (PCP)											
Monti Tonia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Downey-Goldwasser Barbara	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Rosenberg Benjamin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Bourgeois-Munoz Elise	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Patane Cathleen Ann	Practitioner - Non-Primary Care Provider (PCP)						~					
Gershenhorn Alex J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bennett Joanne V	Practitioner - Non-Primary Care Provider (PCP)						~					
Kondagunta Gnanamba	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Reimenschneider Justin	Practitioner - Non-Primary Care Provider (PCP)											
Shakil Fouzia	Practitioner - Non-Primary Care Provider (PCP)						~					
Nozad Valerie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Cortes-Ladino R	Practitioner - Non-Primary Care Provider (PCP)											
Leitner Deborah Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Reinglass Aimee	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Edith A Frank	Practitioner - Non-Primary Care Provider (PCP)											ĺ
Hausman Michelle	Practitioner - Non-Primary Care Provider (PCP)											1
Lanza Joseph Jean Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Vardhini Desikan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Alice Chu	Practitioner - Non-Primary Care Provider (PCP)	~										
Hansen Ingrid	Practitioner - Non-Primary Care Provider (PCP)						~					
Blair Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Lombardo Gary	Practitioner - Non-Primary Care Provider (PCP)						~					
Rahi Arash	Practitioner - Non-Primary Care Provider (PCP)						~					
Kerkar Reshma	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Eaton Sally	Practitioner - Non-Primary Care Provider (PCP)											
Izikson Leonid Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ferrando Stephen	Practitioner - Non-Primary Care Provider (PCP)											
Park Lavinia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tang Jicheng	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Faskowitz Andrew Jay Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Fiorianti John Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Teiga Louise	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Bates-Mott Cristina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Ahmed Tanveer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Potgieter Annelise	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Horowitz David	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Pua Tarah	Practitioner - Non-Primary Care Provider (PCP)						~					
Cuomo Linda Janine Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Eugenio Paul L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Dutta Tanya Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Zbar Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schwarcz Monica	Practitioner - Non-Primary Care Provider (PCP)						~					
Stein H.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Baynon Diane	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Keisha	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gallwey Sheriffa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Whitfield Laurice	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Amchentsev Alexey Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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DSRIP Implementation Plan Project

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Provider Name Pathrose Bindu Abolahrari Saba Md Heywood-Gregory Kamilah Nikki Np Kitchens Galina D Baez Susan	Provider Category Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Abolahrari Saba Md Heywood-Gregory Kamilah Nikki Np Kitchens Galina D	Practitioner - Non-Primary Care Provider (PCP)			~		~		~	~	~	~	
Heywood-Gregory Kamilah Nikki Np Kitchens Galina D	Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	~	~									
Kitchens Galina D	Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)	~	~									
	Practitioner - Non-Primary Care Provider (PCP)				~		~	~	~	~	~	~
Page Cugan	` ,											
Daez Susan	Practitioner - Non-Primary Care Provider (PCP)											
Mcdermott Brian												
Millan-Colon Adalis Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Guchinskiy Aleksandr	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	>	~	~	~	~	~	~
Tedjaradi Sean Shaheen Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Giamelli Joseph Lee Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Siegel Subhadra Ayyagari	Practitioner - Non-Primary Care Provider (PCP)	~	~		*		~	~	~	~	~	~
Dmitriy V Karev	Practitioner - Non-Primary Care Provider (PCP)						~					
Sheila Nolan	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	~
Hochberg Jessica C	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ostrowitz Matthew Bennett	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>		~	~	~	~	~	~
Lasecki Bridget M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	>	~	~	~	~	~	~
Bassora Rocco	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	>	~	~	~	~	~	~
Wendy Gayle Silver	Practitioner - Non-Primary Care Provider (PCP)	~	~		*		~	~	~	~	~	~
Portia Groening Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nair Malloy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	>	~	~	~	~	~	~
Kapoor Monica	Practitioner - Non-Primary Care Provider (PCP)						~					
Aarons-Cooke Shawna	Practitioner - Non-Primary Care Provider (PCP)	~	~		>	>	~	~	~	~	~	~
Guillen Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~		*	>	~	~	~	~	~	~
Rexhouse Erika	Practitioner - Non-Primary Care Provider (PCP)	~	~		>	>	~	~	~	~	~	~
Gary Marvin Willard	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~		~	~	~	~
Katt Marguerite E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>	>	~	~	~	~	~	~
Daphne A Garcia Pa	Practitioner - Non-Primary Care Provider (PCP)						~					
Melnikau Boris	Practitioner - Non-Primary Care Provider (PCP)						~					
Soojung Kwon Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Marc K Rybstein Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Caesar Mimieux Vanetta	Practitioner - Non-Primary Care Provider (PCP)											



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Quammie Collin	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Toni J Kim	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Venkatakrishnan Vivek Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Fitz Bronwyn	Practitioner - Non-Primary Care Provider (PCP)						~					
Corriel Jared Scott Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Steven Sattler	Practitioner - Non-Primary Care Provider (PCP)											
Nelson Peggy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Daniela Andreca Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Patel Ragin C Mbbs	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Ohene-Agyei Bekoe Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hurwitz Seth Eric	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gupta Gayatbi Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Vazquez Mary	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cavaluzzi Paul Joseph	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Gembecki Kim	Practitioner - Non-Primary Care Provider (PCP)						~					
Nieves Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hinton Tameka	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bennett Joseph	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Karpisz Janet M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Franklin Naomi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Levy Shlomit	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Goring-Britton Faith	Practitioner - Non-Primary Care Provider (PCP)						~					
Singh Paramjeet Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Simi Suri Do	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Daniels-Brady Catherine Eva	Practitioner - Non-Primary Care Provider (PCP)						~					
Abikoff Cori Michelle Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jane Schon Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Blauner Steven Richard Lcsw	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
O'Connor Julie Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Marc Youssef Elkhoury	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	✓	~	~	~	~
Adam J Ash Do	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Seale-Simpson Marjorie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)						~					
Nazario Helen	Practitioner - Non-Primary Care Provider (PCP)						~					
Hoff Marisa Faith	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Chele Rodica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Ng Delores	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Trimble Lacey	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Brickman Jill	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Shaps Berett Paige	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Alison E Murphy	Practitioner - Non-Primary Care Provider (PCP)											
Zhuravleva Karina Leonidovna	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Vanessa A Valentino	Practitioner - Non-Primary Care Provider (PCP)											
Somer Courtney Delsignore	Practitioner - Non-Primary Care Provider (PCP)						~					
Mccoubrey Stephanie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rothbaum Esther	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gruffi Richard Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Nancy Mcgeorge Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Avezbakiyev Emanuel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Elizabeth C Piccolo	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Reynoso-Marage Franchesca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Tadros Jacklyn Naguib	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Islam Humayun	Practitioner - Non-Primary Care Provider (PCP)						~					
Fradkin Yuli	Practitioner - Non-Primary Care Provider (PCP)						~					
Cassidy Christopher	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Fattakhov Emma	Practitioner - Non-Primary Care Provider (PCP)						~					
Berman Frances	Practitioner - Non-Primary Care Provider (PCP)											
Vega Irma	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Lo Bianco Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Jachimczyk Jolanta	Practitioner - Non-Primary Care Provider (PCP)											
Berg Ina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
North Michael	Practitioner - Non-Primary Care Provider (PCP)											
Essington Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
			•	•							•	



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Williams Robert	Practitioner - Non-Primary Care Provider (PCP)											
Patel Nirav	Practitioner - Non-Primary Care Provider (PCP)						~					
Factor Avi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Williams Christopher	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Mcgregor Victor	Practitioner - Non-Primary Care Provider (PCP)											
Peragine Donna	Practitioner - Non-Primary Care Provider (PCP)											
Marks Lura Wendy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Solis Sylvia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Thomson Martha	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hults Allison	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bueno-Deleon Ana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Balint Daniela	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Roth Leah	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Guilfoyle Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Tambini David E	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jackson Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Norman Otsuka Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Pacenza Gladys	Practitioner - Non-Primary Care Provider (PCP)						~					
Fogg Jo	Practitioner - Non-Primary Care Provider (PCP)						~					
K Subbiah Rajan Sadagopal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hicks Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hecht David	Practitioner - Non-Primary Care Provider (PCP)											
Robinson Alphonso	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Langenau Kimberly	Practitioner - Non-Primary Care Provider (PCP)											
Mazzocca Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Wolfe Lisa	Practitioner - Non-Primary Care Provider (PCP)						~					
Demadaler Elyse	Practitioner - Non-Primary Care Provider (PCP)											
Simeone Antoinette	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rodriguez Ann	Practitioner - Non-Primary Care Provider (PCP)											
Pacifici Amy	Practitioner - Non-Primary Care Provider (PCP)						~					
Simmonds Chana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Morgan Scott	Practitioner - Non-Primary Care Provider (PCP)						~					
Meltzer Eileen Np	Practitioner - Non-Primary Care Provider (PCP)						~					
Suarez Lupita	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Quest Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Ladaga Raelene	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Paul Lisa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cho Michael Nam-Sung	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bodin Roxana Iuliana Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Hassan Joseph George	Practitioner - Non-Primary Care Provider (PCP)											
Andrzej R Jedynak Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Sheila King	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Sullivan Alison Elizabeth	Practitioner - Non-Primary Care Provider (PCP)						~					
Kvenvik Rudy	Practitioner - Non-Primary Care Provider (PCP)											
Candell Heidi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mattingly Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Shah Manan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Najovits Andrew Joseph	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Cohen Evan Phillip Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Kristina Melchert	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Plummer Christopher Paul	Practitioner - Non-Primary Care Provider (PCP)						~					
D'Souza Marise Dione	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
De La Riva-Velasco Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Waters Olga Maria	Practitioner - Non-Primary Care Provider (PCP)						~					
Merlo Lourdes	Practitioner - Non-Primary Care Provider (PCP)											
Odunuga Olufunmila	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Malhotra Gaurav	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Simon Li Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kaw Anita	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Stiefel Michael F	Practitioner - Non-Primary Care Provider (PCP)						~					
Yoon Hiejin Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Sheehan Therese	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Herrington Joh	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Brakman Patricia	Practitioner - Non-Primary Care Provider (PCP)						~					
Samsonov Dmitry	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Noa-Levito Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Cohen Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Caruso Victoria	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nord Melissa	Practitioner - Non-Primary Care Provider (PCP)						~					
Karimov Catherine	Practitioner - Non-Primary Care Provider (PCP)						~					
Peter M Kaye Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Martiny Vanessa Lorena	Practitioner - Non-Primary Care Provider (PCP)						~					
Kim Su A	Practitioner - Non-Primary Care Provider (PCP)						~					
Barnett Jeremy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Katz Laura Do	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sullivan Rachel	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Hyacinthe Laurence	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Blanco Doreen	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Ameri Leila	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ballard Karen	Practitioner - Non-Primary Care Provider (PCP)						~					
Warsy Irfan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Droesch Karen R Np	Practitioner - Non-Primary Care Provider (PCP)						~					
Edwards Shorn R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kessler Marion K Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Michella Kerri Lynn Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gogcu Semsa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Stefan Delia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Paquin Nina	Practitioner - Non-Primary Care Provider (PCP)											
Burry Panico Adele	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mcveigh Theres	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Puthiyamadam R	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Petrovic Ivana	Practitioner - Non-Primary Care Provider (PCP)											i
Veljacic Louis	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Toney Erena Theodora	Practitioner - Non-Primary Care Provider (PCP)						~					
Eliav Chaim B Md	Practitioner - Non-Primary Care Provider (PCP)											
Bauer Kristy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Pollack Yehudit	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Berg Jonathan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Raja Saleela Chellamma	Practitioner - Non-Primary Care Provider (PCP)						~					
Tang Gilbert Hin Lung	Practitioner - Non-Primary Care Provider (PCP)						~					
Rostocki Bernice Ann	Practitioner - Non-Primary Care Provider (PCP)											
Anuj V Mehta Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Kai Masashi	Practitioner - Non-Primary Care Provider (PCP)						~					
Levine Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Botwinick Jacqueline	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Pole Sarah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Schoolcraft Rachel	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Helffrich Joanne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Zucker Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Miranda David	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Costa Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Hernandez Elaina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Reimer Heidi	Practitioner - Non-Primary Care Provider (PCP)											
Marks Caroline	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Bera Lynda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mulcahy-Morgran Kathlyn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Lehmann Robert Aaron	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Nicole R Phillips Pac	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Petersel Hilary	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Chen Donald	Practitioner - Non-Primary Care Provider (PCP)						~					
Richards Kristi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Brennan Jennif	Practitioner - Non-Primary Care Provider (PCP)						~					
White Mary	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Wein Michael	Practitioner - Non-Primary Care Provider (PCP)											<u> </u>



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Brown Astin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Farquharson Delia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Berrios Damaris	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cabisudo Mitchell	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Green Kevin	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Singh Balveen Biba	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Suderio-Tirone Elaine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ruiz-Blandon Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Collins Gary	Practitioner - Non-Primary Care Provider (PCP)											
Pantaleoni Richard	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sym Tara	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gowen Alexis	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Spira Tzipora	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kubenik Melissa C	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Heller Sandra Rosenfeld	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mccabe Samuel J	Practitioner - Non-Primary Care Provider (PCP)						~					
Mahdavi Ramyar	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Varian David W Jr	Practitioner - Non-Primary Care Provider (PCP)						~					
Dennis Lyle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Jain Supriya	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Allen Lindsey	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Wilson Zontha	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Rivera Sandy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Taylor Denise	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Stanish Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Minakan Riesa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gelfand Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Husain Syed A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Dey Rajan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Tassiulas Ioannis	Practitioner - Non-Primary Care Provider (PCP)						~					
Ahmad Hasan	Practitioner - Non-Primary Care Provider (PCP)						~					



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* Safety Net Providers in Green												
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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Tiyyagura Satish	Practitioner - Non-Primary Care Provider (PCP)											
Cassese Mary	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	>
Motivala Apurva Amar	Practitioner - Non-Primary Care Provider (PCP)	~	>	~	>		~	~	~	>	~	>
Restivo Andrew	Practitioner - Non-Primary Care Provider (PCP)	*	~		>		~		~	~	~	>
Judd Seth Christian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Donna M Collins	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ryder Crystal D	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hansen Amanda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Heinze Jennifer Lynne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Scharbach Marilyn Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Patrick Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Palm Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gradilone Peter	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rickenberg Monica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Murphy Karen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
041946476oriani Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Novak Lisa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kaminsky Lillian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mcging Catherine Ann	Practitioner - Non-Primary Care Provider (PCP)						~					
Nguyen Pamela H	Practitioner - Non-Primary Care Provider (PCP)						~					
Yao Mike	Practitioner - Non-Primary Care Provider (PCP)						~					
Samuel Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Stead Lesley Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	*		~	~	~	~	~	*
Danback Kristine F Phd	Practitioner - Non-Primary Care Provider (PCP)											
Antonelli Kelvin	Practitioner - Non-Primary Care Provider (PCP)											
Alavi Mohammad	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	>		~	~	~	~	~	*
Mcnamara Holly	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Davis Steven	Practitioner - Non-Primary Care Provider (PCP)											
Paul Leena	Practitioner - Non-Primary Care Provider (PCP)						~					
Sarfaraz Nimra	Practitioner - Non-Primary Care Provider (PCP)											
Muldoon Michele D	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~



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Vaugeois Kimtam Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ma Florence Intia Celzo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Smith-Marrone Stephanie	Practitioner - Non-Primary Care Provider (PCP)						~					
Biggio Stacey	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bowen Kevin F	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lleva Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Ahmad Nauman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Parker Walter	Practitioner - Non-Primary Care Provider (PCP)											
Jouve Natalie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mehta Dhruti	Practitioner - Non-Primary Care Provider (PCP)						~					
Lewis Diane	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Josmi	Practitioner - Non-Primary Care Provider (PCP)						~					
Senguttuvan Raja Rajeswari	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nici Anthony Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kirtok Necla	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Murphy Caitlin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Miliaresis Christa L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nagarwala Faisal Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Akhter Rubina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Shiffman Holly Aleta	Practitioner - Non-Primary Care Provider (PCP)						~					
Pandya Samir Ramesh	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Siddiqui Imtiyaz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Colon Melanie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kristen Lima	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Walsh Jean M	Practitioner - Non-Primary Care Provider (PCP)						~					
Quinlan Christine Sergio	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Klinghoffer Carli Pam	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Go Ronaldo C Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ferguson Kimberly	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Green Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Donovan-Greco Mary	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~



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Rivera Hortensia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Marandi Sarah	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Walsh Rene	Practitioner - Non-Primary Care Provider (PCP)											
Clift Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mallard Sarah	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mcgraw Edward	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Hite Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Phelan Jane	Practitioner - Non-Primary Care Provider (PCP)						~					
Tiburcio Nalda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Prussin Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gerou Christie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Santiago-Gomez Eveliamargarita	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rodgers Ana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Ramsundar Gail	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gilet Anthony	Practitioner - Non-Primary Care Provider (PCP)						~					
Kapoor Aromma	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Minano Cecilia Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Fiol Luanna Bel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ortiz Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gbaduo Ignatius A	Practitioner - Non-Primary Care Provider (PCP)	~										
Lear Loretta A	Practitioner - Non-Primary Care Provider (PCP)						~					
Dimase Amy Lee	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Martin Andrew	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ibrahimi Said	Practitioner - Non-Primary Care Provider (PCP)						~					
Viglucci Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
George Bindu Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Epstein Robin N	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Xavier Anitha Np	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Khan Erum	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Reid Katherine Elisabeth	Practitioner - Non-Primary Care Provider (PCP)						~					
Kumar Pranat	Practitioner - Non-Primary Care Provider (PCP)						~					



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Bhatti Saeed I	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Nicola Refky	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Porzelt Sarah I	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Coryat Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Negron Rodriguez Eloisa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gorelova Victoria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Viani Pamela B Anp	Practitioner - Non-Primary Care Provider (PCP)											
Gendron Carla	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jeanne Marie Lenzer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Jones Jillian Lindsey Np	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Verma Kamlesh	Practitioner - Non-Primary Care Provider (PCP)											
Thomson Sasha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Dingee Marjorie Lynne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Medakovich Alexander	Practitioner - Non-Primary Care Provider (PCP)						~					
Gonsky Ruth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Barenbaum Myriam	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Vaughan Amanda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Roth Julia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Cooper Marian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kheterpal Emil	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hines Amanda Nnp	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Reidenberg Bruce E	Practitioner - Non-Primary Care Provider (PCP)						~					
Lehn Jacob D	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ungania Karen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Myers Kenneth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Patrick Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Singh Sukhraj	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lessner Seth Joseph	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gupta Parantap	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Lucas Tanya	Practitioner - Non-Primary Care Provider (PCP)						~					
Save-Mundra Jaya	Practitioner - Non-Primary Care Provider (PCP)						~					



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Burns-Wetzel Diana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Osei Raphael Kwaku	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Paporto Laurel	Practitioner - Non-Primary Care Provider (PCP)											
Lopez Luis	Practitioner - Non-Primary Care Provider (PCP)											
Dobuzinsky Olga Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bamji Natasha D	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Johnson Amy	Practitioner - Non-Primary Care Provider (PCP)						~					
Wong Jennifer	Practitioner - Non-Primary Care Provider (PCP)						~					
Pradhan Tana	Practitioner - Non-Primary Care Provider (PCP)						~					
Avitabile Nicholas	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hodos Beth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Samarneh Majed	Practitioner - Non-Primary Care Provider (PCP)											
Elsawy Osama A	Practitioner - Non-Primary Care Provider (PCP)						~					
Alcarez Catherine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Christoforou Dimitrios C	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Biller Rachel T	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Polishchuk Daniil L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Rosenblum Jeremy Mark	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jodorkovsky Daniela	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Todo Akira	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kauffman Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Shapiro Maritza	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Strano Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Mera Fanny	Practitioner - Non-Primary Care Provider (PCP)						~					
Cohen Aviva	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Halstein Danielle	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kahan Yael	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Spitzer Toby	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Popowitz Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Zhong Minghou	Practitioner - Non-Primary Care Provider (PCP)						~					
Lecompte Lesli Michelle	Practitioner - Non-Primary Care Provider (PCP)						~					



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Salety Net Providers in Green	Participating	in Projects										
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Hu Yin C	Practitioner - Non-Primary Care Provider (PCP)						~					
Loewinger Michael	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Chiriboga Lori Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jung Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Susan D Lehmann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Orourke Patricia Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Laperche Sherry Lynne	Practitioner - Non-Primary Care Provider (PCP)						~					
Calderon Ruddy Smith	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Vernatter Joshua N	Practitioner - Non-Primary Care Provider (PCP)						~					
Ryan Bernadette M	Practitioner - Non-Primary Care Provider (PCP)						~					
Danzig Gittel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Tappan Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lieber Shulamis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Abramczyk Maurice	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Bartone Rose	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Wu Youmin	Practitioner - Non-Primary Care Provider (PCP)						~					
Mathew George Thomas	Practitioner - Non-Primary Care Provider (PCP)						~					
Traver Frances Hewlett	Practitioner - Non-Primary Care Provider (PCP)											
Williams Marylu	Practitioner - Non-Primary Care Provider (PCP)											
Blood Viincent Finbar	Practitioner - Non-Primary Care Provider (PCP)						~					
Vemulapalli Praneeth	Practitioner - Non-Primary Care Provider (PCP)											
Ke Yong	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Vicens-Villafana Jose	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chugh Savneek Singh	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Singh Jaspreet	Practitioner - Non-Primary Care Provider (PCP)											
Morales Emily Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Otero Melissa	Practitioner - Non-Primary Care Provider (PCP)						~					
Baxter Lori	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Maldonado Elga	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Len Robert	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Zhang Felicia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Weinstein Tamara B	Practitioner - Non-Primary Care Provider (PCP)						~					
Ellison Kim	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mayefsky Lauren	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Moses Yuval	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gonzalez Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sabol Erica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Guttman Max	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Cronin Andrea	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mazo Francisco	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Alvi Kausar	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rainaldi Patricia	Practitioner - Non-Primary Care Provider (PCP)						~					
Medina Mars Antonio	Practitioner - Non-Primary Care Provider (PCP)						~					
Bobra Shalabh	Practitioner - Non-Primary Care Provider (PCP)						~					
Bhatti Murtaza	Practitioner - Non-Primary Care Provider (PCP)						~					
Dowling Maureen Kathryn	Practitioner - Non-Primary Care Provider (PCP)						~					
Hyman Mark	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Focseneanu Mariel	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bricker Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tobe Russell Hardin	Practitioner - Non-Primary Care Provider (PCP)						~					
Robinson Elizabeth Johnstone	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Williamson Anna	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Ostroff Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Smotra Sumeet	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mizrachi Renee	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bizzoco Gina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cherian Sharon	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Klingensmith Carolyn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hindin Allen H	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lehrer Rachel	Practitioner - Non-Primary Care Provider (PCP)						~					
Serrano Miriam	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
D'Avanzo Anna-Marie	Practitioner - Non-Primary Care Provider (PCP)						~					



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Herbert Keith	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Miller Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Benson Payam	Practitioner - Non-Primary Care Provider (PCP)						~					
Nadan Pamela	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Meaney Stacey	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Meadows Dalphine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Silen Erica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Samaroo Parbhu Dyal	Practitioner - Non-Primary Care Provider (PCP)											
Mini Katherine Nunn Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Steven L. Schiz Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hedrick David	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bobrowitz Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shrimanker Sheetal H	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Musial Carmela	Practitioner - Non-Primary Care Provider (PCP)											
Kwitonda Bernadette N	Practitioner - Non-Primary Care Provider (PCP)						~					
Keller Marina	Practitioner - Non-Primary Care Provider (PCP)						~					
Guinan-Clark Heather Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Brown Tess-Ann Denise	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Colaco Antonio A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ramamurthi Krishnan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Yung Pik Sai	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rivera Maribel A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Owens Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Frias Nejil	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Samanen Jeffery	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Rosa Ana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Manco Barbara A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schneider Erica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Boorin Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
De Andrade Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ferrick Aileen Mry	Practitioner - Non-Primary Care Provider (PCP)						~					



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Reiss Moshe	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Freund Dvora	Practitioner - Non-Primary Care Provider (PCP)											
Cody Loretta	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Morgan Diane M	Practitioner - Non-Primary Care Provider (PCP)											
Fragano Karen Marie	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Fernandes Sarah	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Janet Poole	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Locastro Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hinojosa Franz	Practitioner - Non-Primary Care Provider (PCP)						~					
Weingarten Ros	Practitioner - Non-Primary Care Provider (PCP)						~					
Walzer Jacalyn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Fusco Erin Patricia	Practitioner - Non-Primary Care Provider (PCP)						~					
Sim Vimala	Practitioner - Non-Primary Care Provider (PCP)						~					
Eileen B Miller Pt	Practitioner - Non-Primary Care Provider (PCP)						~					
Granieri Marcia M	Practitioner - Non-Primary Care Provider (PCP)						~					
Deborah Lenore Bolzan	Practitioner - Non-Primary Care Provider (PCP)						~					
Zheng Yinggang	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Horovitz Bonna	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Olwyn Lawrence	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ventura Bianca	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Tica Sandra Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gage Michelle	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Srisaila Suma	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hamilton Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Perry Thorellen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mimlitsch Ellisa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ou-Yang Jui-Hung	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Farina Steven	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Yetsko Matthew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Stazzone Angela	Practitioner - Non-Primary Care Provider (PCP)											
Pan Lawrence	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Foran Cynthia A	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Salomon Adrienne A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Schaefer Mary Ellen	Practitioner - Non-Primary Care Provider (PCP)											
Kang Moonwha	Practitioner - Non-Primary Care Provider (PCP)											
Lalire Vega Abel	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Heinlein Thomas Edward	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Libura Lidia Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Marrero-Stein Margot	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hawkins John	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sundaram Vishalakshi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vaidya Noaman N	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Vernon Jeffrey	Practitioner - Non-Primary Care Provider (PCP)						~					
Pathyil Aimee T	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Chetiyaar Jyothi B	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kehr Andrew David	Practitioner - Non-Primary Care Provider (PCP)						~					
Choi Ran	Practitioner - Non-Primary Care Provider (PCP)						~					
Agyepong Jayne Abena	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Narula Neelam	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Negin Gohari	Practitioner - Non-Primary Care Provider (PCP)						~					
Veillette Gregory Robert	Practitioner - Non-Primary Care Provider (PCP)						~					
Escobar Carolina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Martinez Delmira	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Dammeyer Denise Lorraine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Fromm Federica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Parsard Arlene Angella	Practitioner - Non-Primary Care Provider (PCP)						~					
Silverman Diana Lee	Practitioner - Non-Primary Care Provider (PCP)						~					
Batson Lisa Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Case Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hage Myra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Niebuhr Jean-Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jones Christie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Dipalermo Danielle	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Langan-Heim Christina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Giurca Dan	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Webers Kristy M	Practitioner - Non-Primary Care Provider (PCP)						~					
Mohammad Asad	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gallardo Jade Jenny S	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Batson Nicholas E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sorokin Anna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gargani Stephanie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Frieary Tricia A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Durk Arlene G	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Malik Nasir M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Cummings Danielle Barbara	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Londin Jonathan S	Practitioner - Non-Primary Care Provider (PCP)						~					
Owens Melvin	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Anusionwu Reagan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gehringer Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
El-Mallawany Nader Kim	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Matloff Robyn Greenfield	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
London Eric B	Practitioner - Non-Primary Care Provider (PCP)	~										
Rider Amanda Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Camilli Alexandra M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Morancy Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Calabrese Heather A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kim Christy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Khokar Amira Idrees	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Fung-Nicholson Sonia	Practitioner - Non-Primary Care Provider (PCP)						~					
Alimena Nicole Michele	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Golub Ashley D	Practitioner - Non-Primary Care Provider (PCP)						~					
Holland Sally Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Powell Sovan Latoya	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Gersch Denise M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Lindenbaum Yocheved	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Kristin Elizabeth Courtney	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Caputo Monica A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Bialek Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Segaloff Melissa J	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Staller Lauren	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Patel Himanshu	Practitioner - Non-Primary Care Provider (PCP)						~					
Finkenberg Jen	Practitioner - Non-Primary Care Provider (PCP)						~					
255 Lafayette Ave	Practitioner - Non-Primary Care Provider (PCP)											
Lopez Francis	Practitioner - Non-Primary Care Provider (PCP)											
Heatrice Ackeilia K	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Joseph James	Practitioner - Non-Primary Care Provider (PCP)						~					
Gutwein Farrah Elyse	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Martin Ruth Held	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Reiber Md Kari B	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Lacey Susan Laymon	Practitioner - Non-Primary Care Provider (PCP)						~					
Hendrickson Patricia	Practitioner - Non-Primary Care Provider (PCP)						~					
Hill Rowena Resnick	Practitioner - Non-Primary Care Provider (PCP)						~					
Paige Tracy T	Practitioner - Non-Primary Care Provider (PCP)						~					
Murphy Patricia A	Practitioner - Non-Primary Care Provider (PCP)						~					
Simon Joanna F	Practitioner - Non-Primary Care Provider (PCP)						~					
Merriman Leslie Berke	Practitioner - Non-Primary Care Provider (PCP)						~					
Lefberg Courtney A	Practitioner - Non-Primary Care Provider (PCP)						~					
Towers Geovanna L	Practitioner - Non-Primary Care Provider (PCP)						~					
Moyer Alvin L	Practitioner - Non-Primary Care Provider (PCP)						~					
Patil Pushpa Shyam	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Hue Jennifer E	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Singla Prem	Practitioner - Non-Primary Care Provider (PCP)											
Saha Kajal K	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Khoo Patricia P	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv 2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Jordan Mirlande	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Mahmud Syed Abid	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
King Mary Alice	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Cordone Melissa	Practitioner - Non-Primary Care Provider (PCP)					~					
Goldshein Elyse Jill	Practitioner - Non-Primary Care Provider (PCP)					~					
Mullin Jane Finan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Tigenoah Patrick	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Kohl Sonia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~		~	~	~	~
Carlson-Pardo Catherine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Fink Karen Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Solari Sarah Thompson	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Guiney Robin Gerry	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Myer Jane	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Offner Mitchell Alan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Rowe Jennifer Lenore	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Metelitsin Marina Nikolaevna	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Botros Lamia Kamel	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Zuckerman Susan A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Berman Danya Zipora	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Rosenberg Amanda Paige	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Wendland Anne	Practitioner - Non-Primary Care Provider (PCP)					~					
Memboup Adija	Practitioner - Non-Primary Care Provider (PCP)					~					
Einzig Eleanor	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Mccarthy Tara J	Practitioner - Non-Primary Care Provider (PCP)										
Levine Mark M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Bryan Glenda	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	✓	~	~	~	~	~	~
Pasquale Christopher Gerard	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Sclafani Judith Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~
Semkiw Peter M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Heintz Hollis A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~
Slocum Christine N	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~	~	~	~	~



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

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DSRIP Implementation Plan Project

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Turner Carol Lolita	Practitioner - Non-Primary Care Provider (PCP)						~					
Dixon Erica Georgette Patricia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Saha Purabi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Pettit Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Deignan Jodie L	Practitioner - Non-Primary Care Provider (PCP)											
Litman Norma S	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Alterman John S	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mullane William Andrew	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Yasmin Laila	Practitioner - Non-Primary Care Provider (PCP)											
Kubie Lisa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Powell Robert C	Practitioner - Non-Primary Care Provider (PCP)						~					
Guzman Catherine Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Reno-Patterson Leah Jean	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Leroy Ennis	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Wechsler Martin S	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Leavelle Lee B	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Cerbone Margaret S	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hansel Jami L	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Berrios-Spencer Sylvia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gruber Marian Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Lown Jennifer	Practitioner - Non-Primary Care Provider (PCP)						~					
Paudel Umesh	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Zencheck Robin M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dorfman Ava Beth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Patel Payal	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Santos Gutierrez Lorenzo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mogul-Ashraf Zainab	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Better Lisa Stephanie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Williams Aria K	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Celestine Erica	Practitioner - Non-Primary Care Provider (PCP)						~					1
Petruzzo Maria C	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating (in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Ahmad Sami	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Shine Kathleen Patricia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mills Andrew	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mckenzie Hugh	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mamkin Andrey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kirsch Andrew Thomas	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Karyn Hirsch Md Karyn Marlene Hirsc	Practitioner - Non-Primary Care Provider (PCP)						~					
Ivicic Alan V	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kaur Raghbir	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Jacques Stacey	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hall Tolighta	Practitioner - Non-Primary Care Provider (PCP)						~					
Stanmyer Rebecca	Practitioner - Non-Primary Care Provider (PCP)						~					
Reyes-Pastorell Evang	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Robida David	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chauhan Punam	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Zameni Mitra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Malkani Brijesh	Practitioner - Non-Primary Care Provider (PCP)						~					
Kotikela Sumathi	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Park John	Practitioner - Non-Primary Care Provider (PCP)						~					
Unger Goldie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Horvath David	Practitioner - Non-Primary Care Provider (PCP)											
Barschow-Marton Patricia Lynn	Practitioner - Non-Primary Care Provider (PCP)						~					
Brower Gena R	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shalhoub Catharine Cecilia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kouloumbinis Panagiotis N	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Boey Gwendolyn L	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Lee Vivian B	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Nordstrom Salina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Osczepinski Joan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Sanchez Samuel	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
O'Connor Anne Maureen	Practitioner - Non-Primary Care Provider (PCP)											



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Tamari Farnaz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Silvestri Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bhatia Gulbir	Practitioner - Non-Primary Care Provider (PCP)						~					
Froehle Melissa	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Mcgrath Elizabeth C	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nanda Nandita	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nassar Michel	Practitioner - Non-Primary Care Provider (PCP)						~					
Isaacson Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Berzon Baruch Mishael	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Agoha Maureen Chukwumuanya	Practitioner - Non-Primary Care Provider (PCP)						~					
Eryn Mary Payne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gray Wendy Jo	Practitioner - Non-Primary Care Provider (PCP)											
Akbas Gulsum Eda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Candela Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lattimer Rosemary	Practitioner - Non-Primary Care Provider (PCP)											
Muccio Dorothy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Jacobs Laura A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Fentress Kathleen M	Practitioner - Non-Primary Care Provider (PCP)											
Leinung Kristen Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Afonso Linda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Berger Ari	Practitioner - Non-Primary Care Provider (PCP)											
D'Agostino Rhonda Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Schiopu Mihaela	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Oraedu Chinyelu Enuma	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Naclerio Michele	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Marwil Zachary	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Sekhri Nitin Kumar	Practitioner - Non-Primary Care Provider (PCP)						~					
Wilson Hugh Mccoll	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Guo Min	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mamdani Sohail	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sarwar Uzma	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Harris Kelly	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bobroff Miriam	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Valdovinos Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Yu Man	Practitioner - Non-Primary Care Provider (PCP)						~					
Desai Shilpa R	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Caamano Leo	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Arraiano Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Uribe Wanda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chartier Brian David	Practitioner - Non-Primary Care Provider (PCP)						~					1
Mora Paola	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Morales Lauren	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Yates Patricia K	Practitioner - Non-Primary Care Provider (PCP)						~					
Garrigan Kathleen M	Practitioner - Non-Primary Care Provider (PCP)											
Zinns Rachel	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hossein Tabriziani	Practitioner - Non-Primary Care Provider (PCP)						~					
Mcfarlane Wendy A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Batista Marilyn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schmeelk Kristen	Practitioner - Non-Primary Care Provider (PCP)						~					
Miller Caitlin	Practitioner - Non-Primary Care Provider (PCP)						~					
Dos Santos Jeanne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Panza Julio	Practitioner - Non-Primary Care Provider (PCP)						~					
Rafferty Eileen Noellen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jackson Arnice	Practitioner - Non-Primary Care Provider (PCP)						~					
Butterick Susan	Practitioner - Non-Primary Care Provider (PCP)						~					
Gunopawiro Jo Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mcgeough Christina Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Keller Eric P	Practitioner - Non-Primary Care Provider (PCP)						~					ĺ
Brackis-Cott Elizabeth	Practitioner - Non-Primary Care Provider (PCP)						~					ĺ
Klein Leah Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Brooke Dunne Johnson	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Davis Alecia A Np	Practitioner - Non-Primary Care Provider (PCP)											ī



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Chapple Beverlyn	Practitioner - Non-Primary Care Provider (PCP)						~					
George Elizabeth S	Practitioner - Non-Primary Care Provider (PCP)											
Levin-Canger Olga	Practitioner - Non-Primary Care Provider (PCP)						~					
Carey Erin Emilia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Arnison Leslie	Practitioner - Non-Primary Care Provider (PCP)						~					
Yazdan Ari	Practitioner - Non-Primary Care Provider (PCP)											
David-West Gizelka A	Practitioner - Non-Primary Care Provider (PCP)						~					
Hinojosa Lizette	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lemke Elizabeth L	Practitioner - Non-Primary Care Provider (PCP)						~					
Kiley Michael G	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Joseph Eunide	Practitioner - Non-Primary Care Provider (PCP)						~					
Wolfe Brittney M	Practitioner - Non-Primary Care Provider (PCP)						~					
Long Michele	Practitioner - Non-Primary Care Provider (PCP)						~					
Mills Karen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gayton-Kress Gidget	Practitioner - Non-Primary Care Provider (PCP)						~					
Tewari Deepali	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Debelenko Larisa	Practitioner - Non-Primary Care Provider (PCP)						~					
Betancourt-Ramirez Alejandro	Practitioner - Non-Primary Care Provider (PCP)						~					
Crapanzano Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Pierog Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schiffer Roberta	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Castanaro John	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Swiderski Andrew Christopher	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Perez Haggan Francesca	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Fuisz Anthon Richard	Practitioner - Non-Primary Care Provider (PCP)						~					
Aliaga Leticia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lee Alan W	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Meyerhoff Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Khandaker Sadia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Karlin Eric M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Fogwell Leigh	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Suarez Froilan	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Yoxthimer Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lipat Portia	Practitioner - Non-Primary Care Provider (PCP)											
Lee Meeran K	Practitioner - Non-Primary Care Provider (PCP)											
Subhani Miral Afshan	Practitioner - Non-Primary Care Provider (PCP)						~					
Karlin Todd Evan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Baker Shane	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Joseph Merin S	Practitioner - Non-Primary Care Provider (PCP)											
Schoenfeld Melissa Np	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Wright Megan M	Practitioner - Non-Primary Care Provider (PCP)											
Winarsky Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Davidson Debra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ashburn, Jr. John	Practitioner - Non-Primary Care Provider (PCP)						~					
Linares Jensy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Trujillo Vanessa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Le Moal Janet	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Marchwinski Jason	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Futransky Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ostrow Allison	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bhana Suleman	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Miller Rachel Josephine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Chen David	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Krishna Murali G	Practitioner - Non-Primary Care Provider (PCP)						~					
Chanin Elizabe	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jacobson Jason	Practitioner - Non-Primary Care Provider (PCP)						~					
Abulfaraj Moaz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gluzman Nelli	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Forsea Monique	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shehu Merita	Practitioner - Non-Primary Care Provider (PCP)						~					
Hazeghi Javad	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gill Gurpreet	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Jaiswal Atish	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kirchhoff Carl	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mcnamee Jr Thomas	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gore Stephanie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Heins Becky Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Xie Minhui	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Aggarwal Chhaya	Practitioner - Non-Primary Care Provider (PCP)						~					
Prabhakaran Kartik	Practitioner - Non-Primary Care Provider (PCP)						~					
Coward Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Phyu Sabai	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Da Silva Yong	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Pereira Tanya	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Khanna Ila	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Philps Janet	Practitioner - Non-Primary Care Provider (PCP)						~					
Adem Patricia	Practitioner - Non-Primary Care Provider (PCP)						~					
Arenstein Toni I	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Perls Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Owens Jr Wiley	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Davis Norma V	Practitioner - Non-Primary Care Provider (PCP)						~					
Ferrara Melissa A	Practitioner - Non-Primary Care Provider (PCP)						~					
Guerrero Jihan Mogol	Practitioner - Non-Primary Care Provider (PCP)						~					
Econopouly Daria	Practitioner - Non-Primary Care Provider (PCP)						~					
Pechter Patricia M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Trubisz Kristen	Practitioner - Non-Primary Care Provider (PCP)						~					
Littman Stephen Ira	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Glas Kristen	Practitioner - Non-Primary Care Provider (PCP)											
Carballeira Catherine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Baldwin Rosalie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cardamona Margaret	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Regan John	Practitioner - Non-Primary Care Provider (PCP)						~					
Kaul Anita	Practitioner - Non-Primary Care Provider (PCP)						~					



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

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DSRIP Implementation Plan Project

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Gopal Sajeev	Practitioner - Non-Primary Care Provider (PCP)						~					
Ludovic Jesuta	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Carter Ryalynn	Practitioner - Non-Primary Care Provider (PCP)						~					
Moore Ellen Haleo	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Greenberg William M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rose Gabriel	Practitioner - Non-Primary Care Provider (PCP)											
Ryan Maryann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Saribekyan Arpine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kone Odiya Camara	Practitioner - Non-Primary Care Provider (PCP)											
Pagliarulo Sarah	Practitioner - Non-Primary Care Provider (PCP)						~					
Srivastava Priyasha	Practitioner - Non-Primary Care Provider (PCP)						~					
Mercader Carolina	Practitioner - Non-Primary Care Provider (PCP)						~					
Mathew Alphonsa J	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Debisceglie John V	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Grijalva Gillian	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cherubini Blanki	Practitioner - Non-Primary Care Provider (PCP)						~					
Carr Rhonda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Whittick Wendy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Katz Ira Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Dushaj Kola	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Luna Jennie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ucci Stacy J	Practitioner - Non-Primary Care Provider (PCP)						~					
Kubart Nicole Rose	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hadi Ahmed Suhail	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Harrison Kristin A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Tracy Kari Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Harcsztark Harry J	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Aaron Andrea M	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Davis Brittany N	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gajadhar Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Corinaldi Chalene A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Carco Melissa Rae	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Blitz Brian Keith	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Diaram Deepa N	Practitioner - Non-Primary Care Provider (PCP)											
Kim Su Haeng	Practitioner - Non-Primary Care Provider (PCP)											
Worth Sophia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Alter Lauren B	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Murphy Charlotte	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Orlofsky Michelle	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kumaraguruparan Meenatchi	Practitioner - Non-Primary Care Provider (PCP)						~					
West Fay	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vais Shandel	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mozes Sara	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Adigun Stephanie	Practitioner - Non-Primary Care Provider (PCP)						~					
Vazquez-Bryan Jennifer K	Practitioner - Non-Primary Care Provider (PCP)						~					
Hammonds Roy Gene	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Shrivastava Sneha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rappaport Marc Gerald	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Green Jonathan Philip	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Boss David Michael	Practitioner - Non-Primary Care Provider (PCP)											
Ciabattari Jaimie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chaterji Ranjana	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Minnock Colleen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Villavicencio Rosa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chaudry Samia Riaz	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Xu Ruimin	Practitioner - Non-Primary Care Provider (PCP)											1
Ganeshan Deepa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jean-Pierre Gannel	Practitioner - Non-Primary Care Provider (PCP)											
Segreti Mary T	Practitioner - Non-Primary Care Provider (PCP)						~					
Charles Harold	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Nicholson Erica J	Practitioner - Non-Primary Care Provider (PCP)						~					
Dubis Elina Beleno Hamilton	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~



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Tuchman Jack	Practitioner - Non-Primary Care Provider (PCP)						~					
David Nathaniel Smith	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Schmidt Eileen	Practitioner - Non-Primary Care Provider (PCP)						~					
Selvaraj Dhana Rekha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Silvestri Erica	Practitioner - Non-Primary Care Provider (PCP)						~					
Ogumbo Douglas Odhiambo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Blanco Lourdes	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Finnegan Claudia A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Riley Samantha M	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Nathan Carl	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sauveur Esther	Practitioner - Non-Primary Care Provider (PCP)											
Lombardo Melissa Leigh	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Cassagnol Trucia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Lyon Lora	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Yang Ying	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Patel Rakesh H	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Asovski Gella	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Dellagreca Patricia A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shah Shital P	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Pampana Vijay Shanker	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rizzo Renee	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Fontaine Michelle	Practitioner - Non-Primary Care Provider (PCP)						~					
Lindsay Rose	Practitioner - Non-Primary Care Provider (PCP)						~					
Lovig Leif	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Petitme Marie	Practitioner - Non-Primary Care Provider (PCP)											
Minzer Naftali	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Lynch Barbara Joy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ribeiro Maureen M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Eyvazkhany Rokhsareh	Practitioner - Non-Primary Care Provider (PCP)						~					
Lanza Jesus Cristo	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Samander Jacob A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Manheimer Eric	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Peng Xiangmin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sanchez Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Anthony Canonico	Practitioner - Non-Primary Care Provider (PCP)											
Natalie Diaz-Ludewig	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Pesyl Berman	Practitioner - Non-Primary Care Provider (PCP)						~					
Ulrick Vieux	Practitioner - Non-Primary Care Provider (PCP)						~					
Emily Barrett	Practitioner - Non-Primary Care Provider (PCP)											
Jacqueline Gallo	Practitioner - Non-Primary Care Provider (PCP)											
Escano Richard Vitales	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Robinson Kimberly	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gilani Aamir Masood	Practitioner - Non-Primary Care Provider (PCP)						~					
Schecter , Chana	Practitioner - Non-Primary Care Provider (PCP)											
Alexander Fleischer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Olmoz Alicia G	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Martyn Melissa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Cartano Oliver Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
D'Angelo John K Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Karen Whitton, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Balkir Levent	Practitioner - Non-Primary Care Provider (PCP)						~					
Susan Haight, Rn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Angiello Joanne Dr.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	<	~
Christov Marta	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	<	~
Balsells Herberth Jonathan	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Botti Erin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	<	~
Erik Lantier	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	<	~
Diehl , Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Chava Abramovitz	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mary St. Martin, Dpt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Majewski Maegan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Certo Linda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Westchester Medical Center (PPS ID:21)

	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Okoniewski Deborah A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Paula Nicoleau Pierre-Louise-Registered Pt	Practitioner - Non-Primary Care Provider (PCP)											
Fulton Joseph	Practitioner - Non-Primary Care Provider (PCP)						~					
Malhotra Sandeep Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Fleischner Charles A	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Justin Spiro	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Urias Lilia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Isenstein Batel Heather	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Alper, Naomi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Lambson Janna R	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Barber, Shoshana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kolakowski Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ann Kalkhuis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
11572campanaro David	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Clement Claire	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Barasch Samuel Peleg	Practitioner - Non-Primary Care Provider (PCP)						~					
Pointer Alicia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Naomi Cohn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Caban Rebeca	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Klein Sonya	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Carol Philhower, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Reed Stephanie Lynne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Isaac George Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Darlene Smieszek	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Grove-Sobol Jennifer Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Brenda Delmonte	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vicente Niah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hammar Kirsten Helene	Practitioner - Non-Primary Care Provider (PCP)						~					
Seguinot Elizabeth Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Rachel Hill	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Woods Kathleen Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~



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

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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Donaldson Robert D	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Deborah Strock	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schehr, Jaime, Rd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Flower Allyson Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Carolyn Croce-Mirque	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Josephs Mitchell Aaron Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Anne E Rosenberg	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bilyeu Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Lankford Dawud Omar	Practitioner - Non-Primary Care Provider (PCP)						~					
Brooks-Blyden, Donna	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Megan York	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Guttenberg Michael Gary Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Mainetti Linda	Practitioner - Non-Primary Care Provider (PCP)						~					
Garcia Laura Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Elizondo Carmen E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Winters Brooke	Practitioner - Non-Primary Care Provider (PCP)											
Veronica Hopkins	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Campbell Gretchen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Miller Javonie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Meiman Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Messer Alexander Mr.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kaufmann Walter Ernst Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Meier Suzanne Kathleen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Chukwuocha Benjamin	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cooper, Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vazquez Claudio Manuel Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Amy Brown	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Margaret O'Connell-Duffy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kimberly Andrews	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Steve Banbury	Practitioner - Non-Primary Care Provider (PCP)											
Williams Tracy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Amores Edward Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Reade Kim	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gerow , Cheryl	Practitioner - Non-Primary Care Provider (PCP)											
Hirshson Chari Ilana	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Barone Ingrid M	Practitioner - Non-Primary Care Provider (PCP)						~					
Dacia Mcbean	Practitioner - Non-Primary Care Provider (PCP)											
Rachel Michaels	Practitioner - Non-Primary Care Provider (PCP)											
Knapp Michelle Marie	Practitioner - Non-Primary Care Provider (PCP)						~					
Bruno John	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Karia Jamie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Williams David C	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Yang Byoung Woo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Quirk-Hall Denise	Practitioner - Non-Primary Care Provider (PCP)											
Millard Nathan E	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Patel Neal	Practitioner - Non-Primary Care Provider (PCP)						~					
Joanna Kaminski	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dr. John Rimmer Do	Practitioner - Non-Primary Care Provider (PCP)											
Obeng Jacklyn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mary Anderson	Practitioner - Non-Primary Care Provider (PCP)											
Lidagoster Lidia Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Kevii , Zhaniizha	Practitioner - Non-Primary Care Provider (PCP)											
Salimbene, Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
King Mary Ellen Do	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Abfier Jason Keith	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kaplan Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Baronian Danielle Marie	Practitioner - Non-Primary Care Provider (PCP)						~					
Lisa Hess	Practitioner - Non-Primary Care Provider (PCP)						~					
Eugene Van Burch	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Apenteng Yaw Adu Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Bair Brooke Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Elizabeth Glauber	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Tia Dole	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Wilson Karen A M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Christina Wright	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Davidoff Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Taveras Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Lawrence Anna	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Congdon Lorraine M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Lloyd Ashley Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Persad-Sikula Jennifer	Practitioner - Non-Primary Care Provider (PCP)						~					
Susan Furman	Practitioner - Non-Primary Care Provider (PCP)						~					
Praino Joseph	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Infantino Kathryn L	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Seliquini, Marian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Maureen O'Farrell	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Freeman Sarah Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bart Worden	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
John Stern	Practitioner - Non-Primary Care Provider (PCP)											
Andrea Sue Hausch, Dpt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kukulka Crystal Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Brennan, Monica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Camille Banks-Lee	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Robbie Martin	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Amy Santos	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gay Kuehnel-Hisatake	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Moran Una	Practitioner - Non-Primary Care Provider (PCP)						~					
Hemmerdinger Steven Arthur Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Dijana Perlleshi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Demboski David P Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Berson Gary Wayne Dds	Practitioner - Non-Primary Care Provider (PCP)	~										
Bochnovich Elaine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Chandra Sushil Md	Practitioner - Non-Primary Care Provider (PCP)						~					1



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	Participating	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Pak Sang-Woo	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mccrory Lauren	Practitioner - Non-Primary Care Provider (PCP)						~					
Michael Miano, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tuber Patricia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Taniesha Lewis	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mcmahon April	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Beach, Grace	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mitchell Margaret	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Fabisevich Mariya Leonidovna	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Breese Heather	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Elyse Gibberman	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Simpson Kaitlyn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Joan Warren	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Wall Tenise	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Patricia Taylor	Practitioner - Non-Primary Care Provider (PCP)											
Nissirios Themistoklis Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Robert Khalil	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hungria, Mildred, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Pacos Mary	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Reta Buchanan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sabo Stephen Russell Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Koenig Karleen Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Heather A Bergen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Druke Melissa Np	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Rafael Escalera	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ponticiello Joseph Nicholas Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Rondon Betty	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Bafuma Patrick J Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Thompson Laura Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Petkanas Pamela	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Miriam Schoenwald	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Lynn Picard	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Robinson Robyn Cecelia	Practitioner - Non-Primary Care Provider (PCP)						~					
Kang Harriet Md	Practitioner - Non-Primary Care Provider (PCP)	~										
O'Keeffe Margaret Kathleen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Alammari, Barbara, Lcsw	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Thomas Debra Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Joan Grady-M.A. Speech-Language	Practitioner - Non-Primary Care Provider (PCP)											
Rudy Katie Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hudson Valley Mental Health, Inc.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gladitsch Mary Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tarangelo Anne Marie Clare	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hochfelder Jillian	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Montondo Melinda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Chincuanco Ezekeil Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Weiner Nancy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kayla Cypher	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jourdy Deya	Practitioner - Non-Primary Care Provider (PCP)						~					
Kathryn Bendlin	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kathleen Higgins-M.A. Speech-Language	Practitioner - Non-Primary Care Provider (PCP)											
Fried, Jillian	Practitioner - Non-Primary Care Provider (PCP)						~					
Jennifer Forster-Green	Practitioner - Non-Primary Care Provider (PCP)											
Dagostino Mark	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Kathleen Towey, Ot	Practitioner - Non-Primary Care Provider (PCP)						~					
Gumaer Robin J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Pandya Kalpit Nand	Practitioner - Non-Primary Care Provider (PCP)						~					
Calhoun , Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Persaud Chandrowtie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Izetta Briggs-Bolling	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
April Harvin	Practitioner - Non-Primary Care Provider (PCP)						~					
Gifty Agyemang	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Petretti Carol Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Heavey Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Koim-Walsh, Katherine	Practitioner - Non-Primary Care Provider (PCP)						~					
Schwartz Alex	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bidadi Behzad	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shukla Prarthana D	Practitioner - Non-Primary Care Provider (PCP)						~					
Maureen Hyatt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nichols Oksana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Porter, Natalia, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ramaghan Natasha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Jennifer S Forrest	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Donatone Lividini Danielle Miss	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rell-Segreti Helene	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Dratte Erica Miss	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Araujo Erick Fernando Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rossillo Patrick Pt	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sliva Renee	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Shah Ravi Surendralal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Jason Savoy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Yohance Mendez	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Galati Angelyn Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bodenstab Meredith Janel	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Diane Pedevillano	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Heather Redmond	Practitioner - Non-Primary Care Provider (PCP)											
El Zarif Samer	Practitioner - Non-Primary Care Provider (PCP)						~					
Elly Barhydt	Practitioner - Non-Primary Care Provider (PCP)											
Greene Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Muller, Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rubin, Aimee	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Cieplinski William Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Dorfman Robert P Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Georgia Hinchman	Practitioner - Non-Primary Care Provider (PCP)						~					



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Vanessa Bernstein, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lebovits Raphael Eliyahu	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Alicia Stalker, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Deleon, Madelyn, Msw	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Terri Harrison-M.S. Registered Ot	Practitioner - Non-Primary Care Provider (PCP)											
Rivera Olga	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Allen Serena Margaret	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Pamela Marinelli	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Smith Stephen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Cibelli Meghan Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Biagiotti Julie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dinelle Kim M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Daniel O'Brian	Practitioner - Non-Primary Care Provider (PCP)											
Dresden Debra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Carson Stephen Douglas Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Pamela Mcfall	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Colaco Minu Kurian	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Hickman, Kathryn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Laina Mason	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Staci Davis	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Beale Jillian	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gayle Kagren	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Erin Shindle	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kogekar Nandini M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shah Binod P Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Sherman William Dr.	Practitioner - Non-Primary Care Provider (PCP)						~					
Goodman Ilyssa A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Marshall Sheldon	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dimun, Amy, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hooghuis Elizabeth Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Silver Gila S	Practitioner - Non-Primary Care Provider (PCP)						~					



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Verania Lane	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Carissa Majdanski, Pt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Miriam Gottesfeld	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Summer Nixon	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Heather Fitzharris	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Wasserman Adrienne R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Simpson Chantal Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kathleen Sobchack-Heyer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Thompson Michelle	Practitioner - Non-Primary Care Provider (PCP)						~					
Liben, Rebecca, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hughes Kristin Lynne	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Guertin Lina Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Altieri-Howell Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jenna Marie Marsico	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Rebecca Norman	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Janzila Monge Lmhc	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kristin Matta, Ot	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Turney Sarah	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Marsh Jennifer Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Quinn Kerry Eileen Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Blima Edelstein	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Johnson Latoya	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Carrie-Anne Milham	Practitioner - Non-Primary Care Provider (PCP)											
Bruck Lance R Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Longe Abiola	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Crapella Lise	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Parsons Laura Ann	Practitioner - Non-Primary Care Provider (PCP)						~					
Gersten Daniel	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shum Mili	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Keith Michele Villacorta, Pt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kellogg Hollis Mr.	Practitioner - Non-Primary Care Provider (PCP)						~					



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Ruby Mathew	Practitioner - Non-Primary Care Provider (PCP)						~					
Cottle Kenneth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nancy Hall	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Freyer Cathleen A Rn	Practitioner - Non-Primary Care Provider (PCP)						~					
Ali Joseph Tariq	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ireneo Labilles, Pt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Latteri-Palamara Christa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Simrany Denise	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mungy Maria Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sardar Henry Do	Practitioner - Non-Primary Care Provider (PCP)						~					
Michael Marchese	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Jordan Becky Dunza	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Tweedy Molly	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Soloveichik Yitzchak Zev	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	~
Henry Laura	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tirelli Matthew J	Practitioner - Non-Primary Care Provider (PCP)											
Pinchus Brecher	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kaur Baljeet	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Arnold Richard	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Starner Julie Kaye	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Richard J Smith	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Randi Berdon	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ostrander , Shannon	Practitioner - Non-Primary Care Provider (PCP)											
Verni , Karen	Practitioner - Non-Primary Care Provider (PCP)											
Perez Elynor Giannin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Goudreau-Green Nicole Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Blanchard Raymond Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Rutgliano, Jordana, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Patricia Dimatteo-Vandia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Allan Bethany K	Practitioner - Non-Primary Care Provider (PCP)						~					ĺ
Gordon Brigitte Lauren	Practitioner - Non-Primary Care Provider (PCP)						~					i



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Castillo Carolina	Practitioner - Non-Primary Care Provider (PCP)						~					
Shin Young J Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Rita Liegner	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Wenger Maria Liza	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Meaney Tirzah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Megan Leahey	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Horvatin Toni	Practitioner - Non-Primary Care Provider (PCP)											
Wade	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Jonathan Robinson	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Claire Crawley	Practitioner - Non-Primary Care Provider (PCP)											
Bekker, Paola	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Corrigan Mairead, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Guardiola Sandy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Margaret Burns-Beaman	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Lamb, Amelia, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Bordas Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Koulova Lidia Borissova	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Mohr X	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Riccardelli William	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
June B Helme	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Handrik, Toni	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Sahai Achal	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Chu-Peralta, Carol	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Susan Knight	Practitioner - Non-Primary Care Provider (PCP)						~					
Dada Neha	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Evans Korey David	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Mary Jane Newman, Rn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Scaglione Tara	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Dean, Cecilia, Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Prystajko Sonya	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shaji Jackson	Practitioner - Non-Primary Care Provider (PCP)						~					



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Gupta Nitin	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rivera Aiyana Eva	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Geisler Benjamin M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jackson Michele R	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rivers, Mary, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Handler Sheryl	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sayegh Danny Joseph	Practitioner - Non-Primary Care Provider (PCP)						~					
Mariel Bazil	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Anthony Moscatello	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Malina Cheryl R	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Egan Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Crowfoot Daniel E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Regina Coeli Hudson	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lorraine Chastant	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tina Weisman, Ot	Practitioner - Non-Primary Care Provider (PCP)						~					1
Peyerl Naomi Leanne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ostrow Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Boncek , Michele	Practitioner - Non-Primary Care Provider (PCP)											1
Davidson Dennis Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Heinlein Dara Lyn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Dwivedi Nira Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Rasamny Jk John	Practitioner - Non-Primary Care Provider (PCP)						~					1
Leah Rosenfeld	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Natalie Edelhauser	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cocca-Bates Katherine C	Practitioner - Non-Primary Care Provider (PCP)						~					1
Tinsley Yvonne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Aboagye Alex	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lukose, James, Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Danielle O'Malley	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Neicha Degraff	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Wohlberg Hindy	Practitioner - Non-Primary Care Provider (PCP)						~					ĺ



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

	Participating in	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Deol Ajit S	Practitioner - Non-Primary Care Provider (PCP)						~					
Wieder Harriot Estelle	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Yajahira C Valencia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kaitlin Reno	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Patel Anand V	Practitioner - Non-Primary Care Provider (PCP)						~					
Kim Katherine Yunsoo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Linda Peck	Practitioner - Non-Primary Care Provider (PCP)						~					
Sciortino Beth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Reyes Elisabeth Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Lorell Berrios	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kleinbaum Herman Bruce Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Schattner Thomas John Phd	Practitioner - Non-Primary Care Provider (PCP)						~					
Protopapas George	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Wolff Dianne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Foster, Richard	Practitioner - Non-Primary Care Provider (PCP)						~					
Mott Nolan Kenneth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Nucula Brown	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gail Neish	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Michelson Karen Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rosa Andrea	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Cooper Kezia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sakla Robin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Palmeiro Christopher Robert Do	Practitioner - Non-Primary Care Provider (PCP)		~				~		~	~		
Reynoso Jorge Luis	Practitioner - Non-Primary Care Provider (PCP)						~					
Glebocki Deborah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Page Oliver	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kreel Robert Ethan Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Jen Lauren	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Roper Virginia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Stephen Oby	Practitioner - Non-Primary Care Provider (PCP)											
Epstein Gene Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
	<u> </u>		1									



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Westchester Medical Center (PPS ID:21)

	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Kwak Charles	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Lipelis Konstantin Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mccarry, Thomas, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kang Leah	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Al Azzi Yorg	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tastan Bahar	Practitioner - Non-Primary Care Provider (PCP)						~					
Fannon Sarah Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Campbell Kathryn Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Wenta Samantha	Practitioner - Non-Primary Care Provider (PCP)						~					1
Treadwell Nanette D Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kim Robin S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Elisheva Jacobson	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tucker Kara Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Augustina Rueda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lamorgese Michael	Practitioner - Non-Primary Care Provider (PCP)						~					1
Harding Katherine L	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Elizabeth Rogers, Slp	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Licari Robin	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Rachel Sweigart-Voak, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Noger Diana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Perezalonso Luis	Practitioner - Non-Primary Care Provider (PCP)											1
Essig Ellen	Practitioner - Non-Primary Care Provider (PCP)						~					
Ott Andrea Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hecht Cheryl	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Vanessa Vargas-Fajardo, Pt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Volin Robert A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Munoz Margarita	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Victoria E Cespedes Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Ramirez Ronald J	Practitioner - Non-Primary Care Provider (PCP)											
Ervin Brandy Sherray Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mirna Sambula	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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	Participating i	in Projects										
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Becca Chodos	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Andrea Coiro	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rachelle Veasley	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Goklani, Shama, Lmsw	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Maureen Melendez	Practitioner - Non-Primary Care Provider (PCP)											
Colon Jesana	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rhamdeow Cherril M	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Adams Trissa Jayne	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Moragas Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Stavis Judith A S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Prial Amy Rachel	Practitioner - Non-Primary Care Provider (PCP)						~					
Chase, Barbara	Practitioner - Non-Primary Care Provider (PCP)						~					
Claire Hurst	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mahmoud Monay	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Janae Rowland	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cutilli Mary C	Practitioner - Non-Primary Care Provider (PCP)						~					
Beacher William	Practitioner - Non-Primary Care Provider (PCP)						~					
Amrute Kaytan Vinod Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Elizabeth Gonsalves, Ot	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Winfield Jane	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Balelrini Kathryn Beth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Martinez, Geovany	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Rouhana Rosemary	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Purugganan Sylvia M Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Echevarria Martha	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Franco, Victor, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Nensey Cyrus Karim	Practitioner - Non-Primary Care Provider (PCP)						~					
Singer Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Edward Lopez, Ot	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Banashefski, Kaela	Practitioner - Non-Primary Care Provider (PCP)						~					
Okorofsky Laurel J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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	Participating	in Projects										
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Vettichira Jaimie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Garcia Vicente R	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gaska Renee Barbara Dds	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Cugini Donna Marie	Practitioner - Non-Primary Care Provider (PCP)						~					
Salopek Michelle	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cristina Villalon-Kartheiser	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Leslie Kotzker	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Krumm Claire	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hinton Jesse Mr.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Clansy Diann	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Becker Alfred Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Whoriskey Alexandra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mcnamara Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Leon Lissette	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Susan Corbett	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Grattan Dana	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Moonthungal Sunitha J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Palma Cynthia	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Phillips Gabrielle Krystal	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Grace Maureen	Practitioner - Non-Primary Care Provider (PCP)						~					
Elias Mallon	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Shirley Van Horn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Salerno Melissa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Dweck Naomi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Geraci Mia Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Christopher Le	Practitioner - Non-Primary Care Provider (PCP)											
Karen Berman	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Linda P Balloqui-Smith	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Christensen Anne-Marie	Practitioner - Non-Primary Care Provider (PCP)						~					ĺ
Monica Valencia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Malow, Micheline	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Aguirre Wilson	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Somorin Olanrewaju Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Beverly Whalen-M.A. Speech-Language	Practitioner - Non-Primary Care Provider (PCP)											<u> </u>
Carla Pileggi	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ruth Puckhaber	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mckeown Katherine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mucci Louise Catherine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kathleen Montana	Practitioner - Non-Primary Care Provider (PCP)											
Deborah Doerre	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nakdiman, Eva	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Rejimon Sheeba Mrs.	Practitioner - Non-Primary Care Provider (PCP)						~					
Ton Quang V	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Maria Vilanova	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ellerman Angela J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Fasano Linda S	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Isabel Jay	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Nwasike Unoma	Practitioner - Non-Primary Care Provider (PCP)											
Gibbons, Donna, Rn,Cde	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lifrieri Carolyn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Lauren Passoff	Practitioner - Non-Primary Care Provider (PCP)						~					<u> </u>
Tebolt Allison	Practitioner - Non-Primary Care Provider (PCP)						~					1
Arce Elsa	Practitioner - Non-Primary Care Provider (PCP)						~					<u> </u>
Ellis Elaine Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gerald Ladero, Pt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Gottesman Brent Evan Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Smithem Denise Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Stein Allyson B	Practitioner - Non-Primary Care Provider (PCP)						~					1
Eckardt Elizabeth U	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Tiphonie Henry	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Szafranski Roger	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cho Michael H Md	Practitioner - Non-Primary Care Provider (PCP)						~					1



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* Safety Net Providers in Green	Participating i	in Proiects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Schorr-Lesnick Beth Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Denise Murphy, Rn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sukow Morgen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mark Madis Md Llc	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Gupta Jaideep	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Lasky Henry Paul Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Casey Mairead Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Mackintosh Mary	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Brandstaedter Karen Hardy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jeremy Jones	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Nwulu Chika	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Stephanie Kersting-M.S. Speech-Language	Practitioner - Non-Primary Care Provider (PCP)											
Closi Evdocia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Samberg Deborah Rabitz Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Burroughs Ninette	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Greenfield Dina	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kaitlin Mccarthy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Then Geraldine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kathryn Glass	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mayer Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Sheth Viral Ras Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Chirumamilla Amala	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Charles Fosuhene	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Beth A Maffia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ruckel, Joanne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Wood Katherine	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Sloan Charlotte	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Apollo Palomares	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bernstein, Amy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Colon, Krystle	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Hostin Helen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~



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Clark Morris	Practitioner - Non-Primary Care Provider (PCP)						~					
Walker Charles	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Amy M Duncan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Elise Derevjanik	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
O'Leary Katie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Spater-Zimmerman Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Carolann Clifford, Rn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Sandy Francis, Pt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Gina Farrell,Slp	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Millard Eve	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Abel Stephanie	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kropsky Ariana Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Garrett Domonique	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Turner Kelly	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Fazzio Lydia Olympia	Practitioner - Non-Primary Care Provider (PCP)											
Joyce Rosa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Domino Maceira	Practitioner - Non-Primary Care Provider (PCP)											
Festa James Keith Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Norma Reed	Practitioner - Non-Primary Care Provider (PCP)											
Bui Hoan K	Practitioner - Non-Primary Care Provider (PCP)						~					
Candace Cardwell	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Patricia Heidemann, Rn	Practitioner - Non-Primary Care Provider (PCP)	~	~		*		~	~	~	~	~	>
Downing Delia S Dds	Practitioner - Non-Primary Care Provider (PCP)	~										
Mikel Tzeena	Practitioner - Non-Primary Care Provider (PCP)						~					
Nancy Flynn-Forte	Practitioner - Non-Primary Care Provider (PCP)											
Kandarappallil Syna M	Practitioner - Non-Primary Care Provider (PCP)	~	~		*		~		~	~	~	>
Danielle Napolione, Dpt	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	>
Nagel Michelle	Practitioner - Non-Primary Care Provider (PCP)	~	~		>		~	~	~	~	~	>
Lore-Grachan Alicia	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Kilmer Natalie K	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Aline Pirrone	Practitioner - Non-Primary Care Provider (PCP)											



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Madsen Margaret T	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Theresa Gurrieri	Practitioner - Non-Primary Care Provider (PCP)						~					
Odume Josephine Nkechi	Practitioner - Non-Primary Care Provider (PCP)											
Leslie Friedman	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Powers Lenore Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Karissa Setera	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Oldfield Kate Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Weiss Jonathan Andrew	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Fredi Claire Githens-M.A. Registered Ot	Practitioner - Non-Primary Care Provider (PCP)											
Lozier, Victoria	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mariam Darbandi, Pt	Practitioner - Non-Primary Care Provider (PCP)											
Binder Jemma	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Theresa Montalvan	Practitioner - Non-Primary Care Provider (PCP)											
Al-Qaisi Anmar	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Duquella Gregory Woodlee	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mc Dermott Annemarie	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Figurski Kara Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Jonathan Hubert	Practitioner - Non-Primary Care Provider (PCP)											
Mergi Danny	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Merelas, Melissa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Benoy Mary Chethicot	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Cruz Dilliana Martinez	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Flood Fatima	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Krieg Stephen Judd	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Pieratos, Gina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Rebecca M Wells	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sebastian Seena R	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Abouezzi Ziad E Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Weissman Lynne Beth	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Wind Benjamin Dr.	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hill Syretta Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Joselin Jimenez	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Virk Gurvinder K	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Blair Joshua James	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Williams, Sherrie	Practitioner - Non-Primary Care Provider (PCP)						~					
Samuel Shelley Deborah Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	>
Debra Powell-O'Donahue	Practitioner - Non-Primary Care Provider (PCP)						~					
Dr. Haris Zafarullah	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~		~	~	~	>
Okun Alexander L Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Deborah Masterson	Practitioner - Non-Primary Care Provider (PCP)											
Dib Nancy Ellen	Practitioner - Non-Primary Care Provider (PCP)						~					
Pendergast Janeen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Mairs, Tracy	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Rose Lauren E	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Sala Emily Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Dagmar Vodrazkova	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Hale Theodore Mark Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	>
Corbin Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Zaremba Marlyse L Csw	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Elmendorf Suellen	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Ferry Darci	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Magliulo Theresa	Practitioner - Non-Primary Care Provider (PCP)						~					
Deborah Carlsen	Practitioner - Non-Primary Care Provider (PCP)											
Clara Jacobsohn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Mora Sol Nathan Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Kathryn Howard	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Sally Reach	Practitioner - Non-Primary Care Provider (PCP)											
Mendez Nydia E	Practitioner - Non-Primary Care Provider (PCP)						~					
Thomas Allan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Kaplan Jenny Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Gotthardt Jane Fo	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Danna Aitken Lmhc	Practitioner - Non-Primary Care Provider (PCP)						~					
								•	•			



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Kerri Tavzel	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Punsalan Ryan Andrew	Practitioner - Non-Primary Care Provider (PCP)						~					
Musolino Samantha Nicole	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kauffold Megan E	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Raquelle Bender	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Depool Joanie Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Amy Diramio	Practitioner - Non-Primary Care Provider (PCP)											
Augusta Krystle Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Juliana Schumanski,Dpt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cumming Llewellyn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Evelyn Soto, Rn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Danisi Fabio Osvaldo Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Christine Cook, Pt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kemp Abby	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Yoo Ji Yeoun	Practitioner - Non-Primary Care Provider (PCP)	~										
Antoniak Sandra K	Practitioner - Non-Primary Care Provider (PCP)						~					
Caroline Hewitt	Practitioner - Non-Primary Care Provider (PCP)						~					
Carrigan Brenna M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Gloria Perez-Segnini	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Polizzano Chelsae Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Brittany Raniere, Dpt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kathleen Filak	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mehta Jayesh Ramniklal Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Kang Grace Youngeun	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Kamla Deoki-Prasad	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Levy Michael I Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Kathleen Pratt	Practitioner - Non-Primary Care Provider (PCP)											
Deirdre Ronca-B.S. Certified Dietitian-Nutritionist	Practitioner - Non-Primary Care Provider (PCP)											
Audrey Fanning, Rn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sobolev Maria	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Russo Louis	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Danielle Medina	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Shaffer Chauntel Mrs.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Ottowitz Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mankowitz Scott Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Carol Ben Reuben	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Khanna Suresh Md	Practitioner - Non-Primary Care Provider (PCP)	~			~			~	~	~	~	~
Choi Lisa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Moses-Westphal, Kristen	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Hardcastle John M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Dea-Jue Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Allyson Cohen	Practitioner - Non-Primary Care Provider (PCP)						~					
Travis Robert Whitney	Practitioner - Non-Primary Care Provider (PCP)						~					
Baron Gregory	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Marina Rozovsky	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Dayna Tiesi	Practitioner - Non-Primary Care Provider (PCP)											
Christine Laplante	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Peralta-Rodriguez Anyelina Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Khan Khalid M Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Morgan Barbara	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Barsky Emily	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Ware Anita	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tropin Jaimie M	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Bhatia Rubina Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Jose Helma	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Krista Sadowski, Dpt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Bloom Jillian	Practitioner - Non-Primary Care Provider (PCP)						~					
Bulman Paul	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Burgos Keila Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Mao Dennis Shu-Chih Md	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Hollingsworth, Charlie, Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Velazquez, Franklin	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~



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Shaldeen Spencer	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Wesolowski, Rosemary, Pt	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Adis Lauren Emily	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Susswein, Harris Malka	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Blackwood Caryl D	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Rainaldi Matthew A	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Angelina Valentin	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Agostino Gina Ms.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Carpenter-Sarmiento Heather	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	~
Mia Wolinsksy-Zazon	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Richardson Christine	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Cassandra Eberhard	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Guglielmo Linda	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Stepanovska Sandra	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Orenstein-Orgel, Michelle	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Flores-Migenes Nancy B Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Tomlinson, Denis, Lmhc	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Mehra Sona Md	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Carroll Joanne	Practitioner - Non-Primary Care Provider (PCP)						~					1
Margaret Amaturo	Practitioner - Non-Primary Care Provider (PCP)						~					1
Trisha Varughese	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Deborah Glenn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Estelle Ayyad	Practitioner - Non-Primary Care Provider (PCP)						~					1
Fernando Emil Trevis	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Compagnone Agnes Marcia Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~		~	~	~	~	~	~
Ginsburg, Rachel	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~	~	~	~	~	~	~
Robin Einhorn	Practitioner - Non-Primary Care Provider (PCP)						~					ĺ
Adenia Perez	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Sood Shilpa	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~
Diluzio Stephanie Marie	Practitioner - Non-Primary Care Provider (PCP)						~					ĺ
Martin Jessica	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	~



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Scheurer Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~	~	~	~	~	~	>
Andrew I Kuntz	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Anne Criticos, Phd.	Practitioner - Non-Primary Care Provider (PCP)	~	~		~		~	~	~	~	~	>
Ellenville Reg Hsp	Hospital	~	~		~			~	~	~	~	>
Northern Westchester Hosp Ctr	Hospital	~			~			~	~	~	~	>
Catskill Regional Medical Ctr Adhc	Hospital						~					
Margaretville Hosp	Hospital	~	~	~	~	~	~	~	~	~	~	>
Westchester Med Ctr	Hospital	~	~	~	~	~	~	~	~	~	~	>
Phelps Memorial Hsp Assoc	Hospital	~	~		~		~		~	~	~	~
Blythedale Childrens Hospital	Hospital						~					
Kingston Hospital	Hospital	~	~	~	~	~	~	~	~	~	~	>
Benedictine Hospital	Hospital	~	~	~	~	~	~	~	~	~	~	>
Summit Park Hospital Rockland	Hospital	~				~						
Good Samaritan Hsp Suffern	Hospital	~	~	~	~		~	~	~	~	~	~
Bon Secours Comm Hosp	Hospital	~	~	~	~		~	~	~	~	~	>
St Anthony Community Hospital	Hospital	~	~	~	~		~	~	~	~	~	>
St Lukes Cornwall	Hospital											
Calvary Hospital Inc	Hospital						~					
St Josephs Hosp	Hospital											
Orange Regional Medical Ctr	Hospital						~					
Memorial Hsp Cancer Allied	Hospital											
New Alternatives F Children	Clinic						~					
Arc Healthresources Of Rockland	Clinic						~					
Wihd Inc	Clinic						~					
Ucpa Of Putnam & So Dutchess	Clinic	~	~		~		~	~	~	~	~	~
Sdtc The Center For Discovery	Clinic	~										
Ellenville Reg Hsp	Clinic	~	~		~			~	~	~	~	>
Northern Westchester Hosp Ctr	Clinic	~			~			~	~	~	~	>
Ability Beyond Disability	Clinic											
Catskill Regional Medical Ctr Adhc	Clinic						~					
St Christophers Inn Inc	Clinic	~	~		~		~	~	~	~	~	>
	•											



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Mt Vernon Neighborhood Hc Inc	Clinic	~	~		~		~	~	~	~	~	>
Cah Rehabilitation Program	Clinic											
Community Med & Dental Care I	Clinic	~	~		~	>	~	~	~	~	~	>
Institute For Family HIth	Clinic	~	~	~	~		~	~	~	~	~	>
Daytop Village,Inc	Clinic											
Ucp Assn Of The Capital Dist	Clinic											
Ulster Cnty Doh Nurs Div	Clinic											
Open Door Family Medical Center Inc	Clinic	~	~		~		~	~	~	~	~	~
Ucp Of Ulster County	Clinic						~					
Sullivan Cy Bd Of Supv Cy Phn	Clinic	~										
Greater Hudson Valley Fam Hlt, The	Clinic	~	~	~	~		~	~	~	~	~	~
Orange County Health Dept	Clinic	~	~		~		~	~	~	~	~	~
Jawonio Inc	Clinic	~	~		~		~	~	~	~	~	~
Middletown Comm Health Center	Clinic	~	~		~	~	~	~	~	~	~	~
Margaretville Hosp	Clinic	~	~	~	~	~	~	~	~	~	~	~
Westchester Med Ctr	Clinic	~	~	~	~	~	~	~	~	~	~	~
Phelps Memorial Hsp Assoc	Clinic	~	~		~		~		~	~	~	~
Blythedale Childrens Hospital	Clinic						~					
Kingston Hospital	Clinic	~	~	~	~	~	~	~	~	~	~	~
Benedictine Hospital	Clinic	~	~	~	~	~	~	~	~	~	~	~
Summit Park Hospital Rockland	Clinic	~				~						
Good Samaritan Hsp Suffern	Clinic	~	~	~	~		~	~	~	~	~	~
Bon Secours Comm Hosp	Clinic	~	~	~	~		~	~	~	~	~	~
St Anthony Community Hospital	Clinic	~	~	~	~		~	~	~	~	~	~
St Lukes Cornwall	Clinic											
Calvary Hospital Inc	Clinic						~					
St Josephs Hosp	Clinic											
Orange Regional Medical Ctr	Clinic						~					
Pp Of Mid-Hudson Valley Inc	Clinic						~					
Memorial Hsp Cancer Allied	Clinic											
Childrens Rehabilitation Center	Clinic	~	~		~		~	~	~	~	~	>



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Orange County Cerebral Palsy Assoc	Clinic	~	~		~		~	~	~	~	~	~
Mid-Hudson Association For Persons	Clinic	~	~		~			~	~	~	~	~
Liberty Resources Psychology Physic	Clinic	~	~		~			~	~	~	~	~
Provider-Hamaspik Of Orange County	Clinic						~					
Parsons Child And Family Ctr	Clinic											
Yedei Chesed Inc	Clinic	~	~		~		~	~	~	~	~	~
Hawthorne Foundation Inc	Clinic						~					
Eileen B Miller Pt	Clinic						~					
Granieri Marcia M	Clinic						~					
Deborah Lenore Bolzan	Clinic						~					
Rockland Co Nysarc Ics	Clinic						~					
Vnsny Community Health Services	Case Management / Health Home						~					
Mental Hith Assoc Rocklan Co	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Mental Health Association In	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Wihd Inc	Case Management / Health Home						~					
Omrdd/Leake & Watts Msc-Hv	Case Management / Health Home						~					
Omrdd/Leake And Watts Nyc Msc	Case Management / Health Home						~					
Omrdd/Chemlu Dev Dis Ctr Hv	Case Management / Health Home						~					
Mental HIth Assoc/Dutchess Mh	Case Management / Health Home	~	~		~	~	~	~	~	~	~	~
Human Dev Ser Westchester Mh	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Choice Of New Rochelle Mh	Case Management / Health Home	~	~		~			~	~	~	~	~
Mental Hith Assoc Mh	Case Management / Health Home	~	~		~		~	~	~	~	~	~
St Dominic'S Home Mh	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Putnam Family & Comm Ser Mh	Case Management / Health Home	~	~		~	~	~	~	~	~	~	~
Omrdd/Greystone Programs-Hv	Case Management / Health Home											
Omrdd/Occupations Mh Mr-Ta	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Omrdd/West Co Opt Mental Hith	Case Management / Health Home											
Omrdd/Rockland Co Chap Nysarc	Case Management / Health Home						~					
Resource Ctr/Acc Liv-Ta	Case Management / Health Home						~					
Orange Co Cp Assoc	Case Management / Health Home											
Omrdd/Orange Chap Nysarc-Hv	Case Management / Health Home						~					



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Opengate, Inc	Case Management / Health Home											
Omrdd/Occupations Inc Mh Mr	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Omrdd/In Flight Inc	Case Management / Health Home	~			~		~	~	~	~	~	~
Omrdd/Greystone Programs	Case Management / Health Home											
Omrdd/Gateway Community Ind	Case Management / Health Home	~	~	~	~		~	~	~	~	~	~
Omrdd/Fam Empowerment Council	Case Management / Health Home											
Omrdd/Delaware Co Nysarc-Br	Case Management / Health Home											
Omrdd/Crystal Run Village-Lv	Case Management / Health Home						~					
Omrdd/Carc Inc	Case Management / Health Home						~					
Omrdd/Assoc Ment III Child	Case Management / Health Home											
Omrdd/Another Step Inc	Case Management / Health Home											
Omrdd/Abbott House-Lv	Case Management / Health Home						~					
Omrdd/Abbott House-Ny	Case Management / Health Home						~					
Astor Home For Children Fbt	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Rehabilitation Supp Svcs C	Case Management / Health Home	~	~		~	~	~	~	~	~	~	~
Mha Of Westchester	Case Management / Health Home	~	~		~	~	~	~	~	~	~	~
Mid Hudson Valley/Arcs Ai	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Cah Orange Cnty Doh Div Phn	Case Management / Health Home											
Jewish Child Care Assoc Mh	Case Management / Health Home											
Occupations Inc Mh Mr	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Sullivan County Cmh Mh	Case Management / Health Home	~										
Dutchess Cnty Doh Lthhcp	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Institute For Family Hlth	Case Management / Health Home	~	~	~	~		~	~	~	~	~	~
Westchester County Dcmh	Case Management / Health Home							~				
Hudson Health Plan Inc	Case Management / Health Home											
Ulster Cnty Doh Nurs Div	Case Management / Health Home											
Open Door Family Medical Center Inc	Case Management / Health Home	~	~		~		~	~	~	~	~	~
Sullivan Cy Bd Of Supv Cy Phn	Case Management / Health Home	~										
Sullivan Cnty Pub Hlth Ser	Case Management / Health Home	~										
Rockland Doh Nursing Div Co	Case Management / Health Home	~				~						
Phelps Memorial Hsp Assoc	Case Management / Health Home	~	~		~		~		~	~	~	~



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Orange County Cerebral Palsy Assoc	Case Management / Health Home	~	~	~		~	~	~	~	~	~
Omrdd/Community Based Svcs Msc Hv	Case Management / Health Home					~					
Mid-Hudson Association For Persons	Case Management / Health Home	~	~	~			~	~	~	~	~
Liberty Resources Psychology Physic	Case Management / Health Home	~	~	~			~	~	~	~	~
Provider-Hamaspik Of Orange County	Case Management / Health Home					~					
Parsons Child And Family Ctr	Case Management / Health Home										
Yedei Chesed Inc	Case Management / Health Home	~	~	~		~	~	~	~	~	~
Opwdd/Comm Based Svcs Mcs-Tac	Case Management / Health Home					~					
Honor Ehg Inc	Case Management / Health Home	~	~	~		~	~	~	~	~	~
Omrdd/Leake And Watts Nyc Msc	Case Management / Health Home										
Beth K Boyarsky Md	Mental Health	~	~	~		~	~	~	~	~	~
Idowu Kehinde Olabisi	Mental Health										
Galli Viviana	Mental Health	~	~	~		~	~	~	~	~	~
Goodemote Melissa	Mental Health	~	~	~		~	~	~	~	~	~
Zak Veronica Md	Mental Health					~					
Cesar A Rojas Md	Mental Health										
Hussain Shakeeb	Mental Health	~	~	~		~		~	~	~	~
Most Paul	Mental Health	~	~	~		~	~	~	~	~	~
Quiros Sandra	Mental Health	~	~	~		~	~	~	~	~	~
Torres-Orta Minerva	Mental Health	~	~	~		~	~	~	~	~	~
Gibbs-Bryant Shirley	Mental Health	~	~	~		~	~	~	~	~	~
Spater-Zimmerman Susan	Mental Health										
Da Silva-Siegel Denize	Mental Health	~	~	~		~	~	~	~	~	~
Romanelli Matthew	Mental Health	~	~	~		~		~	~	~	~
Moraldo Stacy	Mental Health	~	~	~		~	~	~	~	~	~
Codrington Jamila	Mental Health	~	~	~		~	~	~	~	~	~
Vnsny Community Health Services	Mental Health					~					
Richard H Grayson Phd	Mental Health	~	~	~		~	~	~	~	~	~
Martha Cecilia Gamboa	Mental Health					~					
Heim Amy	Mental Health	~	~	~		~	~	~	~	~	~
Atkins Judith	Mental Health	~	~	~	~	~	~	~	~	~	~



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Verna Matias Augusto	Mental Health						~					
Lidia Zozistaua Klepacz	Mental Health						~					
Leone Laura	Mental Health	~	~	~	~		~	~	~	~	~	>
Kronenberg Sharon	Mental Health	~	~		~	~	~	~	~	~	~	>
Burroughs Ninette	Mental Health											
Nifenecker Susan	Mental Health											
Chavarro Jessica	Mental Health	~	~		~	~	~	~	~	~	~	>
Stone Jennifer	Mental Health	~	~	~	~		~	~	~	~	~	>
Larkin Alison	Mental Health	~	~		~		~	~	~	~	~	>
Siller Pamela	Mental Health						~					
Uy George	Mental Health	~	~		~	~	~	~	~	~	~	>
Steinberg David	Mental Health						~					
Rashid Asif Md	Mental Health						~					
Perkins Susan Mary	Mental Health						~					
Johnson Rhea	Mental Health	~	~		~	~	~	~	~	~	~	>
Braniecki Suzanne Hadly Phd	Mental Health	~	~		~		~	~	~	~	~	>
Schulman Morgan	Mental Health	~	~	~	~		~	~	~	~	~	>
Levy David	Mental Health											
Blossy Christine	Mental Health	~	~		~		~	~	~	~	~	>
Vandenheuvel Angela	Mental Health	~	~		~		~	~	~	~	~	>
Khalil Hani L	Mental Health	~	~		~		~	~	~	~	~	*
Hlubik Vivian	Mental Health	~	~		~		~	~	~	~	~	>
Morales Denise	Mental Health	~	~	~	~		~	~	~	~	~	*
Taveras Sandra	Mental Health											
New Alternatives F Children	Mental Health						~					
Grosso Celeste M Md	Mental Health	~	~		~		~	~	~	~	~	*
Tillmon Linda	Mental Health	~	~	~	~		~	~	~	~	~	~
Nysarc Inc-Dutchess County	Mental Health						~					
Remson Karen M Np	Mental Health											
Schattner Thomas John Phd	Mental Health											
Patel Ashok A Md	Mental Health	~	~		~		~	~	~	~	~	~



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Murray Brian	Mental Health	~	~		~	~	~	~	~	~	~	~
Maduekwe Nnamdi E Md	Mental Health						~					
Palmer Kimberly	Mental Health	~	~		~		~	~	~	~	~	~
Ulster-Greene Arc	Mental Health						~					
Miller Ann M Md	Mental Health	~	~		~	~	~	~	~	~	~	~
Vengrin Jana Gale Np	Mental Health	~	~		~		~	~	~	~	~	~
Cyvas Edmund	Mental Health											
Frankel Aryeh	Mental Health	~	~		~	~	~	~	~	~	~	~
Rossetti David	Mental Health											
Dickstein Steven G Md	Mental Health	~	~		~		~	~	~	~	~	~
Posada Gerardo A Md	Mental Health	~	~		~	~	~	~	~	~	~	~
Hudson Valley Mental HIth Ln	Mental Health	~	~		~		~	~	~	~	~	~
Davison Sarah	Mental Health	~	~	~	~		~	~	~	~	~	~
Mcdonald Katherine G	Mental Health	~	~		~		~	~	~	~	~	~
Mental Hith Assoc Rocklan Co	Mental Health	~	~		~		~	~	~	~	~	~
Mundra Ajit R Phd	Mental Health											
Zambenedetti Maurizio	Mental Health	~	~		~		~	~	~	~	~	~
Wall David	Mental Health	~	~		~	~	~	~	~	~	~	~
Rockland Pc	Mental Health	~	~		~		~	~	~	~	~	~
Mental Health Association In	Mental Health	~	~		~		~	~	~	~	~	~
Sime Rosemarie	Mental Health	~	~		~		~		~	~	~	~
Schultheis Gary B	Mental Health						~					
Lundy Christine Denise	Mental Health						~					
Northeast Parent Child Societ	Mental Health											
Norman Janet	Mental Health											
Wang Richard Chris Md	Mental Health						~					
Fazzio Lydia Olympia	Mental Health											
Aaron Lisa	Mental Health	~	~		~	~	~	~	~	~	~	~
Salvato Tatiana	Mental Health											
Mason Linda	Mental Health	~	~		~		~	~	~	~	~	~
Ardito Diane A Phd	Mental Health											



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Gries James Robert Phd	Mental Health											
Zaremba Marlyse L Csw	Mental Health											
Sharma Parvesh Kumar Md	Mental Health											
Price Richard L	Mental Health	~	~		~		~	~	~	~	~	~
Kandera John	Mental Health	~	~		~		~	~	~	~	~	~
Han Jihuk	Mental Health											
Cardillo Edward Paul Phd	Mental Health						~					
Waite Leslie	Mental Health	~	~		~		~	~	~	~	~	~
Umali Sofia	Mental Health						~					
Lev Olga Md	Mental Health						~					
Kim Kyungae Rn	Mental Health						~					
Bikur Cholim Inc	Mental Health	~	~		~		~	~	~	~	~	~
Vazquez Olga	Mental Health	~	~	~	~		~	~	~	~	~	~
Elmouchtari Abdelouahe Md	Mental Health	~	~		~		~	~	~	~	~	~
Di Lullo Joseph Matthew Md	Mental Health	~	~	~	~		~	~	~	~	~	~
Zelinger Gila	Mental Health											
Packard Regina	Mental Health	~	~		~		~	~	~	~	~	~
Hajal Fady	Mental Health						~					
Edelstein Gary	Mental Health	~	~		~		~	~	~	~	~	~
Berg Brad	Mental Health	~	~		~		~	~	~	~	~	~
Al-Tariq Quazi Saifullah	Mental Health						~					
Kamthan Mridula	Mental Health	~	~		~		~	~	~	~	~	~
Thomas Cheryl A Phd	Mental Health											
Byrne Thomas	Mental Health											
Witek Malgorzata Wieslawa	Mental Health	~	~		~		~	~	~	~	~	~
Scharoun Gina Magali Phd	Mental Health											
Weisstuch Zvi Samuel Md	Mental Health	~	~		~	~	~	~	~	~	~	~
Qayyum Abdul Md	Mental Health	~	~		~		~	~	~	~	~	~
Win Phone Myint Md	Mental Health						~					
Westchester Co Hithcare Corp	Mental Health	~	~	~	~	~	~	~	~	~	~	~
Kushnir Seymour Larry Md	Mental Health	~	~	~	~		~	~	~	~	~	~



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Hirsch Suzanne Leslie Phd	Mental Health										
Kessler Carol	Mental Health	~	~	~		~	~	~	~	~	>
Sullivan Stephen P	Mental Health					~					
Shivashankar Gowramma	Mental Health										
Ranges Mary E	Mental Health	~	~	~		~	~	~	~	~	~
Adamczak Julita Rae	Mental Health	~	~	~		~	~	~	~	~	~
Ackerman-Rapha Rebecca	Mental Health	~	~	~		~	~	~	~	~	>
Mental HIth Assoc/Dutchess Mh	Mental Health	~	~	~	~	~	~	~	~	~	>
Holt Kimberly J Phd	Mental Health					~					
Speranza Michele Lee Phd	Mental Health										
Lee Heidi	Mental Health	~	~	~	~	~	~	~	~	~	>
Cotto Sylvia	Mental Health	~	~	~		~	~	~	~	~	>
Siewers Kevin Np	Mental Health										
Kimball Rita	Mental Health	~	~	~	~	~	~	~	~	~	>
Nikiforov Konstantin Md	Mental Health										
Grabowitz Ellen W	Mental Health	~	~	~		~	~	~	~	~	>
Dubois Maria Yvone	Mental Health	~	~	~		~	~	~	~	~	>
Khan Khalid M Md	Mental Health										
Ratakonda Santhi S Md	Mental Health					~					
Basso Alan Matthews Phd	Mental Health					~					
Somorin Olanrewaju Md	Mental Health										
Spater Herman W	Mental Health	~	~	~	~	~	~	~	~	~	>
Bender Evan David Md	Mental Health	~	~	~		~	~	~	~	~	>
Jewish Child Care Assoc	Mental Health										
Rathinapandian Francis X Md	Mental Health	~	~	~		~	~	~	~	~	>
Herman Paul Phd	Mental Health										
Human Dev Ser Westchester Mh	Mental Health	~	~	~		~	~	~	~	~	~
Purugganan Romeo Sison Md	Mental Health					~					
Draoua Jay D Md	Mental Health					~					
Larkin Roland Mcmanus	Mental Health	~	~	~		~	~	~	~	~	~
Mccullough Gene P	Mental Health										



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2.a.iii	2.a.iv 2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv 2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Winther Lynn C Md	Mental Health	~	~	~		~		~	~	~	~
Vazquez Claudio Manuel Md	Mental Health										
Arenson Richard	Mental Health	~	~	~	~	~	~	~	~	~	~
Lerman Alexander	Mental Health					~					
Baxi Shreyas Md	Mental Health					~					
Bergman Scott Zachary Phd	Mental Health										
Felix Alan	Mental Health	~	~	~	~	~	~	~	~	~	~
Catskill Regional Medical Ctr Adhc	Mental Health					~					
Ahsan Sadaf R Md	Mental Health	~	~	~	~	~	~	~	~	~	~
Rexdale Starr R Md	Mental Health	~	~	~	~	~	~	~	~	~	~
Corbin Jeffrey S Md	Mental Health										
Singh Sukhminder Md	Mental Health					~					
Bogen Steven Md	Mental Health	~	~	~		~		~	~	~	~
Levin Andrew Paul Md	Mental Health	~	~	~	~	~	~	~	~	~	~
Sheth Snehal R Md	Mental Health	~	~	~		~	~	~	~	~	~
Roldan Ernesto	Mental Health										
Viard Marie Md	Mental Health										
Savani Nargis Kasam Ali Md	Mental Health	~	~	~		~	~	~	~	~	~
Billotti Thomas J	Mental Health										
Mendola Antony J Md	Mental Health					~					
Rowe Timothy Owen	Mental Health	~	~	~		~	~	~	~	~	~
Aftab Naeem Md	Mental Health	~	~	~		~	~	~	~	~	~
Lidagoster Lidia Md	Mental Health										
Birnbaum Israel	Mental Health										
Russakoff L Mark Md	Mental Health	~	~	~		~		~	~	~	~
Hotchandani Meenu Md	Mental Health	~	~	~		~	~	~	~	~	~
Mirabello Elizabeth Mary	Mental Health	~		~			~	~	~	~	~
Westchester Arc	Mental Health					~					
Astor Home For Children Fbt	Mental Health	~	~	~		~	~	~	~	~	~
Lago Jesus Angel Md	Mental Health	~	~	~		~	~	~	~	~	~
Whikehart Douglas Md	Mental Health										



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* Safety Net Providers in Green	Particinatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Gateway Community Industries	Mental Health	~	~	~	~		~	~	~	~	~	~
Kessler Karl M Md	Mental Health						~					
Hoffman Lynne F Md	Mental Health	~	~		~	~	~	~	~	~	~	~
Family Svc Of Westchester	Mental Health	~	~		~		~	~	~	~	~	~
Darwin Buschman Md Pc	Mental Health						~					
Psychiatric Services Of Orang	Mental Health						~					
Abbott House Inc	Mental Health						~					
Sheikh Iqbal Qamar Md	Mental Health						~					
Rehabilitation Supp Svcs C	Mental Health	~	~		~	~	~	~	~	~	~	>
Search For Change Inc	Mental Health	~	~		~		~	~	~	~	~	~
Orange Co Rehab Occupations	Mental Health	~	~		~		~	~	~	~	~	>
Loeb House Inc	Mental Health	~	~		~		~	~	~	~	~	*
Saint Dominics Home	Mental Health	~	~		~		~	~	~	~	~	*
Mha Of Westchester	Mental Health	~	~		~	~	~	~	~	~	~	~
Rockland Hospital Guild Inc	Mental Health											
Cabasso Arnold Lawrence	Mental Health	~	~		~		~	~	~	~	~	~
Borakove Larry Steven	Mental Health											
Gallagher Richard E Md	Mental Health						~					
Carino Aurora L Md	Mental Health	~	~		~		~	~	~	~	~	~
Chou James C Y Md	Mental Health	~			~			~	~	~	~	~
Van Aken Thomas Leonard Md	Mental Health											
Dutches Co Dept Mh	Mental Health											
Myo Khin Maung Md	Mental Health						~					
Reddy Nirmala M Md	Mental Health	~	~		~		~	~	~	~	~	>
Sullivan County Cmh Mh	Mental Health	~										
Kemker Susan Stark Md	Mental Health						~					
Levner Charles	Mental Health											
Rogers Craig Steven Md	Mental Health	~	~		~		~		~	~	~	>
Weisbard James Joseph	Mental Health	~	~	~	~		~	~	~	~	~	>
Singh Kuljit Md	Mental Health	~	~		~		~	~	~	~	~	>
Purugganan Sylvia M Md	Mental Health											



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	Participatin	g in Projects										
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Adler Arlene Gail Phd	Mental Health	~	~		~		~	~	~	~	~	~
Lavian Manouchehr Md	Mental Health						~					
Karroum Nabil Hanna Md	Mental Health	~	>		>		~	~	~	~	~	~
Chandra Sekhara Muthaiah Md	Mental Health	~	~		~		~	~	~	~	~	~
Youchah Joan R Md	Mental Health						~					
Krugley Richard A Md	Mental Health											
Zinzuvadia Kishor Natvarlal	Mental Health						~					
Kadesh Irving	Mental Health						~					
Malik Muhammad Aslam Md	Mental Health						~					
Institute For Family Hlth	Mental Health	~	~	~	~		~	~	~	~	~	~
Kathpalia S Alil Md	Mental Health	~	~		~		~	~	~	~	~	~
Sawkar Venkatesh Tulsappa Md	Mental Health	~	~		~		~		~	~	~	~
Speicher Julia E Md	Mental Health	~	~		~		~	~	~	~	~	~
Association/Mentally III Chld	Mental Health											
Linder Alice Anne Md	Mental Health	~	~		~		~	~	~	~	~	~
Lapidus Shirley M	Mental Health						~					
Grambau Robert F Md	Mental Health						~					
Weiler Marc E Phd	Mental Health											
Rtf Childrens Village	Mental Health	~	~		~		~	~	~	~	~	~
Rtf Jewish Board Linden Hill	Mental Health	~	~		~		~	~	~	~	~	~
Rtf Jewish Board Goldsmith Ct	Mental Health	~	~		~		~	~	~	~	~	~
Lee Mi Hyun Md	Mental Health	~	~		~		~	~	~	~	~	~
Landowne Ann Elizabeth	Mental Health						~					
Jewish Board Family Child B	Mental Health	~	~		~		~	~	~	~	~	~
Levy Michael I Md	Mental Health											
Tarle Marc E Md	Mental Health											
Berman Harvey M Md	Mental Health						~					
Di Bianco Joseph T Md	Mental Health											
Branson Perry R Md	Mental Health	~	~		~	~	~	~	~	~	~	~
Soe Khin Maung Md	Mental Health						~					
Chandra Sushil Md	Mental Health											



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Shin Young J Md	Mental Health											
Tuchman Alan Joel Md	Mental Health											
Robotti Flavia Md	Mental Health	~	~		~	~	~	~	~	~	~	~
Tutnauer Steven I Md	Mental Health	~	~		~		~	~	~	~	~	~
Chepuru Yadagiri Md	Mental Health											
Guidance Center,Inc	Mental Health	~	~		~	~	~	~	~	~	~	~
Westchester Jewish Comm Srvs	Mental Health	~	~		~	~	~	~	~	~	~	~
Stumacher Mark Jay	Mental Health	~	~		~	~	~	~	~	~	~	~
Kaplan Mitchel A Md	Mental Health						~					
Orange Cnty Dept Mental Healt	Mental Health	~	~		~		~	~	~	~	~	~
Rubenstein Robert J Md	Mental Health	~	~	~	~		~	~	~	~	~	~
Krakower Leon A	Mental Health	~	~		~		~	~	~	~	~	~
Kymissis Pavlos Md	Mental Health	~	~		~		~	~	~	~	~	~
Datta Moitri Nath Md	Mental Health						~					
Kupietz Samuel S Phd	Mental Health											
Julia Dyckman Andrus Memorial, Inc	Mental Health						~					
Taylor Care Center At Westche	Mental Health	~	~	~	~	~	~	~	~	~	~	~
Gottlieb Howard P Md	Mental Health	~	~		~		~	~	~	~	~	~
Orange Cnty Rehab-Occupations	Mental Health	~	~		~		~	~	~	~	~	~
Westchester Med Ctr	Mental Health	~	~	~	~	~	~	~	~	~	~	~
Phelps Memorial Hsp Assoc	Mental Health	~	~		~		~		~	~	~	~
Benedictine Hospital	Mental Health	~	~	~	~	~	~	~	~	~	~	~
Summit Park Hospital Rockland	Mental Health	~				~						
Good Samaritan Hsp Suffern	Mental Health	~	~	~	~		~	~	~	~	~	~
Bon Secours Comm Hosp	Mental Health	~	~	~	~		~	~	~	~	~	~
Jewish Child Care Assoc Of Ny	Mental Health											
St Josephs Hosp	Mental Health											
Orange Regional Medical Ctr	Mental Health						~					
Kessler Kenneth J Md	Mental Health	~	~		~	~	~	~	~	~	~	~
Greenman Lawrence A Md	Mental Health	~	~		~		~	~	~	~	~	~
Schmugler Joan Md	Mental Health											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Salgunan Nambi Md	Mental Health	~	~		~		~	~	~	~	~	~
Chellappa Paul Md	Mental Health	~	~		~		~	~	~	~	~	~
Sack Peter Gordon Md	Mental Health											
Ward Victoria Courtney	Mental Health	~	~	~	~		~	~	~	~	~	~
Oommen Shobin Md	Mental Health						~					
Palma Cynthia	Mental Health											
Standefer James	Mental Health	~	~		~		~	~	~	~	~	~
Samenfeld-Specht James	Mental Health											
Banerjee Rittika	Mental Health	~	~	~	~		~	~	~	~	~	~
Della Rocca Amy	Mental Health	~	~		~		~	~	~	~	~	~
Higgins Erin	Mental Health	~	~		~		~	~	~	~	~	~
Nieves Dominick Richard	Mental Health											
Yousef Essam E Md	Mental Health											
Little Virna	Mental Health	~	~	~	~		~	~	~	~	~	~
Frohlich Jonathan	Mental Health	~	~		~		~	~	~	~	~	~
Downey-Goldwasser Barbara	Mental Health	~	~		~	~	~	~	~	~	~	~
Rosenberg Benjamin	Mental Health	~	~	~	~		~	~	~	~	~	~
Bourgeois-Munoz Elise	Mental Health	~	~		~		~	~	~	~	~	~
Reinglass Aimee	Mental Health	~	~	~	~		~	~	~	~	~	~
Cortes-Ladino R	Mental Health											
Leitner Deborah Anne	Mental Health	~	~	~	~		~	~	~	~	~	~
Edith A Frank	Mental Health											
Hausman Michelle	Mental Health											
Hansen Ingrid	Mental Health						~					
O'Keeffe Margaret Kathleen	Mental Health											
Ferrando Stephen	Mental Health											
Park Lavinia	Mental Health	~	~		~		~	~	~	~	~	~
Teiga Louise	Mental Health	~	~	~	~		~	~	~	~	~	~
Ahmed Tanveer	Mental Health	~	~	~	~		~	~	~	~	~	~
Tucker Kara Nicole	Mental Health											
Baynon Diane	Mental Health											



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Kitchens Galina D	Mental Health											
Baez Susan	Mental Health											
Guillen Maria	Mental Health	~	~		~	~	~	~	~	~	~	~
Quammie Collin	Mental Health	~	~		~	~	~	~	~	~	~	~
Leon Lissette	Mental Health											
Nieves Maria	Mental Health	~	~		~		~	~	~	~	~	~
Parsons Laura Ann	Mental Health											
Franklin Naomi	Mental Health	~	~		~	~	~	~	~	~	~	~
Goring-Britton Faith	Mental Health						~					
Daniels-Brady Catherine Eva	Mental Health						~					
Alison E Murphy	Mental Health											
Vanessa A Valentino	Mental Health											
Mccoubrey Stephanie	Mental Health	~	~		~		~	~	~	~	~	~
Rothbaum Esther	Mental Health	~	~		~	~	~	~	~	~	~	~
Avezbakiyev Emanuel	Mental Health	~	~	~	~		~	~	~	~	~	~
Elizabeth C Piccolo	Mental Health	~	~		~	~	~	~	~	~	~	~
Reynoso-Marage Franchesca	Mental Health	~	~	~	~		~	~	~	~	~	~
Fradkin Yuli	Mental Health						~					
Berman Frances	Mental Health											
Vega Irma	Mental Health	~	~		~		~	~	~	~	~	~
Lo Bianco Paul	Mental Health	~	~		~		~	~	~	~	~	~
Jachimczyk Jolanta	Mental Health											
North Michael	Mental Health											
Essington Sandra	Mental Health	~	~		~		~	~	~	~	~	~
Williams Robert	Mental Health											
Mcgregor Victor	Mental Health											
Thomson Martha	Mental Health	~	~		~		~	~	~	~	~	~
Balint Daniela	Mental Health	~	~		~	~	~	~	~	~	~	~
Heinlein Dara Lyn	Mental Health											
Latteri-Palamara Christa	Mental Health											
Robinson Alphonso	Mental Health	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Wolfe Lisa	Mental Health						~					
Demadaler Elyse	Mental Health											
Rodriguez Ann	Mental Health											
Pacifici Amy	Mental Health						~					
Simmonds Chana	Mental Health	~	~		~	~	~	~	~	~	~	~
Suarez Lupita	Mental Health	~	~		~		~	~	~	~	~	~
Sullivan Alison Elizabeth	Mental Health						~					
Kvenvik Rudy	Mental Health											
Yoon Hiejin Md	Mental Health						~					
Cohen Rebecca	Mental Health											
Nord Melissa	Mental Health						~					
Martiny Vanessa Lorena	Mental Health						~					
Katz Laura Do	Mental Health	~	~		~		~	~	~	~	~	~
Paquin Nina	Mental Health											
Burry Panico Adele	Mental Health	~	~	~	~		~	~	~	~	~	~
Toney Erena Theodora	Mental Health						~					
Sloan Charlotte	Mental Health											
Rehabilitation Support Services Inc	Mental Health	~	~		~	~	~	~	~	~	~	~
Whoriskey Alexandra	Mental Health											
Pole Sarah	Mental Health	~	~	~	~		~	~	~	~	~	~
Schoolcraft Rachel	Mental Health	~	~		~		~		~	~	~	~
Zucker Rebecca	Mental Health	~	~		~		~	~	~	~	~	~
Guardiola Sandy	Mental Health											
Richards Kristi	Mental Health	~	~		~		~	~	~	~	~	~
Wein Michael	Mental Health											
Brown Astin	Mental Health	~	~	~	~		~	~	~	~	~	~
Cabisudo Mitchell	Mental Health	~	~		~	~	~	~	~	~	~	~
Singh Balveen Biba	Mental Health	~	~		~		~	~	~	~	~	~
Pantaleoni Richard	Mental Health	~	~		~		~	~	~	~	~	~
Sym Tara	Mental Health	~	~	~	~		~	~	~	~	~	~
Spira Tzipora	Mental Health	~	~		~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Rivera Sandy	Mental Health	~	~	~	~		~	~	~	~	~	~
Taylor Denise	Mental Health	~	~	~	~		~	~	~	~	~	~
Rickenberg Monica	Mental Health	~	~		~		~	~	~	~	~	~
041946476oriani Christine	Mental Health	~	~		~		~	~	~	~	~	~
Novak Lisa	Mental Health	~	~		~	~	~	~	~	~	~	~
Danback Kristine F Phd	Mental Health											
Antonelli Kelvin	Mental Health											
Lewis Diane	Mental Health											
Murphy Caitlin	Mental Health	~	~	~	~		~	~	~	~	~	~
Shiffman Holly Aleta	Mental Health						~					
Klinghoffer Carli Pam	Mental Health	~	~	~	~		~	~	~	~	~	~
Colon Melanie	Mental Health	~	~	~	~		~	~	~	~	~	~
Green Rebecca	Mental Health	~	~	~	~		~	~	~	~	~	~
Clift Jennifer	Mental Health	~	~	~	~		~	~	~	~	~	~
Mallard Sarah	Mental Health	~	~		~	~	~	~	~	~	~	~
Mcgraw Edward	Mental Health	~	~		~		~		~	~	~	~
Phelan Jane	Mental Health						~					
Gerou Christie	Mental Health	~	~	~	~		~	~	~	~	~	~
Santiago-Gomez Eveliamargarita	Mental Health	~	~		~		~	~	~	~	~	~
Ramsundar Gail	Mental Health	~	~		~		~	~	~	~	~	~
Ibrahimi Said	Mental Health						~					
Reid Katherine Elisabeth	Mental Health						~					
Bhatti Saeed I	Mental Health	~	~	~	~		~	~	~	~	~	~
Negron Rodriguez Eloisa	Mental Health	~	~	~	~		~	~	~	~	~	~
Verma Kamlesh	Mental Health											
Thomson Sasha	Mental Health	~	~	~	~		~	~	~	~	~	~
Gonsky Ruth	Mental Health	~	~		~		~	~	~	~	~	~
Roth Julia	Mental Health	~	~	~	~		~	~	~	~	~	~
Cooper Marian	Mental Health	~	~	~	~		~	~	~	~	~	~
Parsons Child And Family Ctr	Mental Health											
Myers Kenneth	Mental Health	~	~	~	~	1	~	~	~	~	~	~



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	_	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Patrick Lisa Marie	Mental Health	~			~			~	~	~	~	~
Burns-Wetzel Diana	Mental Health	~	~		~	~	~	~	~	~	~	~
Paporto Laurel	Mental Health											
Strano Jennifer	Mental Health											
Cohen Aviva	Mental Health	~	~		~	~	~	~	~	~	~	~
Halstein Danielle	Mental Health	~	~		~		~	~	~	~	*	~
Kahan Yael	Mental Health	~	~		~	~	~	~	~	~	~	~
Spitzer Toby	Mental Health	~	~		~	~	~	~	~	~	~	~
Calderon Ruddy Smith	Mental Health	~	~		~	~	~	~	~	~	~	~
Danzig Gittel	Mental Health	~	~	~	~		~	~	~	~	~	~
Tappan Jessica	Mental Health	~	~	~	~		~	~	~	~	~	~
Lieber Shulamis	Mental Health	~	~	~	~		~	~	~	~	~	~
Abramczyk Maurice	Mental Health	~	~		~	~	~	~	~	~	~	~
Binder Jemma	Mental Health											
Bartone Rose	Mental Health	~	~		~		~	~	~	~	~	~
Ellison Kim	Mental Health	~	~		~		~	~	~	~	~	~
Gonzalez Lynn	Mental Health	~	~		~		~	~	~	~	~	~
Mazo Francisco	Mental Health	~	~		~		~	~	~	~	~	~
Alvi Kausar	Mental Health	~	~		~		~	~	~	~	~	~
Tobe Russell Hardin	Mental Health						~					
Robinson Elizabeth Johnstone	Mental Health	~	~		~		~	~	~	~	~	~
Williamson Anna	Mental Health	~	~		~	~	~	~	~	~	~	~
Roper Virginia	Mental Health											
Rivera Maribel A	Mental Health	~	~		~	~	~	~	~	~	~	~
Herbert Keith	Mental Health	~	~		~		~	~	~	~	~	~
Yung Pik Sai	Mental Health	~	~	~	~		~	~	~	~	~	~
Freund Dvora	Mental Health											
Locastro Maria	Mental Health	~	~	~	~		~	~	~	~	~	~
Hinojosa Franz	Mental Health						~	† <u> </u>				
Olwyn Lawrence	Mental Health	~	~	~	~		~	~	~	~	~	~
Tica Sandra Anne	Mental Health	~	~		~	~	~	~	~	~	~	~



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Gage Michelle	Mental Health	~	~	~	~		~	~	~	~	~	>
Srisaila Suma	Mental Health	~	~		~		~	~	~	~	~	>
Perry Thorellen	Mental Health	~	~	~	~		~	~	~	~	~	>
Tweedy Molly	Mental Health											
Yetsko Matthew	Mental Health	~	~	~	~		~	~	~	~	~	>
Vernon Jeffrey	Mental Health						~					
Rivera Aiyana Eva	Mental Health											
Dammeyer Denise Lorraine	Mental Health	~	~		~		~	~	~	~	~	>
Escobar Carolina	Mental Health	~	~		~	~	~	~	~	~	~	>
Batson Lisa Ann	Mental Health	~	~	~	~	~	~	~	~	~	~	>
Giurca Dan	Mental Health	~			~			~	~	~	~	>
Batson Nicholas E	Mental Health	~	~	~	~	~	~	~	~	~	~	>
Antoniak Sandra K	Mental Health											
Frieary Tricia A	Mental Health	~	~		~		~	~	~	~	~	>
Durk Arlene G	Mental Health	~	~		~		~	~	~	~	~	>
Anusionwu Reagan	Mental Health	~	~	~	~		~	~	~	~	~	>
London Eric B	Mental Health	~										
Patel Anand V	Mental Health											
Martin Ruth Held	Mental Health	~	~		~		~		~	~	~	>
Bodenstab Meredith Janel	Mental Health											
Tigenoah Patrick	Mental Health	~	~		~	~	~	~	~	~	~	~
King Mary Alice	Mental Health	~	~		~	~	~	~	~	~	~	>
Carlson-Pardo Catherine	Mental Health	~	~		~	~	~	~	~	~	~	>
Riccardelli William	Mental Health											
Guiney Robin Gerry	Mental Health	~	~		~		~	~	~	~	~	>
Wendland Anne	Mental Health						~					
Pasquale Christopher Gerard	Mental Health	~	~		~	~	~	~	~	~	~	>
Slocum Christine N	Mental Health	~	~		~		~	~	~	~	~	>
Litman Norma S	Mental Health	~	~		~	~	~	~	~	~	~	>
Deignan Jodie L	Mental Health											
Sakla Robin	Mental Health											
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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Mullane William Andrew	Mental Health	~	~		~	~	~	~	~	~	~	~
Powell Robert C	Mental Health											
Jewish Child Care Association Of Ne	Mental Health											
Wechsler Martin S	Mental Health	~	~		~	~	~	~	~	~	~	~
Dorfman Ava Beth	Mental Health	~	~		~		~	~	~	~	~	~
Santos Gutierrez Lorenzo	Mental Health	~	~	~	~		~	~	~	~	~	~
Mckenzie Hugh	Mental Health	~	~		~		~	~	~	~	~	~
Unger Goldie	Mental Health	~	~		~	~	~	~	~	~	~	~
Horvath David	Mental Health											
Nanda Nandita	Mental Health	~	~		~		~	~	~	~	~	~
Gray Wendy Jo	Mental Health											
Leinung Kristen Marie	Mental Health	~	~	~	~		~	~	~	~	~	~
Muccio Dorothy	Mental Health	~	~	~	~		~	~	~	~	~	~
Fentress Kathleen M	Mental Health											
Harris Kelly	Mental Health	~	~	~	~	~	~	~	~	~	~	~
Harding Katherine L	Mental Health											
Bobroff Miriam	Mental Health	~	~		~		~	~	~	~	~	~
Wieder Harriot Estelle	Mental Health											
Rafferty Eileen Noellen	Mental Health	~	~		~		~	~	~	~	~	~
Gunopawiro Jo Anne	Mental Health	~	~	~	~		~	~	~	~	~	~
Sadler Pablo	Mental Health	~	~		~		~	~	~	~	~	~
Crapanzano Sandra	Mental Health	~	~		~		~	~	~	~	~	~
Meyerhoff Daniel	Mental Health											
Suarez Froilan	Mental Health	~	~	~	~		~	~	~	~	~	~
Karlin Todd Evan	Mental Health	~	~		~		~	~	~	~	~	~
Winarsky Amy	Mental Health	~	~	~	~		~	~	~	~	~	~
Ashburn, Jr. John	Mental Health											
Linares Jensy	Mental Health	~	~	~	~		~	~	~	~	~	~
Trujillo Vanessa	Mental Health	~	~	~	~		~	~	~	~	~	~
Le Moal Janet	Mental Health	~	~	~	~		~	~	~	~	~	~
Marchwinski Jason	Mental Health	~	~	~	~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Futransky Laura	Mental Health	~	~	~	~		~	~	~	~	~	~
Robinson Kimberly	Mental Health											
Peyerl Naomi Leanne	Mental Health											
Perls Jeffrey	Mental Health	~	~		~	~	~	~	~	~	~	~
Carballeira Catherine	Mental Health	~	~		~		~	~	~	~	~	~
Regan John	Mental Health						~					
Adis Lauren Emily	Mental Health											
Mercader Carolina	Mental Health						~					
Mathew Alphonsa J	Mental Health											
Orlofsky Michelle	Mental Health	~	~		~	~	~	~	~	~	~	~
Charles Harold	Mental Health	~	~	~	~		~	~	~	~	~	~
Blanco Lourdes	Mental Health	~	~		~		~	~	~	~	~	~
Vcs Inc	Mental Health											
Asovski Gella	Mental Health	~	~		~	~	~	~	~	~	~	~
Bulman Paul	Mental Health											
Krieg Stephen Judd	Mental Health											
Ludewig Doris Natalie	Mental Health											
Adams Trissa Jayne	Mental Health											
Gallo Jacqueline	Mental Health											
Elizondo Carmen E	Mental Health											
Phoenix Houses Of New York Inc	Substance Abuse											
Mental HIth Assoc Rocklan Co	Substance Abuse	~	~		~		~	~	~	~	~	~
Catholic Charities Community	Substance Abuse	~	~		~		~	~	~	~	~	~
Sancia Recovery, Inc	Substance Abuse											
Putnam Family & Comm Ser Mh	Substance Abuse	~	~		~	~	~	~	~	~	~	~
Catskill Regional Medical Ctr Adhc	Substance Abuse						~					
St Christophers Inn Inc	Substance Abuse	~	~		~		~	~	~	~	~	~
Berkshire Farm Center	Substance Abuse						~					
Cah Rehabilitation Program	Substance Abuse											
Child & Fam Guid Ctr Adict Sv	Substance Abuse						~					
Restorative Management Corp	Substance Abuse	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Richard C Ward A T C	Substance Abuse											
Conifer Park	Substance Abuse	~	~		~		~	~	~	~	~	~
Arms Acres	Substance Abuse	~	~		~		~	~	~	~	~	~
Dutches Co Dept Mh	Substance Abuse											
Sullivan County Cmh Mh	Substance Abuse	~										
Regional Econ Comm Act Prog	Substance Abuse											
Innovative Health Systems Inc	Substance Abuse											
Lexington Ctr For Recovery	Substance Abuse	~	~		~		~	~	~	~	~	~
St Josephs Rehab Center Inc	Substance Abuse											
Daytop Village,Inc	Substance Abuse											
Guidance Center,Inc	Substance Abuse	~	~		~	~	~	~	~	~	~	~
Greater Hudson Valley Fam Hlt, The	Substance Abuse	~	~	~	~		~	~	~	~	~	~
Westchester Med Ctr	Substance Abuse	~	~	~	~	~	~	~	~	~	~	~
Phelps Memorial Hsp Assoc	Substance Abuse	~	~		~		~		~	~	~	~
Kingston Hospital	Substance Abuse	~	~	~	~	~	~	~	~	~	~	~
Benedictine Hospital	Substance Abuse	~	~	~	~	~	~	~	~	~	~	~
Summit Park Hospital Rockland	Substance Abuse	~				~						
Good Samaritan Hsp Suffern	Substance Abuse	~	~	~	~		~	~	~	~	~	~
Bon Secours Comm Hosp	Substance Abuse	~	~	~	~		~	~	~	~	~	~
Medical Arts Sanitarium	Substance Abuse	~					~					
St Josephs Hosp	Substance Abuse											
Orange Regional Medical Ctr	Substance Abuse						~					
Belvedere Health Services Llc	Substance Abuse						~					
Lexington Center For Recovery	Substance Abuse	~	~		~		~	~	~	~	~	~
Lutheran Center Poughkeeps Ad	Nursing Home											
Elant At Newburgh Adhc	Nursing Home						~					
Ten Broeck Commons Adhc	Nursing Home						~					
Bethel Nursing & Rehab Center	Nursing Home						~					
Northern Manor Geri Ctr Adhc	Nursing Home						~					
Wingate Of Ulster	Nursing Home											
Schervier Pavilion Snf	Nursing Home	~	~	~	~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Elant At Goshen Inc Adhc	Nursing Home						~					
Mountainside Residential Cc	Nursing Home	~	~	~	~	~	~	~	~	~	~	~
Glen Island Ctr Nrs & Rehabe	Nursing Home						~					
Tarrytown Hall Care Ctr	Nursing Home											
Ferncliff Nursing Hm Non Occ	Nursing Home	~										
Northern Metro Rhcf Non-Occ	Nursing Home						~					
Elizabeth Seton Pediatric Center	Nursing Home						~					
Ramapo Manor Ctr Reh & Nrs	Nursing Home						~					
St Josephs Place	Nursing Home	~	~	~	~		~	~	~	~	~	~
Wartburg Nursing Home	Nursing Home						~					
Valley View Ctr Nrs Care & Rehab	Nursing Home											
Waterview Hills Rehab & Nrs Ctr	Nursing Home											
Schervier Nursing Care Center	Nursing Home						~					
Summit Park Nursing Care Ctr	Nursing Home											
St Cabrini Nursing Home	Nursing Home						~					
Elant At Wappingers Falls	Nursing Home						~					
St Margarets Center	Nursing Home											
Regency Extended Care Center	Nursing Home						~					
Poughkeepise Crossings	Nursing Home											
Catskill Crossings	Nursing Home						~					
United Hebrew Geri Ctr Snf	Nursing Home						~					
Elant At Brandywine	Nursing Home						~					
Sky View Rehab & Hlth Cr Ctr	Nursing Home						~					
Victoria Home	Nursing Home											
Cedar Manor Nursing & Reh Ctr	Nursing Home						~					
Bethel Nursing Home Inc Co	Nursing Home						~					1
Sullivan Cnty Adult Cc	Nursing Home											ĺ
Dutchess Ctr Rehab Healthcare	Nursing Home											
Somers Manor Nursing Home Inc	Nursing Home						~					ĺ
Elant At Fishkill	Nursing Home						~					ĺ
Northern Riverview Hcc Inc	Nursing Home						~					ĺ



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Middletown Park Rehab & Hlth Cr Ctr	Nursing Home						~					1
Montgomery Nursing Home	Nursing Home						~					1
Woodland Pond At New Paltz	Nursing Home	~	~	~	~	~	~	~	~	~	~	~
Hrnc Operating Llc	Nursing Home						~					<u> </u>
Golden Hill Planning Corp	Nursing Home						~					<u> </u>
Parkview Operating Co Llc	Nursing Home											1
Kennedy Pavilion Rh I Llc	Nursing Home											1
Putnam Nursing & Rehab Ctr	Nursing Home											1
The Grove Valhalla Rehab & Heal Ctr	Nursing Home											1
Phelps Memorial Hospital Associatio	Pharmacy	~	~		~		~		~	~	~	~
Bowden Nancy	Pharmacy						~					1
Med-World Acquisition Corp	Pharmacy											
Pine Plains Pharmacy Inc	Pharmacy						~					1
Margaretville Hosp	Pharmacy	~	~	~	~	~	~	~	~	~	~	~
Summit Park Hospital Rockland	Pharmacy	~				~						1
Memorial Hsp Cancer Allied	Pharmacy											1
Resolution Rx Inc	Pharmacy											1
Vnsny Community Health Services	Hospice						~					
Calvary Hha & Hospice Care	Hospice						~					1
Hospice Care In West/Putnam I	Hospice						~					
Northern Metro Rhcf Non-Occ	Hospice						~					
Hospice Of Orange/Sullivan Cn	Hospice						~					
Hospice Of Dutchess/Ulster Ct	Hospice						~					
Hudson Health Plan Inc	Hospice											
Sullivan Cnty Pub Hlth Ser	Hospice	~										1
Vna Of Hudson Valley	Hospice						~					
Dominican Sister Family Healt	Hospice						~					
Good Samaritan Hsp Suffern	Hospice	~	~	~	~		~	~	~	~	~	~
Calvary Hospital Inc	Hospice						~					
Phelps Hospice	Hospice	~	~		~		~		~	~	~	~
9 W. Prospect	Community Based Organizations											1



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv 2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Abbott House	Community Based Organizations										
Access Pt	Community Based Organizations										
Acess-Vr	Community Based Organizations										
Acoulon , Sylvie	Community Based Organizations										
Administrative Offices	Community Based Organizations										
After School Programs	Community Based Organizations										
After-School Program	Community Based Organizations										
Ahmad B. Hadid	Community Based Organizations										
Ahmad Hadid	Community Based Organizations										
Alison Schell	Community Based Organizations										
Alissa Debaun	Community Based Organizations										
Amber Mccarthy	Community Based Organizations										
Analee Figueroa	Community Based Organizations										
Andrus	Community Based Organizations										
Angela Canepa	Community Based Organizations										
Annunziata	Community Based Organizations										
Another Step Inc	Community Based Organizations										
Apartment Program	Community Based Organizations										
Arc Of Rockland, Inc.	Community Based Organizations										
Assisted Outpatient Treatment	Community Based Organizations										
Aybar, Maribel, Hygienist	Community Based Organizations										
Berkshire Farm	Community Based Organizations										
Birch Ira	Community Based Organizations										
Bon Secours Medical Group	Community Based Organizations										
Boulevard Ira	Community Based Organizations										
Brianne Fegarsky	Community Based Organizations										
Bridges To Health (B2h) (Ocfs)	Community Based Organizations										
C.A.R.C./Keon Center	Community Based Organizations										
Cabrini Apartments	Community Based Organizations										
Cabrini Care At Home	Community Based Organizations										
Cabrini Immigrant Services	Community Based Organizations										



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Caring For Homeless Of Peekskill (Jan Peek House	Community Based Organizations											
Carmel Nutrition Center	Community Based Organizations											
Caroline Cody	Community Based Organizations											
Catskill Hudson Area Health Education Center	Community Based Organizations											
Ccsi	Community Based Organizations											
Chemical Dependency Crisis Center	Community Based Organizations											
Chemlue	Community Based Organizations											
Cheryl Manna	Community Based Organizations											
Children'S Health & Research Foundation, Inc/Lower Hudson Valley Perinatal Network	Community Based Organizations											
Children'S Services Coordinator	Community Based Organizations											
Childrens Collaborative	Community Based Organizations											
Choice Of New Rochelle, Inc.	Community Based Organizations											
Christina Garrison	Community Based Organizations											
Christopher Court Residence	Community Based Organizations											
Christopher Giaquinta	Community Based Organizations											
Chung	Community Based Organizations											
Claudia Manzel	Community Based Organizations											
Cluster Inc.	Community Based Organizations											
Cold Spring Center	Community Based Organizations											
Colonial Manor Supp Apt	Community Based Organizations											
Comfort Keepers	Community Based Organizations											
Community Based Services, Inc	Community Based Organizations											
Community Care Collaborative	Community Based Organizations											
Community Housing Innovations Inc	Community Based Organizations											
Community League	Community Based Organizations											
Community Living Skills- Arkville	Community Based Organizations											
Community Living Skills- Walton	Community Based Organizations											
Compeer Dutchess	Community Based Organizations											
Compeer Inc	Community Based Organizations											
Compeer Orange	Community Based Organizations											
Compeer Rockland	Community Based Organizations											



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Compeer Sullivan	Community Based Organizations											
Compeer Ulster	Community Based Organizations											
Compeer Westchester	Community Based Organizations											
Cortlandt Healthcare	Community Based Organizations											
Court Evaluations (Adults & Children & Youth)	Community Based Organizations											
Crime Victims Assistance Program	Community Based Organizations											
Cristin Gibson	Community Based Organizations											
Curious Cubs Daycare	Community Based Organizations											
Danny Margie	Community Based Organizations											
Daybreak Independent Services Inc	Community Based Organizations											
Deirdre Sferrazza	Community Based Organizations											
Department Of Community & Family Services Chemical Dependency Assessors	Community Based Organizations											
Devereux Dayhab	Community Based Organizations											
Discharge Planning & System Advocacy	Community Based Organizations											
Domestic Violence Services	Community Based Organizations											
Donna Mandel	Community Based Organizations					1	1	1				
Dr Nargis Savani	Community Based Organizations											
Dr. Anand V. Patel	Community Based Organizations											
Dr. Glen W. Deluca	Community Based Organizations											
Dr. Henry Sardar	Community Based Organizations											
Dr. Laurence Miller	Community Based Organizations											
Dr.Gaska-Salton	Community Based Organizations											
Dr.Snyder Dr.Snyder	Community Based Organizations											
Dr.Zupnic	Community Based Organizations											
Dutchess County Department Of Community And Family Services	Community Based Organizations											
Dutchess County Office For The Aging	Community Based Organizations											
Dutchess Supported Housing	Community Based Organizations							1				
Dutchess Vocational	Community Based Organizations											
Early Childhood Education	Community Based Organizations											
Eileen Rooney-Gondolfo	Community Based Organizations											
Elant At Goshen Adult Home	Community Based Organizations											



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* Safety Net Providers in Green												
	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Elizabeth Crose	Community Based Organizations											
Emily Silver????????????????????????????????????	Community Based Organizations											
Eric Martin	Community Based Organizations											
Erica Covington	Community Based Organizations											
Erin Mack	Community Based Organizations											
Express Pediatrics:Walk In Urgent Care For Children	Community Based Organizations											
Family Education Program	Community Based Organizations											
Family Empowerment Council, Inc. (Affiliate Of Occupations, Inc.)	Community Based Organizations											
Family Of Woodstock, Inc.	Community Based Organizations											
Family Service Society Of Yonkers	Community Based Organizations											
Family Services Inc.	Community Based Organizations											
Family Services Of Westchester, Inc.	Community Based Organizations											
Family Ties Of Westchester Admin. Office	Community Based Organizations											
Family Ties Of Westchester Inc.	Community Based Organizations											
Field Home-Holy Comforter	Community Based Organizations											
Florence Street Residence	Community Based Organizations											
Forensic Services	Community Based Organizations											
Garage	Community Based Organizations											
Godson Enyia	Community Based Organizations											
Green Chimneys Children Services	Community Based Organizations											
Greenslade	Community Based Organizations											
Greystone Programs Inc.	Community Based Organizations											
Halfway House Of Westchester,Inc.	Community Based Organizations											
Hamid Moaliem	Community Based Organizations											
Hanson Residence	Community Based Organizations											
Hasbrouck Supported Apts	Community Based Organizations											
Hawthorne Foundation Inc	Community Based Organizations											
Heli Minano	Community Based Organizations											
Helpline	Community Based Organizations											
High School Of Fashion Industries School-Based Health Center	Community Based Organizations											
Highland Ira	Community Based Organizations											



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* Safety Net Providers in Green	Participating	in Projects										
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Hillcrest Medical Associates	Community Based Organizations											
Hispanic Resource Center Of Larchmont & Mamaroneck	Community Based Organizations							1				
Home & Community Based Waiver	Community Based Organizations											
Home Based Crisis Invervention	Community Based Organizations											1
Hopwa	Community Based Organizations											
Hospitality House	Community Based Organizations											
Housing (Spoa)	Community Based Organizations											
Hudson Information Technology For Community Health, Inc.	Community Based Organizations											
Hudson Valley Community Services, Inc.	Community Based Organizations											
Hudson Valley Rehab	Community Based Organizations											1
Hull Ira	Community Based Organizations											1
Hyde Park Supp Apt	Community Based Organizations											1
Hyman, Mark	Community Based Organizations											
In Flight, Inc.	Community Based Organizations											
Independent Living, Inc.	Community Based Organizations											
Intellectual & Developmental Disabilities Services Coordinator	Community Based Organizations											
Intensive Case Management	Community Based Organizations											
Ireland Dr. Ira	Community Based Organizations											
Jail-Based Mental Hygiene Program	Community Based Organizations											1
Jennifer Highley	Community Based Organizations											1
Jennifer Neville	Community Based Organizations											1
Jennifer Povill	Community Based Organizations											1
Jewish Board Of Family & Children'S Services	Community Based Organizations											1
Jewish Family Service Of Orange County	Community Based Organizations											1
Jill Borner	Community Based Organizations											1
John Rosenthal	Community Based Organizations											1
Joseph Malak, M.D.	Community Based Organizations											
Judy Curcio	Community Based Organizations											
Kallenburg	Community Based Organizations											1
Kaplan, Jenny	Community Based Organizations											
Karen Bogerman	Community Based Organizations											_



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Katharine Zoppo	Community Based Organizations											
Katherine Mahar	Community Based Organizations											
Kaye Daniel-Sayles	Community Based Organizations											
Kayla Dilorenzo	Community Based Organizations											
Keli House	Community Based Organizations											
Kerseman Supportive Ira	Community Based Organizations											
Kevin Bowen	Community Based Organizations											
Kim Omaro	Community Based Organizations											
Kirschner Supervised Ira	Community Based Organizations											
Koehler Senior Center	Community Based Organizations											
Koenig Supervised Ira	Community Based Organizations											
Lawrence, Lisa, Hygienist	Community Based Organizations											
Leah Fallot	Community Based Organizations											
Leake And Watts Services Inc.	Community Based Organizations											
Letworth Ddso Hcbs	Community Based Organizations											
Lifting Up Westchester	Community Based Organizations											
Linda Revill	Community Based Organizations											
Lindsey Deible	Community Based Organizations											
Louis Androne	Community Based Organizations											
Mall , Amanda	Community Based Organizations											
Mara Mendicino	Community Based Organizations											
Maranatha Human Services	Community Based Organizations											
Marisa Bishop	Community Based Organizations											
Maternal Infant Services Network	Community Based Organizations											
Medicaid Service Coordination	Community Based Organizations											
Medical Arts Sanitarium Inc	Community Based Organizations											
Melissa Sandoval	Community Based Organizations											
Melrose Avenue Residence	Community Based Organizations											
Mena	Community Based Organizations											
Mental Health America/B2h	Community Based Organizations											
Mental Health America/Dutchess	Community Based Organizations											



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* Safety Net Providers in Green												
	•	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Mental Health America/Trans	Community Based Organizations											
Mental Health Association In Putnam County Inc	Community Based Organizations											
Merone , Judy	Community Based Organizations											
Mha/Oc - 24 Hr Helpline	Community Based Organizations											
Mha/Oc - Adult Family Support	Community Based Organizations											
Mha/Oc - Compeer	Community Based Organizations											
Mha/Oc - Family Support Services	Community Based Organizations											
Mha/Oc - Home To Stay	Community Based Organizations											
Mha/Oc - Hudson House	Community Based Organizations											
Mha/Oc - Non-Medicaid Care Coordination	Community Based Organizations											
Mha/Oc - Omh Non-Licensed Homeless Outreach	Community Based Organizations											
Mha/Oc - Omh Non-Licensed Supported Housing	Community Based Organizations											
Mha/Oc - Rehabilitative Social Club	Community Based Organizations											
Mha/Oc - Supported Employment Services	Community Based Organizations											
Mha/Oc - Vet2vet Peer Support	Community Based Organizations											
Michael Went	Community Based Organizations											
Michelle Clarke	Community Based Organizations											
Michelle Gallo	Community Based Organizations											
Mid-Hudson Addiction Recovery Centers, Inc.	Community Based Organizations											
Mid-Hudson Association For Person'S With Disabilities, Inc.	Community Based Organizations											
Miller, Paula, Hygienist	Community Based Organizations											
Mobile Crisis	Community Based Organizations											
Mobile Crisis Intervention Team	Community Based Organizations											
Modell , Gregg	Community Based Organizations											
Molly Johnson	Community Based Organizations											
Mt Vernon Boe	Community Based Organizations											
Mt. Vernon City School District	Community Based Organizations											
Mt. Vernon Ressorce Center, Family Ties Of Westchester	Community Based Organizations											
Nami-Familya Of Rockland County Inc.	Community Based Organizations											
National Council On Alcoholism & Other Drug Dependencies/Putnam	Community Based Organizations											
Negin Gohari	Community Based Organizations											



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* Safety Net Providers in Green	Participating	in Projects										
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Neketa Mcpherson	Community Based Organizations	Z.a.i	2.a.iii	Z.a.iv	2.0.10	2.u.i	J.a.i	5.a.ii	3.6.1	3.u.m	4.0.1	4.0.11
New Alternatives For Children	Community Based Organizations Community Based Organizations											
New Hope Community	Community Based Organizations Community Based Organizations											
New Hope Community New Hope Manor Cr	Community Based Organizations Community Based Organizations											
New Hope Manor Ir	Community Based Organizations Community Based Organizations											
·	Community Based Organizations Community Based Organizations											
New Rochelle Day Habilitation	, ,											
New York Legal Assistance Group - Legalhealth	Community Based Organizations											
New York Medical College	Community Based Organizations											<u> </u>
Newburgh Administrative Center	Community Based Organizations											
Nicola Smith- Np	Community Based Organizations											
Non Secure Placement (Jj, Acs)	Community Based Organizations											
Northeast Parent And Child Society	Community Based Organizations											
Northern Rivers	Community Based Organizations											
Ny Start	Community Based Organizations											
Oasas Shelter Plus Care	Community Based Organizations											
Ob/Gyn And Specialty Care Center Of Kingston	Community Based Organizations											
Occupations, Inc.	Community Based Organizations											
Omh Supported Housing	Community Based Organizations											
Opengate Inc.	Community Based Organizations											
Opwdd Apartments	Community Based Organizations											
Orange County Department Of Mental Health	Community Based Organizations											
Ossining Resource Center, Family Ties Of Westchester	Community Based Organizations											
P.S. 57 James Weldon Johnson School-Based Health Center	Community Based Organizations											
Patricia Dellagrecca	Community Based Organizations											
Paula Stephenson	Community Based Organizations											
Pawling Resource Center	Community Based Organizations											
Peekskill Resource Center, Family Ties Of Westchester	Community Based Organizations											
Phoenix House	Community Based Organizations											
Planned Parenthood Brewster	Community Based Organizations											
Planned Parenthood Mount Vernon	Community Based Organizations											
Planned Parenthood New Rochelle	Community Based Organizations											



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Planned Parenthood Spring Valley	Community Based Organizations										
Planned Parenthood White Plains	Community Based Organizations										
Planned Parenthood Yonkers	Community Based Organizations										
Pleasantvale Ira	Community Based Organizations										
Powell , Jessica	Community Based Organizations										
Preadmission Screening	Community Based Organizations										
Prevention Program Coordinator	Community Based Organizations										
Preventive Services	Community Based Organizations										
Probation Mental Health Outreach Program	Community Based Organizations										
Projects To Empower And Organize The Psychiatrically Labeled, Inc. (People, Inc)	Community Based Organizations										
Putnam County Office For Senior Resources	Community Based Organizations										
Putnam Independent Living Services	Community Based Organizations										
Putnam Valley Center	Community Based Organizations										
Quazi Al-Tariq	Community Based Organizations										
Rachel Murran	Community Based Organizations										
Regional Economic Community Action Program Inc	Community Based Organizations										
Rehabilitation Supported Services Sullivan County	Community Based Organizations										
Reilly , Lisa	Community Based Organizations										
Residential	Community Based Organizations										
Resource Center For Accessible Living, Inc.	Community Based Organizations										
Resources For Industry (Rfi)	Community Based Organizations										
Rhinebeck Supported Apt	Community Based Organizations										
Rockland County Department Of Mental Health	Community Based Organizations										
Rockland Hospital Guild	Community Based Organizations										
Rockland Independent Living Center	Community Based Organizations										
Rockland Mobile Care, Inc.	Community Based Organizations										
Rockland Paramedic Services, Inc.	Community Based Organizations										
Ronald Tomlinson	Community Based Organizations										
Rosangela Alicea	Community Based Organizations										
Rosanne Trendall	Community Based Organizations										
Rosella Pickens	Community Based Organizations										



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	Participating (1997)	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Rss - Health Home Care Management Sd	Community Based Organizations											
Rss - Orange Case Management Service Dollars	Community Based Organizations											
Rss - Orange Children & Youth Recreation	Community Based Organizations											
Rss - Orange Co. Flex Spending	Community Based Organizations											
Rss - Orange Flex Advocacy Services	Community Based Organizations											
Rss - Orange Non Medicaid Care Coordination	Community Based Organizations											
Rss - Orange Omh Non Licensed Supported Housing	Community Based Organizations											
Rss - Orange Vocational	Community Based Organizations											
Rss - Sullivan Adult Home Service Dollars	Community Based Organizations											
Rss - Sullivan C&Y Recreation	Community Based Organizations											
Rss - Sullivan Crisis Respite	Community Based Organizations											
Rss - Sullivan Mica	Community Based Organizations											
Rss - Sullivan Non Licensed Supported Housing	Community Based Organizations											
Rss - Sullivan Non-Medicaid Care Coordination	Community Based Organizations											
Rss - Sullivan Peer Advocacy	Community Based Organizations											
Rss - Transportation	Community Based Organizations											
Ruby Matthew, Np	Community Based Organizations											
Rupco, Inc.	Community Based Organizations											
Saevanee, Pittawat, Hygienist	Community Based Organizations											
Safie, Tracy, Hygienist	Community Based Organizations											
Sakina Khan	Community Based Organizations											
Samaritan Village	Community Based Organizations											
Samuel Lamb	Community Based Organizations											
Saugerties	Community Based Organizations											
Schwartz , Andrew	Community Based Organizations											
Sheela Carey	Community Based Organizations											
Special Education School Program	Community Based Organizations											
St. Dominic'S Home	Community Based Organizations											
St. Patrick'S Home	Community Based Organizations											
Starbbarack Ira	Community Based Organizations											
Stephanie Mchugh	Community Based Organizations											



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Stickle, Melissa	Community Based Organizations											
Student Assistance Services	Community Based Organizations											
Suagerties Ira	Community Based Organizations											
Sue Adams	Community Based Organizations											
Sullivan County Adult Care Center	Community Based Organizations											
Sullivan County Department Of Community Services	Community Based Organizations											
Sullo , Melissa	Community Based Organizations											
Supervised Ira (24)	Community Based Organizations											
Support Services (Transportation & Maintenance	Community Based Organizations											
Supported Ira (3)	Community Based Organizations											
Supportive Case Management	Community Based Organizations											
Supportive Employment	Community Based Organizations											
Susan Ohanesian	Community Based Organizations											
Sylvester St Supp Apt	Community Based Organizations											
Sylvia Berrios-Spencer	Community Based Organizations											
Taino Towers	Community Based Organizations											
Tarrytown Ymca Housing Lp	Community Based Organizations											
Taylor	Community Based Organizations											
Teevlowitz , Neil	Community Based Organizations											
The Alcohol And Drug Abuse Council Of Delaware Co. Inc.	Community Based Organizations											
The Alcoholism And Drung Abuse Council	Community Based Organizations											
The Association For Mentally III Children Of Westchester, Inc.	Community Based Organizations											
The Children'S Village	Community Based Organizations											
The Institute For Family Health Center For Counseling At Aids Service Center	Community Based Organizations											
The Institute For Family Health Center For Counseling At Frisby Avenue	Community Based Organizations											
The Pines At Poughkeepsie, Center For Nursing And Rehabilitation	Community Based Organizations											
The Sullivan County Federation For The Homeless	Community Based Organizations											
Theresa Cramer	Community Based Organizations											
Thomas Richter	Community Based Organizations											



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* Safety Net Providers in Green												
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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Thompson	Community Based Organizations											
Thrive	Community Based Organizations											
Tracy Roberts	Community Based Organizations											
Trauma Team	Community Based Organizations											
Ulster Apts Ira	Community Based Organizations											
Ulster County Department Of Social Services	Community Based Organizations											
Ulster County Health Home / Institute For Family Health	Community Based Organizations											
Ulster Prevention Council	Community Based Organizations											
United Cerebral Palsy Assoc. Of Putnam & Southern Dutchess	Community Based Organizations											
United Preschool	Community Based Organizations											
Valdez, Dolca, Hygienist	Community Based Organizations											
Valleau , John	Community Based Organizations											
Vanessa Pizarro	Community Based Organizations											
Veronica Zak	Community Based Organizations											
Village Of Haverstaw Dept. Of Youth And Family Services	Community Based Organizations											
Vocational Case Management	Community Based Organizations											
Vocational Rehabilitation - Access-Vr	Community Based Organizations											
Volunteer Counseling Service Of Rockland County	Community Based Organizations											
Volunteers Of America-Greater New York	Community Based Organizations											
Wales Avenue	Community Based Organizations											
Washington Irving Campus School-Based Health Center	Community Based Organizations											
Welch	Community Based Organizations											
Westchester County Department Of Community Mental Health	Community Based Organizations											
Westchester Independent Living Center, Inc.	Community Based Organizations											
Westhab Inc	Community Based Organizations											
White Plains Youth Bureau	Community Based Organizations											
William Castillo	Community Based Organizations											
Wkc Ira	Community Based Organizations											
Yael Malik	Community Based Organizations											
Yedei Chesed	Community Based Organizations											
Yonkers Resource Center, Family Ties Of Westchester	Community Based Organizations											



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Zotica Medina-Weiner	Community Based Organizations											
Rudnick Jonathan A	All Other	~	~	~	~	~	~	~	~	~	~	~
Phoenix Houses Of New York Inc	All Other											
Jindal Meenu	All Other	~	~		~		~	~	~	~	~	~
Moccio Lisa Stephanie	All Other	~	~		~		~	~	~	~	~	~
Michelson Dori	All Other	~	~		~		~	~	~	~	~	~
Tessler Patric	All Other						~					
Gottlieb Esther	All Other					~	~					
Steinberg Gwen Sarah Morgan	All Other	~	~		~		~	~	~	~	~	~
Beharrie Andrew W	All Other	~	~	~	~	~	~	~	~	~	~	~
Lisa Nicole Jackson	All Other						~					
Samuel Tai Tack Wong	All Other	~	~		~	~	~	~	~	~	~	~
Gross Kara J Md	All Other	~										
Taher Farah Deeba	All Other	~	~		~		~	~	~	~	~	~
Persaud Indrani	All Other	~	~	~	~		~	~	~	~	~	~
Wiencek Vandy	All Other						~					
Crist Rebecca Lynn Cnm	All Other	~	~		~		~		~	~	~	~
Dori Anchin Md	All Other	~	~		~		~	~	~	~	~	~
Tsoi Kin Ping S	All Other						~					
Yartey Juliana Ayergo	All Other	~	~		~		~	~	~	~	~	~
Collins Rebecca	All Other	~	~		~		~	~	~	~	~	~
Matthew Pinto Md	All Other	~	~		~		~	~	~	~	~	~
Jamil Rizqalla Do	All Other	~			~			~	~	~	~	~
Yeon Howard Bok	All Other	~	~	~	~	~	~	~	~	~	~	~
Raphael Katia	All Other											
Poonthota Anjana	All Other	~	~	~	~	~	~	~	~	~	~	~
Tran Anhtho	All Other	~	~	~	~		~	~	~	~	~	~
Rabadi Ammir	All Other											
Vnsny Community Health Services	All Other						~					ĺ
Abdelmassih Shawkat G	All Other	~	~	~	~	~	~	~	~	~	~	~
Ghezel-Ayagh Anousheh	All Other	~	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Hoffman Michael Ethan	All Other	~	~	~	~	~	~	~	~	~	~	~
Jean-Louis Florence Md	All Other											
Suleiman Mary Karim Rpa	All Other						~					
Han Liying	All Other						~					
Panda Tapti	All Other	~	~	~	~	~	~	~	~	~	~	~
Mihaleva Velitchka Vasileva	All Other	~	~		~		~	~	~	~	~	~
Hamid Mohammed A	All Other											
Tawil Ramzi A Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Goforth Thomas	All Other	~	~	~	~		~	~	~	~	~	~
Chirumamilla Amala	All Other											
Dall Amy Joan	All Other	~	~		~		~	~	~	~	~	~
Osman Sami	All Other	~	~	~	~	~	~	~	~	~	~	~
Moon Caroline M S	All Other	~	~		~		~	~	~	~	~	~
Lipelis Konstantin Md	All Other											
Biswas Radha	All Other											
Oppenheimer Orit	All Other											
Nadpara Kajalber N	All Other	~	~	~	~	~	~	~	~	~	~	>
Sdtc The Center F/Discovery Granite	All Other	~										
Davelman Felix S	All Other	~	~	~	~	~	~	~	~	~	~	>
Siddiqua Latifa Md	All Other	~	~		~		~	~	~	~	~	~
Meka Rajana Md	All Other											
Fanucchi Michael Md	All Other						~					
Jacobs Amanda	All Other											
Nosal Sarah Catherine	All Other	~	~	~	~		~	~	~	~	~	>
Bekele-Arcuri Zewditu Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Martinez Ofelia Md	All Other	~	~	~	~		~	~	~	~	~	*
Baribault Heather	All Other	~	~		~		~	~	~	~	~	~
Hemmerdinger Steven Arthur Md	All Other											
Hermanto Ulrich Md	All Other	~			~			~	~	~	~	~
Giraud Lissette Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Osband Yardaena Md	All Other	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Dr Christopher M Allen Md	All Other	~	~		~	~	~	~	~	~	~	~
Laskowski Igor Md	All Other						~					
Nifenecker Susan	All Other											
Ma Kaiyu Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Fishman Olga Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Pavese Heidi Elizabeth	All Other	~	~	~	~	~	~	~	~	~	~	~
Patuto Jennifer Cnm	All Other						~					
Iannitti-Hulse Iannitti-H	All Other	~	~	~	~	~	~	~	~	~	~	~
Schwartz Alex	All Other											
Muir Janice Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Hertford Douglas E. Md	All Other											
Rohan Darren I Md	All Other						~					
Llobet Paul S Md	All Other		~				~		~	~		
Sethi Gurvinder Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Tomlinson Daniel P Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Mercado Vanessa Maria V Md	All Other	~	~		~		~	~	~	~	~	~
Singaravelu Nila Md	All Other	~	~		~	~	~	~	~	~	~	~
Sardar Henry Do	All Other											
Bains Amarpreet S Md	All Other	~	~		~		~		~	~	~	~
Joy Christina	All Other	~	~		~		~	~	~	~	~	~
Dhallu Manjeet	All Other						~					
Cohen Asaf	All Other	~	~		~		~	~	~	~	~	~
Toledo Elizabeth Np	All Other	~	~	~	~	~	~	~	~	~	~	~
Sales Francie Fortuno Md	All Other	~	~		~		~	~	~	~	~	~
Ainsworth Alison M	All Other	~	~	~	~		~	~	~	~	~	~
New Alternatives F Children	All Other						~					
Bosco Vincent J Rpa	All Other	~	~	~	~		~	~	~	~	~	~
Phelps Memorial Hospital Associatio	All Other	~	~		~		~		~	~	~	~
Yeddu Mrilini Marthamoses Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Kakkanatt Anand Md	All Other											
Nelson Dina S Md	All Other											ĺ



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Nysarc Inc-Dutchess County	All Other						~					
Arc Healthresources Of Rockland	All Other						~					
St Dominics Home-D Icf	All Other	~	~		~		~	~	~	~	~	~
St Dominics Home-C Icf	All Other	~	~		~		~	~	~	~	~	~
St Dominics Home-A Icf	All Other	~	~		~		~	~	~	~	~	~
Dr Donna Loketch	All Other	~	~		~		~		~	~	~	~
Silber Avi Katnel Md	All Other	~	~	~	~		~	~	~	~	~	~
Hujus Amy Rpa	All Other	~	~	~	~	~	~	~	~	~	~	~
Foy Bridget M	All Other	~	~	~	~		~	~	~	~	~	~
Khan Mohammad S Md	All Other						~					
Obi Vivian	All Other						~					
Martin Christopher A Md	All Other	~	~		~		~		~	~	~	~
Overby Philip Md	All Other	~	~		~		~	~	~	~	~	~
Krisel Angela Rpa	All Other	~	~	~	~	~	~	~	~	~	~	~
Dwyer James Kieran Md	All Other	~			~			~	~	~	~	~
Shah Amar B Md	All Other						~					
Keegan Kulravee Puttharuksa Do	All Other	~	~		~		~		~	~	~	~
Callanan Emily M Np	All Other	~	~		~		~	~	~	~	~	~
Ulster-Greene Arc	All Other						~					
Goumas William Marcus Md	All Other	~	~	~	~		~	~	~	~	~	~
Nesheiwat Ogleh Ihsan Md	All Other						~					
Lantsberg Ilya Y Md	All Other						~					
Kurtz Seth David Md	All Other						~					1
Spano Laura Ann Md	All Other	~	~		~		~		~	~	~	~
Elmore Dillard	All Other	~	~	~	~		~	~	~	~	~	~
Rowe Steven Jay Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Khalil Richard Md	All Other						~					
Quilatan Romeo L Jr Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Nasir Syed Usman Asdul Md	All Other											
Pais Shireen Andrade Md	All Other	~	~		~		~	~	~	~	~	~
Wasserman Adrienne R	All Other											1



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Pandya Amy Arun Md	All Other	~	~	~	~		~	~	~	~	~	~
Sung Jenny Chia Ning	All Other	~	~		~		~	~	~	~	~	~
Maritato Andrea F Md	All Other	~	~	~	~		~	~	~	~	~	~
Figueroa Yvette	All Other	~	~		~	~	~	~	~	~	~	*
Ayodeji Adeola	All Other	~	~	~	~		~	~	~	~	~	~
Sosanya Oluwakemi	All Other	~	~	~	~		~	~	~	~	~	>
Lodhi Sadaf Rashid Md	All Other	~	~		~		~	~	~	~	~	>
Bowden Nancy	All Other						~					
Mc Carthy Nora	All Other						~					
Cigliano Danielle Do	All Other											
Ben-Eli David Md	All Other	~			~			~	~	~	~	*
Cuccia Christopher A Md	All Other	~	~		~		~	~	~	~	~	>
Leake And Watts Svcs Inc Spv	All Other						~					
Malina Cheryl R	All Other											
Mcguire Evon L Np	All Other	~	~		~	~	~	~	~	~	~	~
Kaplan Eric Michael Dpm	All Other											
Hudson Valley Mental HIth Ln	All Other	~	~		~		~	~	~	~	~	~
Kingston Hospitalist Services Pc	All Other											
Lucas Tracy	All Other	~	~	~	~		~	~	~	~	~	~
Chen Wei	All Other	~	~		~		~	~	~	~	~	~
Braier Florencia	All Other	~	~		~		~	~	~	~	~	~
Avella Thomas Md	All Other	~	~	~	~		~	~	~	~	~	~
Calligaris Rosemary	All Other	~	~		~		~	~	~	~	~	~
Eisenberg Amy	All Other	~	~		~		~	~	~	~	~	~
Mental Hith Assoc Rocklan Co	All Other	~	~		~		~	~	~	~	~	~
Lucas Anne Marie Np	All Other											
Melcer Joshua Md	All Other						~					
Kaznatcheeva Elena Md	All Other	~	~		~		~	~	~	~	~	~
Hines Scott T Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Siegel Audra Rochelle Dpm	All Other											
Opengate Inc	All Other											



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El-Naghy Dilshad Md	All Other											1
Harkisoon Shantie D Md	All Other	~	~		>		>	~	~	>	~	~
Mehta Hasit Md	All Other						>					
Pietrow Paul Md	All Other											
Shkolnikov Tatyana Md	All Other	~	~		~		~	~	~	~	~	~
Catholic Charities Community	All Other	~	~		~		~	~	~	~	~	~
Berger Sam H Np	All Other						~					
Lominy Marie-Micheline Md	All Other											
Mutnick Andrew	All Other											1
Kleinman George	All Other						~					
All Metro Home Care Services Of New	All Other						~					
Sarrai Mona Md	All Other	~	~		~		~		~	~	~	~
Chirumamilla Sree	All Other	~	~	~	~		~	~	~	~	~	~
Samberg Deborah Rabitz Md	All Other											1
Lopez Nancy Rpa	All Other	~	~	~	~	~	~	~	~	~	~	~
Birnbaum Stuart C Dpm	All Other											
Opengate Inc Day	All Other											
Naqvi Syed Hasan Mahboob Md	All Other											
Mercado Neomi Rpa	All Other						~					
Byadgi Shalini Md	All Other											
Nysarc Dutchess County Day	All Other						~					
Abbott House Day	All Other						~					
Comm Aid F/Retard Chil Day	All Other											
Ulster Greene Arc Day	All Other						~					
Rehab Programs Day	All Other											
Gateway Community Ind Day	All Other	~	~	~	~		~	~	~	~	~	~
Pileta Lourdes X	All Other	~	~	~	~		~	~	~	~	~	~
Jellett Carol X	All Other	~	~	~	~		~	~	~	~	~	~
Ruffy X	All Other	~	~	~	~	~	~	~	~	~	~	~
Orange Rehab Occup Inc Day	All Other											
Jawonio Inc Day	All Other	~	~		~		~	~	~	~	~	~



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Assoc Ment III Child W Day	All Other											
Sancia Recovery, Inc	All Other											
Mehra Sona Md	All Other											
Maala-Gentolia Clarice Np	All Other	~	~		~		~		~	~	~	*
Mclaughlin James Daniel Md	All Other	~	~	~	~	~	~	~	~	~	~	*
Millos Rosana Teresita Md	All Other	~	~	~	~		~	~	~	~	~	*
Lombardi Maria E Md	All Other	~	~		~		~	~	~	~	~	*
Sherman Deborah S Np	All Other	~	~	~	~	~	~	~	~	~	~	*
Pillai Nisha U Md	All Other	~	~	~	~		~	~	~	~	~	~
Welter John J Md	All Other	~	~		~		~	~	~	~	~	*
Bonthu Spinivas Md	All Other						~					
Jessup Todd P	All Other	~	~	~	~	~	~	~	~	~	~	*
Scoyni Robert J Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Issack Joshua	All Other	~	~	~	~		~	~	~	~	~	~
Kancharla Madhavi R	All Other	~	~		~		~		~	~	~	~
Bon Secours Community Hospital	All Other											
Ennabi Kathleen Md	All Other	~	~		~		~	~	~	~	~	~
Danon Martha A Md	All Other						~					
Stambaugh Kweon I Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Bezdickova Martina Md	All Other	~	~		~		~	~	~	~	~	~
Castro Jonathan M	All Other	~	~	~	~		~	~	~	~	~	~
Jafri Syed Z A Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Hull Kristen Tracey Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Ramzan Muhammad Masood	All Other											
Witkowska Renata A Md	All Other	~	~		~	~	~	~	~	~	~	~
Shamah Jennifer	All Other	~	~	~	~	~	~	~	~	~	~	~
Inzerillo V Christopher Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Pumarol Alba	All Other	~	~	~	~		~	~	~	~	~	~
Dadarwala Aashish Dhansukhlal	All Other	~	~	~	~		~	~	~	~	~	~
Pinto Eduardo Navarro	All Other	~	~	~	~	~	~	~	~	~	~	*
Antar Koshnaf Alan Md	All Other	~	~		~		~	~	~	~	~	~



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Hmidi Ali Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Hodgens Donna A	All Other	~	~	~	~		~	~	~	~	~	>
Wihd Inc	All Other						~					
Kim David	All Other	~	~	~	~		~	~	~	~	~	>
Guo Gary Gang	All Other						~					
Rahman Naeem U Md	All Other											
Burnham Daniel Christian	All Other	~	~	~	~	~	~	~	~	~	~	>
Weinstein Jeffrey Ross Md	All Other	~	~		~		~	~	~	~	~	>
Spencer Eric Michael Md	All Other											
Francois Lissa Nattacha Md	All Other						~					
Koulova Lidia Borissova	All Other											
Wancier Romina G Md	All Other	~	~		~		~	~	~	~	~	>
Singh Pushpinder Md	All Other						~					
Coughlin Margaret Mary Md	All Other	~	~	~	~	~	~	~	~	~	~	*
Zedek Ilan J Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Hadid Ahmad Md	All Other											
Malekan Ramin Md	All Other						~					
Sacks Sandra Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Tawil Rashmi P Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Accentcare Of New York Inc	All Other											
Rehab Programs Inc Rsp	All Other											
Nelson Julian T Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Robertson Karyn F Rpa	All Other	~	~	~	~	~	~	~	~	~	~	*
Selbo Scot T Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Fekete Zoltan Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Tawil Laurence A Md	All Other	~	~	~	~	~	~	~	~	~	~	*
Kirschner-Lanzkowsky Debra	All Other	~	~		~	~	~	~	~	~	~	~
Yahr Laura	All Other	~	~		~		~		~	~	~	~
Groves Jill Elizabeth Md	All Other											
Crystal Run Village Inc Fsr 1	All Other						~					
Ascencio Janice K Md	All Other	~	~	~	~	~	~	~	~	~	~	~



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Crystal Run Village Inc Rsp	All Other						~					
Jaeger David A Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Du Jinlin Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Bryan Duane Anthony Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Bakey William	All Other	~	~	~	~		~	~	~	~	~	>
Chang Benjamin Md	All Other	~	~	~	~		~	~	~	~	~	~
Jawonio Inc Rsp	All Other	~	~		~		~	~	~	~	~	>
Amelemah Edward Nana Md	All Other	~	~		~		~	~	~	~	~	>
Chorny Shameela Anisa Md	All Other	~	~		~		~		~	~	~	~
Varma Raja G Md	All Other	~	~		~		~		~	~	~	~
Migias Nikolaos A Md	All Other											
Biglane Rayma	All Other						~					
Lombardi Filomena	All Other	~	~	~	~		~	~	~	~	~	~
Teets Raymond	All Other	~	~	~	~		~	~	~	~	~	~
Taylor Gregory Warwick Md	All Other	~	~	~	~		~	~	~	~	~	~
Killion Christopher David Md	All Other											
Coultman Angela Anita R Md	All Other											
Newmeyer Michele E	All Other	~	~		~		~	~	~	~	~	~
Malhotra Sandeep Md	All Other											
Bele Mark Joseph Do	All Other	~	~	~	~	~	~	~	~	~	~	~
St Dominics Home Goshen Icf	All Other	~	~		~		~	~	~	~	~	~
Trapp Kevin	All Other	~	~	~	~	~	~	~	~	~	~	~
Sodha Samir Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Whyte-Connell Stacey E Md	All Other	~	~		~	~	~	~	~	~	~	~
Mcmullan Megan Anne Md	All Other	~	~	~	~		~	~	~	~	~	~
Guccione Michael Richard Md	All Other											
Community Based Ser Inc Nd1	All Other						~					
Ley Robert	All Other	~	~		~	~	~	~	~	~	~	>
Dalwadi Sejal Nagin Md	All Other	~	~		~		~	~	~	~	~	>
Zhao Qing Hua Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Eapen Jeena Viji Md	All Other											
												



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Agarwal Surbhi Md	All Other											
Sdtc The Center For Discovery	All Other	~										
Costabile David	All Other	~	~		~		~	~	~	~	~	~
John Stanley Md	All Other						~					
Sdtc-Ctr F/Discovery Thyme	All Other	~										
Sdtc-Ctr F/Discovery Sunset#1	All Other	~										
Sdtc-Ctr F/Discovery Sage Icf	All Other	~										
Sdtc-Ctr F/Discovery Rosemary	All Other	~										
Sdtc-Ctr F/Discovery Parsley	All Other	~										
Leanza Francesco Md	All Other	~	~	~	~		~	~	~	~	~	*
Zia Muhammad T Md	All Other	~	~		~		~	~	~	~	~	*
Ciment Avraham Yitchak Dpm	All Other	~	~	~	~		~	~	~	~	~	>
Zachariah Mano	All Other											
Shapiro Carin	All Other	~	~		~		~	~	~	~	~	*
Childrens Phys Westchester Ll	All Other	~	~		~		~	~	~	~	~	>
Umali Sofia	All Other						~					
Marecki Marsha A	All Other						~					
Prero Joshua Dpm	All Other											
Gennarelli Melisssa D Md	All Other						~					
Kolanuvada Bangaruraju Md	All Other						~					
Morales Frank	All Other	~	~	~	~		~	~	~	~	~	*
Bikur Cholim Inc	All Other	~	~		~		~	~	~	~	~	*
Crystal Run Village Inc Nd5	All Other						~					
Leen Jeffrey S Md	All Other											
Levi Yaakov E	All Other	~	~		~	~	~	~	~	~	~	>
Balutowski Marek Md	All Other	~	~	~	~		~	~	~	~	~	*
Brassel James	All Other						~					
Puthiyamadam Maryrose	All Other	~	~		~		~	~	~	~	~	~
Knights Jennifer Rpa	All Other	~	~	~	~	~	~	~	~	~	~	~
Deschamps Patricia	All Other	~	~		~		~	~	~	~	~	~
Bonanno Joseph Md	All Other						~		İ			



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136700962midelton Gary Todd Md	All Other											
Di Lullo Joseph Matthew Md	All Other	~	~	~	~		~	~	>	~	~	~
Bochenek Joanna Barbara Md	All Other	~	~		~		~	~	>	~	~	~
Weissman Alicia Marlene Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Nicoll Laura Ann Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Scarlett Lissa Annette Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Fitzsimmons Laura A Rpa	All Other	~	~	~	~	~	~	~	~	~	~	~
Yuen Thomas	All Other	~	~		~		~	~	~	~	~	~
Gilmour Cynthia	All Other	~	~		~		~	~	~	~	~	~
Kovoor Johnny George Md	All Other											
Hambright Maya Md	All Other	~	~	~	~		~	~	~	~	~	~
Bogdanov Assen Petrov Md	All Other											
Amarosa Josephine	All Other	~										
Micker Deirdre	All Other	~	~	~	~	~	~	~	~	~	~	~
Mance Deborah	All Other	~	~		~		~	~	>	~	~	~
Braga Eileen	All Other						~					
Brady Ann Theresa	All Other						~					
Lettsome Lydell Cecil Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Morse Diana Frances Md	All Other	~	~		~		~	~	~	~	~	~
Mannion Christina Marie Cnw	All Other	~	~		~		~	~	>	~	~	~
Chen Yuxi Md	All Other	~	~		~		~	~	~	~	~	~
Kumar Vanita Md	All Other						~					
Distefano Pamela A	All Other						~					
Gallin Jill	All Other	~	~		~		~	~	~	~	~	~
Samaniego Robert Md	All Other						~					
Dinnall Vanessa Nicola Md	All Other	~	~		~		~	~	~	~	~	~
Murray Karen Md	All Other	~	~		~		~	~	>	~	~	~
Hurley Avenue Family Med Pllc	All Other		_					_				
Shah Binod P Md	All Other											
Deleon Deogenes G Md	All Other	~	~	~	~		~	~	~	~	~	~
Weisstuch Zvi Samuel Md	All Other	~	~		~	~	~	~	~	~	~	~



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Klimenko Elena A Md	All Other	~	~	~	~		~	~	~	~	~	~
Mcdonald Gail Ann Md	All Other	~	~		~		~	~	~	~	~	~
Banquet Agnes Quiman Md	All Other	~	~		~		~	~	~	~	~	~
Lento Patrick Md	All Other						~					
Fallon John Md	All Other						~					
Ancona Keith	All Other	~	~		~		~	~	~	~	~	~
Spoto Amy E Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Crystal Run Healthcare Llp	All Other	~	~	~	~	~	~	~	~	~	~	~
Butler Renita Danette Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Wells Barbara	All Other						~					
Todd Jacquline Yvonne Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Nodiff Debra	All Other						~					
Gaer Sasha Mihail	All Other						~					
Sonke Pierre-Yves J	All Other						~					
Park Maryann M Md	All Other	~	~		~		~	~	~	~	~	~
Heckman Barbara Jean	All Other	~	~	~	~	~	~	~	~	~	~	~
Colodny Nikki Md	All Other						~					
Bisnauth Rajes	All Other	~	~		~		~	~	~	~	~	~
Gerson Debra	All Other	~	~		~		~	~	~	~	~	~
Solomon Lori Weir	All Other	~	~		~		~	~	~	~	~	~
Geller Lisa J	All Other	~			~			~	~	~	~	~
Solis J Louis Md	All Other						~					
Regard Monique M Md	All Other	~	~		~		~	~	~	~	~	~
New Horizon Resources Inc	All Other											
Kanganis Polly	All Other	~	~		~		~	~	~	~	~	~
Hostin Helen	All Other											
Pilchik Robert	All Other	~			~			~	~	~	~	~
Phillips Cara Rpa	All Other	~	~	~	~	~	~	~	~	~	~	~
Ishtiaq Bakhtiar Md	All Other	~	~		~		~		~	~	~	~
Schiskie Melissa A Md	All Other	~	~	~	~		~	~	~	~	~	~
Patel Prakash Nanubhai Md	All Other											



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Shapiro Tara E Do	All Other	>			~			~	*	~	~	~
Westchester Neurological Cnsl	All Other						~					
Klyatis Irina Md	All Other						~					
Woo Mary Md	All Other	~	~		~		~	~	~	~	~	~
Brown Emily Rivera	All Other	~	~		~		~	~	~	~	~	~
Miller Hanan G Md	All Other											
Zaslow Jay A Md	All Other	~	~		~		~	~	~	~	~	~
Levin Marc William Md	All Other	~	~	~	~		~	~	~	~	~	~
Riffle Anne Elizabeth	All Other	~	~		~		~	~	~	~	~	~
Kathryn Spanknebel Md	All Other						~					
Valiquette Guy Md	All Other						~					
Henry Lernice L Md	All Other	~	~		~	~	~	~	~	~	~	~
Shafran Gail	All Other	~	~		~		~	~	~	~	~	~
Rosenberg Sharon Marie Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Ryntz Timothy E Md	All Other						~					
Krawitz Lawrence E Md	All Other						~					
Alaie Mazda Dpm	All Other	~	~		~		~	~	~	~	~	~
Guoping Zhou	All Other	~	~	~	~		~	~	~	~	~	~
Adams Dumisa Melanie Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Abrahams John M Md	All Other						~					
Tashman Stuart Matthew Md	All Other	~	~		~		~	~	~	~	~	~
Empire St Hm Care Ser Lthhcp	All Other	~										
Weeks Williams David	All Other	~	~		~		~	~	~	~	~	~
Medwid Steven W Md	All Other						~					
Cho Michael H Md	All Other											
Asante Baah Md	All Other	~	~		~		~	~	~	~	~	~
Ucpa Of Putnam & So Dutchess	All Other	~	~		~		~	~	>	~	~	~
Traeger Nadav Md	All Other	~	~		~		~	~	~	~	~	~
Littleton Andrea Wileen Md	All Other	~	~	~	~		~	~	>	~	~	~
Busby Alan	All Other						~					
Gonzalez-Klayman Noemi Md	All Other	~	~	~	~	~	~	~	~	~	~	~



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* Safety Net Providers in Green	Partial ation	n in Dusiasta										
	_	g in Projects	Т	1		Т	1	1				
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Simpson Chantal Md	All Other											
Schwartz Paige M Md	All Other	~	~		~		~		~	~	~	~
Shahzad Abdul Rahim Md	All Other						~					
Rydell Timothy P Md	All Other	~	~	~	~	~	~	~	~	~	*	~
Cotto Sylvia	All Other	~	~		>		~	~	>	>	>	~
Husain Syed S Md	All Other											
Sambataro Simonetta Md	All Other						~					
Gorlitsky Michele L Md	All Other	~	~		~		~	~	~	~	~	~
Bekritsky Esther	All Other	~	~		~	~	~	~	~	~	~	~
Mcgowan Heather	All Other	~	~		~		~	~	~	~	~	~
Wu Daren	All Other	~	~		~		~	~	~	~	~	~
Hulse Geoffrey	All Other	~	~	~	~	~	~	~	~	~	~	~
Nasser Jonathan Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Ginsburg Michael M Dpm	All Other	~	~		~	~	~	~	~	~	~	~
Estler Kimberly A Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Barbanel Eric William Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Nysarc Inc Orange Cnty Smp	All Other						~					
Abbott House Ira Spv	All Other						~					
Viray Alvin K Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Hodges Jason Leroy Md	All Other	~	~		~		~	~	~	~	~	~
Nysarc Dutchess Cnty Spv	All Other						~					
Goth Melanie Michele Md	All Other	~	~		~		~	~	~	~	~	~
Cole Karen	All Other	~	~		~		~	~	~	~	~	~
Argenzio Donna J	All Other	~	~		~		~	~	~	~	~	~
Mcgoldrick Patricia Engel	All Other											
Opengate Inc Spv	All Other											
Occupations Inc Spv	All Other	~	~		~		~	~	~	~	~	~
Occupations Inc Spt	All Other	~	~		~		~	~	~	~	~	~
Rehab Programs Inc Spt	All Other											
Multi County Cdc Spt	All Other											
Multi County Cdc Spv	All Other											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Provider Hamaspik Rockld Spv	All Other	~	~		~		~	~	~	~	~	>
Kipoliongo Lezode Justine Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Jawonio Inc Spt	All Other	~	~		~		~	~	~	~	~	>
Jawonio Inc Spv	All Other	~	~		~		~	~	~	~	~	>
Lifespire Inc Spv	All Other	~	~		~		~	~	~	~	~	>
In Flight Inc Spv	All Other	~			~		~	~	~	~	~	>
Greystone Programs Inc Spv	All Other											
Gateway Community Ind Spt	All Other	~	~	~	~		~	~	~	~	~	>
Crystal Run Village Inc Spv	All Other						~					
Assoc Ment III Child West Spv	All Other											
Cardinal Mccloskey School Spv	All Other						~					
Shinder Neil Md	All Other											
Choung Rosa J Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Jubinsky Paul Thomas	All Other	~	~		~		~	~	~	~	~	>
Ronen Tal Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Suarez Diane	All Other	~	~		~		~	~	~	~	~	>
Widas Maribeth Rpa-C	All Other						~					
Bezdicek Petr Md	All Other	~	~	~	~		~	~	~	~	~	>
Krumholtz Jason S Md	All Other											
Oberman Eric	All Other	~	~		~		~	~	~	~	~	>
Nanjappa Nirmala Md	All Other						~					
Manning Frank A Md	All Other						~					
Eisen David Jeffrey	All Other	~	~	~	~		~	~	~	~	~	>
Creech Charlotte L	All Other	~	~	~	~		~	~	~	~	~	>
Cho Caroline	All Other	~	~		~		~	~	~	~	~	>
Bondar Ellen Md	All Other	~			~			~	~	~	~	>
Basavaraju Nerlige G	All Other											
Walker Kelly Caramore Cnm	All Other						~					
Sdtc The Center For Discovery	All Other	~										
Rosenberg Robert	All Other	~	~		~		~	~	~	~	~	>
Iqbal Amjad Md	All Other		İ									



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Tatz Gary Md New Hope Community Inc Icf	All Other All Other All Other All Other All Other	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Tatz Gary Md New Hope Community Inc Icf	All Other All Other											4
New Hope Community Inc Icf	All Other All Other	~					~	~	~	~	~	~
· · · · · · · · · · · · · · · · · · ·	All Other		~		~		~	<	~	~	~	~
							~					
Eschenberg Nancy Anne							~					
New Hope Community Inc Icf	All Other						~					
Cincu Catalina E Md	All Other	<	~		~		~		~	~	~	~
Mcbride Whitney J Md	All Other	~	~		~		~	~	~	~	~	~
Saleh Nagwa S Md	All Other						~					
Shah Anita C Md	All Other	~	~	~	~		~	~	~	~	~	~
Sartan Tatyana Md	All Other						~					
Ko Yongsoon Kim	All Other											
Weinberg Jerry Charles Md	All Other						~					
Shah Parag J Md	All Other	~	~	>	~		~	>	~	~	~	~
Lutheran Center Poughkeeps Ad	All Other											
St Cabrini Nursing Home Adhc	All Other						~					
Katz Ira Andrew Md	All Other	~	~	>	~		~	>	~	✓	~	~
Sdtc The Center For Discovery	All Other	~										
Seecharran Bonnie V	All Other	~	~		~		~	~	~	~	~	~
Jawonio Inc Smp	All Other	~	~		~		~	>	~	~	~	~
Solliday Michael P Md	All Other											
Kessler Michael Steven Md	All Other						~					
Roye Kristin Michaelsen Md	All Other	~	~		~		~	>	~	~	~	~
Elant At Newburgh Adhc	All Other						~					
Lavotshkin Boris	All Other											
Lim-Melia Elizabeth R Md	All Other	~	~		~		~	>	~	~	~	~
Sullivan Arc Smp	All Other						~					
Goldberg Michael David Md	All Other											
Villegas Miriam Md	All Other											
Brogan Maureen E Md	All Other	~	~		~		~	~	~	~	~	~
Maisey Susan B Md	All Other	~	~		~	~	~	~	~	~	~	~
Amrute Kaytan Vinod Md	All Other											



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Carc Inc Smp	All Other						~					
Gateway Comm Industries Smp	All Other	~	~	~	~		~	~	~	~	~	~
Rehab Programs Inc Smp	All Other											
Apenteng Yaw Adu Md	All Other											
Another Step Inc Smp	All Other											
Krishnan Sankaran Sivarama Md	All Other	~	~		~		~	~	~	~	~	~
Occupations Inc Smp	All Other	~	~		~		~	~	~	~	~	~
Crystal Run Village Smp	All Other						~					
Banikazemi Maryam Md	All Other	~	~		~		~	~	~	~	~	~
Nysarc Inc Dutchess Cnty Smp	All Other						~					
Delaware Co Chaptr Nysarc Smp	All Other											
Adversario Eden Florendo	All Other											
Timmermans Robert J Md	All Other						~					
Dave Hirendrakumar J Md	All Other						~					
Rehmani Muhammad B Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Hordines John Chambers Jr Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Jawonio Inc Altman Icf	All Other	~	~		~		~	~	~	~	~	~
Finnigan Karen Jean Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Mantica Robert P Md	All Other	~	~		~		~	~	~	~	~	~
Harvey Raymond G Md	All Other	~	~	~	~		~	~	~	~	~	~
Ediale Kolo N Md	All Other						~					
Horng Jack W Md	All Other	~	~	~	~		~	~	~	~	~	~
Budrik Nancy Solomon	All Other	~	~		~		~	~	~	~	~	~
Heublum Rona Rivka Md	All Other						~					
Jawonio Inc Wesley Icf	All Other	~	~		~		~	~	~	~	~	~
Karpoff Howard Md	All Other	~	~	✓	~	~	~	~	~	~	~	~
Goldberg Randy Md	All Other						~					
Maria Mazen Md	All Other	~	~		~		~	~	~	~	~	~
Bethel Nrs & Reh Ctr Adhc	All Other						~					
Beacon Medical Pc	All Other	~	~	~	~		~	~	~	~	~	~
Iwai Sei Md	All Other						~					



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Evers Martin Louis Md	All Other	~	~	~	~		~	~	~	~	~	~
Mccullough Gene P	All Other											
Koestler Jennifer Lyn Md	All Other	~	~		~		~	~	~	~	~	~
Acosta Robert Md	All Other											
Kozicz Izabela Md	All Other	~	~		~		~	~	~	~	~	~
Kim Robin S Md	All Other											
Bordas Jose Rafael Md	All Other											
Fam Empowerment Council Hcbs5	All Other											
Sessions Jessica	All Other											
Sacajiu Galit Meller Md	All Other						~					
Choi Julie Chee-Un Md	All Other	~			~			~	~	~	~	~
Lyo Thomas	All Other											
Rubino Belinda Cnm	All Other	~	~		~	~	~	~	~	~	~	~
Blanchette Howard Md	All Other						~					
Scaglione Tara	All Other											
Silverio Carl Md	All Other	~	~	~	~	~	~	~	~	~	~	~
New Hope Comm Inc Icf 204	All Other						~					
New Hope Comm Inc Icf 103	All Other						~					
New Hope Comm Inc Icf 101	All Other						~					
Hafeez Mohammad Md	All Other						~					
Back Sara Deborah	All Other	~	~	~	~		~	~	~	~	~	~
Valdes Maurico	All Other						~					
Torrens Kevin Joseph Rpa	All Other											
Demboski David P Rpa	All Other											
Caramico Anthony Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Singh Sandeep Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Minei Costley Elizabeth Do	All Other						~					
Iriza Ecaterina	All Other						~					
Swaby Stanley Stephen Do	All Other	~	~	~	~		~	~	~	~	~	~
Abdullah Medical Pc	All Other						~					
Ellenville Reg Hsp	All Other	~	~		~			~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Cairo Mitchell Stuart Md	All Other	~	~		~		~	~	~	~	~	~
Danisi Fabio Osvaldo Md	All Other											
Shrestha Binaya Md	All Other						~					
Mohammadi Shahrzad Md	All Other	~			~			~	~	~	~	~
Weissman Evan Laird Do	All Other	~	~		~		~	~	~	~	~	~
Oltean Ion Md	All Other											
Piet Joseph James Md	All Other	~	~	~	~		~	~	~	~	~	~
Starner Julie Kaye	All Other											
Feldman Howard Lee Md	All Other	~										
Clark Cheryl L Md	All Other	~	~	~	~		~	~	~	~	~	~
Cestari Stephen Todd Do	All Other	~	~	~	~	~	~	~	~	~	~	~
Kovar Lance Ira Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Kobeckis Elizabeth Carpio	All Other											
Putnam Family & Comm Ser Mh	All Other	~	~		~	~	~	~	~	~	~	~
Harrison David Maxwell Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Northern Westchester Hosp Ctr	All Other	~			~			~	~	~	~	~
Giannini Nancy Md	All Other	~	~		~		~	~	~	~	~	~
Hassan Mostafa S Md	All Other	~			~			~	~	~	~	~
Galarneau Gerard Jules Md	All Other						~					
Chandy Dipak Md	All Other						~					
A & T Healthcare Llc	All Other						~					
Juliano John Stephen Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Rajendran Geetha Prabhavathy	All Other						~					
Raynes Hillary Ruth Md	All Other	~	~		~		~	~	~	~	~	~
Statile Margaret	All Other	~	~		~		~	~	~	~	~	~
Sliva Renee	All Other											
Rovito Lucy	All Other	~	~		~		~	~	~	~	~	~
Plachta Leslie	All Other											
Meyer Patricia	All Other	~	~		~		~	~	~	~	~	~
Merguerian Susan	All Other						~					
Kasinathan Sumathi Md	All Other	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Grundfast Steven Keith Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Calvary Hha & Hospice Care	All Other						~					
Schiffer Todd Jay Md	All Other	~	~		~		~	~	~	~	~	>
Rossillo Patrick Pt	All Other											
Posner Jonathan	All Other											
Jawonio Inc Hcbs 5	All Other	~	~		~		~	~	~	~	~	>
Beebe Bridget Renee Rpa	All Other						~					
See Mary Celaine Md	All Other	~	~		~		~	~	~	~	~	>
New Hope Comm Inc Icf 411	All Other						~					
New Hope Comm Inc Icf 410	All Other						~					
New Hope Comm Inc Icf 409	All Other						~					
New Hope Comm Inc Icf 308	All Other						~					
New Hope Comm Inc Icf 307	All Other						~					
New Hope Comm Inc Icf 306	All Other						~					
Liu Delong Md	All Other	~	~		~		~		~	~	~	>
Cable Mary Louise	All Other	~	~	~	~	~	~	~	~	~	~	>
Cook Heather Tiffany Md	All Other											
Miranda Ann Loring Md	All Other											
Palermo-Gomez Dora Maria	All Other	~	~		~		~	~	~	~	~	>
Orange Rehab Occup Inc Hcbs 2	All Other											
Luchs Scott Glenn Md	All Other											
Yu Shick Hong Md	All Other						~					
Wilken Philip David	All Other	~	~	~	~	~	~	~	~	~	~	>
Singh Aalok Ramnaresh Md	All Other	~	~		~		~	~	~	~	~	>
A & T Healthcare Llc Tbi	All Other						~					
Martini Anthony Joseph Md	All Other	~	~		~		~	~	~	~	~	>
Hom Christine Md	All Other	~	~		~		~	~	~	~	~	~
Lowenkron David Drew Md	All Other	~	~		~		~	~	~	~	~	~
Wold Eric Richard Md	All Other						~					
Tighe John Francis Jr Md	All Other						~					
Lam Hao	All Other											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Podeszwa John Robert Md	All Other	~	~		~		~	~	~	~	~	>
Waxman Dennis Rpa	All Other	~	~		~		~	~	~	~	~	>
Doti Sandy	All Other	~	~	~	~	~	~	~	~	~	~	>
Aronow Wilbert Solomon Md	All Other						~					
Mccarthy Dalton Judith Cnm	All Other	~	~		~		~	~	~	~	~	>
Mcpadden Marion C Cnm	All Other						~					
Conde Eileen Cnm	All Other	~	~		~		~	~	~	~	~	>
Caring Pediatrics White Plain	All Other	~	~		~		~	~	~	~	~	>
Atlas Gregg Keith Dpm	All Other											
Rothberg Daniel M Md	All Other	~			~			~	~	~	~	>
Farragher Patricia B Dpm	All Other	~	~	~	~		~	~	~	~	~	>
Guerrieri Claudio Md	All Other	~	~		~		~		~	~	~	>
Greco Robert N Md	All Other											
Callahan Brian D	All Other											
Spielvogel David Md	All Other						~					
Litt Annebeth Md	All Other						~					
Kaseta Suzanne Md	All Other	~	~		~		~	~	~	~	~	>
Schwartz Elizabeth C Cnm	All Other	~	~	~	~	~	~	~	~	~	~	>
Rieder Jessica Md	All Other											
Goldfischer Evan R Md	All Other											
Zuckerman Deschino Diane Md	All Other	~	~	~	~		~	~	~	~	~	>
Kahn Scott	All Other											
Akhter Mohammad	All Other											
Pagan Diane Elizabeth	All Other											
O'Connor Peter J Jr Md	All Other											
Sosinsky Jeffrey H Md	All Other	~	~	~	~		~	~	~	~	~	>
Jovino Louise M Md	All Other	~	~		~		~	~	~	~	~	~
Sprenz Valerie M Md	All Other											
Sands Brenda M	All Other											
Begley-Pritzker Kathleen	All Other	~	~	~	~		~	~	~	~	~	~
Sanyal Rajat S Md	All Other	~	~		~		~		~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Ten Broeck Commons Adhc	All Other						~					
Habert Marc Md	All Other	~	~		~		~	~	~	~	~	~
Raschella Nunziata Md	All Other						~					
Brett-Mohyla Maureen Joan	All Other	~	~		~	~	~	~	~	~	~	~
Chabner Thompson Elizabeth	All Other	~			~			~	~	~	~	~
Oiseth Stanley J Md	All Other	~	~		~		~		~	~	~	~
Gayle Eric George Md	All Other	~	~	~	~		~	~	~	~	~	~
Ritchin Andrea Ko Md	All Other	~	~		~		~	~	~	~	~	~
Neretin Nicole	All Other	~	~	~	~		~	~	~	~	~	~
Albulak Mehmet Kerim Md	All Other											1
Cole Sonia Lois Md	All Other	~	~		~		~	~	~	~	~	~
Chandramouly Praveen	All Other						~					1
Klein Michael David Md	All Other	~	~		~		~	~	~	~	~	~
Boron Michael D Md	All Other	~	~		*		~	~	~	~	~	~
Zubair Zoha Physician Pllc	All Other						~					1
Sankar Douglas D Md	All Other	~	~		*		~		~	~	~	~
Mateo Romeo B Md	All Other						~					1
Stockheim Janet A Md	All Other						~					
Lolo Delatre Md	All Other	~	~		>	~	~	~	~	~	~	~
Platzman Michael Do	All Other	~	~		>		~		~	~	~	~
Stumacher Richard L Md	All Other											1
Schenkman Emmanuel Michael	All Other	~	~	~	>	~	~	~	~	~	~	~
Nelson Shirley W Do	All Other						~					1
Vianna Andrea Luiza	All Other											
Sdtc The Center For Discovery	All Other	~										
Zaman Moneeka Md	All Other	~	~		>		~	~	~	~	~	~
Sullivan Maura Md	All Other											
Monteverde Barbara Ann	All Other	~										
Damore Mary E Md	All Other	~	~		>		~	~	~	~	~	~
Camargo Mareilla Cnm	All Other						~					
Banc Tobe E Md	All Other	~	~		>		~		~	~	~	~



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Provider Name Provider Category 2.a.i 2.a.ii 2.a.iv 2.b.iv Mccormick Michael Stephen Md All Other	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Mccormick Michael Stephen Md Leahy Mary Md All Other Brand Renee P All Other Wischman Alan M All Other Wischman Alan M All Other Merer Michelle All Other All Other All Other All Other Mere Michaelle All Other All Other All Other All Other All Other All Other Skelly Michael Skelly Michael All Other	~ ~	~ ~	V	V	~	~	
Leahy Mary Md All Other Brand Renee P All Other Hirschman Alan M All Other Wilson Jeanne Marie All Other Arbisser-Grohman Debra All Other Arbisser-Grohman Debra All Other			·	~	~	~	
Brand Renee P All Other Hirschman Alan M All Other Wilson Jeanne Marie All Other Merer Michelle All Other Arbisser-Grohman Debra All Other Catanese James All Other Skelly Michael All Other Schelker Jennifer All Other Ferrara Lisa A All Other Ross Donald Md All Other Zhabinskaya Irina Md All Other	~	·	·	~	~		~
Hirschman Alan M Wilson Jeanne Marie All Other Merer Michelle All Other Arbisser-Grohman Debra Catanese James All Other Skelly Michael Schelker Jennifer Ferrara Lisa A Ross Donald Md All Other	~	~	~			~	
Wilson Jeanne Marie All Other Merer Michelle All Other Arbisser-Grohman Debra All Other Catanese James All Other Skelly Michael All Other Schelker Jennifer All Other		~	~			~	
Merer Michelle All Other Arbisser-Grohman Debra All Other Catanese James All Other Skelly Michael Schelker Jennifer All Other	~	~	~			~	1
Arbisser-Grohman Debra All Other Catanese James All Other Skelly Michael All Other Schelker Jennifer All Other Ferrara Lisa A All Other Adelfio Mary Ann Md All Other Zhabinskaya Irina Md All Other	~			~			~
Catanese James All Other Skelly Michael All Other Schelker Jennifer All Other Ferrara Lisa A All Other Ross Donald Md All Other Adelfio Mary Ann Md All Other Zhabinskaya Irina Md All Other Atkinson Rosa E Md All Other	~	~				~	~
Skelly Michael Schelker Jennifer All Other Schelker Jennifer All Other Ferrara Lisa A All Other Ross Donald Md All Other Adelfio Mary Ann Md All Other Zhabinskaya Irina Md All Other Forman Leanne Md All Other Atkinson Rosa E Md All Other Tolis Arthur F Md All Other Lee Sophia Sun Y Md All Other			~	~	~	~	~
Schelker Jennifer Ferrara Lisa A All Other Ross Donald Md All Other Adelfio Mary Ann Md Zhabinskaya Irina Md Forman Leanne Md All Other Atkinson Rosa E Md Tolis Arthur F Md Lee Sophia Sun Y Md All Other			~	~	~	~	~
Ferrara Lisa A Ross Donald Md All Other Adelfio Mary Ann Md All Other Zhabinskaya Irina Md All Other Forman Leanne Md All Other Atkinson Rosa E Md All Other Tolis Arthur F Md Lee Sophia Sun Y Md All Other		~		~	~	~	~
Ross Donald Md All Other Adelfio Mary Ann Md All Other Zhabinskaya Irina Md All Other Forman Leanne Md All Other Atkinson Rosa E Md All Other Tolis Arthur F Md All Other Lee Sophia Sun Y Md All Other		~	~	~	~	~	~
Adelfio Mary Ann Md All Other Zhabinskaya Irina Md All Other Forman Leanne Md All Other Atkinson Rosa E Md All Other Tolis Arthur F Md Lee Sophia Sun Y Md All Other		~	~	~	~	~	~
Zhabinskaya Irina Md All Other Forman Leanne Md All Other Atkinson Rosa E Md All Other Tolis Arthur F Md All Other Lee Sophia Sun Y Md All Other							
Forman Leanne Md All Other Atkinson Rosa E Md All Other Tolis Arthur F Md All Other Lee Sophia Sun Y Md All Other		~		~	~	~	~
Atkinson Rosa E Md All Other Tolis Arthur F Md All Other Lee Sophia Sun Y Md All Other			~	~	~	~	~
Tolis Arthur F Md All Other		~					
Lee Sophia Sun Y Md All Other		~	~	~	~	~	~
	~	~	~	~	~	~	~
	~	~	~	~	~	~	~
Croen Edward C Md All Other	~	~	~	~	~	~	~
Abouezzi Ziad E Md All Other							
Hajar Marilyn All Other		~					
Ability Beyond Disability All Other							
Gillespie Ginger Md All Other		~	~	~	~	~	~
Putnam Arc Hcbs 2 All Other							
Weintraub Elizabeth C Dpm All Other		~					
Boselli Lucia Md All Other			~	~	~	~	~
Degelsmith Laurence Miles All Other			~	~	~	~	~
Rubin Iris Caridad All Other		~	~	~	~	~	~
Shurp Yevgeniya Md All Other		~	~	~	~	~	~
Towner Robert A Md All Other							
Daley Lisa M Md All Other							



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Westchester Medical Center (PPS ID:21)

	Participatin Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Macaluso Brett M Md	All Other											
Josefski Mark Alan Md	All Other	~	~	~	~		~	~	~	~	~	~
Ortiz Sandra Md	All Other	~	~		*		~	~	~	~	~	~
Wang Zhifu Md	All Other						~					
Bethel Nursing & Rehab Center	All Other						~					
Luay S Marji Md Pc	All Other											
Hervada Teresa Md	All Other											
Bonoan Jose Tadeo M Md	All Other						~					
Amin Abha R Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Catskill Regional Medical Ctr Adhc	All Other						~					
Masch Rachel J Md	All Other						~					1
Obremski Christine Ann Lanza	All Other						~					
Pinto Alan Anthony	All Other	~	~		~		~	~	~	~	~	~
Northern Manor Geri Ctr Adhc	All Other						~					
Cohen Aaron Howard Md	All Other						~					1
Bancroft Hartley S Ii Md	All Other	~	~		~		~	~	~	~	~	~
Jawonio	All Other	~	~		~		~	~	~	~	~	~
Patel Mayank	All Other											1
Dorfman Robert P Md	All Other											
Schwartz Clifford Justin Md	All Other	~	~		~		~		~	~	~	~
Samuels Daralyn Md	All Other	~	~		~		~	~	~	~	~	~
Kurtz Linda Joyce Md	All Other											
Homonoff Mark C Md	All Other	~	~		~		~		~	~	~	~
Gallousis Francene Moschetti	All Other	~			>			~	~	~	~	~
Cohen Cynthia Ceresney Md	All Other	~	~		*		~	~	~	~	~	~
Winchester-Penny Sherma Md	All Other	~	~	~	*	~	~	~	~	~	~	~
Mangan Patricia Ann Md	All Other	~	~		~		~	~	~	~	~	~
Linneman Nancy I Md	All Other	~	~	~	>	~	~	~	~	~	~	~
Walsh Margaret Mary	All Other	~	~	~	~		~	~	~	~	~	~
Prine Linda Whisler	All Other	~	~	~	~		~	~	~	~	~	~
Pioneer Homecare Corp	All Other											



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	Participating Pa	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Delma Dominique Md	All Other	~	~	~	~		~	~	~	~	~	~
Cirillo Vincenzo Antonio Md	All Other						~					
Gupta Rajesh Md	All Other	~	~		~		~		~	~	~	~
Tinger Alfred Md	All Other	~			~			~	~	~	~	~
Scherr Jennifer Ann Md	All Other	~	~		~		~	~	~	~	~	~
Khan Zubair Mohammed Md	All Other						~					
Fallick Frederick S Md	All Other						~					
Josephs Mitchell Aaron Md	All Other											
Elimian Andrew A Md	All Other						~					
Nysarc Dutchess County Hcbs 2	All Other						~					
Wingate Of Ulster	All Other											
Shapiro Deborah Ann Md	All Other	~	~	~	~		~	~	~	~	~	~
Brown Cynthia Eliza Md	All Other	~	~		~		~		~	~	~	~
Lerche Adam David Md	All Other	~	~		~		~	~	~	~	~	~
Paracha Fauzia Md	All Other											
Siciliano Donna	All Other											
Cortijo Amarilys R Md	All Other	~	~	~	~		~	~	~	~	~	~
Green Herbert	All Other	~	~	~	~		~	~	~	~	~	~
Yuen Hak Kin	All Other											
Castano Lourdes Md	All Other	~	~		~		~	~	~	~	~	~
Nastase Aniela	All Other	~	~		~		~	~	~	~	~	~
Spencer Deborah Kay Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Cukaj Lynnette Culanculan Md	All Other	~	~		~		~	~	~	~	~	~
Sheth Snehal R Md	All Other	~	~		~		~	~	~	~	~	~
Townsend Sheila	All Other	~	~		~		~	~	~	~	~	~
Arden Martha R Md	All Other	~	~		~		~	~	~	~	~	~
Lippman Eric Scott Md	All Other											
Sanchez Julian William	All Other						~					
Zaidi Najia Akhtar Md	All Other						~					
Jangda Aslam Sattar Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Carniciu Stere	All Other	~	~		~		~		~	~	~	~



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Westchester Medical Center (PPS ID:21)

	Participatin Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
White Lalura Rose Md	All Other	~	~	~	~		~	~	~	~	~	~
Cohrssen Andreas Md	All Other	~	~	~	~		~	~	~	~	~	~
Mumtaz Arif Md	All Other						~					
Goyal Arun Md	All Other						~					
Sherif El-Masry	All Other						~					
Byfield Floyd Clayton Md	All Other	~	~		~		~		~	~	~	~
Malik Tabbsum Lodhi Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Karcnik Teresa J Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Levin-Waldman Renee Marci Md	All Other	~	~		~		~		~	~	~	~
Kronn David Frederick Md	All Other	~	~		~		~	~	~	~	~	~
Mahoney Patricia Marie Cnm	All Other	~	~		~		~	~	~	~	~	~
Decker Laura Md	All Other						~					
Hadid Ahmad Md	All Other						~					
Baird Philip Lee Md	All Other	~	~	~	~		~	~	~	~	~	~
Sheth Viral Ras Md	All Other											
Maddineni Shekher Md	All Other						~					
Iannotti Vicki Ann	All Other	~	~		~		~	~	~	~	~	~
Rockland Independent Liv Ctr	All Other						~					
Kapklein Matthew Jason Md	All Other	~	~		~		~	~	~	~	~	~
Felix Robert Livingston Md	All Other	~	~		~		~	~	~	~	~	~
Reichard Steven Gerard Md	All Other											
Anderson Ralph George Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Ponticiello Joseph Nicholas Md	All Other											
Spencer Gregory Allen Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Gotsis William	All Other	~	~	~	~	~	~	~	~	~	~	~
Diana Mary G Md	All Other						~					
Parikh Shital Ramesh Md	All Other	~	~	~	~		~	~	~	~	~	~
White Desmond Anthony Md	All Other						~					
Haram-Mourabet Soheir A Md	All Other	~	~		~		~	~	~	~	~	~
Mendola Antony J Md	All Other						~					
Katz Daniel Mark Md	All Other											



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DSRIP Implementation Plan Project

Westchester Medical Center (PPS ID:21)

	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Biradavolu Lakshmi Bhaskar Md	All Other	~	~		~		~	~	~	~	~	~
Carr Samuel Stephen Dpm	All Other											
Nazario-Blas Rudolfo A Md	All Other	~	~		~		~	~	~	~	~	~
St Christophers Inn Inc	All Other	~	~		~		~	~	~	~	~	~
Mt Vernon Neighborhood Hc Inc	All Other	~	~		~		~	~	~	~	~	~
Petersen Pamela H	All Other	~	~		~	~	~	~	~	~	~	~
Nweke-Chukumerije Obiageli Md	All Other	~	~		~		~	~	~	~	~	~
David Maria Carina Md	All Other	~	~		~		~	~	~	~	~	~
Gjonaj Suzette Theresa Md	All Other	~	~		~		~	~	~	~	~	~
Rogg Gary Ira Md	All Other						~					
Westchester Care At Home Inc	All Other											
Arlievsky Nina Md	All Other	~	~		~		~	~	~	~	~	~
Livanios Noulas Chrisia Md	All Other	~	~		~		~	~	~	~	~	~
Carosella Christine E Md	All Other						~					
Kligler Benjamin Eli Md	All Other	~	~	~	~		~	~	~	~	~	~
Santiago Yvonne	All Other	~	~		~		~	~	~	~	~	~
Wu Victor Hsueh-Wen Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Turken Arthur Md	All Other	~			~			~	~	~	~	~
Narula Rajiv Md	All Other						~					
Del Giudice Martha	All Other						~					
Boniuk Jonathan Daniel Md	All Other											
Schervier Pavilion Snf	All Other	~	~	~	~		~	~	~	~	~	~
Ozkaynak Mehmet Fevzi Md	All Other	~	~		~		~	~	~	~	~	~
Menezes Robert Charles Jr Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Costley Sandra Y Md	All Other											
Root Lee P Md	All Other	~	~	~	~		~	~	~	~	~	~
Benoit Marcel M Md	All Other											
Goltzman Carey Steven Md	All Other	~	~		~		~	~	~	~	~	~
Lurio Joseph Glen Messner Md	All Other	~	~	~	~		~	~	~	~	~	~
Ward Katherine Ann Dpm	All Other	~	~	~	~	~	~	~	~	~	~	~
Walker Robert Steven Md	All Other	~	~	~	~	~	~	~	~	~	~	~



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	Participating Pa	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Thoracic Vascular Surgeon PII	All Other	~	~		~		~		~	~	~	~
Kazanjian Hratch Karnik Md	All Other	~	~	~	~		~	~	~	~	~	~
Elant At Goshen Inc Adhc	All Other						~					
Yegudin-Ash Julia Md	All Other						~					
Fraser Angela Marie Md	All Other	~	~		~		~		~	~	~	~
Peralo Charles Anthony Md	All Other	~	~		~		~	~	~	~	~	~
Patel Dhiren B Md	All Other	~	~		~		~	~	~	~	~	~
Katz Dina R Md	All Other	~	~		~		~		~	~	~	~
Grasso Michael Md	All Other						~					
Finkelstein Michael B Md	All Other	~	~		~		~		~	~	~	~
Atlas Paul	All Other											
Hershkowitz Jon E Md	All Other	~	~		~	~	~	~	~	~	~	~
Madhava Valsa S Md	All Other	~	~	~	~		~	~	~	~	~	~
Westchester Arc	All Other						~					
Astor Home For Children Fbt	All Other	~	~		~		~	~	~	~	~	~
Patel Prem S Md	All Other						~					
Walker Jenny	All Other	~	~	~	~		~	~	~	~	~	~
Shih Andrew Chih Md	All Other	~	~	~	~		~	~	~	~	~	~
Sherzoy Ali	All Other											
Lantin Jose Antonio R L Md	All Other						~					
Gluck-Shats Maya Md	All Other	~	~	~	~		~	~	~	~	~	~
J & P Watson Inc	All Other						~					
Jain Diwaker Md	All Other						~					
Berkshire Farm Center	All Other						~					
Sayegh Nadem Jamil Md	All Other						~					
Wolf Steven Md	All Other	~										
Avvocato Gloria P Md	All Other	~	~		~		~	~	~	~	~	~
Chamberlin Joe Md	All Other						~					
Nastase Liviu Md	All Other	~	~		~		~	~	~	~	~	~
Asamenew Markos Md	All Other	~	~		~		~	~	~	~	~	~
Miller Dean A Md	All Other	~	~	~	~		~	~	~	~	~	~



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DSRIP Implementation Plan Project

* Safety Net Providers in Green												
	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Dixit Drishan Kant Md	All Other											
Child & Fam Guid Ctr Adict Sv	All Other						~					
Subhedar Dilip V Md	All Other											
Wilson Arnold Brett Md	All Other											
Bar Mordechai Fenikel Md	All Other						~					
Lifespire Inc	All Other	~	~		~		~	~	~	~	~	~
Perry Manuel C Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Weiss Jonathan R Md	All Other	~	~		~		~	~	~	~	~	~
Bentsi-Barnes Augustus Md	All Other	~	~	~	~		~	~	~	~	~	*
Karsif Karen S Md	All Other	~	~	~	~		~	~	~	~	~	~
Lynch Patricia Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Bogursky Eileen Gayle Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Fethke Eric Daniel Md	All Other	~										
Mallick Imtiaz Ahmad Md	All Other											
Delbello Damon A Md	All Other	~	~		~		~	~	~	~	~	~
Sacco Joseph P Md	All Other											
Mountainside Residential Cc	All Other	~	~	~	~	~	~	~	~	~	~	~
Lasky Henry Paul Md	All Other											
Silverman Gary Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Schaffer Alan E Md	All Other	~	~	~	~		~	~	~	~	~	~
Chao Chun Peng Md	All Other	~	~		~		~	~	~	~	~	~
Wolf David C Md	All Other						~					
Sackler Lorna Carro	All Other	~	~		~		~	~	~	~	~	~
Dave Devang Md	All Other											
Patel Umangi Mukesh Md	All Other						~					
Kang David S Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Lefkovitz Zvi Md	All Other						~					
Yee Lily Fong Cho Md	All Other											
Galvin Daniel Md	All Other						~					
Smith Martha L Md	All Other	~	~	~	~		~	~	~	~	~	>
Villi Roger A Md	All Other											



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* Safety Net Providers in Green												
	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Richard C Ward A T C	All Other											
Diflo Thomas Md	All Other						~					
Community Med & Dental Care I	All Other	~	~		~	~	~	~	>	>	~	>
Eugene P Heslin Md Pc	All Other						~					
Tun Raymond Aung Md	All Other	~	~		~		~	~	~	~	~	~
Sandoval Claudio Md	All Other	~	~		~		~	~	~	~	~	~
Carena Gina Frances Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Mumford James M Md	All Other	~	~	~	~		~	~	~	~	~	~
Conifer Park	All Other	~	~		~		~	~	~	~	~	~
Arms Acres	All Other	~	~		~		~	~	~	~	~	~
Erb Markus Md	All Other	~	~		~		~	~	~	~	~	~
Coster Lisha Jean	All Other	~	~		~		~	~	~	~	~	~
Shear Mitchell Barry Md	All Other											
Goldstein Lawrence Wayne Md	All Other											
Levine Sally M Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Sullivan Cnty Pub/Hm Adhc	All Other											
Gorelick Risa Schwed Md	All Other						~					
Chumaceiro Rolando Md	All Other						~					
Ferguson John Francis Md	All Other	~	~		~		~	~	~	~	~	~
Haque Masood U Md	All Other											
Family Svc Of Westchester	All Other	~	~		~		~	~	~	~	~	~
Stringel Gustavo Md	All Other	~	~		~		~	~	~	~	~	~
Eisner Yvonne	All Other	~	~	~	~		~	~	~	~	~	~
Yusuf Yasmin Md	All Other						~					
Bakas Constantine Md	All Other	~			~			~	~	~	~	~
Maw Myo Md	All Other	~	~	~	~		~	~	~	~	~	~
Kitson Kwame A Md	All Other	~	~	~	~		~	~	~	~	~	~
Abbott House Inc	All Other						~					
Mallick Abida K Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Gluck Gerson Md	All Other	~	~		~	~	~	~	~	~	~	~
Crystal Run Chestnut Ridge	All Other						~					



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Lackey Mary Michele	All Other						~					
Alam Mehjabeen Md	All Other	~	~	~	~		~	~	~	~	~	~
Abate Charles James Md	All Other	~	~		~		~		~	~	~	~
Boyer Joseph Thomas Md	All Other	~	~		~		~	~	~	~	~	~
Crystal Run Seymour Dr Icf	All Other						~					
Crystal Run Bayard Lane Icf	All Other						~					
Samuel Schenker O D P C	All Other											
Kleinbaum Herman Bruce Md	All Other											
Lesnewski Ruth F Md	All Other	~	~	~	~		~	~	~	~	~	~
Policastro Anthony J Md	All Other						~					
Youkeles Lisa Md	All Other											
Community Based Srv Willow Dr	All Other						~					
Cah Orange Cnty Doh Div Phn	All Other											
Glen Island Ctr Nrs & Rehabe	All Other						~					
Foto Frank Md	All Other	~	~		~		~		~	~	~	~
Valencia Sharon Hubert Dpm	All Other	~	~		~		~	~	~	~	~	~
A&T Health Care	All Other						~					
Gannon Barbara Luck Md	All Other	~	~		~		~	~	~	~	~	~
Freyer Cathleen A Rn	All Other											
Ayers Frederick P Md	All Other											
Berkowitz Jessica F Md	All Other											
Seiter Karen P Md	All Other	~	~		~		~		~	~	~	~
Sidorowicz Wladyslaw	All Other											
Hetzler Theresa L Md	All Other	~	~		~		~	~	~	~	~	~
Hale Theodore Mark Md	All Other											
Back Ephraim Md	All Other	~	~	~	~		~	~	~	~	~	~
Romano Alicia A Md	All Other	~	~		~		~	~	~	~	~	>
Green Roger Daniel Md	All Other											
Schwalb Murray David Md	All Other	~	~		~	~	~	~	~	~	~	>
Rasch Stuart G Md	All Other	~	~		~		~		~	~	~	~
Hwang Haeyoung Ko	All Other	~	~		~		~	~	~	~	~	~



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* Safety Net Providers in Green												
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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Tarrytown Hall Care Ctr	All Other											
Schwalb David B Md	All Other	~	~		~		~	~	~	~	~	~
Sayegh Osama Elias Md	All Other						~					
Magrill Robert A Md	All Other	~	~	~	~		~	~	~	~	~	~
Devereux Fnd Richmond Icf	All Other											
Devereux Fnd Wittenberg Icf	All Other											
Vazquez Rafael Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Vogel Gerald Scott Md	All Other	~	~		~		~	~	~	~	~	~
Costley-Hoke Karen M Md	All Other											
Savino Douglas Brian Md	All Other	~	~		~		~	~	~	~	~	~
Premier Nursing Services	All Other						~					
Montecalvo D'Ascanio Marisa A	All Other	~	~		~		~	~	~	~	~	~
Jenkins Wallace R Md	All Other	~	~		~		~	~	~	~	~	~
Nowakowski John Md	All Other	~	~		~		~	~	~	~	~	~
Tash Robert Ryan Md	All Other											
Shapiro Robert S Md	All Other						~					
White Bernard Paul Md Pc	All Other	~			>			~	~	~	~	~
Karmen Carol Lynn Md	All Other						~					
Dutches Co Dept Mh	All Other											
Fuchs Richard T Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Chu Wico Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Wartburg Hm Evangelical Churc	All Other						~					
Coombs Kenneth E Dpm	All Other											
Katz Bernard Joel Md	All Other						~					
Kozin Arthur M Md	All Other											
Wilkins Robert Md	All Other	~	~		~		~	~	~	~	~	~
Plummer Robert L Md.,Facs.,Pc	All Other											
Levine Steven Barry Md	All Other	~	~	~	~		~	~	~	~	~	~
Schorr-Lesnick Beth Md	All Other											
Zemel Anna Rynskaya Md	All Other	~	~	~	~		~	~	~	~	~	~
Teubl William Philip Md	All Other	~	~	~	~		~	~	~	~	~	~



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Westchester Medical Center (PPS ID:21)

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Gardiner James Gerard Dpm	All Other						~					
Barenfeld Howard L Md	All Other	~	~		~		~	~	~	~	~	~
Condro Nancy Ann Dpm	All Other	~										
Hibbert Jean Francois Md	All Other						~					
Community Based Srv Henry St	All Other						~					
Ferncliff Nursing Hm Non Occ	All Other	~										
Antoine Michel Md	All Other	~	~		~		~	~	~	~	~	~
Any-Time Home Care Inc	All Other						~					
Gergely Peter Ernest Md	All Other						~					
Sullivan County Cmh Mh	All Other	~										
Kumar Smita Rajeev Md	All Other	~	~		~		~	~	~	~	~	~
Altman Robin Leslie Md	All Other	~	~		*		~	~	~	~	~	~
Lafaro Rocco James Md	All Other						~					
Fletcher Douglas Robert Md	All Other	~	~		~		~	~	~	~	~	~
Shreedhar Rakesh Md	All Other	~	~	~	~		~	~	~	~	~	~
Douglas Montgomery Md	All Other											
Hill David Jacob Md	All Other	~	~	~	*	~	~	~	~	~	~	~
Dominican Sisters Family Lthh	All Other						~					
Gass Alan L	All Other						~					
Brudnicki Adele Ruth Md	All Other						~					
Trivedi Darshan Ghanshyam Md	All Other						~					
Lazar Stephen Dale Md	All Other						~					
Turer Gary Evan Md	All Other						~					
Winski Francis V Md	All Other						~					
Reda Dominick Frank Md	All Other						~					
Gross Benita L Md	All Other						~					
Wurzel Carol Lynn Md	All Other	~	~		~		~	~	~	~	~	~
Ross Jody A Md	All Other	~	~		~		~	~	~	~	~	~
Arthur Karen S Md	All Other	~			~			~	~	~	~	~
Altura Barry Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Lehrman Stuart Gene Md	All Other						~					ĺ



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	Participatin	g in Projects										
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Davis Glenn Adrian Md	All Other	~	~		~		~	~	~	~	~	~
Ahmad Farhat Md	All Other	~	~		~		~	~	~	~	~	~
Delaney Veronica Bridget Md	All Other	~	~		~		~	~	~	~	~	~
Northern Metro Rhcf Non-Occ	All Other						~					
Polizzi Gaspare A Md	All Other											
Neuendorf James Lee Md	All Other	~										
Southren David B Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Weisbard James Joseph	All Other	~	~	~	~		~	~	~	~	~	~
Elizabeth Seton Pediatric Center	All Other						~					
Festa James Keith Md	All Other											
Ramapo Manor Ctr Reh & Nrs	All Other						~					
Sprague Curtis Davis Md	All Other	~	~	~	~		~	~	~	~	~	~
Puccio Carmela A Md	All Other	~	~		~		~		~	~	~	~
Always There Family Home Health Ser	All Other						~					
Hospice Of Orange/Sullivan Cn	All Other						~					1
Bernstein Scott Alan Md Pc	All Other						~					
Innerfield Michael Lee Md	All Other	~	~	~	~		~	~	~	~	~	~
St Josephs Place	All Other	~	~	~	~		~	~	~	~	~	~
Dibona Marcello Md	All Other											1
Jalaj Jai Krishna Md	All Other											1
Woodley Walter Md	All Other	~	~	~	~		~	~	~	~	~	~
Weiss Philip Md	All Other	~	~	~	~		~	~	~	~	~	~
Roth Robert M	All Other	~	~	~	~		~	~	~	~	~	~
Dematteo Robert Enrico Md	All Other						~					1
Saltzman Beth Rn Midwife Pc	All Other	~	~	~	~		~	~	~	~	~	~
Hameed Chaudhry Abdul Md	All Other	~	~		~		~	~	~	~	~	~
Pessolano Joanna Clair Md	All Other						~					
Aska Glenroy Anthony Dpm	All Other	~	~	~	~		~	~	~	~	~	~
Ashe David Md	All Other											
Purugganan Sylvia M Md	All Other											
Innovative Health Systems Inc	All Other											



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* Safety Net Providers in Green												
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Bowman Ralph Edward	All Other											
Dickoff David J Md	All Other						~					
Sdtc The Center For Discovery	All Other	~										
Kalatsky Stewart Dpm	All Other											
Ventrudo Steven L Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Ibelli Vincent Marc Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Budnik Theodora S Md	All Other						~					
Seligman Karen Peyser Md	All Other	~	~		~		~	~	~	~	~	~
Nackenson Marcia Judith Md	All Other	~	~		~		~	~	~	~	~	~
Tugal Oya Md	All Other	~	~		~		~	~	~	~	~	~
Klein Stephen Allen	All Other	~	~	~	~	~	~	~	~	~	~	~
Wartburg Nursing Home	All Other						~					
Delerme Milton Md	All Other	~	~		~		~	~	~	~	~	~
Chesir Joshua E Md	All Other	~	~		~		~	~	~	~	~	~
Facelle Thomas L Md	All Other	~	~	~	~		~	~	~	~	~	~
Bostwick Howard E Md	All Other	~	~		~		~	~	~	~	~	~
Tendler Yacov Md	All Other	~	~	~	~		~	~	~	~	~	~
Dee Kenneth R Md	All Other	~	~		~		~	~	~	~	~	~
Weiss Irene Amy Md	All Other						~					
Kaul Raman Md	All Other						~					
Teicher Elyse H Md	All Other						~					
Housman Arno David	All Other	~	~		~		~		~	~	~	~
Ulster Home Health Service Co	All Other						~					
Maselli Frank Joseph Md	All Other											
Schiller Robert M Md	All Other	~	~	~	~		~	~	~	~	~	~
Adler Stephen Md	All Other	~	~		~		~	~	~	~	~	~
Cohen Martin B	All Other						~					
Nadelman Robert B Md	All Other	~	~		~		~	~	~	~	~	~
Hewitt Ross G Md	All Other	~	~	~	~		~	~	~	~	~	>
Li Karl	All Other	~	~		~		~	~	~	~	~	~
Lebovics Edward Md	All Other	~	~		~		~	~	~	~	~	>



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* Safety Net Providers in Green	Participating	in Projects										
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Clements Jerry Eugene Md	All Other	~	~	~	~		~	~	~	~	~	~
Blass Joel Mitchell Md	All Other											
Sullivan Cnty Pub Hlth Ser Lthhcp	All Other	~										
Smith Philip S Md	All Other	~	~	~	~		~	~	~	~	~	~
Abramovici Bernard Barbu Md	All Other											
Hershman Jack I Md	All Other	~	~		~		~		~	~	~	~
Dubey Anjani Kumari Md	All Other	~	~		~		~	~	~	~	~	~
Sacolick Benzion Md	All Other											
Borker Priti V Md	All Other	~	~	~	~		~	~	~	~	~	~
Juster Fern R Md	All Other	~	~		~		~	~	~	~	~	~
Rozenblit Grigory Md	All Other						~					
Stavis Judith A S Md	All Other											
Zimmerman Franklin H Md	All Other	~	~		~		~		~	~	~	~
Gerard Perry Scott Md	All Other						~					
Cardinal Hayes Hm Millbrook	All Other											
Henson Elliot M Md	All Other	~	~	~	~		~	~	~	~	~	~
Bethel Nursing Hm Lthhcp	All Other						~					
Community Resrc Ctr Byron 1	All Other											
Merker Edward Lawrence Md	All Other						~					
Cieplinski William Md	All Other											
Weingarten Marvin J Md	All Other											1
Schechter Andrew Gary Md	All Other											1
Model Lawrence Marc Md	All Other											1
Giampietro John D Md	All Other											
Meller Bruce L Md	All Other	~	~	~	~		~	~	~	~	~	~
Landau Stanislaw T Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Harris Leon S Md	All Other	~	~	~	~		~	~	~	~	~	~
Brockunier James Kirk Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Lansman Steven Louis Md	All Other						~					
Seth Lalit Mohan Md	All Other											
Dutchess Cnty Doh Lthhcp	All Other	~	~		~		~	~	~	~	~	~



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	Participatin Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Raspa Ronald W Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Lehrman Gary R Md	All Other	~	~		~		~		~	~	~	~
Karpfen Robin B Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Garrick Renee E Md	All Other											
Katz Henry J Md	All Other											
Escher Jeffrey Ethan Md	All Other											
Institute For Family Hlth	All Other	~	~	~	~		~	~	~	~	~	~
Franco Israel Md	All Other	~	~		~		~	~	~	~	~	~
Safran Michael Lee Md	All Other											
Fenner David L Md	All Other	~	~		~		~	~	~	~	~	~
Jaffe Joshua Md	All Other											
Garfield Gary C Md	All Other	~	~		~		~	~	~	~	~	~
Beyer Barbara Conley Md	All Other	~	~		~		~	~	~	~	~	~
Dozor Allen J Md	All Other	~	~		~		~	~	~	~	~	~
Benzakein Ralph Dpm	All Other						~					
Mora Sol Nathan Md	All Other											
Stern Stuart M Dpm	All Other						~					
Association/Mentally III Chld	All Other											
Carleton Jack Hardy	All Other	~	~	~	~	~	~	~	~	~	~	~
Gill Amarjit S Md	All Other						~					
Ratna A Sabnis Pllc	All Other	~	~		~		~	~	~	~	~	~
Cabrini Of Westchester	All Other						~					
Del Rowe John Md	All Other	~			~			~	~	~	~	~
Distefano Sarina J Md	All Other	~	~		~		~	~	~	~	~	~
Zupnick Joseph Od	All Other											
Hirsch Cary Md	All Other	~	~	~	~		~	~	~	~	~	~
Cantor Richard S Md	All Other	~	~	~	~		~	~	~	~	~	~
Anderson John A Md	All Other	~	~	~	~		~	~	~	~	~	~
Ankolekar Anjali Md	All Other	~	~		~		~		~	~	~	~
Curreri Robert L Md	All Other											
Dicostanzo Lynne Md	All Other	~	~		~	~	~	~	~	~	~	~



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Calamia Vincent Md	All Other	~										
Tartell Michael G Md	All Other	~	~		~		~	~	~	~	~	~
Marsh Franklin Jr Md	All Other	~	~	~	~		~	~	~	~	~	~
Sawhney Suman Kumar Md	All Other	~	~	~	~		~	~	~	~	~	~
Daly Stephen M Md	All Other	~	~	~	~		~	~	~	~	~	~
Soltren Rafael Md	All Other	~	~		~		~		~	~	~	~
Rubeo Thomas Joseph Jr Md	All Other	~	~		~		~	~	~	~	~	~
Horowitz Jeffrey Scot Md	All Other	~	~		~		~	~	~	~	~	~
Small Catherine Butkus Md	All Other	~	~		~		~	~	~	~	~	~
Hellerman James Guy Md	All Other	~	~		~		~		~	~	~	~
Becker Richard H Md	All Other	~	~		~		~		~	~	~	~
Berger Barbara J Md	All Other	~	~		~		~	~	~	~	~	~
Friedman Deborah M Md	All Other	~	~		~		~	~	~	~	~	~
Friedman Elliott T Md	All Other	~	~		~		~	~	~	~	~	~
Cohen Randolph Jack Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Dinsmore Robert E Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Fayemi Ayodeji Bodunrin Md	All Other	~	~		~		~	~	~	~	~	~
Szpur Walter B Md	All Other											
Pagnani Daniel J Md Jr	All Other	~	~	~	~		~	~	~	~	~	~
Kapoor Urmil Md	All Other	~	~		~		~		~	~	~	~
Gulati Rajan Pc Md	All Other	~	~		~		~	~	~	~	~	~
Morton Titus Aruna Md	All Other						~					
Lattarulo Frank J Dpm	All Other	~	~		~		~		~	~	~	~
Ahmed Tausee F	All Other	~	~		~		~		~	~	~	~
Devincenzo Salvatore John Md	All Other	~	~	~	~		~	~	~	~	~	~
Issenberg Henry Joseph Md	All Other	~	~		~		~	~	~	~	~	~
Wolfson Mitchell Md	All Other											
Borgueta Custodio R Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Modi Jayesh R Md	All Other						~					
Mark Madis Md Llc	All Other											
Jewish Board Family Child B	All Other	~	~		~		~	~	~	~	~	~



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Weissbart Clyde H Md	All Other											
Salzberg Paul David Md	All Other	~	~		~		~	~	~	~	~	~
Glicklich Daniel G Md	All Other						~					
Bleski John Andrew Md	All Other	~	~	~	~		~	~	~	~	~	~
Gewitz Michael H Md	All Other	~	~		~		~	~	~	~	~	~
Rao Prakashchandra M Md	All Other											
Fass Arthur E	All Other	~	~		~		~		~	~	~	*
Munzer Andrei Bernard Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Rao Geetha P Md	All Other											
Dummett Jocelyn Angela Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Pace Bella Md	All Other	~	~		~		~	~	~	~	~	~
Letchworth Dc Harriman Icf	All Other						~					
Singh Baldev K Md	All Other						~					
Community Based Srv Fairmont	All Other						~					
Lutwak Seymour H Md	All Other	~	~	~	~		~	~	~	~	~	~
Stillman Margaret A Md	All Other	~	~		~		~	~	~	~	~	~
Community Based Srv Broad St	All Other						~					
Proner Sanford Clay Dpm	All Other											
Lexington Ctr For Recovery	All Other	~	~		~		~	~	~	~	~	>
Thornton Yvonne Shirley Md	All Other						~					
Troyer Claudette Hope Md	All Other	~	~		~		~	~	~	~	~	~
Teich Clifford Martin Md	All Other	~	~		~		~	~	~	~	~	>
Corsones James P Md	All Other	~	~	~	~	~	~	~	~	~	~	*
Strauss Brian Mark Dpm	All Other						~					
Desai Bharati Chandrakant	All Other						~					
Gupta Prem Prakesh Md	All Other						~					
Dworkin Brad Mitchell Md	All Other	~	~		~		~	~	~	~	~	~
Sdtc The Center For Discovery	All Other	~										
Lessin Herschel R Md	All Other	~	~		~		~	~	~	~	~	~
Mcclung John A Md	All Other						~					
Singh Avtar Md	All Other	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Menitove Stephen M Md	All Other	~	~	~	~		~	~	~	~	~	~
Belkin Glenn J Do	All Other	~	~		~		~	~	~	~	~	~
Summit Park Hosp Non Occ	All Other											
Community Based Srv Bryant Ic	All Other						~					
Fiore John Leonard Md	All Other	~	~	~	~		~	~	~	~	>	~
Libre Rosemary M Md	All Other	~	~		~		~	~	~	~	~	~
Noto Richard A Md	All Other	~	~		~		~	~	~	~	~	~
Farkouh Nora H Md	All Other	~	~		~		~	~	~	~	~	~
St Josephs Rehab Center Inc	All Other											
Unlimited Care Inc	All Other											
Recco Home Care Service Inc	All Other						~					
Babu Sateesh C Md	All Other	~	~		~		~		~	~	~	~
Daytop Village,Inc	All Other											
Novotny Paul L Md	All Other	~	~		~		~	~	~	~	~	~
Ancona Richard Carmine Md	All Other	~	~		~		~	~	~	~	~	~
Rosemarin Eve Louise	All Other	~	~		~		~	~	~	~	~	~
Kramer Mark M Md	All Other											
Wormser Gary P Md	All Other	~	~		~		~	~	~	~	~	~
Barone Luciano Vito Md	All Other	~	~		~		~	~	~	~	~	~
Berezin Stuart Howard Md	All Other	~	~		~		~	~	~	~	~	~
Hackell Jesse Michael Md	All Other	~	~		~		~	~	~	~	~	~
Shah Dhirajlal M Md	All Other	~	~		~		~	~	~	~	~	~
Delorenzo Lawrence J Md	All Other						~					
Robbins Chester Lewis Md	All Other											
Amler Robert William Md	All Other	~	~		~		~	~	~	~	~	~
Lal Indu M Md	All Other						~					
Kapoor Satish Chander Md	All Other	~	~		~		~		~	~	~	~
Community Based Srv Lower Sha	All Other						~					
Guidance Center,Inc	All Other	~	~		~	~	~	~	~	~	~	~
Baker Paul Mark Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Ampil Paulo E Pc Md	All Other	~	~		~	~	~	~	~	~	~	~



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Sadaghiani Hassan Md	All Other	~	~	~	~		~	~	~	~	~	>
Westchester Jewish Comm Srvs	All Other	~	~		~	~	~	~	~	~	~	>
Shah Pravin M	All Other						~					
Orange Cnty Dept Mental Healt	All Other	~	~		~		~	~	~	~	~	>
Appel Joseph Md	All Other											
Lat Mercedes A Md	All Other	~	~	~	~		~	~	~	~	~	>
Walker Richard F Md	All Other						~					
Osei Clement Md	All Other	~	~	~	~		~	~	~	~	~	>
Beeber Stuart E Md	All Other	~	~		~		~	~	~	~	~	>
Newfield Philip Md	All Other	~	~		~		~	~	~	~	~	>
Dilorenzo James V Jr Md	All Other											
Zarlengo Marco Dominic Md	All Other	~	~		~		~		~	~	~	>
Mandelbaum Joel Md	All Other											
Greystone House Vankirk Icf	All Other											
Lubell Harry Robert	All Other	~	~		~		~	~	~	~	~	>
Monteleone Virgilio A Md	All Other	~	~		~		~	~	~	~	~	>
Landanno Clement R Md	All Other	~	~	~	~		~	~	~	~	~	>
Horowitz Mark L Md	All Other	~	~		~		~	~	~	~	~	>
Gorelick Seymour Pc Md	All Other						~					
Mendelowitz Lawrence G Md	All Other	~	~		~		~	~	~	~	~	>
Parrino G Richard	All Other	~	~		~		~		~	~	~	>
Bambino Nicholas G Md	All Other											
Greenberg William Md	All Other	~	~		~		~	~	~	~	~	>
Shapiro Stephen B Md	All Other	~	~		*		~	~	~	~	~	>
Rosenblum Donald Z Pc Md	All Other											
Hannes Andrew Paul Md	All Other	~	~		~		~	~	~	~	~	>
Mid Hudson Med Group Pc	All Other											
Sorgen Carl D Md	All Other	~	~		~		~	~	~	~	~	>
Palmer Martin S Md	All Other	~	~		>		~	~	~	~	~	>
Priester William D Md	All Other	~	~	~	*	~	~	~	~	~	~	>
Neuman George Geza Md	All Other											



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Handelsman Dan Gabriel Md	All Other	~	~		~		~	~	~	~	~	~
Markowitz Robert Jay Md	All Other	~	~		~		~	~	~	~	~	~
Knipp John E Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Banker Dipak Md	All Other						~					
Zupnick Gerald Md	All Other						~					
Bhardwaj Sushil Md	All Other	~	~	~	~		~	~	~	~	~	~
Jawonio Inc Fisher Icf	All Other	~	~		~		~	~	~	~	~	~
St Dominics Home Units 1-4	All Other	~	~		~		~	~	~	~	~	~
Open Gate Inc Open Gate Icf	All Other											
Greystone House Violet Av Icf	All Other											
Ucp Assn Of The Capital Dist	All Other											
Ulster Cnty Doh Nurs Div	All Other											
Open Door Family Medical Center Inc	All Other	~	~		~		~	~	~	~	~	~
Ucp Of Ulster County	All Other						~					
Sullivan Cy Bd Of Supv Cy Phn	All Other	~										
Greater Hudson Valley Fam Hlt, The	All Other	~	~	~	~		~	~	~	~	~	~
Orange County Health Dept	All Other	~	~		~		~	~	~	~	~	~
Baldinger Harry G Dpm	All Other	~	~		~	~	~	~	~	~	~	~
Pomerantz Paul Md	All Other											
Israel James	All Other	~	~		~	~	~	~	~	~	~	~
Samuel Valsamma Md	All Other	~	~		~		~	~	~	~	~	~
Block Michael N Od	All Other											
Pandya Dhimantkumar A Md	All Other	~	~		~		~	~	~	~	~	~
Devi Sarala A Md	All Other	~										
Frisenda Robert A Md	All Other						~					
Landau Arthur Md	All Other	~	~		~	~	~	~	~	~	~	~
Maguire George P Md	All Other						~					
Cohen Daniel Harold Md	All Other	~	~		~		~	~	~	~	~	~
Nelson John C Md	All Other	~	~		~		~		~	~	~	~
Shaffer Bruce M	All Other	~	~		~		~	~	~	~	~	~
Baskin Howard F Dpm	All Other	~	~		~		~	~	~	~	~	~



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Firshein Daniel Dpm	All Other											
Leidner Sheldon D Md	All Other	~	~		~		~	~	~	~	~	~
Jacowitz Lawrence S Dpm	All Other	~	~	~	~		~	~	~	~	~	~
Sullivan Cnty Pub Hlth Ser	All Other	~										
Yablon Steven B Md	All Other											
Jawonio Inc	All Other	~	~		~		~	~	~	~	~	~
Gingold Samuel M Md	All Other											
Goldblum Louis M Do	All Other											
Landau Leon C Pc Md	All Other											
Guneratne Franklin P E Md	All Other	~	~		~		~	~	~	~	~	~
Julia Dyckman Andrus Memorial, Inc	All Other						~					
Middletown Comm Health Center	All Other	~	~		~	~	~	~	~	~	~	~
Cristofaro Robert Pc Md	All Other	~	~		~		~	~	~	~	~	~
Community Resrc Ctr Michelang	All Other											
Garcia Alfredo Md	All Other	~	~		~		~	~	~	~	~	~
Lieder Joseph N O D	All Other											
Field Barry E Md	All Other	~	~		~		~		~	~	~	~
Visit Nur Svc Westchest	All Other						~					
Vna Of Hudson Valley	All Other						~					
Dominican Sister Family Healt	All Other						~					
Rockland Doh Nursing Div Co	All Other	~				~						
Velez Domenech Gilberto A Md	All Other	~	~		~		~	~	~	~	~	~
Hui Raymond C Md	All Other	~	~		~		~	~	~	~	~	~
Schervier Nursing Care Center	All Other						~					
Summit Park Nursing Care Ctr	All Other											
St Cabrini Nursing Home	All Other						~					
St Margarets Center	All Other											
Regency Extended Care Center	All Other						~					
Poughkeepise Crossings	All Other											
Catskill Crossings	All Other						~					
United Hebrew Geri Ctr Snf	All Other						~					



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Elant At Brandywine	All Other						~					
Victoria Home	All Other											
Taylor Care Center At Westche	All Other	~	~	~	~	~	~	~	~	~	~	~
Cedar Manor Nursing & Reh Ctr	All Other						~					
Bethel Nursing Home Inc Co	All Other						~					
Sullivan Cnty Adult Cc	All Other											
Dutchess Ctr Rehab Healthcare	All Other											
Somers Manor Nursing Home Inc	All Other						~					
Elant At Fishkill	All Other						~					
Halata Michael S Md	All Other	~	~		~		~	~	~	~	~	~
Edelson Charles W Md Pc	All Other						~					
Margaretville Hosp	All Other	~	~	~	~	~	~	~	~	~	~	~
Westchester Med Ctr	All Other	~	~	~	~	~	~	~	~	~	~	~
Phelps Memorial Hsp Assoc	All Other	~	~		~		~		~	~	~	~
Blythedale Childrens Hospital	All Other						~					1
Kingston Hospital	All Other	~	~	~	~	~	~	~	~	~	~	~
Benedictine Hospital	All Other	~	~	~	~	~	~	~	~	~	~	~
Summit Park Hospital Rockland	All Other	~				~						1
Good Samaritan Hsp Suffern	All Other	~	~	~	~		~	~	~	~	~	~
Bon Secours Comm Hosp	All Other	~	~	~	~		~	~	~	~	~	~
St Anthony Community Hospital	All Other	~	~	~	~		~	~	~	~	~	~
St Lukes Cornwall	All Other											1
Calvary Hospital Inc	All Other						~					
Medical Arts Sanitarium	All Other	~					~					1
Fish Bernard G Md	All Other	~	~		~		~	~	~	~	~	~
St Josephs Hosp	All Other											1
Orange Regional Medical Ctr	All Other						~					
Cox George R Pc Md	All Other	~	~	~	~		~	~	~	~	~	~
Rivera Jaime H Md	All Other	~	~		~		~	~	~	~	~	~
Reggev Avner Md	All Other											
Pp Of Mid-Hudson Valley Inc	All Other						~					ĺ



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Memorial Hsp Cancer Allied	All Other											
George Joseph A Md	All Other						~					
Amin Shoeb I Md	All Other						~					
Quintos Lorceli Alvarez Md	All Other	~	~		~		~	~	~	~	~	~
Shah Shantilal V Md	All Other											
Gapay Alexander R Md	All Other	~	~		~		~	~	~	~	~	~
Lichtenstein John Md	All Other		~				~		~	~		
Boyer Jose N Md	All Other	~	~		~		~	~	~	~	~	~
Bobroff Lewis M Md	All Other											
Roth Donald S Md	All Other	~	~		~		~	~	~	~	~	~
Juechter Kenneth B Md	All Other						~					
Pallant Bennett S J Md	All Other	~	~		~		~	~	~	~	~	~
Chastanet David A Md	All Other	~	~		~		~	~	~	~	~	~
Tenner Michael Md	All Other						~					
Barandes Martin Md Pc	All Other	~	~	~	~	~	~	~	~	~	~	~
Sperling Walter L Md	All Other	~	~	~	~		~	~	~	~	~	~
Boltin Harry N Md	All Other											
Steinfeld Leonard Md	All Other	~	~	~	~		~	~	~	~	~	~
Becker Alfred Md	All Other											
Chernaik Richard B Md	All Other											
Schiffer Kenneth A	All Other	~	~		~		~	~	~	~	~	~
Kamin Henry L Md	All Other	~	~		~		~	~	~	~	~	~
Woolf George Md	All Other	~	~		~		~	~	~	~	~	~
Mathew Liby	All Other	~	~	~	~	~	~	~	~	~	~	~
Kathleen Ann Johnson	All Other											
Mohan Avinash Lalith Md	All Other	~	~		~		~	~	~	~	~	~
Uy Guillermo M Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Napchan Uri	All Other	~	~		~		~	~	~	~	~	~
Bedi Sudha	All Other	~	~		~		~	~	~	~	~	~
Rose Melissa J	All Other	~	~		~		~	~	~	~	~	~
Kim Hanna	All Other	~	~	~	~	~	~	~	~	~	~	~



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Mercado Maria	All Other	~	~	~	~	~	~	~	~	~	~	>
Booker Thomas	All Other	~	~	~	~	~	~	~	~	~	~	>
Kempton Patricia B	All Other											
Kyaw Soe Paing Md	All Other						~					
A And T Healthcare Llc	All Other						~					
Amy S Ciner Md	All Other	~	~		~		~	~	~	~	~	>
Shahid Atter Muhammad	All Other	~	~	~	~	~	~	~	~	~	~	>
Prino Maria Paola Md	All Other	~	~		~		~	~	~	~	~	>
Gorelov Dmitri Do	All Other	~	~	~	~	~	~	~	~	~	~	>
Kar Kausik	All Other						~					
Singh Chanchal	All Other	~	~	~	~		~	~	~	~	~	>
Hameedi Rukhshinda Rahman	All Other	~	~		~		~		~	~	~	>
Hackenburg Emily	All Other	~	~	~	~		~	~	~	~	~	>
Francis-Leito Femi	All Other	~	~	~	~		~	~	~	~	~	>
Digiorno Michael A Md	All Other						~					
Tobias Michael Eric	All Other	~	~		~		~	~	~	~	~	*
Lazaroff Florence Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Gomez Dorian Y	All Other	~	~	~	~	~	~	~	~	~	~	>
George Elizabeth Mary Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Malacoff Robert Frederick Md	All Other											
Desai Vikas	All Other											
Cho Ronald	All Other	~	~		~		~		~	~	~	>
Gadol Charles	All Other	~	~		~		~		~	~	~	*
Reich Jennifer	All Other	~	~		~		~	~	~	~	~	>
Little Virna	All Other	~	~	~	~		~	~	~	~	~	>
Jahn Margaret Ann	All Other	~	~		~		~	~	~	~	~	*
Youssef Hanni	All Other						~					
Moysak Jane	All Other	~	~		~		~	~	~	~	~	>
Stanovic Maria	All Other	~			~			~	~	~	~	~
Wolslau Hans Johann Do	All Other											
Kobak Jeffrey	All Other						~					



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Teixeira Janice	All Other	~	~		~		~	~	~	~	~	*
Saporito Anna Gabriella Md	All Other	~	~	~	~		~	~	~	~	~	~
Sharma Girish C Md	All Other	~	~		~		~	~	~	~	~	~
Kogan Margarita Md	All Other											
Nandita Singh Do	All Other	~	~		~		~	~	~	~	~	~
Rosenberg Benjamin	All Other	~	~	~	~		~	~	~	~	~	~
Patane Cathleen Ann	All Other						~					
Reinglass Aimee	All Other	~	~	~	~		~	~	~	~	~	~
Gershenhorn Alex J Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Bennett Joanne V	All Other						~					
Kondagunta Gnanamba	All Other	~	~	~	~	~	~	~	~	~	~	~
Shakil Fouzia	All Other						~					
Nozad Valerie	All Other	~	~	~	~	~	~	~	~	~	~	~
Cortes-Ladino R	All Other											
Lanza Joseph Jean Md	All Other	~	~		~	~	~	~	~	~	~	~
Vardhini Desikan	All Other	~	~		~		~	~	~	~	~	~
Alice Chu	All Other	~										
Reyes Ma.	All Other	~	~		~		~	~	~	~	~	~
Williams Tracy	All Other											
Blair Nicole	All Other	~	~		~	~	~	~	~	~	~	~
Lombardo Gary	All Other						~					
Rahi Arash	All Other						~					
Izikson Leonid Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Faskowitz Andrew Jay Do	All Other	~	~	~	~	~	~	~	~	~	~	~
Vindya Kuzhikatil Achuthan	All Other											
Fiorianti John Anthony Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Amores Edward Daniel Md	All Other											
Remenar Lin-Lin Yu-Lin Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Amchentsev Alexey Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Ahmed Tanveer	All Other	~	~	~	~		~	~	~	~	~	*
Ford Miriam	All Other	~	~	~	~		~	~	~	~	~	~



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* Safety Net Providers in Green												
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Pua Tarah	All Other						~					
Taconic Ddso 55 Sinpatch Icf	All Other						~					
Cuomo Linda Janine Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Eugenio Paul L	All Other	~	~	~	~	~	~	~	~	~	~	~
Dutta Tanya Md	All Other						~					
Leake And Watts Services Inc	All Other						~					
Schwarcz Monica	All Other						~					
Ranin-Lay Mari	All Other	~	~	~	~	~	~	~	~	~	~	~
Dunn Patricia	All Other	~	~		~		~	~	~	~	~	~
Colleen Yvette Ohene-Agyei	All Other											
Mir Khawaja S	All Other	~	~	~	~	~	~	~	~	~	~	>
Pathrose Bindu	All Other	~	~	~	~		~	~	~	~	~	>
Samatha Bagam	All Other	~	~	~	~	~	~	~	~	~	~	>
Kaw Pankaj	All Other	~	~	~	~	~	~	~	~	~	~	~
Mcdermott Brian	All Other											
Guchinskiy Aleksandr	All Other	~	~	~	~	~	~	~	~	~	~	~
Nabors Christohpher Cummins	All Other						~					
Occupations Inc-Respite Rsp	All Other	~	~		~		~	~	~	~	~	>
Tedjaradi Sean Shaheen Md	All Other						~					
Giamelli Joseph Lee Md	All Other	~	~		~		~	~	~	~	~	>
Palmeiro Christopher Robert Do	All Other											
Dmitriy V Karev	All Other						~					
Emenike Loretta Azuka	All Other						~					
Ostrowitz Matthew Bennett	All Other	~	~	~	~		~	~	~	~	~	>
Hochberg Jessica C	All Other	~	~		~		~	~	~	~	~	>
Sheila Nolan	All Other	~	~		~		~	~	~	~	~	>
Rahman Riaz	All Other	~	~	~	~	~	~	~	~	~	~	~
St Lukes Cornwall Hospital	All Other											
Bassora Rocco	All Other	~	~	~	~	~	~	~	~	~	~	~
Wendy Gayle Silver	All Other	~	~		~		~	~	~	~	~	>
Nair Malloy	All Other	~	~	~	~	~	~	~	~	~	~	~



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Gohel Jagruti Pankaj Md	All Other	~	~		~		~	~	~	~	~	~
Kapoor Monica	All Other						~					
Miller Sarah	All Other	~	~	~	~		~	~	~	~	~	~
Masson Ella	All Other	~	~	~	~		~	~	~	~	~	~
Siddiqui Ayesha	All Other	~	~	~	~		~	~	~	~	~	~
Guindi Nabil Boshra	All Other	~	~	~	~	~	~	~	~	~	~	~
Shtrambrand Dmitry Md	All Other	~	~	~	~		~	~	~	~	~	~
Marc K Rybstein Md	All Other	~	~		~		~		~	~	~	~
Caesar Mimieux Vanetta	All Other											
Toni J Kim	All Other	~	~		~		~	~	~	~	~	~
Allegro-Skinner Lorraine	All Other						~					
Gottesman Brent Evan Md	All Other											
Fitz Bronwyn	All Other						~					
Corriel Jared Scott Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Steven Sattler	All Other											
Nelson Peggy	All Other	~	~	~	~	~	~	~	~	~	~	~
Portalatin Helen	All Other	~	~	~	~	~	~	~	~	~	~	~
Patel Ragin C Mbbs	All Other	~	~		~	~	~	~	~	~	~	~
Beniyaminov Yanna	All Other	~	~		~		~	~	~	~	~	~
Hurwitz Seth Eric	All Other	~	~	~	~		~	~	~	~	~	~
Gembecki Kim	All Other						~					
Carrigan Brenna M	All Other											
Leake And Watts Inc Semp	All Other						~					
Bindi K Patel	All Other											
Singh Paramjeet Md	All Other						~					
Simi Suri Do	All Other	~	~		~	~	~	~	~	~	~	~
Abikoff Cori Michelle Md	All Other	~	~		~		~	~	~	~	~	~
Cp Of Westchester Lincoln Ave Icf	All Other						~					
O'Connor Julie Anne	All Other	~	~	~	~		~	~	~	~	~	~
Marc Youssef Elkhoury	All Other	~	~		~		~	~	~	~	~	~
Adam J Ash Do	All Other											



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Seale-Simpson Marjorie Elizabeth	All Other						~					
Nazario Helen	All Other						~					
Rahman Andreea	All Other	~	~	~	~	~	~	~	~	~	~	>
Shaps Berett Paige	All Other	~	~		~		~	~	~	~	~	>
Westchester Medical Center Advanced	All Other						~					
Zhuravleva Karina Leonidovna	All Other	~	~		~		~		~	~	~	>
Din Sofia R	All Other	~	~		~		~		~	~	~	>
Noor Afza Begum	All Other	~	~		~		~	~	~	~	~	>
Avezbakiyev Emanuel	All Other	~	~	~	~		~	~	~	~	~	~
Dave Hema A	All Other											
Michael L Wodka D P M P C	All Other											
The Center For Discovery	All Other	~										
Islam Humayun	All Other						~					
Smith Aimee	All Other	~	~	~	~		~	~	~	~	~	>
Taconic Ddso 50 Cedar Lane Icf	All Other						~					
The Center For Discovery Briarwood	All Other	~										
Fattakhov Emma	All Other						~					
Patel Nirav	All Other						~					
Neptune Lindsa	All Other	~	~		~		~	~	~	~	~	>
Factor Avi	All Other	~	~		~		~		~	~	~	>
Williams Christopher	All Other	~			~			~	~	~	~	>
Marks Lura Wendy	All Other	~	~	~	~	~	~	~	~	~	~	>
Jackson Nicole	All Other	~	~		~		~		~	~	~	>
Norman Otsuka Md	All Other	~										
Summer Nixon	All Other	~	~		~		~	~	~	~	~	>
Middletown Park Rehab & Hlth Cr Ctr	All Other						~					
Pacenza Gladys	All Other						~					
Sellers Carol	All Other	~	~	~	~		~	~	~	~	~	>
Heinlein Dara Lyn	All Other											
Fogg Jo	All Other						~					
K Subbiah Rajan Sadagopal	All Other	~	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Monaco Domenic	All Other	~	~	~	~	~	~	>	~	~	~	~
Morgan Scott	All Other											
Sulangi-Lorenc Sheryl Rivera	All Other	~	~	~	~	~	~	~	~	~	>	~
Meltzer Eileen Np	All Other						~					
Paul Lisa	All Other	~	~		~		~	~	~	~	>	~
Doshi Jay Vinay Md	All Other	~	~		~		~		~	~	~	~
Orange County Cerebral Palsy Assoc	All Other	~	~		~		~	~	~	~	~	~
Cho Michael Nam-Sung	All Other	~	~	~	~	~	~	~	~	~	~	~
Bodin Roxana Iuliana Md	All Other						~					
Park Boma Diana	All Other	~	~		~		~	~	~	~	~	~
Cellin Melissa Maria	All Other	~	~		~		~	~	~	~	~	~
Tenney Nancy Lee	All Other	~	~	~	~		~	~	~	~	~	~
Andrzej R Jedynak Md	All Other						~					
Hudson Vista Physician Services	All Other											
Mitchell Ronald Alvin	All Other	~	~		~		~	~	~	~	~	~
Mattingly Christine	All Other						~					
Shah Manan	All Other	~	~	~	~	~	~	~	~	~	~	~
Cah Childrens Rehabilitation Ctr	All Other	~	~		~		~	~	~	~	~	~
Cohen Evan Phillip Md	All Other	~			~			~	~	~	~	~
Najovits Andrew Joseph	All Other	~	~	~	~		~	~	~	~	~	~
Kristina Melchert	All Other	~	~		~		~	~	~	~	~	~
Plummer Christopher Paul	All Other						~					
D'Souza Marise Dione	All Other	~	~		~		~	~	~	~	~	~
De La Riva-Velasco Elizabeth Md	All Other	~	~		~		~	~	~	~	~	~
Levis Rebekka Jo Do	All Other	~	~		~		~	~	~	~	~	~
Montgomery Nursing Home	All Other						~					
Odunuga Olufunmila	All Other	~	~	~	~	~	~	~	~	~	~	~
Simon Li Md	All Other	~	~		~		~	~	~	~	~	~
Nicholas Belasco	All Other	~	~	~	~		~	~	~	~	~	~
Stiefel Michael F	All Other						~					
Herrington Joh	All Other	~	~		~		~		~	~	~	~



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Capparelli Mar	All Other						~					
Brakman Patricia	All Other						~					
Tracz Michael	All Other											
Samsonov Dmitry	All Other	~	~		~		~	~	~	~	~	~
Karimov Catherine	All Other						~					
Peter M Kaye Md	All Other	~	~	~	~		~	~	~	~	~	~
Abankwah Akosua Sarpomaa	All Other	~	~	~	~		~	~	~	~	~	~
Nissirios Themistoklis Md	All Other											
Barnett Jeremy	All Other	~	~	~	~	~	~	~	~	~	~	~
Sullivan Rachel	All Other	~			~			~	~	~	~	~
Mary Katherine Michalak	All Other	~	~	~	~		~	~	~	~	~	~
Troy Lisa S Md	All Other	~	~		~		~	~	~	~	~	~
Ballard Karen	All Other						~					
Hago Weymin	All Other		~				~		~	~		
Kessler Marion K Md	All Other	~	~		~		~	~	~	~	~	~
Min Insung	All Other	~	~	~	~		~	~	~	~	~	~
Gilles Emmanuelle	All Other											
Rai Samantha Anna	All Other	~	~		~		~	~	~	~	~	~
Maggie Daley Carpenter	All Other	~	~	~	~		~	~	~	~	~	~
Stefan Delia	All Other	~	~		~		~		~	~	~	~
Petrovic Ivana	All Other											
Mc Dermott Annemarie	All Other											
Alvarez Dimitri	All Other	~	~	~	~		~	~	~	~	~	~
Khan Najmi Shamim	All Other						~					
Llobet Holly	All Other	~	~	~	~	~	~	~	~	~	~	~
Bauer Kristy	All Other	~	~	~	~		~	~	~	~	~	~
Sloan Charlotte	All Other											
Berg Jonathan	All Other	~	~	~	~		~	~	~	~	~	~
Tang Gilbert Hin Lung	All Other						~					
Kai Masashi	All Other						~					
Bowman Maureen	All Other	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Mathews Tina	All Other						~					
Levine Susan	All Other	~	~		~		~	~	~	~	~	~
Schoolcraft Rachel	All Other	~	~		~		~		~	~	~	~
Taconic Ddso 18 Sinpatch Icf	All Other						~					
Azor Home Care Services	All Other						~					
Lehmann Robert Aaron	All Other	~	~	~	~		~	~	~	~	~	~
Nicole R Phillips Pac	All Other	~			~			~	~	~	~	~
Underwood Patricia Lee Np	All Other	~	~	~	~		~	~	~	~	~	~
Petersel Hilary	All Other						~					
Ronan Sharon	All Other	~	~		~		~	~	~	~	~	~
Brennan Jennif	All Other						~					
White Mary	All Other	~	~		~		~	~	~	~	~	~
Castillo-Rodriguez Raquel	All Other											
Gage Dina	All Other											
Rudy Katie Lynn	All Other											
Kubenik Melissa C	All Other	~	~	~	~	~	~	~	~	~	~	~
Liberty Resources Psychology Physic	All Other	~	~		~			~	~	~	~	~
Heller Sandra Rosenfeld	All Other	~	~		~		~	~	~	~	~	~
Mccabe Samuel J	All Other						~					
Kupershtokh Svetlana	All Other	~	~	~	~	~	~	~	~	~	~	~
Varian David W Jr	All Other						~					
Jain Supriya	All Other	~	~		~		~	~	~	~	~	~
A And T Certified Home Care Llc	All Other						~					
Husain Syed A	All Other	~	~	~	~	~	~	~	~	~	~	~
Dey Rajan	All Other	~	~	~	~	~	~	~	~	~	~	~
Tassiulas Ioannis	All Other						~					
Lanier Gregg	All Other						~					
Ahmad Hasan	All Other						~					
Harburger Joseph	All Other						~					
Motivala Apurva Amar	All Other	~	~		~		~	~	~	~	~	~
Restivo Andrew	All Other	~	~	1	~		~		~	~	~	~



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	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Judd Seth Christian	All Other	~	~	~	~	~	~	~	~	~	~	>
Fallsburg Pediatrics Pc	All Other					~	~					
Donna M Collins	All Other	~	~		~		~	~	~	~	~	>
Ryder Crystal D	All Other	~	~		~		~	~	~	~	~	>
Hansen Amanda	All Other	~	~		~		~	~	~	~	~	>
Heinze Jennifer Lynne	All Other	~	~		~		~	~	~	~	~	*
Meaney Tirzah	All Other											
Frengle-Burke Ingrid	All Other	~	~	~	~		~	~	~	~	~	>
Mckenna Linda	All Other	~	~	~	~		~	~	~	~	~	*
Kaminsky Lillian	All Other	~	~	~	~	~	~	~	~	~	~	>
Nguyen Pamela H	All Other						~					
Yao Mike	All Other						~					
Phelps Medical Associates Pc	All Other	~	~		~		~		~	~	~	>
Samuel Jessica	All Other	~	~	~	~	~	~	~	~	~	~	*
Little Sara Jane	All Other	~	~		~	~	~	~	~	~	~	>
Stead Lesley Ann	All Other	~	~	~	~		~	~	~	~	~	*
Regina Coeli Hudson	All Other											
Elpenord Claire Jocelene	All Other						~					
Mcnamara Holly	All Other	~	~		~		~		~	~	~	>
Okoniewski Deborah A	All Other	~	~		~		~		~	~	~	>
Elliott Jilliann	All Other	~	~		~		~		~	~	~	*
Hay Elena	All Other											
Paul Leena	All Other						~					
Kj Medical Practice Pc	All Other						~					
Ma Florence Intia Celzo	All Other	~	~	~	~	~	~	~	~	~	~	>
Gateway Community Industries Inc Sp	All Other	~	~	~	~		~	~	~	~	~	*
Taconic Ddso 51 Sinpatch Icf	All Other						~					
Smith-Marrone Stephanie	All Other						~					
Carr Hemlata	All Other	~	~	~	~		~	~	~	~	~	~
Wilson Geniene	All Other	~	~	~	~		~	~	~	~	~	~
Bowen Kevin F	All Other	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Lleva Paul	All Other	~	~		~		~		~	~	~	*
Parker Walter	All Other											
Jouve Natalie	All Other	~	~		~	~	~	~	~	~	~	~
Mehta Dhruti	All Other						~					
Sy Sheldon	All Other	~	~	~	~	~	~	~	~	~	~	~
Sylvester Julie Ann	All Other	~	~		~		~	~	~	~	~	~
Provider-Hamaspik Of Orange County	All Other						~					
Paige Melanie K	All Other						~					
Nici Anthony Joseph Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Ukachukwu Princess	All Other	~	~		~		~	~	~	~	~	~
Karp Sara	All Other	~	~	~	~		~	~	~	~	~	~
Nagarwala Faisal Md	All Other	~	~		~		~		~	~	~	~
Akhter Rubina	All Other	~	~	~	~	~	~	~	~	~	~	~
Klinghoffer Carli Pam	All Other	~	~	~	~		~	~	~	~	~	~
Page Dorothy E	All Other	~	~	~	~		~	~	~	~	~	~
Pandya Samir Ramesh	All Other	~	~		~		~	~	~	~	~	~
Semanision Kristen	All Other	~	~	~	~		~	~	~	~	~	>
Colon Melanie	All Other	~	~	~	~		~	~	~	~	~	~
Lear Loretta A	All Other						~					
Pinzon Robin Ramos	All Other											
Walsh Jean M	All Other						~					
Chen Yong	All Other	~	~	~	~		~	~	~	~	~	>
Quinlan Christine Sergio	All Other	~	~		~		~	~	~	~	~	*
Go Ronaldo C Md	All Other	~	~	~	~	~	~	~	~	~	~	>
Suter Maureen Natalie	All Other	~	~	~	~		~	~	~	~	~	>
Levine Alanna	All Other	~	~		~		~	~	~	~	~	~
Cooper Leslie	All Other											
Mcgraw Edward	All Other	~	~		~		~		~	~	~	>
Johnson Catherine	All Other	~	~		~	~	~	~	~	~	~	~
Roth Rachel	All Other	~	~	~	~		~	~	~	~	~	~
Kapoor Aromma	All Other	~	~		~		~	~	~	~	~	~



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* Safety Net Providers in Green	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Gilet Anthony	All Other						~					i
Minano Cecilia Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Fiol Luanna Bel	All Other	~	~	~	~	~	~	~	~	~	~	~
Baldwin Barbara B	All Other	~	~		~		~	~	~	~	~	~
Dimase Amy Lee	All Other	~	~	~	~	~	~	~	~	~	~	~
George Bindu Ann	All Other	~	~		~		~	~	~	~	~	~
Xavier Anitha Np	All Other	~	~		~		~	~	~	~	~	~
Khan Erum	All Other	~	~	~	~	~	~	~	~	~	~	~
Jean-Charles Sashenka	All Other	~	~	~	~		~	~	~	~	~	~
Robert Joyce Folashade	All Other	~	~	~	~		~	~	~	~	~	~
Bhatti Saeed I	All Other	~	~	~	~		~	~	~	~	~	~
Jeanne Marie Lenzer	All Other	~	~	~	~		~	~	~	~	~	~
Community Based Services Inc	All Other						~					1
Community Based Services Inc Day/Ch	All Other						~					1
Nicola Refky	All Other	~	~	~	~		~	~	~	~	~	~
Porzelt Sarah I	All Other	~	~	~	~	~	~	~	~	~	~	~
Russo Rocco Md	All Other	~	~	~	~		~	~	~	~	~	~
Grinion Charlene M	All Other	~	~		~		~	~	~	~	~	~
Sevcik Renee Marie	All Other	~	~		~		~	~	~	~	~	~
Gorelova Victoria	All Other	~	~	~	~	~	~	~	~	~	~	~
Abbott House Spt	All Other						~					1
Jones Jillian Lindsey Np	All Other	~	~		~		~	~	~	~	~	~
Budrock Karin Marie	All Other	~	~	~	~		~	~	~	~	~	~
Kheterpal Emil	All Other	~	~	~	~	~	~	~	~	~	~	~
Koelsch Emily M Md	All Other	~	~		~		~	~	~	~	~	~
Lehn Jacob D	All Other	~	~	~	~	~	~	~	~	~	~	~
Occupations Inc Pfw	All Other	~	~		~		~	~	~	~	~	~
Parsons Child And Family Ctr	All Other											
Wenger Maria Liza	All Other											
Watkins Isheka S	All Other	~	~	~	~		~	~	~	~	~	~
Kaitlin Mccarthy	All Other											<u> </u>



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* Safety Net Providers in Green	Dautiainatina	in Ducinote										
Provider Name	Participating		0 - "	0 - 1	0.1.1.	2.d.i		0 - "	0 - 1	3.d.iii	41.1	41. "
	Provider Category All Other	2.a.i	2.a.iii	2.a.iv	2.b.iv		3.a.i	3.a.ii	3.c.i		4.b.i	4.b.ii
Lessner Seth Joseph		~	~	~	~	~	~	~	~	~	~	~
Belvedere Health Services Llc	All Other						~					
Singh Manoranjan	All Other	~	~	~	~	~	~	~	~	~	~	~
Gupta Parantap	All Other	~	~	~	~	~	~	~	~	~	~	~
Via Chirstine	All Other		~				~		~	~		
Shiblee Towhid	All Other	~	~	~	~	~	~	~	~	~	~	~
Lucas Tanya	All Other						~					
Lazrak-Bertini Kenza	All Other	~	~		~		~	~	~	~	~	~
Thompson Rober	All Other	~	~		~		~	~	~	~	~	~
Osei Raphael Kwaku	All Other	~	~	~	~		~	~	~	~	~	~
Dobuzinsky Olga Md	All Other	~	~	~	~	~	~	~	~	~	~	~
Bamji Natasha D	All Other	~	~		~		~	~	~	~	~	~
The Devereux Foundation	All Other											
Wong Jennifer	All Other						~					
Pradhan Tana	All Other						~					
Avitabile Nicholas	All Other	~	~	~	~	~	~	~	~	~	~	~
Miller Michael	All Other	~	~	~	~	~	~	~	~	~	~	~
Samarneh Majed	All Other											
Fallon Jaclyn Anne	All Other	~	~		~		~	~	~	~	~	~
Christoforou Dimitrios C	All Other	~	~	~	~	~	~	~	~	~	~	~
Yedei Chesed Inc	All Other	~	~		~		~	~	~	~	~	~
Loewinger Michael	All Other	~	~		~		~		~	~	~	~
Singh Simarjit	All Other	~	~	~	~	~	~	~	~	~	~	~
Sawhney Manita	All Other											
Rosenblum Jeremy Mark	All Other											
Cohen Randy Edward	All Other											
Polishchuk Daniil L	All Other	~	~	~	~	~	~	~	~	~	~	~
Jodorkovsky Daniela	All Other	~	~		~		~	~	~	~	~	~
Pidkaminetskiy Vasyl	All Other	~	~	~	~	~	~	~	~	~	~	~
Shah Anuj	All Other	~	~	~	~		~	~	~	~	~	~
Kauffman Amy	All Other	~	~	~	~	~	~	~	~	~	~	~
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Shah Parth	All Other	~	~	~	~	~	~	~	~	~	~	~
Mera Fanny	All Other						~					
Popowitz Daniel	All Other											
Zhong Minghou	All Other						~					
Lecompte Lesli Michelle	All Other						~					
Hu Yin C	All Other						~					
Jung Susan	All Other	~	~		~		~	~	~	~	~	*
Rainaldi Matthew A	All Other											
Agopian Eliz Hazar	All Other	~	~		~		~		~	~	~	~
Pimentel Martha M	All Other	~	~		~		~	~	~	~	~	*
Calderon Ruddy Smith	All Other	~	~		~	~	~	~	~	~	~	~
Vernatter Joshua N	All Other						~					
Wu Youmin	All Other						~					
Codella Luanne	All Other											
Sobolev Maria	All Other											
Fakhoury Wael	All Other	~	~	~	~	~	~	~	~	~	~	~
Podziewski Judy Fnp-C	All Other	~	~	~	~		~	~	~	~	~	*
Carolan Shelley Denise	All Other						~					
Traver Frances Hewlett	All Other											
Williams Marylu	All Other											
Jourdy Deya	All Other											
Blood Viincent Finbar	All Other						~					
Belfield Uticia	All Other											
Vemulapalli Praneeth	All Other											
Ke Yong	All Other	~	~	~	~	~	~	~	~	~	~	~
Vicens-Villafana Jose	All Other	~	~		~		~	~	~	~	~	~
Julien-Banica Jehan	All Other											
Chugh Savneek Singh	All Other	~	~		~		~	~	~	~	~	~
Antoine Michaelle	All Other	~	~	~	~	~	~	~	~	~	~	>
Qaqish Saed	All Other	~	~	~	~	~	~	~	~	~	~	*
Singh Jaspreet	All Other											



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Morales Emily Anne	All Other	~	~		~		~	~	~	~	~	~
Taconic Ddso 22 Sinpatch Icf	All Other						~					
Santoro Katherine Elizabeth	All Other						~					
Anikanova Yuliya Sergeyevna	All Other	~	~		~		~	~	~	~	~	~
Lifespire Inc James St Icf	All Other	~	~		~		~	~	~	~	~	~
Cronin Andrea	All Other											
Teich Alice	All Other											
Rainaldi Patricia	All Other						~					
Shanmugam Malathi	All Other						~					
Jaravaza Mukai Heather	All Other	~	~	~	~		~	~	~	~	~	~
Dumrese Danielle Lee	All Other											
Bobra Shalabh	All Other						~					
Thomas Koreen	All Other	~	~	~	~		~	~	~	~	~	~
Bhatti Murtaza	All Other						~					
Opengate Inc	All Other											
Focseneanu Mariel	All Other	~	~		~		~	~	~	~	~	~
Thayer Lisa	All Other											
Serrano Miriam	All Other	~	~	~	~		~	~	~	~	~	~
Lee Hojin	All Other	~	~		~	~	~	~	~	~	~	~
Beruke Hanna	All Other	~	~	~	~		~	~	~	~	~	~
Yang Byoung Woo	All Other											
Phillips Gabrielle Krystal	All Other											
Gupta Nitin	All Other											
D'Avanzo Anna-Marie	All Other						~					
Gabriana Nimfa	All Other	~	~	~	~	~	~	~	~	~	~	~
Samaroo Parbhu Dyal	All Other											
Rivera Veronica	All Other	~	~	~	~		~	~	~	~	~	~
Prashad Priya	All Other	~	~		~		~	~	~	~	~	~
Steven L. Schiz Md	All Other	~	~		~		~	~	~	~	~	~
Shrimanker Sheetal H	All Other	~	~		~		~		~	~	~	~
Connelly Jane M	All Other	~	~		~		~		~	~	~	~



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Musial Carmela	All Other											
Keller Marina	All Other											
Singh Tarunjit	All Other	~	~		~		~		~	~	~	~
Kaul Rachna	All Other	~	~		~		~	~	~	~	~	~
Guinan-Clark Heather Elizabeth	All Other	~	~		~		~	~	~	~	~	~
Colaco Antonio A	All Other	~	~	~	~	~	~	~	~	~	~	~
March Anika Jolene	All Other	~	~	~	~		~	~	~	~	~	~
Bissonette Maya Sahan	All Other	~	~	~	~	~	~	~	~	~	~	~
Goldstein Lissa Kary	All Other	~	~	~	~		~	~	~	~	~	~
Yung Pik Sai	All Other	~	~	~	~		~	~	~	~	~	~
Crapella Lise	All Other											
Garcia Quinones Saribel	All Other	~	~		~		~	~	~	~	~	~
Dave Amie N	All Other	~	~		~		~	~	~	~	~	~
Ferrick Aileen Mry	All Other						~					
Morgan Diane M	All Other											
Mathews Premila Maria	All Other	~	~	~	~		~	~	~	~	~	~
Weingarten Ros	All Other						~					
Fusco Erin Patricia	All Other						~					
Hsiung Ahmed Leslie	All Other	~	~	~	~		~	~	~	~	~	~
Mclendon Lucia Cogswell	All Other	~	~	~	~		~	~	~	~	~	~
Zheng Yinggang	All Other	~	~		~		~	~	~	~	~	~
Stern Michael R	All Other	~	~		~		~	~	~	~	~	~
Flynn Gameng Mary Ann	All Other	~	~		~		~	~	~	~	~	~
Pan Lawrence	All Other	~	~	~	~	~	~	~	~	~	~	~
Compagnone Agnes Marcia Rpa	All Other											
Salomon Adrienne A	All Other	~	~	~	~	~	~	~	~	~	~	~
Chopra Ashok Chanparkash	All Other											
Devereux Foundation	All Other											
Marrero-Stein Margot	All Other	~	~		~		~	~	~	~	~	~
Sundaram Vishalakshi	All Other	~	~		~		~	~	~	~	~	~
John Asha	All Other						~					



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Mercedes Angela	All Other	~	~		~		~	~	~	~	~	~
Vaidya Noaman N	All Other	~	~	~	~	~	~	~	~	~	~	~
Chetiyaar Jyothi B	All Other	~	~	~	~	~	~	~	~	~	~	~
Sta Ana Victor	All Other	~	~	~	~		~	~	~	~	~	~
Veillette Gregory Robert	All Other						~					
Shenko Christina Angela	All Other	~	~	~	~		~	~	~	~	~	~
Riaz Aasma	All Other	~	~	~	~	~	~	~	~	~	~	~
Silverman Diana Lee	All Other						~					
Batson Lisa Ann	All Other	~	~	~	~	~	~	~	~	~	~	~
Mohammad Asad	All Other	~	~	~	~		~	~	~	~	~	~
Gallardo Jade Jenny S	All Other	~	~	~	~	~	~	~	~	~	~	~
Rcal Inc Day/Ch	All Other											
Batson Nicholas E	All Other	~	~	~	~	~	~	~	~	~	~	~
Rilc Inc Semp	All Other						~					
Sorokin Anna	All Other	~	~	~	~	~	~	~	~	~	~	~
Gargani Stephanie	All Other	~	~	~	~		~	~	~	~	~	~
Cummings Danielle Barbara	All Other	~	~	~	~	~	~	~	~	~	~	~
Malik Nasir M	All Other	~	~	~	~	~	~	~	~	~	~	~
Nguyen Henry Van	All Other	~	~	~	~		~	~	~	~	~	~
Baronian Danielle Marie	All Other											
Anusionwu Reagan	All Other	~	~	~	~		~	~	~	~	~	~
El-Mallawany Nader Kim	All Other	~	~		~		~	~	~	~	~	~
Matloff Robyn Greenfield	All Other	~	~		~		~	~	~	~	~	~
Gearing Bobby	All Other	~	~		~		~	~	~	~	~	~
Winkler Jason Ben	All Other	~	~		~		~	~	~	~	~	~
Winkler Seth Ross	All Other	~	~		~		~	~	~	~	~	~
Cinnante Karma Maria	All Other	~	~		~		~	~	~	~	~	~
Mergi Danny	All Other											
Goel Narender	All Other	~	~		~		~	~	~	~	~	~
Rider Amanda Marie	All Other	~	~	~	~		~	~	~	~	~	~
Morancy Jennifer	All Other	~	~		~	~	~	~	~	~	~	~



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	Participatin	g in Projects										
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Roman Lauren S	All Other						~					
Kim Christy	All Other	~	~		~		~	~	~	~	~	~
Holland Sally Ann	All Other	~	~	~	~		~	~	~	~	~	~
Powell Sovan Latoya	All Other	~	~	~	~	~	~	~	~	~	~	~
Lindenbaum Yocheved	All Other	~	~		~		~	~	~	~	~	~
Patel Himanshu	All Other						~					
Lobo Stephen	All Other						~					
Lisenby Veronica	All Other	~	~	~	~		~	~	~	~	~	~
Trejo Dionisio	All Other											
Bell Ryan	All Other	~	~	~	~	~	~	~	~	~	~	~
255 Lafayette Ave	All Other											
Joseph James	All Other						~					
Gutwein Farrah Elyse	All Other	~	~		~		~		~	~	~	~
Reiber Md Kari B	All Other	~	~		~		~	~	~	~	~	~
Hue Jennifer E	All Other	~	~		~		~	~	~	~	~	~
Francis Monica	All Other	~	~	~	~		~	~	~	~	~	~
Fox Kelita Louise	All Other	~	~	~	~		~	~	~	~	~	~
Rasamny Jk John	All Other											
Laurent Yvenalie	All Other	~	~	~	~		~	~	~	~	~	~
Laude Amy Kristin	All Other											
Powell Robert C	All Other											
Zencheck Robin M	All Other	~	~		~		~	~	~	~	~	~
Patel Payal	All Other	~	~		~		~	~	~	~	~	~
Wilder Venis Tiarra	All Other	~	~	~	~		~	~	~	~	~	~
Natarajan Rupa Narayani	All Other	~	~	~	~		~	~	~	~	~	~
Baird Sara	All Other	~	~	~	~		~	~	~	~	~	~
Tocco-Stevens Vanessa Lorraine	All Other	~	~	~	~		~	~	~	~	~	~
Better Lisa Stephanie	All Other	~	~	~	~	~	~	~	~	~	~	~
Williams Aria K	All Other	~	~	~	~	~	~	~	~	~	~	~
Celestine Erica	All Other						~					
Ahmad Sami	All Other	~	~	~	~	~	~	~	~	~	~	~



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Mamkin Andrey	All Other	~	~	~	~	~	~	~	~	~	~	~
Rodriguez-Jaquez Carlos R	All Other											
Millard Nathan E	All Other											
Alois Marika	All Other	~	~	~	~		~	~	~	~	~	~
Van Kust Bianca	All Other	~	~		~		~	~	~	~	~	~
Hwang Andrew	All Other	~	~	~	~		~	~	~	~	~	~
Lazarin Margaux Helene	All Other	~	~	~	~		~	~	~	~	~	~
Hall Tolighta	All Other						~					
Ijomah Uloma	All Other	~	~	~	~		~	~	~	~	~	~
Reyes-Pastorell Evang	All Other	~	~	~	~		~	~	~	~	~	~
Roy Shewli	All Other						~					
Chauhan Punam	All Other	~	~		~	~	~	~	~	~	~	~
Zameni Mitra	All Other	~	~		~		~	~	~	~	~	~
James Kesha Antionette	All Other	~	~		~		~	~	~	~	~	~
Malkani Brijesh	All Other						~					
Denis Lunique	All Other	~	~	~	~	~	~	~	~	~	~	~
Kotikela Sumathi	All Other	~	~	~	~	~	~	~	~	~	~	~
Boxer William Paul	All Other	~	~		~		~		~	~	~	~
Lamb Angela	All Other	~	~	~	~		~	~	~	~	~	~
Brower Gena R	All Other	~	~		~		~	~	~	~	~	~
Osczepinski Joan	All Other	~	~		~	~	~	~	~	~	~	~
Leasy Menachem Jeremy	All Other	~	~	~	~		~	~	~	~	~	~
Pendergast Janeen	All Other											
Ho Wesley Hok Man	All Other	~	~	~	~		~	~	~	~	~	~
Chan York Sing	All Other											
Ellsweig Bruce Alan	All Other						~					
Olmoz Alicia G	All Other											
Chowdhury Imaan	All Other	~	~		~		~		~	~	~	~
Sekhri Nitin Kumar	All Other						~					
Guo Min	All Other	~	~	~	~	~	~	~	~	~	~	~
Mamdani Sohail	All Other	~	~		~		~	~	~	~	~	~



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Sarwar Uzma	All Other	~	~		~		~	~	~	~	~	~
Kilinski Benjamin	All Other	~	~	~	~		~	~	~	~	~	~
Yu Man	All Other						~					1
Caamano Leo	All Other	~	~		~		~	~	~	~	~	~
Arraiano Nicole	All Other	~	~		~		~	~	~	~	~	~
Uribe Wanda	All Other	~	~		~		~	~	~	~	~	~
Chartier Brian David	All Other											
Wieder Harriot Estelle	All Other											1
Mora Paola	All Other	~	~	~	~		~	~	~	~	~	~
Praino Joseph	All Other											
Panza Julio	All Other						~					
Cooper Howard	All Other						~					1
Butterick Susan	All Other						~					1
Jackson Arnice	All Other						~					1
Mcgeough Christina Ann	All Other	~	~	~	~		~	~	~	~	~	~
Anderson Rita	All Other						~					1
Chapple Beverlyn	All Other						~					1
Levin-Canger Olga	All Other						~					1
Carey Erin Emilia	All Other	~	~		~		~	~	~	~	~	~
David-West Gizelka A	All Other						~					1
Thomas Kerone P	All Other	~	~	~	~		~	~	~	~	~	~
Ray-Schoenfeld Naomi	All Other	~	~	~	~		~	~	~	~	~	~
Rosenbach Ari	All Other	~	~		~	~	~	~	~	~	~	~
Bon Secours Charity Health System I	All Other	~	~	~	~		~	~	~	~	~	~
Anderson Ctr Svcs Clinic	All Other						~					1
Rockland Co Nysarc Ics	All Other						~					1
Simpson-Dunne Jacqueline	All Other	~	~		~		~	~	~	~	~	~
Tewari Deepali	All Other	~	~		~		~	~	~	~	~	~
Debelenko Larisa	All Other						~					
Arnold Richard	All Other											
Pierog Anne	All Other	~	~		~		~	~	~	~	~	~



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Schiffer Roberta	All Other	~	~	~	~	~	~	~	~	~	~	~
Ghvhs Medical Group Pc	All Other						~					
Ghvhs Medical Group Pc	All Other						~					
Golden Hill Planning Corp	All Other						~					
Reindl Alisa	All Other	~	~	~	~		~	~	~	~	~	~
Swiderski Andrew Christopher	All Other	~	~		~		~	~	~	~	~	~
Roman Jasmin	All Other	~	~	~	~		~	~	~	~	~	~
Fuisz Anthon Richard	All Other						~					
Aliaga Leticia	All Other	~	~	~	~		~	~	~	~	~	~
Shah Ravi Surendralal	All Other											
Parkview Operating Co Llc	All Other											
Sidorski-Nutt Lori	All Other						~					
Khandaker Sadia	All Other	~	~		~	~	~	~	~	~	~	~
Fogwell Leigh	All Other	~	~		~		~	~	~	~	~	~
Heemstra Valerie	All Other											
Yoxthimer Amy	All Other	~	~		~		~	~	~	~	~	~
Devereux Foundation	All Other											
Baker Shane	All Other											
Schoenfeld Melissa Np	All Other	~	~		~		~	~	~	~	~	~
Wright Megan M	All Other											
Pinnamaneni Susruth	All Other	~	~	~	~		~	~	~	~	~	~
Vanhoy Christine	All Other	~	~	~	~		~	~	~	~	~	~
Bhana Suleman	All Other	~	~	~	~	~	~	~	~	~	~	~
Chen David	All Other	~	~	~	~	~	~	~	~	~	~	~
Krishna Murali G	All Other						~					
Jacobson Jason	All Other						~					
Abulfaraj Moaz	All Other	~	~	~	~	~	~	~	~	~	~	~
Jacob Noble	All Other	~	~	~	~	~	~	~	~	~	~	~
Forsea Monique	All Other	~	~		~		~	~	~	~	~	~
Shehu Merita	All Other											
Gill Gurpreet	All Other	~	~	~	~	~	~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Jaiswal Atish	All Other											
Kirchhoff Carl	All Other	~	~	~	~	~	~	~	~	~	~	~
Mcnamee Jr Thomas	All Other	~	~		~	~	~	~	~	~	~	~
Gore Stephanie	All Other	~	~		~		~	~	~	~	~	~
Heins Becky Ann	All Other	~	~	~	~	~	~	~	~	~	~	~
Aggarwal Chhaya	All Other						~					
Prabhakaran Kartik	All Other						~					
Coward Christine	All Other	~	~	~	~	~	~	~	~	~	~	~
Sta Maria Jaclyn	All Other	~	~	~	~	~	~	~	~	~	~	~
Da Silva Yong	All Other	~	~		~		~	~	~	~	~	~
Robinson Kimberly	All Other											
Pereira Tanya	All Other	~	~		~		~	~	~	~	~	~
Khanna Ila	All Other	~	~	~	~	~	~	~	~	~	~	~
Giegel Melanie Joy	All Other	~	~	~	~		~	~	~	~	~	~
Virani Zahra	All Other	~	~	~	~		~	~	~	~	~	~
Martinez Zaneta	All Other	~	~	~	~	~	~	~	~	~	~	~
Adem Patricia	All Other						~					
Kaplan-Weisman Laura	All Other	~	~	~	~		~	~	~	~	~	~
Rodriguez German	All Other	~	~	~	~		~	~	~	~	~	~
Arenstein Toni I	All Other	~	~	~	~		~	~	~	~	~	~
Ferrara Melissa A	All Other						~					
Pechter Patricia M	All Other	~	~	~	~		~	~	~	~	~	~
Pierce Carolyn Marie	All Other	~	~	~	~		~	~	~	~	~	~
Remde Alan Hugh	All Other	~	~	~	~		~	~	~	~	~	~
Cardamona Margaret	All Other	~	~	~	~	~	~	~	~	~	~	~
Rosenberg Rachel	All Other	~	~	~	~		~	~	~	~	~	~
Kaul Anita	All Other						~					
Carter Ryalynn	All Other						~					
Rose Gabriel	All Other											
Saribekyan Arpine	All Other	~	~		~		~	~	~	~	~	~
Ursitti Kristina	All Other	~	~	~	~		~	~	~	~	~	>



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Pagliarulo Sarah	All Other						~					
Stein Allyson B	All Other											
Grijalva Gillian	All Other	~	~		~		~	~	~	~	~	~
Sanchez Marta Maria	All Other	~	~	~	~		~	~	~	~	~	~
Cherubini Blanki	All Other						~					
Whittick Wendy	All Other	~	~	~	~		~	~	~	~	~	~
Dresden Debra	All Other											
Quick Melissa Kaufman	All Other	~	~	~	~		~	~	~	~	~	~
Okorofsky Laurel J	All Other											
Luna Jennie	All Other	~	~		~		~	~	~	~	~	~
Obeng Jacklyn	All Other											
Wenta Samantha	All Other											
Sayegh Danny Joseph	All Other											
North Road Lhcsa Inc	All Other	~	~	~	~	~	~	~	~	~	~	~
Cah Access Supports For Living Inc	All Other	~	~		~		~	~	~	~	~	~
Access Supports For Living Inc	All Other	~	~		~		~	~	~	~	~	~
Access Supports For Living Inc Nhtd	All Other	~	~		~		~	~	~	~	~	~
Access Supports For Living Inc Tbi	All Other	~	~		~		~	~	~	~	~	~
Davis Brittany N	All Other	~	~	~	~	~	~	~	~	~	~	~
Corinaldi Chalene A	All Other	~	~	~	~	~	~	~	~	~	~	~
Gajadhar Nicole	All Other	~	~		~		~	~	~	~	~	~
Duquella Gregory Woodlee	All Other											
Blitz Brian Keith	All Other	~	~		~	~	~	~	~	~	~	~
Diaram Deepa N	All Other											
Krumm Claire	All Other											
Worth Sophia	All Other	~	~		~		~	~	~	~	~	~
West Fay	All Other	~	~		~		~	~	~	~	~	~
Vazquez-Bryan Jennifer K	All Other						~					
Shrivastava Sneha	All Other											
Espinoza Andres A	All Other	~	~		~		~		~	~	~	~
Rappaport Marc Gerald	All Other	~	~	~	~	~	~	~	~	~	~	~



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Green Jonathan Philip	All Other	~	~	~	~		~	~	~	~	~	~
Boss David Michael	All Other											
Villavicencio Rosa	All Other	~	~		~		~	~	~	~	~	~
Chaudry Samia Riaz	All Other											
Ganeshan Deepa	All Other	~	~		~		~	~	~	~	~	~
Al Azzi Yorg	All Other											
Gilani Aamir Masood	All Other											
Silvestri Erica	All Other						~					
Selvaraj Dhana Rekha	All Other	~	~	~	~		~	~	~	~	~	~
Finnegan Claudia A	All Other	~	~	~	~	~	~	~	~	~	~	~
Barone Ingrid M	All Other											
Johnson Nathan Carl	All Other	~	~	~	~	~	~	~	~	~	~	~
Lombardo Melissa Leigh	All Other	~	~	~	~	~	~	~	~	~	~	~
Lyon Lora	All Other	~	~	~	~	~	~	~	~	~	~	~
Cassagnol Trucia	All Other											
Kennedy Pavilion Rh I Llc	All Other											
Putnam Nursing & Rehab Ctr	All Other											
Yang Ying	All Other											
Block Kara Michelle	All Other											
Shah Shital P	All Other											
Botti Erin	All Other											
Balsells Herberth Jonathan	All Other											
Pampana Vijay Shanker	All Other	~	~	~	~		~	~	~	~	~	~
Rizzo Renee	All Other											
Fontaine Michelle	All Other											
Fulton Joseph	All Other											
Pointer Alicia	All Other											
Sood Shilpa	All Other											
Lovig Leif	All Other											·
Krieg Stephen Judd	All Other											
Lanza Jesus Cristo	All Other											



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* Safety Net Providers in Green											
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Colaco Minu Kurian	All Other										
Wood Katherine	All Other										
Manheimer Eric	All Other										
Pak Sang-Woo	All Other										
Peng Xiangmin	All Other										
Khan Sakina	All Other										
Vettichira Jaimie	All Other										
Protopapas George	All Other										
Flood Fatima	All Other										
Kim Katherine Yunsoo	All Other										
Kauffold Megan E	All Other										
Perez Elynor Giannin	All Other										
Diaz Daniela C	All Other										
Muse London M	All Other										
Park Lydia Sujung	All Other										
Ton Quang V	All Other										
Gumaer Robin J	All Other										
Tropin Jaimie M	All Other										
Allen Serena Margaret	All Other										
Adams Trissa Jayne	All Other										
The Grove Valhalla Rehab & Heal Ctr	All Other										
Michael Marchese	All Other										
Caban Rebeca	All Other										
Panini Aruna S	All Other										
Hardcastle John M	All Other										
Tiwari Purushottom	All Other										
Malik Amer	All Other										
El Zarif Samer	All Other										
Chavez Carey Joseph	All Other										
Badiwala Anesh V	All Other										
Choi Lisa	All Other										



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Ervin Brandy Sherray Nicole	All Other											
Kang Grace Youngeun	All Other											
Barasch Samuel Peleg	All Other											
Ludmerer Zohra	All Other											
Sahai Achal	All Other											
Lankford Dawud Omar	All Other											
Paul Sara Marie	All Other											
Oldfield Kate Marie	All Other											
Deible Stephanie Jean	All Other											
Rhamdeow Cherril M	All Other											
Isenstein Batel Heather	All Other											
Espana Jorge M	All Other											
Stepanovska Sandra	All Other											
Hill Joyce	All Other											
Edward Riggins	Uncategorized						~					
Medicaid Transportation	Uncategorized	~	~		~		~	~	~	~	~	~
Allan Goodman	Uncategorized	~	~		~	~	~	~	~	~	~	~
Nysarcinc Dutchess County Chapter Nd6	Uncategorized						~					
Nysarcinc Dutchess County Chapter Nd8	Uncategorized						~					
At Home Res Hab	Uncategorized	~	~		~		~	~	~	~	~	~
Jane Brotanek	Uncategorized	~	~		~		~	~	~	~	~	~
Chemlue	Uncategorized						~					
Michele Carolan	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Resource Center For Accessible Living	Uncategorized						~					
Nysarcinc Dutchess County Chapter Nd4	Uncategorized						~					
Lunique Denis Md	Uncategorized											
Beth Holland	Uncategorized	~	~		~		~	~	~	~	~	~
Frank Romano	Uncategorized	~	~		~		~	~	~	~	~	~
Resource Center For Accessible Living	Uncategorized						~					
Astor Services For Children & Families	Uncategorized	~	~		~		~	~	~	~	~	~
Kristine Valerio	Uncategorized						~					
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Harold Hamilton	Uncategorized	~	~		~		~	~	~	~	~	~
Fitzpatrick Elizabeth	Uncategorized	~	~	~	~		~	~	~	~	~	~
Community Based Services, Inc. (Aca Member Agency)	Uncategorized						~					
Latosha Powell	Uncategorized	~	~		~		~	~	~	~	~	~
Elizabeth Adolfie	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Ceyon Chester	Uncategorized						~					
Linda Lane, Mnhp	Uncategorized	~	~		~	~	~	~	~	~	~	~
Tak Man Yan	Uncategorized						~					
Romilda Canale	Uncategorized	~	~	~	~		~	~	~	~	~	~
Lauren Spallina	Uncategorized	~			~			~	~	~	~	~
Michelle Popkin	Uncategorized	~			~			~	~	~	~	~
Abigail Grossman	Uncategorized	~	~		~		~	~	~	~	~	~
Stephen Ton	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Katherine Fitzpatrick	Uncategorized						~					
Cheryl Rampersad	Uncategorized	~	~		~	~	~	~	~	~	~	~
Nancy Bave	Uncategorized	~	~		~		~	~	~	~	~	~
Linda Pincus	Uncategorized	~	~		~		~	~	~	~	~	~
Kerry Davis	Uncategorized	~	~		~		~	~	~	~	~	~
Ashley Storms	Uncategorized	~	~	~	~		~	~	~	~	~	~
Kady-Ann Grant	Uncategorized	~	~		~	~	~	~	~	~	~	~
Patricia Amy Kiggins	Uncategorized	~	~		~		~	~	~	~	~	~
Jeremy Thompson	Uncategorized	~	~		~	~	~	~	~	~	~	~
Nkrumah Bright Mr.	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Kevin Cresci	Uncategorized						~					
Alison Thompson, Ot	Uncategorized						~					
Mima, Nykia M	Uncategorized	~	~		~	~	~	~	~	~	~	>
Beata Paterno, Pt	Uncategorized						~					
Edny Merveille	Uncategorized	~	~		~	~	~	✓	~	~	~	~
Rossana Spataro	Uncategorized	~	~		~		~	~	~	~	~	~
Walkowiak, Helena	Uncategorized						~					
Yvonne R Spencer	Uncategorized	~	~		~	~	~	~	~	~	~	~
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Remote Medical Management	Uncategorized											
Robert J Catanzaro	Uncategorized	~			~			~	~	~	~	~
Carla Lisio	Uncategorized											
Orsolya Clifford	Uncategorized	~	~		~		~	~	~	~	~	~
Sancia Recovery Inc Oasas	Uncategorized											
Cheryl Mccants-Daughtrey	Uncategorized	~	~		~		~	~	~	~	~	~
Johnson, Edward	Uncategorized	~	~		~		~	~	~	~	~	~
Joseph, Eleanor	Uncategorized	~	~		~		~	~	~	~	~	~
Janice Heath	Uncategorized	~	~		~		~	~	~	~	~	~
Dr. Harmeetinder Singh Bassi	Uncategorized	~	~		~		~	~	~	~	~	~
Dominican Sisters Family Health Services	Uncategorized						~					
Premier Home Health Care Services, Inc.	Uncategorized											
Kenneth Mann	Uncategorized											
Alma Levy	Uncategorized	~	~		~		~	~	~	~	~	~
Hausler,Eve	Uncategorized	~	~		~	~	~	~	~	~	~	~
Mary Desario	Uncategorized	~	~		~		~	~	~	~	~	~
Barbara Tabala	Uncategorized	~	~		~		~	~	~	~	~	~
Casucci, Heather, Lmsw	Uncategorized	~	~	~	~		~	~	~	~	~	~
Yeskeila Rivera	Uncategorized	~	~		~	~	~	~	~	~	~	~
Katy Cohen	Uncategorized	~	~		~		~	~	~	~	~	~
Steven Beenstock	Uncategorized	~	~	~	~		~	~	~	~	~	~
Hamded Anthony	Uncategorized	~	~	~	~		~	~	~	~	~	~
Taconic Ddso Clinic	Uncategorized						~					
Torch	Uncategorized	~	~		~		~	~	~	~	~	~
Kristin Fortuna	Uncategorized	~	~		~		~	~	~	~	~	~
Douglas Sanders	Uncategorized	~	~		~		~	~	~	~	~	~
Christopher Ross	Uncategorized	~	~		~		~	~	~	~	~	>
Dr. George Elkomos	Uncategorized	~	~		~		~		~	~	~	>
Taconic Ddso Clinic	Uncategorized						~					
Stony Ford Foundation, Inc. (Affiliate Of Occupations, Inc.)	Uncategorized	~	~		~		~	~	~	~	~	~
Cabrini Care At Home	Uncategorized						~					
				•			•	•	•	•		



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Donette Smith	Uncategorized	~	~		~		~	~	~	~	~	~
Nurmi, Anna	Uncategorized						~					
Katie Mcfadden-Welch	Uncategorized						~					
Meghan Molina	Uncategorized	~	~		~		~	~	~	~	~	~
Sarah Deane	Uncategorized											
Susan Hahn	Uncategorized	~	~		~		~	~	~	~	~	~
Thompson, Elizabeth	Uncategorized	~	~		~	~	~	~	~	~	~	~
Ross, Lois	Uncategorized	~	~		~		~	~	~	~	~	~
Sarah Bordi-M.A. Psycholoist *	Uncategorized											
Weigel, Amy S.	Uncategorized						~					
Desorene Miller	Uncategorized	~	~		~		~	~	~	~	~	~
Kathleen Gavin	Uncategorized	~	~		~		~	~	~	~	~	~
Amal Ravanmehr	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Gwen Gormley	Uncategorized	~	~		~		~	~	~	~	~	~
Melissa Fendrich	Uncategorized	~	~		~		~	~	~	~	~	~
Gary Jacobson	Uncategorized	~	~		~		~	~	~	~	~	~
Daubman, Cynthia	Uncategorized	~	~		~		~	~	~	~	~	~
Healy, Brian	Uncategorized						~					
Neika Barsky	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Lisa N Evans	Uncategorized	~	~		~	~	~	~	~	~	~	~
Daniel Strang	Uncategorized	~	~		~		~	~	~	~	~	~
Elena Lucanie	Uncategorized	~	~		~		~	~	~	~	~	~
Wintress Hall	Uncategorized	~	~		~		~	~	~	~	~	~
Heather Luff	Uncategorized	~	~		~		~	~	~	~	~	~
Machael Ignat	Uncategorized	~	~		~		~	~	~	~	~	~
Andera Kerr	Uncategorized	~	~		~		~	~	~	~	~	~
Foster Care Medical	Uncategorized	~	~		~		~	~	~	~	~	>
Saint Francis Hospital	Uncategorized	~	~	~	~	~	~	~	~	~	~	>
Residential Treatment Center - Edenwald	Uncategorized											
Family Service Society Of Yonkers	Uncategorized	~	~		~		~	~	~	~	~	~
John Craig [P/T]	Uncategorized						~					
				•								



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Mastrogiovanni, Maria	Uncategorized	~	~		~	~	~	~	~	~	~	~
Madhuvanti Joshi	Uncategorized						~					
Jennifer Strohm	Uncategorized	~	~		~		~	~	~	~	~	~
Mendlovits, Freida	Uncategorized						~					
Luis Riquelme	Uncategorized	~	~		~		~	~	~	~	~	~
Raquel Martinez	Uncategorized	~	~		~	~	~	~	~	~	~	~
Peggy A Hall	Uncategorized	~	~		~		~	~	~	~	~	~
Paul Mersfelder	Uncategorized	~	~		~		~	~	~	~	~	~
Eitan Kilchevsky	Uncategorized	~	~		~		~	~	~	~	~	~
Bruce Nathanson	Uncategorized											
Suzanne S Button	Uncategorized	~	~		~		~	~	~	~	~	~
Elizabeth Raun	Uncategorized	~	~		~		~	~	~	~	~	~
Feins - Travis , Sherri	Uncategorized											
Carolyn Creary	Uncategorized	~	~		~		~	~	~	~	~	~
Ferdinand Brits	Uncategorized	~	~		~		~	~	~	~	~	~
Vogel, Rachel	Uncategorized						~					
Alison Buchanan	Uncategorized	~	~		~	~	~	~	~	~	~	~
Phelps Memorial Hospital (Bh Inpatient Rehabilitation)	Uncategorized	~	~		~		~		~	~	~	~
Kira Alinea, Pt	Uncategorized						~					
Lyons-King, Courtney	Uncategorized						~					
Aucoin, Doug	Uncategorized	~	~		~		~	~	~	~	~	~
Anthony Thomas	Uncategorized	~	~		~		~	~	~	~	~	~
Dr. Harold Ginsburg, Dentist	Uncategorized											
Ana Cortes	Uncategorized	~	~		~		~	~	~	~	~	~
Jessica Torres	Uncategorized						~					
Chemlue	Uncategorized						~					
Stephania Hasan	Uncategorized	~	~		~		~		~	~	~	~
Samaritan Village	Uncategorized											
Molly Hamilton	Uncategorized	~	~		~		~	~	~	~	~	~
George St.	Uncategorized	~	~		~		~	✓	~	~	~	~
Paul Malvarosa	Uncategorized	~	~		~		~	~	~	~	~	~



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Goeffrey Stanley	Uncategorized	~	~		~		~	~	~	~	~	>
Way, Jennifer A.	Uncategorized						~					
Ann-Marie Ciarcia	Uncategorized	~	~		~		~	~	~	~	~	>
Lani Desrosiers	Uncategorized	~	~		~		~	~	~	~	~	~
Phillip Joseph	Uncategorized	~	~		~		~	~	~	~	~	~
Smallin, Christine	Uncategorized	~	~		~		~	~	~	~	~	~
Raba Siljkovic	Uncategorized						~					
Angela Lois	Uncategorized	~	~		~		~	~	~	~	~	>
Fernandez Fernandez	Uncategorized	~	~	~	~		~	~	~	~	~	~
Gonzalez, Gissell	Uncategorized	~	~		~	~	~	~	~	~	~	>
Gergely Pediatrics	Uncategorized						~					
Linda Spano	Uncategorized	~	~		~		~	~	~	~	~	>
Visiting Nurse Association Of The Hudson Valley	Uncategorized						~					
Suzanne Wray	Uncategorized						~					
Diane Louis, Ot	Uncategorized						~					
Melanie Minica-Vojtek	Uncategorized						~					
Amanda Lasher	Uncategorized	~	~		~		~	~	~	~	~	>
Agnes Larbi-Aggrey	Uncategorized	~	~		~		~	~	~	~	~	~
Krausz, Leah	Uncategorized						~					
The Institute For Family Health - Family Practice Center Of Port Ewen	Uncategorized	~	~	~	~		~	~	~	~	~	~
Jessica Pamela Lesmana	Uncategorized	~	~		~		~	~	~	~	~	~
David Harshbarger	Uncategorized	~	~		~		~	~	~	~	~	~
Allan Humphrey	Uncategorized	~	~		~		~	~	~	~	~	~
Grace Church Community Center Inc	Uncategorized						~					
Valenti, Michael	Uncategorized											
Holder , Lorraine	Uncategorized											
Green	Uncategorized	~	~		~		~	~	~	~	~	~
Jennifer Conforto	Uncategorized	~	~		~		~	~	~	~	~	~
Jewel Khawaja	Uncategorized	~	~		~		~	~	~	~	~	~
Melanie Desrosier	Uncategorized	~	~		~		~	~	~	~	~	~
Lilyan Spool Lcsw	Uncategorized						~					
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William Eckert	Uncategorized											
Sirignano, Arnello	Uncategorized	~	~		~		~	~	~	~	~	<
Akeisha Rivera	Uncategorized						~					
Robert Broidrick	Uncategorized	~	~		~		~	~	~	~	~	<
Linda Carusso	Uncategorized	~	~		~		~	~	~	~	~	~
Lyndsey Dussling	Uncategorized	~	~		~		~	~	~	~	~	~
Claritza Gracia	Uncategorized	~	~		~	~	~	~	~	~	~	>
Mona Saleh	Uncategorized	~	~		~		~	~	~	~	~	~
Karen Bischoff	Uncategorized	~	~		~		~	~	~	~	~	~
Susan Petak	Uncategorized						~					
Abhishek Mattingly	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Nancy Kim	Uncategorized	~	~		~		~	~	~	~	~	>
Flora Soto	Uncategorized	~	~		~	~	~	~	~	~	~	>
Cicchetti , Gina	Uncategorized											
Resource Medical Services Pc (D.B.A. Arcwell Medical)	Uncategorized											
Whitney Garritt	Uncategorized	~	~		~		~	~	~	~	~	~
Fink, Rivka (Rebecca) E.	Uncategorized	~	~		~	~	~	~	~	~	~	>
Ashley, Traci	Uncategorized	~	~		~		~	~	~	~	~	>
Janet Murphy	Uncategorized	~	~		~		~	~	~	~	~	>
Community Home Health Care	Uncategorized						~					
Michelle St. John	Uncategorized											
Lynn Bogin	Uncategorized	~	~		~		~	~	~	~	~	>
Maria Bove	Uncategorized											
Monica Carr	Uncategorized	~	~		~		~	~	~	~	~	>
Newkirk, Carolyn	Uncategorized						~					
Yvette Smith	Uncategorized	~	~		~		~	~	~	~	~	>
Castro , Doris	Uncategorized											
Shameka Morris	Uncategorized	~	~		~		~	~	~	~	~	>
Merr, Steven B.	Uncategorized						~					
Jeffrey Smith	Uncategorized	~	~		~		~	~	~	~	~	>
Tiefenbrumm, Miriam	Uncategorized						~					



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Jessica Hagarty	Uncategorized						~					
Brian Grant	Uncategorized	~	~		~		~	~	~	~	~	~
Holly Aschoff	Uncategorized	~	~		~		~	~	~	~	~	~
Nesyah Shaesteh	Uncategorized	~	~		~	~	~	~	~	~	~	~
Phelps Memorial Hospital Emergency Department	Uncategorized	~	~		~		~		~	~	~	~
Samuel Schenker	Uncategorized											
Anne Mari Ong	Uncategorized						~					
Jeff Frails	Uncategorized	~	~		~		~	~	~	~	~	~
Julie Denny	Uncategorized	~	~		~		~	~	~	~	~	~
Projects To Empower And Organize The Psychiatrically Labeled, Inc. (People, Inc)	Uncategorized	~	~		~		~	~	~	~	~	~
Tanissha Kaufman	Uncategorized	~	~		>	~	~	~	~	~	~	~
Derek Brown	Uncategorized	~	~		*		~	~	~	~	~	~
Lewinson, Rochel	Uncategorized						~					
Karen Siegel	Uncategorized						~					
Alexandra Franco	Uncategorized	~	~		>	~	~	~	~	~	~	~
Frances Welsh	Uncategorized	~	~		*		~	~	~	~	~	~
Norma Sammis	Uncategorized	~	~		~		~	~	~	~	~	~
Andrew Lubeskie	Uncategorized	~	~	~	~		~	~	~	~	~	~
Cristian Concillion	Uncategorized	~	~		~	~	~	~	~	~	~	~
Jeontaik Kwon	Uncategorized						~					
Greenburg Health Center	Uncategorized	~	~		~		~	~	~	~	~	~
Family Of New Paltz-Walk In Center	Uncategorized	~	~		~	~	~	~	~	~	~	~
Katie L Castell	Uncategorized	~	~		~		~	~	~	~	~	~
Mengdi Lu	Uncategorized	~	~		~		~	~	~	~	~	~
Yelizarova	Uncategorized	~	~		~		~	~	~	~	~	~
James Maldonado	Uncategorized	~	~		~		~	~	~	~	~	~
Sabrina Salomon	Uncategorized						~					
Dr. Nida Soriano-Bartolome	Uncategorized						~					
Doreen Lockwood	Uncategorized	~	~		~	~	~	~	~	~	~	~
Roxanne Eagan	Uncategorized						~					
Ashley Wright	Uncategorized	~	~		>		~	~	~	~	~	~



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Sharon Whitt	Uncategorized	~	~		~		~	~	~	~	~	~
Sarah Owens	Uncategorized	~	~		~		~	~	~	~	~	~
Sarah Vollaro	Uncategorized	~	~		~		~	~	~	~	~	~
Foster Care Per Diem	Uncategorized						~					
Denman , Joyce	Uncategorized											
Lazarus, Penina	Uncategorized						~					
Lauren Levesque	Uncategorized	~	~		~		~	~	~	~	~	~
Elzomor Walid	Uncategorized	~	~	~	~		~	~	~	~	~	~
Tracy James	Uncategorized	~	~		~		~	~	~	~	~	~
Cheryl Donnelly	Uncategorized	~	~		~		~	~	~	~	~	~
Nicholas Noble	Uncategorized	~	~		~		~	~	~	~	~	~
Lorraine Carroll	Uncategorized	~	~		~		~	~	~	~	~	~
Carino, Elizabeth	Uncategorized						~					
Rockland Paramedic Services, Inc.	Uncategorized	~	~		~		~	~	~	~	~	~
Loretta Rotolo Lcat	Uncategorized						~					
Donna Elkin	Uncategorized	~	~		~		~	~	~	~	~	~
Renu Taneja	Uncategorized						~					
Rick Conca-M.A. Psychologist *	Uncategorized											
Meisels, Leah	Uncategorized						~					
Deb Mullins	Uncategorized	~	~		~		~	~	~	~	~	~
Ellen Arcamone	Uncategorized											
Hanna David	Uncategorized						~					
Shellenberger, Jessica Rd	Uncategorized	~	~		~		~	~	~	~	~	~
Mt. Alverno Center	Uncategorized	~	~	~	~		~	~	~	~	~	~
Carolyn Clark	Uncategorized	~	~		~		~	~	~	~	~	~
Guarino, Lucia	Uncategorized	~	~		~	~	~	~	~	~	~	~
Dr. Mary Elizabeth Lell, Md	Uncategorized						~					
Cathy Piotti	Uncategorized	~	~		~		~	~	~	~	~	~
Chavie Genack	Uncategorized	~	~		~		~	~	~	~	~	~
Theresa Parris-Perry	Uncategorized	~	~		~		~	~	~	~	~	~
Zargar, Karen, Dds	Uncategorized	~	~	~	~		~	~	~	~	~	~



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Kathy Kane	Uncategorized	~	~		~		~	~	~	~	~	~
Rifky Berger	Uncategorized						~					
Pachtinger, Julie F.	Uncategorized						~					
Bevacqua, Amanda J	Uncategorized	~	~		~	~	~	~	~	~	~	~
Barbara Stern	Uncategorized	~	~		~		~	~	~	~	~	~
Johanna R Garner	Uncategorized	~	~		~		~	~	~	~	~	~
Edwige Lherisson	Uncategorized	~	~		~		~	~	~	~	~	~
Dr. Heidi Mandry	Uncategorized	~	~		~		~	~	~	~	~	~
Elizabeth Taronji	Uncategorized	~	~		~	~	~	~	~	~	~	~
Dr. Jessica Zaks	Uncategorized	~	~		~		~		~	~	~	~
Virginia Connolly	Uncategorized						~					
Omrdd/Hudson Valley Ddso	Uncategorized						~					
Anderson, Kathleen	Uncategorized	~	~		~		~	~	~	~	~	~
Kelli West	Uncategorized						~					
Susan Sherwood	Uncategorized	~	~		~		~	~	~	~	~	~
Korotkin, Bernard	Uncategorized	~	~		~		~	~	~	~	~	~
Sklenar, Anne	Uncategorized	~	~		~		~	~	~	~	~	~
Rachel Jessup	Uncategorized	~	~		~		~	~	~	~	~	~
Wright	Uncategorized	~	~		~		~	~	~	~	~	~
Addicts Rehabilitation Center Fund, Inc	Uncategorized						~					
Colleen Dunderdale	Uncategorized	~	~		~		~	~	~	~	~	~
Shyla Primavera	Uncategorized	~	~		~		~	~	~	~	~	~
Jeanne Eckles	Uncategorized	~	~		~		~	~	~	~	~	~
Leslie Farnil	Uncategorized						~					
Saint Francis Hospital	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Giordano	Uncategorized	~	~		~		~	~	~	~	~	~
Terri Schoenfeld	Uncategorized	~	~		~		~	~	~	~	~	~
Linda Filipowicz	Uncategorized	~	~		~		~	~	~	~	~	~
Yogesh Shingala	Uncategorized											
Charlotte Lambert	Uncategorized						~					
Svenja Resto	Uncategorized	~	~		~		~	~	~	~	~	~
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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Jaclyn Simons	Uncategorized	~	~		~		~	~	~	~	~	>
Laura Linkoff	Uncategorized	~	~		~		~	~	~	~	~	>
Mark Tobias	Uncategorized	~	~		~		~	~	~	~	~	>
Laurel Sharp	Uncategorized	~	~		~		~	~	~	~	~	>
Lisa Paskoff	Uncategorized	~	~		~		~	~	~	~	~	>
Shelby, Anastasia D.	Uncategorized						~					
Shab Benz	Uncategorized	~	~	~	~		~	~	~	~	~	>
Christopher Dennehy	Uncategorized						~					
Taconic Ddso Clinic - Omrdd Trmt	Uncategorized						~					
Dr. Evangelia Rizos	Uncategorized						~					
Evan Schwadron	Uncategorized	~	~		~		~	~	~	~	~	>
Jaime S Marcellin	Uncategorized	~	~		~		~	~	~	~	~	>
Mandel, Leah	Uncategorized						~					
Eileen Vickery	Uncategorized	~	~		~		~	~	~	~	~	>
Terry Bynes	Uncategorized	~	~		~	~	~	~	~	~	~	>
Stephanie Nodzo	Uncategorized	~	~		~		~	~	~	~	~	>
Dr. Tracy Pantig	Uncategorized	~	~		~		~	~	~	~	~	>
Mazur-Kazan, Victoria	Uncategorized	~	~		~		~	~	~	~	~	>
Orange County Department Of Mental Health	Uncategorized	~	~		~		~	~	~	~	~	>
Lakhtaria Paryush	Uncategorized	~	~	~	~		~	~	~	~	~	>
Rosenthal, Jonathan	Uncategorized	~	~		~		~	~	~	~	~	>
Leticia Jenkins	Uncategorized	~	~		~		~	~	~	~	~	>
Robert Philpot [Dentserv]	Uncategorized											
Sarah Murphy	Uncategorized											
Padhiar , Angela	Uncategorized											
Independent Home Care, Inc.	Uncategorized											
Michele Kent	Uncategorized	~	~		~		~	~	~	~	~	>
Angela Turk	Uncategorized	~	~		~		~	~	~	~	~	>
Maria Manukas	Uncategorized	~	~		~		~	~	~	~	~	>
Katz, Miriam	Uncategorized						~					
William Schwalm	Uncategorized	~	~	~	~		~	~	~	~	~	~



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Julia Dorff	Uncategorized	~	~		~		~	~	~	~	~	>
Rosann Joselit	Uncategorized	~	~		~		~	~	~	~	~	>
Chandler	Uncategorized	~	~		~		~	~	~	~	~	>
Arnon Ben-Yoseph	Uncategorized	~	~		~		~	~	~	~	~	>
Kristina Bobb	Uncategorized	~	~		~		~	~	~	~	~	>
Dr. Seth Revels	Uncategorized	~	~		~		~	~	~	~	~	>
Anna Reddington	Uncategorized	~	~		~		~	~	~	~	~	>
Early Intervention	Uncategorized	~				~						
Herbert Stoddard	Uncategorized						~					
Julia Garay-Daniel	Uncategorized	~	~		~		~	~	~	~	~	~
Amy Starner	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Jason Mayer	Uncategorized	~	~		~		~	~	~	~	~	>
Linda Henning	Uncategorized	~	~		~		~	~	~	~	~	~
Bohdan Darnobid	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Sharon Walker	Uncategorized	~	~		~		~	~	~	~	~	~
Michael Pacos	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Kathryn Brondolo	Uncategorized	~	~		~		~	~	~	~	~	~
Louise Pittari	Uncategorized	~	~		~		~	~	~	~	~	~
Yao Zhang	Uncategorized	~	~		~		~	~	~	~	~	>
Francisco Colon	Uncategorized	~	~		~	~	~	~	~	~	~	~
Putnam County Dept Of Health	Uncategorized											
Treinna Griffith-Johnson	Uncategorized	~	~		~		~	~	~	~	~	~
Lisa Valazquez-Denapoli	Uncategorized	~	~		~		~	~	~	~	~	~
Ulster-Greene Arc	Uncategorized						~					
Sabrina Sanchez	Uncategorized	~	~		~		~	~	~	~	~	>
Adrienne Denson	Uncategorized	~	~		~		~	~	~	~	~	~
Gwen Daniels	Uncategorized	~	~		~		~	~	~	~	>	>
Rebecca Yandle	Uncategorized	~	~		~		~	~	~	~	~	>
Gregory Gallo	Uncategorized	~	~		~		~	~	~	~	~	>
Dafna Neiger	Uncategorized	~	~		~		~	~	~	~	~	>
Alyssa Buckley	Uncategorized						~					



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* Safety Net Providers in Green	Participating in Proje	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Jose Cohen	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Dinozzi, Angela	Uncategorized	~	~		~		~	~	~	~	~	~
Saint Francis Hospital	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Jessica Vankleeck	Uncategorized	~	~		~		~	~	~	~	~	~
Lynn Guilfoyle	Uncategorized	~	~		~		~	~	~	~	~	~
Douglas, Elliot T.	Uncategorized						~					
Panarella, Anne	Uncategorized	~	~		~		~	~	~	~	~	~
Meg Evangelista, Ot	Uncategorized						~					
Jennifer Giordano	Uncategorized	~	~		~		~	~	~	~	~	~
Charles Hadjystilianos	Uncategorized	~	~		~		~	~	~	~	~	~
Ellen Conway	Uncategorized	~	~		~		~	~	~	~	~	~
Tapia, Marisol	Uncategorized	~	~		~	~	~	~	~	~	~	~
Karleen Whitaker	Uncategorized											
Michelle Dominguez	Uncategorized	~	~		~		~	~	~	~	~	~
United Hebrew Of New Rochelle Certified Home Health Agency,	Uncategorized											
Inc.												
Nwh Transitional Care Unit	Uncategorized	~			~			~	~	~	~	~
Julia Krim	Uncategorized	~	~		~		~		~	~	~	~
Jennifer Remling	Uncategorized	~	~		~		~	~	~	~	~	~
Rynne, Austin Pht	Uncategorized						~					
Kenneth Lee	Uncategorized											
Rinat Kalman	Uncategorized						~					
Delczeg, Stephanie L.	Uncategorized						~					
Sue Wilson	Uncategorized	~	~		~		~	~	~	~	~	~
Montalto, Katie	Uncategorized						~					
O'Hare, Robert	Uncategorized						~					
Ramon Martinez	Uncategorized	~	~		~		~	~	~	~	~	~
Hirsch, Jody	Uncategorized	~	~		~		~	~	~	~	~	~
John Hinds	Uncategorized	~	~		~		~	~	~	~	~	~
Vida Nathanson	Uncategorized	~	~		~		~	~	~	~	✓	~
Alan Schaffner	Uncategorized											
Erica Glazer	Uncategorized						~					



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Hudson Valley Ddso - Letchworth	Uncategorized						~					
Wendy Rudder	Uncategorized	~	~		~		~	~	~	~	~	~
Cah Taconic Ddso	Uncategorized						~					
Walter Gehring	Uncategorized	~	~		~		~	~	~	~	~	~
Schechter, Isaac	Uncategorized	~	~		~		~	~	~	~	~	~
James Garchitorena	Uncategorized	~	~	~	~		~	~	~	~	~	~
Theresa Rattazzi	Uncategorized	~	~	~	~		~	~	~	~	~	~
Maria Charney	Uncategorized	~	~		~		~	~	~	~	~	~
Marino, Melissa	Uncategorized	~	~		~	~	~	~	~	~	~	~
Delores Devonshire	Uncategorized	~	~		~		~	~	~	~	~	~
Christina Bernhard, Lcsw	Uncategorized	~	~		~		~	~	~	~	~	~
The Children'S Village	Uncategorized	~	~		~		~	~	~	~	~	~
Marline Sawhney	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Kara Neunzig	Uncategorized	~	~		~		~	~	~	~	~	~
Taft, Juile	Uncategorized	~	~		~		~	~	~	~	~	~
Dianne Dessanti	Uncategorized	~	~		~		~	~	~	~	~	~
Esther Moskovitz	Uncategorized	~	~		~		~	~	~	~	~	~
Daniel Rutes	Uncategorized											
Amorese	Uncategorized	~	~		~		~	~	~	~	~	~
Yesenia Fuentes	Uncategorized	~	~		~	~	~	~	~	~	~	~
Stacey Roberts	Uncategorized	~	~		~	~	~	~	~	~	~	~
Marilyn Bolanos	Uncategorized						~					
Aileen Moncion, Ot	Uncategorized						~					
Julianna Green	Uncategorized	~	~		~		~	~	~	~	~	~
Freirich	Uncategorized	~	~		~		~	~	~	~	~	~
Deborah Walton	Uncategorized											
Marla Mullen	Uncategorized						~					
Iva Jenkins	Uncategorized	~	~		~	~	~	~	~	~	~	~
Lisa Beam	Uncategorized	~	~		~		~	~	~	~	~	~
Laiming Chan	Uncategorized	~	~		~		~	~	~	~	~	~
Thomas Chattathil	Uncategorized	~	~		~		~	~	~	~	~	~
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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Navaid Kahn	Uncategorized	~	>	~	~	~	~	~	~	~	~	>
Malka Babani	Uncategorized	~	*		~		~	~	~	~	~	~
Leah Brennan, Ot	Uncategorized						~					
Elayne Helfgott	Uncategorized	~	*		~		~	~	~	~	~	*
Stefanie Blanco	Uncategorized	~	>		~		~	~	~	~	~	>
Kathleen Moloney	Uncategorized	~	*		~		~	~	~	~	~	~
Chris Pulakos	Uncategorized	~	>		~		~	~	~	~	~	>
Laguerre	Uncategorized	~	>		~		~	~	~	~	~	>
Ronald Baker	Uncategorized	~	~		~		~	~	~	~	~	~
Cynthia Payne, Rn	Uncategorized						~					
Dr. Kenny Schwartz	Uncategorized	~	*		~		~		~	~	~	~
Residential Treatment Center - Gateways	Uncategorized											
Jennifer Vidalon	Uncategorized											
Michale O'Brien	Uncategorized	~	*		~		~	~	~	~	~	*
Susan Cristantiello	Uncategorized	~	>		~		~	~	~	~	~	>
Kaplan	Uncategorized	~	*		~		~	~	~	~	~	~
Lyndsay Brischoux	Uncategorized	~	*		~		~	~	~	~	~	~
North Road Lhcsa Inc.	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Letisha Lall	Uncategorized	~	>		~		~	~	~	~	~	>
Mirelva Colon Lmhc	Uncategorized						~					
Vvinterose Thompson	Uncategorized	~	~		~		~	~	~	~	~	~
Patrice Martin	Uncategorized	~	>		~		~	~	~	~	~	>
Farah Ansari	Uncategorized	~	*		~		~	~	~	~	~	~
Peter Marino	Uncategorized	~	>		~		~	~	~	~	~	>
Van T Do	Uncategorized											
Rachel Simon	Uncategorized						~					
Thomas Federn	Uncategorized	~	~		~		~	~	~	~	~	~
William Margiotta	Uncategorized	~	~		~		~	~	~	~	~	~
Alma Derosa	Uncategorized	~	~		~		~	~	~	~	~	~
Dr. Margharet Zaborskis, Dds	Uncategorized						~					
Nancy, Elsas L	Uncategorized						~					



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Provider Name												
	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Carol Strauss	Uncategorized	~	~		~		~	~	~	~	~	~
Phelps Memorial Hospital (Bh Inpatient Psychiatric)	Uncategorized	~	~		~		~		~	~	~	~
Westchester Jewish Community Services Inc	Uncategorized	~	~		~	~	~	~	~	~	~	~
Joseline Valverde	Uncategorized											
Early Intervention	Uncategorized	~				~						
Mason , Mark	Uncategorized											
Angelika Belcher	Uncategorized	~	~		~		~	~	~	~	~	~
The Children'S Village	Uncategorized	~	~		~		~	~	~	~	~	~
The Wartburg Home Of The Evangelical Lutheran Church, Inc.	Uncategorized						~					
Tsai-Lang Vincente	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Jesus Cuzo	Uncategorized	~	~		~		~	~	~	~	~	~
Diana Woodworth, Mhc	Uncategorized	~	~		~		~	~	~	~	~	~
Inna Colaco	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Gerald Imperial Rogers	Uncategorized						~					
April Haight	Uncategorized	~	~		~		~	~	~	~	~	~
D'Oris Adamson	Uncategorized	~	~		~		~	~	~	~	~	~
Cole	Uncategorized	~	~		~		~	~	~	~	~	~
Fetridge, Justin	Uncategorized	~	~		~		~	~	~	~	~	~
Raice, Hanna S.	Uncategorized	~	~		~	~	~	~	~	~	~	~
Silverman , Hope	Uncategorized											
Brian Minasian	Uncategorized											
Cailin Welch	Uncategorized	~	~		~		~	~	~	~	~	~
Sarah Rosenthal	Uncategorized	~	~		~		~	~	~	~	~	~
Jessica Robie	Uncategorized	~	~		~		~	~	~	~	~	~
Melissa Thompson	Uncategorized	~	~		~		~	~	~	~	~	~
Powers Therese	Uncategorized	~	~	~	~		~	~	~	~	~	~
Amy Ghio	Uncategorized	~	~		~		~	~	~	~	~	~
Huller-Williams, Katrina	Uncategorized	~	~		~		~	~	~	~	~	~
Eileen Mcnamee	Uncategorized	~	~		~		~	~	~	~	~	~
Joyce Deghetto	Uncategorized						~					
Daphne Besten	Uncategorized						~					



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Grasso	Uncategorized	~	~		~		~	~	~	~	~	>
O'Brien	Uncategorized	~	~		~		~	~	~	~	~	>
Roxanne Lang	Uncategorized	~	~		~		~	~	~	~	~	>
Valdovinos, Monica	Uncategorized	~	~		~	~	~	~	~	~	~	>
Shari Rosenthal-Eck	Uncategorized	~	~		~		~	~	~	~	~	>
Jaqueline Samuels	Uncategorized	~	~		~		~	~	~	~	~	>
Addie Ketchum	Uncategorized	~	~		~		~	~	~	~	~	>
Mary Mcgovern	Uncategorized	~	~		~		~	~	~	~	~	>
Matthew Pratap	Uncategorized	~	~	~	~	~	~	~	~	~	~	>
Tara O'Connor	Uncategorized						~					
Ormc Main Campus	Uncategorized						~					
A Sydney Madden	Uncategorized											
Carlos Monserrate	Uncategorized	~	~		~		~	~	~	~	~	>
Biddle, Jennifer	Uncategorized						~					
Gail Alexander	Uncategorized	~	~		~		~	~	~	~	~	>
Xu Yuwei	Uncategorized	~	~	~	~		~	~	~	~	~	>
Denise Brown	Uncategorized	~	~		~		~	~	~	~	~	>
Kathleen Voss, Np	Uncategorized	~	~		~		~	~	~	~	~	>
Maria V Aranibar	Uncategorized	~	~		~		~	~	~	~	~	>
John P. Brady, Dds	Uncategorized											
Occupations, Inc. /Medicaid Transportation	Uncategorized	~	~		~		~	~	~	~	~	~
Mary Hess	Uncategorized	~	~		~		~	~	~	~	~	>
Colleen Bailey	Uncategorized	~	~		~		~	~	~	~	~	>
Katherine Linnane	Uncategorized						~					
Claire Gellrich	Uncategorized	~	~		~		~	~	~	~	~	>
Marlene Bastien	Uncategorized	~	~		~		~	~	~	~	~	>
Hospitality House	Uncategorized											
Michael Goldblatt	Uncategorized	~	~		~		~	~	~	~	~	>
Dr. Nora Ruiz	Uncategorized	~	~		~		~		~	~	~	>
Aimee Kang	Uncategorized	~	~	~	~	~	~	~	~	~	~	>
Coons, Amanda	Uncategorized						~					



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	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Mary Alice Edwards	Uncategorized						~					
Cindy Scullion	Uncategorized	~	~		~		~	~	~	~	~	~
Amanda Tumbarello	Uncategorized	~	~		~		~	~	~	~	~	~
Daniel Siruchek	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Faith Johnson	Uncategorized	~	~		~		~	~	~	~	~	~
Jennifer Radcliffe	Uncategorized	~	~		~		~	~	~	~	~	~
Lisa Reitbauer	Uncategorized	~	~		~		~	~	~	~	~	~
Ryan Herp	Uncategorized						~					
Myriam Lecorps	Uncategorized	~	~		~		~	~	~	~	~	~
Stephen Ogala	Uncategorized						~					
Joyce Varkey	Uncategorized	~	~		~		~	~	~	~	~	~
Sandra Abitbol	Uncategorized	~	~		~		~	~	~	~	~	~
Janine Arceri	Uncategorized	~	~		~		~	~	~	~	~	~
United Hebrew Geriatric Center	Uncategorized						~					
Arti Sharma	Uncategorized	~	~		~		~	~	~	~	~	~
Zoya Shir	Uncategorized	~	~	~	~		~	~	~	~	~	~
Joyce Bellish	Uncategorized	~	~		~	~	~	~	~	~	~	~
Pantaleo, Joseph	Uncategorized	~	~	~	~		~	~	~	~	~	~
Paula Henriquez	Uncategorized	~	~		~		~	~	~	~	~	~
Kathy Winston-Reno	Uncategorized	~	~		~		~	~	~	~	~	~
Kriya Pathrose	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Stephanie Olear	Uncategorized	~	~		~		~	~	~	~	~	~
Mark Portnoy	Uncategorized	~	~		~	~	~	~	~	~	~	~
Sewon Kim	Uncategorized						~					
Tiana Osbourne	Uncategorized	~	~	~	~		~	~	~	~	~	~
Grossman, William	Uncategorized	~	~		~	~	~	~	~	~	~	~
Passaro, Carol	Uncategorized						~					
Rosenblum, Ruth	Uncategorized	~	~		~	~	~	~	~	~	~	~
Marchant, Karen	Uncategorized	~	~		~		~	~	~	~	~	~
Marika Mills	Uncategorized											
Zarina Nissirios	Uncategorized	~	~	~	~	~	~	~	~	~	~	~



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Manning, Kirk	Uncategorized						~					
David Schools	Uncategorized	~	~		~		~	~	~	~	~	~
Debra Mckee	Uncategorized	~	~		~		~	~	~	~	~	~
Erin Modesta	Uncategorized	~	~		~		~	~	~	~	~	~
Joanne Pierson	Uncategorized	~	~		~		~	~	~	~	~	~
Andrew Levine	Uncategorized	~	~		~		~	~	~	~	~	~
Good Samaritan Regional Medical Center - Dialysis	Uncategorized	~	~	~	~		~	~	~	~	~	~
Carroll, Alison	Uncategorized	~	~		~	~	~	~	~	~	~	~
Rajan Baranwal	Uncategorized	~	~		~		~	~	~	~	~	~
Christina Izzo	Uncategorized	~	~		~		~	~	~	~	~	~
Jennaleigh Fish	Uncategorized						~					
Lorena Collins-Henriques	Uncategorized											
Lisa Lagattutat Lmhc	Uncategorized						~					
Spectrum Behavioral Health	Uncategorized											
Taconic Ddso Clinic	Uncategorized						~					
Laura Specht, Ot	Uncategorized	~	~		~		~	~	~	~	~	~
Johanna Gersten	Uncategorized	~	~		~		~	~	~	~	~	~
Lauren Casaletto, Pt	Uncategorized						~					
Demonterey, Martha	Uncategorized	~	~		*		~	~	~	~	~	~
Rena Garbow, Ot	Uncategorized						~					
Elaine Alicea-B.S. Rehab Counselor	Uncategorized											
Satellite Office	Uncategorized						~					
Dorothy Cox	Uncategorized	~	~		~		~	~	~	~	~	~
Monica Mchenry	Uncategorized	~	~		>		~	~	~	~	~	~
Sewell, Regina	Uncategorized	~	~		*		~	~	~	~	~	~
Marsha Choi	Uncategorized	~	~	~	>	~	~	~	~	~	~	~
Westline Prophete	Uncategorized	~	~		~		~	~	~	~	~	~
Dutchess County Office On Aging	Uncategorized											
Kristina Hanlon	Uncategorized	~	~		~		~	~	~	~	~	~
Cortney Hutting	Uncategorized						~					
Eunice Witkus	Uncategorized	~	~		~		~	~	~	~	~	~



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	Participating in	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Jawonio	Uncategorized	~	~		~		~	~	~	~	~	~
Janice Pfau	Uncategorized	~	~		~		~	~	~	~	~	~
Emily Davino	Uncategorized	~	~		~		~	~	~	~	~	~
David Sinyor	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Christine Lopez-Pergolese	Uncategorized	~	~		~		~	~	~	~	~	~
Deborah Adams	Uncategorized	~	~		~		~	~	~	~	~	~
Marsha Hart	Uncategorized	~			~			~	~	~	~	~
Leslie Danner	Uncategorized						~					
Patt Smith	Uncategorized	~	~		~		~	~	~	~	~	~
Conrad Johnson	Uncategorized	~	~		~		~	~	~	~	~	~
Lauren Maurer	Uncategorized	~	~		~		~	~	~	~	~	~
Joseph Rubsam	Uncategorized											
Jamie Jarvis	Uncategorized	~	~		~		~	~	~	~	~	~
Taconic Ddso (Clinic)	Uncategorized						~					1
Carousel Childrens' Services	Uncategorized											
Milagros Torres, Ot	Uncategorized						~					1
Galla Theresa	Uncategorized	~	~	~	~		~	~	~	~	~	~
Laurie Kranz, Np	Uncategorized						~					1
Donald Johnson	Uncategorized	~	~		~	~	~	~	~	~	~	~
Jenene Knowles	Uncategorized											1
Dr. A K Chaudhury	Uncategorized											
Dale Figueroa Lmsw	Uncategorized						~					1
Grayson, Richard	Uncategorized	~	~		~		~	~	~	~	~	~
Taconic Ddso (Clinic)	Uncategorized						~					1
Wendy Knott	Uncategorized	~	~		~		~	~	~	~	~	~
Orange Community Services	Uncategorized	~	~		~		~	~	~	~	~	~
Rhoda Charles	Uncategorized	~	~		~		~	~	~	~	~	~
Kevin Parrington	Uncategorized											1
Patricia Hampel	Uncategorized	~	~		~		~	~	~	~	~	~
Kiliko Jones, Mhc	Uncategorized	~	~		~		~	~	~	~	~	~
Arielle Weinberger	Uncategorized	~	~		~		~	~	~	~	~	~



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	Participating in Proj	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Kristina Peckins	Uncategorized	~	~		~		~	~	~	~	~	~
Beauchamp	Uncategorized	~	~		~		~	~	~	~	~	~
Kailey Horan	Uncategorized	~	~		~		~	~	~	~	~	~
Charles Taylor	Uncategorized	~	~		~		~	~	~	~	~	~
Andrew Plisner	Uncategorized	~	~		~	~	~	~	~	~	~	~
David Messing	Uncategorized	~	~		~		~	~	~	~	~	~
Linda Hicks	Uncategorized	~	~		~		~	~	~	~	~	~
Mary Kelley	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Patricia Kummel	Uncategorized											
Lynn A Gillard	Uncategorized	~	~		~		~	~	~	~	~	~
Living Independently For The Elderly, Inc Bethel Springvale Inn	Uncategorized						~					
Merusi Brian	Uncategorized	~	~	~	~		~	~	~	~	~	~
Kimberly Andron	Uncategorized	~	~		~		~	~	~	~	~	~
Susan Rossbach	Uncategorized	~	~		~		~	~	~	~	~	~
Diana Paz	Uncategorized											
Laura Mitchell	Uncategorized	~	~		~		~	~	~	~	~	~
Faigy Friedman	Uncategorized	~	~		~		~	~	~	~	~	~
Moulin, Julie, Lmsw	Uncategorized	~	~	~	~		~	~	~	~	~	~
Jahan Ortiz	Uncategorized	~	~		~		~	~	~	~	~	~
Rod Correra	Uncategorized	~	~		~		~	~	~	~	~	~
Nivea Lucio	Uncategorized	~	~		~	~	~	~	~	~	~	~
Lince Varughese	Uncategorized	~	~		~		~	~	~	~	~	~
Shonny Capodilupo	Uncategorized	~	~		~		~	~	~	~	~	~
Jean Black School	Uncategorized						~					
Sara E Weiss	Uncategorized	~	~		~		~	~	~	~	~	~
Health Services	Uncategorized	~				~						
Kimberly Youchah, Lmsw	Uncategorized	~	~		~	~	~	~	~	~	~	>
James Pappas	Uncategorized	~	~		~		~	~	~	~	~	~
Rebecca Herbst	Uncategorized						~					
Rhonda Maddaloni	Uncategorized	~	~		~		~	~	~	~	~	>
Victor Barbuto	Uncategorized	~	~		~		~	~	~	~	~	~



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Robin Kaplan	Uncategorized	~	~		~		~	~	~	~	~	~
Raizy Indig	Uncategorized						~					
Amanda Krulle	Uncategorized	~	~		~		~	~	~	~	~	~
Mary Lerouge	Uncategorized	~	~		~		~	~	~	~	~	~
Maria Ann Lambardi	Uncategorized	~	~		~		~	~	~	~	~	~
Public Health	Uncategorized	~				~						
Fleeta Burgess-Okolie	Uncategorized						~					
Miller , Judy	Uncategorized											
Tanisha Castellanos	Uncategorized	~	~		~		~	~	~	~	~	~
Rachel Lewis	Uncategorized	~	~		~		~	~	~	~	~	~
Pauline Calvert-Anglin	Uncategorized	~	~		~	~	~	~	~	~	~	~
Julianne Straface	Uncategorized	~	~	~	~		~	~	~	~	~	~
Social Service Provider Rid 16911	Uncategorized						~					
Teitelbaum, Hal Md	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Louise Ellis	Uncategorized											
Michael Camargo	Uncategorized						~					
Wendolyn Selby	Uncategorized	~	~		~	~	~	~	~	~	~	~
Richard Brondsky	Uncategorized	~	~		~		~	~	~	~	~	~
Joshua, Suma	Uncategorized	~	~		~		~	~	~	~	~	~
Preschool Program	Uncategorized	~										
Tracie Caccavale	Uncategorized	~	~		~		~	~	~	~	~	~
Vicki Koenig	Uncategorized	~	~		~		~	~	~	~	~	~
Gina Matthews	Uncategorized	~	~		~		~	~	~	~	~	~
Anthony Zuccaro	Uncategorized	~	~		~		~	~	~	~	~	~
Stefanie Formato	Uncategorized						~					
City Medical Of Upper East Side,Pllc	Uncategorized											
Erik H Hansen	Uncategorized	~	~		~		~	~	~	~	~	>
Robin Goldstein	Uncategorized	~	~		~		~	~	~	~	~	*
Crmc Callicoon Campus	Uncategorized						~					
Deena Mogel	Uncategorized	~	~		~		~	~	~	~	~	~
Frances Ferrante	Uncategorized	~	~		~		~	~	~	~	~	~
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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Jasmine Velez	Uncategorized	~	~		~		~	~	~	~	~	~
Angela Blake	Uncategorized						~					
Joshua Stracuzzi	Uncategorized						~					
Young, Roger	Uncategorized	~	~		~	~	~	~	~	~	~	~
Taconic Ddso-Wassaic	Uncategorized						~					
Adam Cutchin	Uncategorized	~	~		~		~	~	~	~	~	~
Colleen Faust	Uncategorized	~	~		~		~	~	~	~	~	~
Paul Holt	Uncategorized	~	~		~		~	~	~	~	~	~
Regina Reilly	Uncategorized	~	~		~		~	~	~	~	~	~
Pierce, Melissa	Uncategorized						~					
Carey Wardell	Uncategorized	~	~		~		~	~	~	~	~	~
Michele Bertelle	Uncategorized	~	~		~		~	~	~	~	~	~
Kathy Rider	Uncategorized	~	~		~		~	~	~	~	~	~
Jennifer Munz	Uncategorized	~	~		~		~	~	~	~	~	~
Rudolph Weinstein	Uncategorized											
Sarah Rigolino	Uncategorized	~	~		~		~	~	~	~	~	~
Bridgeback - For Mvp Only	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Rashmi George	Uncategorized	~	~		~	~	~	~	~	~	~	~
Suzanne D'Aversa	Uncategorized											
Rockland Mobile Care, Inc.	Uncategorized											
Toni Willis	Uncategorized	~	~		~		~	~	~	~	~	~
Anne Marie Finneran	Uncategorized	~	~	~	~		~	~	~	~	~	~
Hawthorne Cedar Knolls Rtc	Uncategorized	~	~		~		~	~	~	~	~	~
Wilson, Paul, Pa	Uncategorized	~	~		~		~	~	~	~	~	~
Jacqueline Flaherty-Petty	Uncategorized	~	~		~		~	~	~	~	~	~
John Duch	Uncategorized	~	~		~		~	~	~	~	~	~
853 School	Uncategorized	~	~		~		~	~	~	~	~	~
Liberty Resources, Inc.	Uncategorized	~	~		~			~	~	~	~	~
Esther Gottesman	Uncategorized						~					
Deena Bloom	Uncategorized	~	~		~		~	~	~	~	~	~
Marla Koroly	Uncategorized	~		İ	~			~	~	~	~	~



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	Participating Pa	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Audrey Julien	Uncategorized						~					
Chris Cirrone	Uncategorized	~	~		~		~	~	~	~	~	~
Robert Brugna	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Hernandez, Nelly	Uncategorized	~	~		~	~	~	~	~	~	~	~
Meghan Brown	Uncategorized	~	~		~		~	~	~	~	~	~
Anita Bonner	Uncategorized	~	~		~		~	~	~	~	~	~
Anthony Antunoic	Uncategorized	~	~		~		~	~	~	~	~	~
Yadira Santillan	Uncategorized						~					
Abbie Goldberg	Uncategorized	~	~		~		~	~	~	~	~	~
Jheanelle Johnson	Uncategorized	~	~		~	~	~	~	~	~	~	~
Kerry Sullivan	Uncategorized	~	~		~		~	~	~	~	~	~
James Weatherstone	Uncategorized	~	~		~		~	~	~	~	~	~
James Bagiackas	Uncategorized	~	~		~		~	~	~	~	~	~
Sandra Lash, Lcsw-R	Uncategorized	~	~		~		~	~	~	~	~	~
Ferraiolo, Jessica Pa-C	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Ulster County Mental Health	Uncategorized											
Dr. Peter Sayegh	Uncategorized						~					
Michele Kelly	Uncategorized	~	~		~		~	~	~	~	~	~
Janice Cornfield	Uncategorized	~	~		~		~	~	~	~	~	~
Noll , Louise	Uncategorized											
Susan Mattern-M.S. Psychotherapist *	Uncategorized											
Percy Huggins	Uncategorized	~	~		~		~	~	~	~	~	~
Pratik Gandhi	Uncategorized	~	~		~		~	~	~	~	~	~
Michael Patterson	Uncategorized	~	~		~	~	~	~	~	~	~	~
Weisman, Kaitlin , Msw	Uncategorized	~	~	~	~		~	~	~	~	~	~
Scott Hooks	Uncategorized	~	~		~		~	~	~	~	~	~
Lindsay Wienberg	Uncategorized	~	~		~		~	~	~	~	~	~
Lessie Lacy	Uncategorized	~	~		~	~	~	~	~	~	~	~
Joyce Lyons	Uncategorized	~	~		~		~	~	~	~	~	~
Katarina Feeley	Uncategorized	~	~	~	~		~	~	~	~	~	~
Tazleem King	Uncategorized	~	~	~	~	~	~	~	~	~	~	~



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Michelle Mooney	Uncategorized	~	~		~		~	~	~	~	~	>
John Cantiello	Uncategorized	~	~		~		~	~	~	~	~	>
Danielle Gawronski	Uncategorized	~	~		~		~	~	~	~	~	>
Blumenthal, Charlotte	Uncategorized	~	~		~	~	~	~	~	~	~	>
Michele Caban	Uncategorized	~	~	~	~	~	~	~	~	~	~	>
Philip C Bonanno	Uncategorized	~			~			~	~	~	~	~
Omrdd/Hudson Valley Ddso	Uncategorized						~					
Public Health	Uncategorized	~				~						
Amy Kass	Uncategorized	~	~		~		~	~	~	~	~	~
Karen Buttacovoli	Uncategorized	~	~		~		~	~	~	~	~	~
Jennifer Tomlinson	Uncategorized	~	~		~		~	~	~	~	~	~
Sephora Gilles	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Amy Robinson	Uncategorized	~	~		~		~	~	~	~	~	~
Desiree Gravagna	Uncategorized	~	~		~		~	~	~	~	~	~
Michel Antoine	Uncategorized	~	~		~		~	~	~	~	~	~
Moran , Dennis	Uncategorized											
Yap Abigail	Uncategorized	~	~	~	~		~	~	~	~	~	~
Karen Decher	Uncategorized	~	~		~		~	~	~	~	~	~
Andrea Sherman	Uncategorized						~					
Andrew Fruhschein	Uncategorized	~	~	~	~		~	~	~	~	~	~
Sejal Gandhi	Uncategorized	~	~		~		~	~	~	~	~	~
Rosenberg, Rivkah	Uncategorized						~					
Douglas Williams	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Diane Stafford	Uncategorized	~	~		~		~	~	~	~	~	~
Wilbert Powell	Uncategorized	~	~		~		~	~	~	~	~	~
Carl Frazier	Uncategorized	~	~		~		~	~	~	~	~	~
Douglas Peck	Uncategorized	~	~		~		~	~	~	~	~	>
Catharine Tyler	Uncategorized	~	~		~		~	~	~	~	~	>
Annette Graffeo	Uncategorized	~	~		~		~	~	~	~	~	>
Michael Mcdonnell	Uncategorized	~	~		~		~	~	~	~	~	>
Maria E Jacobson	Uncategorized	~	~		~		~	~	~	~	~	>



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Goel Sweta	Uncategorized	~	~	~	~		~	~	~	~	~	~
Dr. Resika Ubayawardena	Uncategorized						~					
Jordana Koller	Uncategorized	~	~		~		~	~	~	~	~	~
Maher, Matthew J.	Uncategorized						~					
Annetta E Scott	Uncategorized	~	~		~		~	~	~	~	~	~
Susanne Labarbera	Uncategorized	~	~		~		~	~	~	~	~	~
Brittany Beispel	Uncategorized	~	~		~		~	~	~	~	~	~
Sangeeta Ahuja	Uncategorized	~	~		~		~	~	~	~	~	~
Orlando Hernandez	Uncategorized	~	~		~		~	~	~	~	~	~
Miriam Surval	Uncategorized	~	~		~		~	~	~	~	~	~
Zanfardino, Krista	Uncategorized	~	~		~	~	~	~	~	~	~	~
James N Baxter	Uncategorized	~	~		~		~	~	~	~	~	~
Michael Moscowitz	Uncategorized						~					
Toni-Ann Mastando, Mhc	Uncategorized	~	~		~		~	~	~	~	~	~
Melitza Woolner	Uncategorized	~	~		~		~	~	~	~	~	~
Arash Reed	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
David Blass	Uncategorized	~	~		~	~	~	~	~	~	~	~
Lewis, Allison	Uncategorized	~	~		~		~	~	~	~	~	~
Olufunmi Aiyegbo	Uncategorized						~					
Lisa Williamson	Uncategorized						~					
Sarah Weinstock	Uncategorized	~	~		~		~	~	~	~	~	~
Lisa Beal	Uncategorized	~	~		~		~	~	~	~	~	~
Julia C De La Garza-Jordan	Uncategorized						~					
Michelle Luwish	Uncategorized	~	~		~		~	~	~	~	~	~
James Murphy	Uncategorized	~	~		~		~	~	~	~	~	~
Birnbaum,Sheryl	Uncategorized	~	~		~	~	~	~	~	~	~	~
Cathy Jo Shuman	Uncategorized	~	~		~		~	~	~	~	~	~
Andrea Hemstreet	Uncategorized	~	~		~		~	~	~	~	~	~
Bock, Christy	Uncategorized	~	~		~	~	~	~	~	~	~	~
Ciavorella, Kathleen	Uncategorized	~	~		~		~	~	~	~	~	~
Etess , Roseann	Uncategorized											



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Sharlon Quarless	Uncategorized	~	~		~		~	~	~	~	~	~
Occupations - Emergency Group Residence	Uncategorized	~	~		~		~	~	~	~	~	~
Andrew Blackstein	Uncategorized	~	~		~		~	~	~	~	~	~
Mahe Rukh Selim-M.S. Psychologist *	Uncategorized											
Krista David	Uncategorized											
Barbara K Ives	Uncategorized	~	~		~		~	~	~	~	~	~
Teresa Cowell	Uncategorized	~	~		~		~		~	~	~	~
Harvey Rogers	Uncategorized	~	~		~		~	~	~	~	~	~
Jessica Wolsiefer	Uncategorized	~	~	~	~		~	~	~	~	~	~
Iwona Garben	Uncategorized	~	~	~	~		~	~	~	~	~	>
Melissa Moreno	Uncategorized	~	~		~		~	~	~	~	~	>
Brager, Jennifer	Uncategorized						~					
Erin Grimm	Uncategorized											
Justine Skiba	Uncategorized	~	~		~		~	~	~	~	~	~
Molly Kilpatrick	Uncategorized	~	~		~		~		~	~	~	>
Carmen Tamayo	Uncategorized	~	~		~		~	~	~	~	~	>
Keith Cummings	Uncategorized	~	~		~		~	~	~	~	~	>
Carol Ingrassia	Uncategorized	~	~		~		~	~	~	~	~	~
Rodrick Cash	Uncategorized	~	~		~		~	~	~	~	~	>
Turner	Uncategorized	~	~		~		~	~	~	~	~	~
Sheila Smith	Uncategorized	~	~		~	~	~	~	~	~	~	~
Agatha Nwakeze, Np	Uncategorized						~					
Rebecca Duncan	Uncategorized	~	~		~		~	~	~	~	~	>
Sellers-Weir , Rachel	Uncategorized											
Aney Chacko	Uncategorized	~	~	~	~		~	~	~	~	~	>
Perel Schwartz	Uncategorized	~	~	~	~	~	~	~	~	~	~	>
Bower	Uncategorized	~	~		~		~	~	~	~	~	>
Westchester Medical Center	Uncategorized	~	~	~	~	~	~	~	~	~	~	>
Independent Living, Inc.	Uncategorized	~	~		~		~	~	~	~	~	~
Wayne Leblanc	Uncategorized	~	~		~		~	~	~	~	~	~
Davis, Ray	Uncategorized	~	~		~	~	~	~	~	~	~	~
	•			•		•		•	•		•	



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* Safety Net Providers in Green	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Evans, Rachel	Uncategorized											
Wendy Fiol	Uncategorized	~	~		~		~	~	~	~	~	>
Kathleen Vanderploeg	Uncategorized	~	~	~	~		~	~	~	~	~	>
Munish Kwak	Uncategorized	~	~	~	~	~	~	~	~	~	~	>
Michelle Mctague	Uncategorized	~	~		~		~	~	~	~	~	>
Probst, Dawn, Rn,Cde	Uncategorized	~	~	~	~		~	~	~	~	~	>
April Ludmerer	Uncategorized	~	~	~	~	~	~	~	~	~	~	>
Premier -Medical House Calls	Uncategorized											
Mitzmann, Laura	Uncategorized						~					
Matthew Grattan	Uncategorized	~	~	~	~	~	~	~	~	~	~	>
Limone Gjoni	Uncategorized						~					
Salena Gray	Uncategorized	~	~		~		~	~	~	~	~	>
Eloise Ward	Uncategorized						~					
Kim Tessin	Uncategorized	~	~		~		~	~	~	~	~	>
Lynn Darr	Uncategorized	~	~		~		~	~	~	~	~	>
Barbara Lessard	Uncategorized	~	~		~		~	~	~	~	~	>
Theresa A Venticinque	Uncategorized	~	~		~		~	~	~	~	~	>
Robert F. Bundy	Uncategorized						~					
Smith, Sarah D Psy	Uncategorized											
Carmela Senese, Ot	Uncategorized						~					
Tina Schroff-B.S. Rehab Counselor	Uncategorized											
Gary Kogan	Uncategorized	~	~		~		~	~	~	~	~	>
Christina Klotz	Uncategorized	~	~		~		~	~	~	~	~	>
Patrice Toussaint	Uncategorized	~	~		~		~	~	~	~	~	>
Christopher O'Brien	Uncategorized	~	~		~		~	~	~	~	~	>
Marilyn Rollins	Uncategorized	~	~		~		~	~	~	~	~	>
Kathryn Barbehenn	Uncategorized	~	~		~		~	~	~	~	~	>
Savita R Ramdhanie	Uncategorized	~	~		~		~	~	~	~	~	>
Jason Bailor	Uncategorized	~	~		~		~	~	~	~	~	>
Michael Zerbo	Uncategorized	~			~			~	~	~	~	>
Fayez Ali	Uncategorized											



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	Participating in Proj	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.a.ii	3.c.i	3.d.iii	4.b.i	4.b.ii
Dr. Lawrence Faltz	Uncategorized	~	~		~		~		~	~	~	~
Integra Partners, Llc	Uncategorized											
Seymour, Arlene	Uncategorized	~	~		~	~	~	~	~	~	~	~
Kristy Champignon	Uncategorized	~	~		~		~	~	~	~	~	~
Kristhal Meono	Uncategorized	~	~		~		~	~	~	~	~	~
Anu Mallapaty	Uncategorized	~	~		~		~	~	~	~	~	~
Taconic Ddso Clinic - Pougkeepsie	Uncategorized						~					
Irene Kay & Carol Halpern Dba, Putnam Nursing & Rehab Center	Uncategorized											
Rodney Dimotta	Uncategorized	~	~		~		~	~	~	~	~	~
Warrren, Deborah	Uncategorized						~					
Steve C Heffernan	Uncategorized	~	~		~		~	~	~	~	~	~
James Einstman	Uncategorized	~	~		~		~	~	~	*	~	~
Maria Rubio-Crawford	Uncategorized	~	~		~		~	~	~	*	~	~
Seager	Uncategorized	~	~		~		~	~	~	~	~	~
Episcopal Social Services Of New York Inc.	Uncategorized											
Monica Lu	Uncategorized	~	~		~		~	~	~	~	~	~
Robert Tuthill	Uncategorized	~	~		~		~	~	~	*	~	~
Michael Lanjo	Uncategorized	~	~		~		~	~	~	~	~	~
Marsha Mandel	Uncategorized	~	~		~		~	~	~	*	~	~
Raya Noreault	Uncategorized	~	~		~		~	~	~	~	~	~
Yong-Suk Zarski	Uncategorized	~	~	~	~		~	~	~	~	~	~
Schwartz, Elizabeth-Rd	Uncategorized											
Kim Kalechstein	Uncategorized	~	~		~		~	~	~	~	~	~
Jaime Lowe	Uncategorized						~					
Kristen Miller	Uncategorized						~					
Kahli Mercik	Uncategorized	~	~		~		~	~	~	~	~	~
Caitlin Rowan	Uncategorized	~	~		~		~	~	~	>	~	~
Priority Home Care, Inc.	Uncategorized											
Madeline Crummer	Uncategorized											
Karen Moss	Uncategorized						~					
Julia B Rakhovich	Uncategorized	~			~			~	~	~	~	~



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Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
nbajaj	Other	21_DY2Q4_PPP_OTH_20170331PAM_MasterTrainingLog_10744.xlsx	PAM Providers trained	04/18/2017 02:52 PM

Narrative Text :			