New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

## TABLE OF CONTENTS

Index .6
Section 01 - Budget .....  7
Module 1.1 .....  7
Module 1.2 .....  8
Module 1.3 ..... 10
Module 1.4 ..... 12
Module 1.5 ..... 16
Module 1.6 ..... 18
Module 1.7 ..... 19
Module 1.8 ..... 20
Module 1.9 ..... 22
Module 1.10 ..... 24
Module 1.11 ..... 28
Section 02 - Governance ..... 29
Module 2.1 ..... 29
Module 2.2 ..... 39
Module 2.3 ..... 40
Module 2.4 ..... 40
Module 2.5 ..... 42
Module 2.6 ..... 43
Module 2.7 ..... 44
Module 2.8 ..... 44
Module 2.9 ..... 45
Section 03 - Financial Stability ..... 46
Module 3.1 ..... 46
Module 3.2 ..... 54
Module 3.3 ..... 55
Module 3.4 ..... 55
Module 3.5 ..... 57
Module 3.6 ..... 59
Module 3.7 ..... 60
Module 3.8 ..... 60
Module 3.9 ..... 60
Section 04 - Cultural Competency \& Health Literacy ..... 61
Module 4.1 ..... 61
Module 4.2. ..... 66

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

Module 4.3 ..... 67
odule 4.4 ..... 67
Module 4.5 ..... 68
Module 4.6 ..... 69
Module 4.7 ..... 70
Module 4.8 ..... 70
Module 4.9 ..... 70
Section 05 - IT Systems and Processes .....  .71
Module 5.1 ..... 71
Module 5.2 ..... 78
Module 5.3 .....  79
Module 5.4 ..... 79
Module 5.5 ..... 80
Module 5.6 ..... 81
Module 5.7 ..... 82
Module 5.8 ..... 82
Section 06 - Performance Reporting ..... 83
Module 6.1 ..... 83
Module 6.2 ..... 86
Module 6.3 ..... 87
Module 6.4 ..... 87
Module 6.5 ..... 88
Module 6.6 ..... 89
Module 6.7 ..... 90
Module 6.8 ..... 90
Module 6.9 ..... 90
Section 07 - Practitioner Engagement ..... 91
Module 7.1 ..... 91
Module 7.2 ..... 95
Module 7.3 ..... 96
Module 7.4 ..... 96
Module 7.5 ..... 98
Module 7.6 ..... 99
Module 7.7 ..... 100
Module 7.8 ..... 100
Module 7.9 ..... 100
Section 08 - Population Health Management ..... 101
Module 8.1 ..... 101 ..... 101

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

Module 8.2 ..... 105
odule 8. ..... 106
Module 8.4 ..... 106
Module 8.5 ..... 07
Module 8.6 ..... 108
Module 8.7 ..... 109
Module 8.8 ..... 109
Module 8.9 ..... 109
Section 09 - Clinical Integration. ..... 110
Module 9.1 ..... 110
Module 9.2 ..... 113
Module 9.3 ..... 114
Module 9.4 ..... 114
Module 9.5 ..... 115
Module 9.6 ..... 116
Module 9.7 ..... 117
Module 9.8 ..... 117
Module 9.9 ..... 117
Section 10 - General Project Reporting ..... 118
Module 10.1 ..... 118
Module 10.2 ..... 119
Module 10.3 ..... 120
Module 10.4 ..... 121
Module 10.5 ..... 123
Module 10.6 ..... 123
Module 10.7 ..... 125
Module 10.8 ..... 125
Section 11 - Workforce ..... 127
Module 11.1 ..... 127
Module 11.2 ..... 128
Module 11.3 ..... 134
Module 11.4 ..... 135
Module 11.5 ..... 135
Module 11.6 ..... 137
Module 11.7 ..... 139
Module 11.8 ..... 140
Module 11.9 ..... 140
Module 11.10. ..... 14

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

Module 11.11 ..... 142
Module 11.12 ..... 144
Projects. ..... 145
Project 2.a.i ..... 145
Module 2.a.i. 1 ..... 145
Module 2.a.i. 2 ..... 146
Module 2.a.i. 3 ..... 157
Module 2.a.i. 4 ..... 158
Project 2.a.iii ..... 159
Module 2.a.iii. 1 ..... 159
Module 2.a.iii.2 ..... 161
Module 2.a.iii. 3 ..... 162
Module 2.a.iii. 4 ..... 171
Module 2.a.iii. 5 ..... 172
Project 2.a.iv ..... 173
Module 2.a.iv. 1 ..... 173
Module 2.a.iv. 2 ..... 174
Module 2.a.iv. 3 ..... 175
Module 2.a.iv. 4 ..... 182
Module 2.a.iv. 5 ..... 183
Project 2.b.iv. ..... 184
Module 2.b.iv. 1 ..... 184
Module 2.b.iv. 2 ..... 185
Module 2.b.iv. 3 ..... 186
Module 2.b.iv. 4 ..... 192
Module 2.b.iv. 5 ..... 193
Project 2.d.i ..... 194
Module 2.d.i. 1 ..... 194
Module 2.d.i.2 ..... 195
Module 2.d.i. 3 ..... 196
Module 2.d.i. 4 ..... 208
Module 2.d.i. 5 ..... 210
Project 3.a.i ..... 211
Module 3.a.i. 1 ..... 211
Module 3.a.i. 2 ..... 213
Module 3.a.i. 3 ..... 214
Module 3.a.i. 4 ..... 224
Module 3.a.i.5 ..... 225

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

Project 3.a.ii ..... 226
Module 3.a.ii. 1 ..... 226
Module 3.a.ii. 2 ..... 227
Module 3.a.ii. 3 ..... 228
Module 3.a.ii. 4 ..... 240
Module 3.a.ii. 5 ..... 241
Project 3.c.i ..... 242
Module 3.c.i. 1 ..... 242
Module 3.c.i. 2 ..... 243
Module 3.c.i. ..... 244
Module 3.c.i. 4 ..... 251
Module 3.c.i. 5 ..... 252
Project 3.d.iii ..... 253
Module 3.d.iii. 1 ..... 253
Module 3.d.iii. 2 ..... 255
Module 3.d.iii. 3 ..... 256
Module 3.d.iii. 4 ..... 262
Module 3.d.iii 5 ..... 263
Project 4.b.i ..... 264
Module 4.b.i. 1 ..... 264
Module 4.b.i. 2 ..... 265
Module 4.b.i. 3 ..... 271
Project 4.b.ii ..... 272
Module 4.b.ii. 1 ..... 272
Module 4.b.ii. 2 ..... 273
Module 4.b.ii. 3 ..... 279
Attestation ..... 280
Status Log ..... 281
Comments Log ..... 282
Module Status ..... 283
Sections Module Status ..... 283
Projects Module Status ..... 287
Review Status ..... 289
Section Module / Milestone ..... 289
Project Module / Milestone ..... 292
Providers Participating in Projects ..... 298

# New York State Department Of Health Delivery System Reform Incentive Payment Project <br> DSRIP Implementation Plan Project 

## WMCHealth PPS (PPS ID:21)

Quarterly Report - Implementation Plan for WMCHealth PPS
Year and Quarter: DY4, Q2 Quarterly Report Status: Adjudicated

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

Status By Project

| Project ID | Project Title | Status |
| :---: | :---: | :---: |
| 2.a.i | Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management | $\checkmark$ 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 | $\checkmark$ Completed |
| 2.a.iv | Create a medical village using existing hospital infrastructure | $\checkmark$ Completed |
| 2.b.iv | Care transitions intervention model to reduce 30 day readmissions for chronic health conditions | $\checkmark$ Completed |
| 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 | $\checkmark$ Completed |
| 3.a.i | Integration of primary care and behavioral health services | $\checkmark$ Completed |
| 3.a.ii | Behavioral health community crisis stabilization services | $\checkmark$ Completed |
| 3.c.i | Evidence-based strategies for disease management in high risk/affected populations (adults only) | $\checkmark$ Completed |
| 3.d.iii | Implementation of evidence-based medicine guidelines for asthma management | $\checkmark$ Completed |
| 4.b.i | Promote tobacco use cessation, especially among low SES populations and those with poor mental health. | $\checkmark$ Completed |
| 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 | $\checkmark$ Completed |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

## Section 01 - Budget

$\checkmark$ 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 | 41,832,854 | 44,583,900 | 72,094,359 | 63,841,221 | 41,832,854 | 264,185,187 |
| 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 | 16,458,975 | 7,622,634 | 4,573,265 | 0 | 0 | 0 |

Current File Uploads

| User ID | File Type | File Name | le Description |  |
| :---: | :---: | :---: | :---: | :---: |

No Records Found
Narrative Text :

|  | Module Review Status |
| :--- | :---: |
| Review Status | IA Formal Comments |
| Pass \& Ongoing |  |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

$\curvearrowleft$ IPQR Module 1.2-PPS Budget - Waiver Revenue (Quarterly)
Instructions :

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

## Benchmarks

| Waiver <br> Revenue DY4 | Total Waiver <br> Revenue | Undistributed <br> Revenue YTD | Undistributed <br> Revenue Total |
| :---: | :---: | :---: | :---: |
| $63,841,221$ | $264,185,187$ | $36,885,435$ | $130,678,805$ |


| Budget Items | DY4 Q2 Quarterly <br> 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 | 13,321,604 | 92,739,192 | 15,399,524 | 53.62\% | 38,588,168 | 29.38\% |
| Cost of Project implementation | 12,282,269 |  |  |  |  |  |
| Cost of Administration | 1,039,335 |  |  |  |  |  |
| Revenue Loss | 12,134,182 | 39,267,190 | -5,750,234 | -90.07\% | -12,848,671 | -48.64\% |
| Internal PPS Provider Bonus Payments | 0 | 0 | 35,059,257 | 100.00\% | 96,439,309 | 100.00\% |
| Cost of non-covered services | 0 | 0 | 0 |  | 0 |  |
| Other | 1,500,000 | 1,500,000 | 2,500,000 | 62.50\% | 8,500,000 | 85.00\% |
| Innovation Pool | 1,500,000 |  |  |  |  |  |
| Total Expenditures | 26,955,786 | 133,506,382 |  |  |  |  |

## Current File Uploads

| User ID | File Type | File Name | File Description |
| :---: | :---: | :---: | :---: | :---: |
| No Records Found |  |  |  |

No Records Found

Narrative Text :

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

DSRIP Implementation Plan Project
WMCHealth PPS (PPS ID:21)

Module Review Status

| Review Status | IA Formal Comments |
| :--- | :--- |
| Pass \& Ongoing |  |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

## WMCHealth PPS (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 | 41,832,854 | 44,583,900 | 72,094,359 | 63,841,221 | 41,832,854 | 264,185,187 |
| 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 |
| Home and Community Based Services |  |  |  |  |  | 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 | 16,458,975 | 7,622,633 | 4,573,265 | 0 | 0 | 0 |

Current File Uploads

| User ID | File Type | File Name | File Description |
| :---: | :---: | :---: | :---: |

No Records Found
Narrative Text :

DSRIP Implementation Plan Project
WMCHealth PPS (PPS ID:21)

Module Review Status

| Review Status | IA Formal Comments |
| :--- | :--- |
| Pass \& Ongoing |  |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

$\checkmark$ IPQR Module 1.4-PPS Flow of Funds - Waiver Revenue (Quarterly)
nstructions :
 Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

| Waiver <br> Revenue DY4 | Total Waiver <br> Revenue | Undistributed <br> Revenue YTD | Undistributed <br> Revenue Total |
| :---: | :---: | ---: | ---: |
| $63,841,221.00$ | $264,185,187.00$ | $63,841,221.00$ | $168,415,458.10$ |


| Funds Flow Items | DY4 Q2 <br> Quarterly <br> Amount - <br> Update | Percentage of Safety Net <br> Funds - DY4 Q2 Quarterly Amount Update | Safety Net Funds Flowed YTD | Safety Net Funds Percentage YTD | Total Amount Disbursed to Date (DY1DY5) | Percent Spent By Project |  |  |  |  |  |  |  |  |  |  | DY <br> Adjusted Difference | Cumulative Difference |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | Projects Selected By PPS |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 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 |  |  |
| $\begin{aligned} & \text { Practitioner - Primary Care Provider } \\ & \text { (PCP) } \end{aligned}$ | 0 | 0.00\% | 0 | 0.00\% | 92,830.93 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6,241,324 | 19,312,124.07 |
| Practitioner - Non-Primary Care Provider (PCP) | 0 | 0.00\% | 0 | 0.00\% | 759,093.23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,449,841 | 5,843,205.77 |
| Hospital | 0 | 0.00\% | 0 | 0.00\% | 3,717,053.64 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 31,419,357 | 99,903,728.36 |
| Clinic | 0 | 0.00\% | 0 | 0.00\% | 4,675,897.87 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,175,345 | 8,998,116.13 |
| Case Management / Health Home | 0 | 0.00\% | 0 | 0.00\% | 804,229.45 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,854,148 | 6,946,521.55 |
| Mental Health | 0 | 0.00\% | 0 | 0.00\% | 5,354,489.13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,180,348 | 4,825,461.87 |
| Substance Abuse | 0 | 0.00\% | 0 | 0.00\% | 3,470,046.18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,032,963 | 2,051,918.82 |
| Nursing Home | 0 | 0.00\% | 0 | 0.00\% | 36,948.08 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 80,000 | 163,051.92 |
| Pharmacy | 0 | 0.00\% | 0 | 0.00\% | 7,585.12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40,000 | 92,414.88 |
| Hospice | 0 | 0.00\% | 0 | 0.00\% | 16,127.92 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40,000 | 83,872.08 |
| Community Based Organizations | 0 | 0.00\% | 0 | 0.00\% | 144,650 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,639,195 | 5,594,478 |
| All Other | 0 | 0.00\% | 0 | 0.00\% | 10,590,645.37 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Uncategorized | 0 | 0.00\% | 0 | 0.00\% | 6,008,584.60 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Home and Community Based Services | 0 | 0.00\% | 0 | 0.00\% | 6,583.34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Additional Providers | 0 | 0.00\% | 0 | 0.00\% | 1,821,279.51 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PPS PMO | 0 | 0.00\% | 0 | 0.00\% | 58,263,684.53 |  |  |  |  |  |  |  |  |  |  |  | 19,011,812 | 33,027,658.47 |
| Total | 0 | 0.00\% | 0 | 0.00\% | 95,769,728.90 |  |  |  |  |  |  |  |  |  |  |  |  |  |

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)



New York State Department Of Health

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

| Waiver Quarterly Update Amount By Provider |  |  |
| :---: | :---: | :---: |
| Provider Name | Provider Category | DY4Q2 |
| Practitioner - Primary Care Provider (PCP) |  | 0 |
|  | Practitioner - Primary Care Provider (PCP) | 0 |
| Practitioner - Non-Primary Care Provider (PCP) |  | 0 |
|  | Practitioner - Non-Primary Care Provider (PCP) | 0 |
| Hospital |  | 0 |
|  | Hospital | 0 |
| Clinic |  | 0 |
|  | Clinic | 0 |
| Case Management / Health Home |  | 0 |
|  | Case Management / Health Home | 0 |
| Mental Health |  | 0 |
|  | Mental Health | 0 |
| Substance Abuse |  | 0 |
|  | Substance Abuse | 0 |
| Nursing Home |  | 0 |
|  | Nursing Home | 0 |
| Pharmacy |  | 0 |
|  | Pharmacy | 0 |
| Hospice |  | 0 |
|  | Hospice | 0 |
| Community Based Organizations |  | 0 |
|  | Community Based Organizations | 0 |
| All Other |  | 0 |
|  | All Other | 0 |
| Uncategorized |  | 0 |
|  | Uncategorized | 0 |
| Home and Community Based Services |  | 0 |
|  | Home and Community Based Services | 0 |

# New York State Department Of Health 

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

* Safety Net Providers in Green

| Waiver Quarterly Update Amount By Provider |  |  |  |
| :--- | :--- | :--- | :--- |
| Provider Name | IA Provider <br> Approval/Rejection <br> Indicator | DY4Q2 |  |
| Additional Providers |  |  |  |
| Bambini Pediatrics | Additional Providers | Approved | $\mathbf{0}$ |
| Bethel Methodist Home Inc | Additional Providers | Approved | 0 |
| Greater Hudson Valley Health System | Additional Providers | Approved | 0 |
| Health Alliance Inc. | Additional Providers | Approved | 0 |
| Llobet Medical Group | Additional Providers | Approved | 0 |
| Middletown Medical Pc | Additional Providers | Approved | 0 |
| Planned Parenthood Hudson Peconic <br> Inc | Additional Providers | Approved | 0 |
| Pougheepsie Medical Group Llp | Additional Providers | Approved | 0 |
| Prevention Council Of Putnam | Additional Providers | Approved | 0 |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## WMCHealth PPS (PPS ID:21)

## - 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 <br> 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 <br> 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 <br> 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 <br> 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 <br> 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 <br> 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 |  |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

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 |

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 \# | Review Status |  |  | IA Formal Comments |
| :--- | :--- | :--- | :---: | :---: |
| Milestone \#1 | Pass \& Complete |  |  |  |

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

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

$\backsim$ 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 <br> Start Date | Original <br> End Date | Start Date | End Date | Quarter <br> End Date | DSRIP <br> Reporting Year and Quarter |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description |
| :---: | :---: | :---: | :---: | :---: | :---: |
| No Records Found |  |  |  |  |

PPS Defined Milestones Narrative Text

No Records Found

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (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 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 6,866,752 |
| 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 services | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures | 0 | 0 | 0 | 0 | 0 | 0 |
| Undistributed Revenue | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 6,866,752 |

Current File Uploads

| User ID | File Type | File Name | File Description |
| :---: | :---: | :---: | :---: |

No Records Found

## Narrative Text :

## Module Review Status

| Review Status | IA Formal Comments |
| :--- | :--- |
| Pass \& Ongoing |  |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

$ص$ 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 <br> Revenue DY4 | Total Non-Waiver <br> Revenue | Undistributed <br> Non-Waiver <br> Revenue YTD | Undistributed <br> Non-Waiver <br> Revenue Total |
| $1,373,350.40$ | $6,866,752$ |  | 0 |


| Budget Items | DY4 Q2 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 | 1,373,350.40 | 2,746,700.80 | 0 |  | 0 |  |
| Total Expenditures | 1,373,350.40 | 2,746,700.80 |  |  |  |  |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
| :---: | :---: | :---: | :---: | :---: |

No Records Found

## Narrative Text :

DSRIP Implementation Plan Project
WMCHealth PPS (PPS ID:21)

Module Review Status

| Review Status | IA Formal Comments |
| :--- | :--- |
| Pass \& Ongoing |  |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

$\checkmark$ 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 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 6,866,752 |
| 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 |
| Home and Community Based Services | 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 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 1,373,350.40 | 6,866,752 |

## Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
| :---: | :---: | :---: | :---: | :---: |

No Records Found

## Narrative Text :

DSRIP Implementation Plan Project
WMCHealth PPS (PPS ID:21)

Module Review Status

| Review Status | IA Formal Comments |
| :--- | :--- |
| Pass \& Ongoing |  |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

IPQR Module 1.10-PPS Flow of Funds - Non-Waiver Revenue (Quarterly)
Instructions :
 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 <br> Revenue DY4 | Total Non-Waiver <br> Revenue | Undistributed <br> Non-Waiver <br> Revenue YTD | Undistributed <br> Non-Waiver <br> Revenue Total |
| :---: | :---: | ---: | ---: |
| $1,373,350.40$ | $6,866,752.00$ | $1,373,350.40$ | $6,866,752.00$ |


| Funds Flow Items | DY4 Q2 <br> Quarterly <br> Amount - <br> Update | Percentage of Safety Net Funds DY4 Q2 <br> Quarterly Amount Update | Safety Net Funds Flowed YTD | Safety Net Funds <br> 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 |
| Home and Community Based Services | 0 | 0.00\% | 0 | 0.00\% | 0 | 0 | 0 |
| Additional Providers | 0 | 0.00\% | 0 | 0.00\% | 0 |  |  |

NYS Confidentiality - High

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

| Funds Flow Items | DY4 Q2 <br> Quarterly <br> Amount - <br> Update | Percentage of Safety Net Funds DY4 Q2 <br> 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 | Upload Date |
| :---: | :---: | :---: | :---: | :---: |

Narrative Text :

Module Review Status

| Review Status |  |
| :--- | :--- |
| Pass \& Ongoing |  |

* Safety Net Providers in Green

| Non-Waiver Quarterly Update Amount By Provider |  |  |
| :---: | :---: | :---: |
| Provider Name | Provider Category | DY4Q2 |
| Practitioner - Primary Care Provider (PCP) |  | 0 |
|  | Practitioner - Primary Care Provider (PCP) | 0 |
| Practitioner - Non-Primary Care Provider (PCP) |  | 0 |
|  | Practitioner - Non-Primary Care Provider (PCP) | 0 |
| Hospital |  | 0 |
|  | Hospital | 0 |
| Clinic |  | 0 |
|  | Clinic | 0 |
| Case Management / Health Home |  | 0 |
|  | Case Management / Health Home | 0 |
| Mental Health |  | 0 |
|  | Mental Health | 0 |
| Substance Abuse |  | 0 |
|  | Substance Abuse | 0 |
| Nursing Home |  | 0 |
|  | Nursing Home | 0 |
| Pharmacy |  | 0 |
|  | Pharmacy | 0 |
| Hospice |  | 0 |
|  | Hospice | 0 |
| Community Based Organizations |  | 0 |
|  | Community Based Organizations | 0 |
| All Other |  | 0 |
|  | All Other | 0 |
| Uncategorized |  | 0 |
|  | Uncategorized | 0 |
| Home and Community Based Services |  | 0 |
|  | Home and Community Based Services | 0 |

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

* Safety Net Providers in Green

| Non-Waiver Quarterly Update Amount By Provider |  |  |  |
| :---: | :---: | :---: | :---: |
| Provider Name | Provider Category | IA Provider <br> Approval/Rejection <br> Indicator | DY4Q2 |
| Additional Providers |  |  |  |
|  | Additional Providers |  | 0 |

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

## IPQR Module 1.11-IA Monitoring

Instructions :

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

## Section 02 - Governance

$\checkmark$ IPQR Module 2.1-Prescribed Milestones

## Instructions :

 achievement.


| Milestone/Task Name | Status | Description | Original Start Date | Original <br> End Date | Start Date | End Date | Quarter <br> End Date | DSRIP Reporting Year and Quarter | AV |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Milestone \#1 <br> Finalize governance structure and subcommittee 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 <br> 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 <br> 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 <br> 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 <br> 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: <br> - Finance, Workforce and Nominating Committees will continue to present monthly committee reports to the Executive Committee <br> - 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 <br> 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 <br> Step 1. Establish project-oriented workgroups of the WMC PPS Quality Committee. | Completed | Update as Required by IA: <br> 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 |  |

# New York State Department Of Health 

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP <br> 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. |  |  |  |  |  |  |  |
| Task <br> 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 <br> 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 <br> 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 <br> 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 <br> Step 3. Incorporate Executive Committee | Completed | Update as Required by IA: <br> - Finance, IT, Workforce, and Quality Steering Committee | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |  |

NYS Confidentiality - High

New York State Department Of Health

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP <br> 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 <br> 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 <br> 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 <br> 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 <br> 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 <br> Step 4. Draft schedules that describe obligations of WMC PPS Participants. | Completed | Update as Required by IA: <br> - A member of the Executive Committee will chair each governing committee and will monitor the status of each committee. <br> - 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 <br> 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 |  |

New York State Department Of Health

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP <br> Reporting Year and Quarter | AV |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Step 1. WMC PPS customizes Salesforce to support IDS network; establish provider type, geographic, and other categories. |  |  |  |  |  |  |  |  |  |
| Task <br> 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 <br> 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 OctoberDecember 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 <br> 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 <br> 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 <br> 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: <br> - 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. <br> - Develop CBO payment arrangements based on applicable projects and other initiatives; Roles and Responsibilities will be delineated in each MSA Schedule B. <br> - 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 |  |

New York State Department Of Health

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter <br> End Date | DSRIP <br> Reporting Year and Quarter | AV |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | - Upon DOH reopening PPS network, pursue additional CBOs to join WMC network |  |  |  |  |  |  |  |
| Task <br> Step 2. Execute MSA with some PPS <br> 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 <br> 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 <br> 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 <br> 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 <br> 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 |  |

New York State Department Of Health

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter <br> End Date | DSRIP <br> 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 <br> 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 <br> 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). | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 | NO |
| Task <br> 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 <br> 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 will include area workers and union | 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 |  |

New York State Department Of Health

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

| Milestone/Task Name | Status | Description | Original Start Date | Original <br> End Date | Start Date | End Date | Quarter <br> End Date | DSRIP <br> Reporting <br> Year and Quarter | AV |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| representatives. |  |  |  |  |  |  |  |  |  |
| Task <br> 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 <br> 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 <br> 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 <br> 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 <br> 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 <br> Step 1. CBOs will be represented on our PAC and recruited to participate on the Project | Completed | See Task. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |  |

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

| Milestone/Task Name | Status | Description | Original <br> Start Date | Original End Date | Start Date | End Date | Quarter <br> End Date | DSRIP Reporting Year and Quarter | AV |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Advisory Quality Committees, the HRDPHC, local deployment councils, and focus groups/community engagement sessions. |  |  |  |  |  |  |  |  |  |
| Task <br> Step 2. The PMO will establish webinars and conferece calls as the main forum for convening committees and workgroups and sharing presentations about PPS-projects, goals and progress to gather feedback on project delivery. | Completed | See Task. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |  |
| Task <br> Step 3. WMC PPS will finalize partnership agreements or contracts with CBOs as outline in Milestone \#6. | Completed | See Task. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |  |

## IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Finalize governance structure and sub-committee structure | marville | Other | 21_DY4Q2_GOV_MDL21_PRES1_OTH_2018103 1_Governance_M1_MeetingScheduleTemplate_ (DY4Q2)_23879.pdf | WMCHealth PPS Governance Milestone 1_Governance Meeting Schedule Template (DY4Q2) | 10/30/2018 12:34 PM |
|  | marville | Other | 21_DY4Q2_GOV_MDL21_PRES1_OTH_2018103 1_Governance_M1_GovernanceCommitteeTempla te_(DY4Q2)_23877.pdf | WMCHealth PPS Governance Milestone <br> 1_Governance Committee Template (DY42) | 10/30/2018 12:33 PM |
| Establish a clinical governance structure, including clinical quality committees for each DSRIP project | marville | Other | 21_DY4Q2_GOV_MDL21_PRES2_OTH_2018103 1_Governance_M2_Clinical_Governance_Meeting _Schedule_Template_(DY4Q2)_23881.pdf | WMCHealth PPS Governance Milestone 2_Clinical Governance Meeting Schedule Template (DY4Q2) | 10/30/2018 12:37 PM |

New York State Department Of Health

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Finalize bylaws and policies or Committee Guidelines where applicable | marville | Other | 21_DY4Q2_GOV_MDL21_PRES3_OTH_2018103 <br> 1_WMCHealth_PPS_Executive_Committee_Charte <br> r_(DY4Q2)_23874.pdf | WMCHealth PPS Executive Committee Charter | 10/30/2018 12:26 PM |
|  | marville | Other | 21_DY4Q2_GOV_MDL21_PRES3_OTH_2018103 1_WMCHealth_PPS_IT_Committee_Charter_ (DY4Q2)_23873.pdf | WMCHealth PPS IT Committee Charter (DY4Q2) | 10/30/2018 12:25 PM |
| Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | marville | Other | 21_DY4Q2_GOV_MDL21_PRES5_OTH_2018103 1_Governance_M5_Community_Engagement_Tem plate_(DY4Q2)_23887.pdf | WMCHealth PPS Governance Milestone <br> 5_Community Engagement Template (DY4Q2) | 10/30/2018 12:42 PM |
| Finalize partnership agreements or contracts with CBOs | marville | Other | 21_DY4Q2_GOV_MDL21_PRES6_OTH_2018103 1_Governance_M6_CBO_Meeting_Schedule_Tem plate_(DY4Q2)_23890.pdf | WMCHealth PPS Governance Milestone 6_CBO Meeting Schedule Template (DY4Q2) | 10/30/2018 12:44 PM |
| Finalize workforce communication and engagement plan | marville | Other | 21_DY4Q2_GOV_MDL21_PRES8_OTH_2018103 1_Governance_M8_Workforce_Committee_Membe rs_(DY4Q2)_23894.pdf | WMCHealth PPS Milestone 8_Workforce Committee Members Template (DY4Q2) | 10/30/2018 12:47 PM |

Prescribed Milestones Narrative Text

| Milestone Name |  |
| :--- | :--- |
| Finalize governance structure and sub-committee structure |  |
| Establish a clinical governance structure, including clinical <br> quality committees for each DSRIP project |  |
| Finalize bylaws and policies or Committee Guidelines where <br> applicale | Update to PPS IT Committee Charter; Update to PPS Executive Committee Charter |
| Establish governance structure reporting and monitoring <br> processes |  |
| Finalize community engagement plan, including <br> communications with the public and non-provider organizations <br> (e.g. schools, churches, homeless services, housing providers, <br> law enforcement) |  |
| Finalize partnership agreements or contracts with CBOs |  |
| Finalize agency coordination plan aimed at engaging <br> appropriate public sector agencies at state and local levels (e.g. <br> local departments of health and mental hygiene, Social |  |

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
| :---: | :---: |
| Services, Corrections, etc.) |  |
| Finalize workforce communication and engagement plan |  |
| Inclusion of CBOs in PPS Implementation. |  |

Milestone Review Status

| Milestone \# | Review Status |  |
| :--- | :--- | :--- |
| 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 |  |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)
$\checkmark$ 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 <br> Start Date | Original <br> End Date | Start Date | End Date <br> Reporting <br> Year and <br> Quarter |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Milestone <br> 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 |
| :---: | :---: | :---: | :---: | :---: |

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name |  |
| :--- | :--- |
| Mid-Point Assessment |  |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

IPQR Module 2.3 - Major Risks to Implementation \& Risk Mitigation Strategies Instructions :
 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 crossfunctional 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.

ص 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.)

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

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

[^0]New York State Department Of Health

## Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)
$\backsim$ 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 |
| :--- | :--- | :--- |
| SVP, Network Financial Operations | David Ingber, WMCHealth PPS | Represent WMC, lead applicant and fiduciary. Lead rHeview and <br> adoption of policies by EC; ensure ongoing monitoring by EC and <br> accountability. |
| Executive Director of Center for Regional <br> Healthcare Innovation | Responsible for overseeing DSRIP program management, <br> including compliance with governance protocols and Participant <br> contracts and overall DSRIP operations. |  |
| Medical Director, Center for Regional Healthcare <br> Innovation | Janet Sullivan, MD, WMCHealth PPS | Operational oversight of clinical and quality processes, including <br> deployment of protocols and metrics (as developed and adopted <br> through governance process). |
| VP Finance \& Administration, Center for Regional <br> Healthcare Innovation | Edward McGill, WMCHealth PPS | Operational oversight of business, operations and finance <br> protocols. |
| SVP and Deputy General Counsel | Beth Davis, WMCHealth PPS | Lead responsibility for development of policies and procedures and <br> participant contracting documents (will work with outside counsel <br> and Participant representatives). |
| SVP Financial Operations | John Morgan, WMCHealth PPS | Lead responsibility for financial oversight. |
| SVP, Internal Audit \& Compliance | Patricia Ariel, WMCHealth PPS | Lead responsibility for audit and compliance. |
| PPS Executive Committee Members | Gultiple providers and provider types [Provided upon request; avail <br> Responsible for adopting terms sheet, policies and procedures, <br> committee charters, etc. and well as populating committees. <br> Responsible for transparency and accountability. | Participation in Committees and Workgroups, participation in PAC <br> meetings, input and feedback on draft documents, adherence to <br> participation agreements. |
| PPS PAC Members website] | [Provided upon request] |  |

New York State Department Of Health

## Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project
WMCHealth PPS (PPS ID:21)
$\curvearrowleft$ Module 2.6 - IPQR Module 2.6 - Key Stakeholders
Instructions :
Please identify the key stakeholders involved, both within and outside the PPS with regard to your governance structure and processes.

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
| :--- | :--- | :--- |
| Internal Stakeholders |  |  |
| Project Advisory Quality Steering Committee <br> Members / Chairs | Chair quality committees for specific projects | Clincial protocols and oversight of individual project plans |
| External Stakeholders | Multiple Providers and Provider Types | Overarching protocol and metrics direction on projects that are <br> common to more than one PPS in the region |
| Regional Clinical Council Members | Multiple Providers and Provider Types | Overarching direcction on projects that are common to more than <br> one PPS in the region and assuring communication with LGU and <br> CBOs |
| Regional Public Health Council Members |  |  |

# New York State Department Of Health <br> <br> Delivery System Reform Incentive Payment Project 

 <br> <br> Delivery System Reform Incentive Payment Project}

## DSRIP Implementation Plan Project

## WMCHealth PPS (PPS ID:21)

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


#### Abstract

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 ITdriven 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.

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

```
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:

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Section 03 - Financial Stability}

IPQR Module 3.1 - Prescribed Milestones
Instructions :
 achievement.

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Finalize PPS finance structure, including reporting structure
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Executive Committee adopts Finance Committee charter.
\end{tabular} & Completed & This Task completed; see upload. & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Appoint members to operational Finance Committee (transitioning from planning Finance Committee) and establish regular meeting schedule.
\end{tabular} & Completed & This Task completed; see upload. & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Define the Roles and Responsibilities of the WMC (PPS Lead organization) and PMO (Center for Regional Healthcare Innovation) finance.
\end{tabular} & Completed & \begin{tabular}{l}
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.
\end{tabular} & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Develop financial structure chart/document and present to Executive Committee for sign off.
\end{tabular} & Completed & See Task. & 07/01/2015 & 12/31/2015 & 07/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 4a. PMO will provide quarterly financial managment reports to the Finance Committee through Governance Dashboard. Finance
\end{tabular} & Completed & \begin{tabular}{l}
Additional Step/Task Required by IA: \\
Governance Dashboard under development; anticipated completion September 30, 2015. Update: Exec Committee
\end{tabular} & 07/01/2015 & 12/31/2015 & 07/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline
\end{tabular}

New York State Department Of Health

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline 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. & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 04/01/2015 & 12/31/2015 & 04/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & Additional Step/Task Required by IA. & 04/01/2015 & 12/31/2015 & 04/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
5b. WMC will revise and/or implement additional internal controls as deemed necessary.
\end{tabular} & Completed & Additional Step/Task Required by IA. & 04/01/2015 & 12/31/2015 & 04/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
5c. WMC will provide ongoing training to PPS providers via webinars.
\end{tabular} & Completed & \begin{tabular}{l}
Additional Step/Task Required by IA. \\
First training webinars held in April on MSA.
\end{tabular} & 04/01/2015 & 12/31/2015 & 04/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.
\end{tabular} & Completed & \begin{tabular}{l}
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
\end{tabular} & 04/01/2015 & 03/31/2016 & 04/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & YES \\
\hline Task & Completed & See Task. & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline
\end{tabular}

New York State Department Of Health

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline Step 1. Identify core PMO and WMC staff to support ongoing financial health assessment monitoring. & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Establish Financial Assessment and Restructuring Workgroup of the Finance Committee (as discussed in DSRIP application).
\end{tabular} & Completed & See Task. & 11/15/2015 & 03/31/2016 & 11/15/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & \begin{tabular}{l}
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.
\end{tabular} & 11/15/2015 & 03/31/2016 & 11/15/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Identify financially frail and potentially financially frail (those who exhibit certain risk factors) and review status with Finance Committee.
\end{tabular} & Completed & See Task. & 11/15/2015 & 03/31/2016 & 11/15/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 11/15/2015 & 03/31/2016 & 11/15/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 6. Subsequent quarterly reports will track plans to address financial status of providers.
\end{tabular} & Completed & See Task. & 11/15/2015 & 03/31/2016 & 11/15/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 4a. Identified financially fragile PPS partners will submit quarterly fiscal reports for WMC PPS monitoring
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 4b. Based on submitted financial metrics, make funds available for financially fragile PPS Partners
\end{tabular} & 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 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
Milestone \#3 \\
Finalize Compliance Plan consistent with New York State Social Services Law 363-d
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Review New York State Social Services \\
Law 363-d with Counsel.
\end{tabular} & Completed & \begin{tabular}{l}
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.
\end{tabular} & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & \begin{tabular}{l}
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.
\end{tabular} & 10/13/2015 & 12/31/2015 & 10/13/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Implement monitoring protocols and annual compliance plan review procedure.
\end{tabular} & Completed & See Task. & 11/10/2015 & 12/31/2015 & 11/10/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Milestone \#4 \\
Develop a Value Based Payments Needs \\
Assessment ("VNA")
\end{tabular} & Completed & Administer VBP activity survey to network & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 & YES \\
\hline \begin{tabular}{l}
Task \\
Step 1. Review final State value-based payment roadmap with Finance and Executive
\end{tabular} & Completed & See Task. & 04/01/2015 & 12/31/2015 & 04/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

MAPP
mapr
WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & DSRIP Reporting Year and Quarter & AV \\
\hline Committees. & & & & & & & & & \\
\hline \begin{tabular}{l}
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).
\end{tabular} & Completed & See Task. & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Conduct current state assessment of value-based payment across all WMC PPS Participants.
\end{tabular} & Completed & See Task. & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & Additional Information/Step required by IA. & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 & \\
\hline \begin{tabular}{l}
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).
\end{tabular} & Completed & See Task. & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & Additional Information/Step required by IA. Summit date, November 5, 2015 & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 & \\
\hline \begin{tabular}{l}
Milestone \#5 \\
Develop an implementation plan geared towards addressing the needs identified within your VNA
\end{tabular} & Completed & Submit VBP support implementation plan & 04/01/2015 & 06/30/2017 & 04/01/2015 & 06/30/2017 & 06/30/2017 & DY3 Q1 & YES \\
\hline \begin{tabular}{l}
Task \\
Step 1. Review baseline assessment of \\
Participants' value-based payment arrangements
\end{tabular} & Completed & See Task. & 04/01/2015 & 06/30/2017 & 04/01/2015 & 06/30/2017 & 06/30/2017 & DY3 Q1 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline (and capabilities). & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Conduct gap assessment to achieving stated goal of \(90 \%\) within five years.
\end{tabular} & Completed & See Task. & 04/01/2015 & 06/30/2017 & 04/01/2015 & 06/30/2017 & 06/30/2017 & DY3 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. PPS Draft VBP Plan, including MCO strategy, distributed for stakeholder feedback.
\end{tabular} & Completed & See Task. & 04/01/2015 & 06/30/2017 & 04/01/2015 & 06/30/2017 & 06/30/2017 & DY3 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Incorporate stakeholder feedback into final VBP Plan; Plan signed off on by Finance Committee and Executive Committee.
\end{tabular} & Completed & See Task. & 04/01/2015 & 06/30/2017 & 04/01/2015 & 06/30/2017 & 06/30/2017 & DY3 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 5. PPS will provide updates on implementation of VBP plan.
\end{tabular} & Completed & See Task. & 04/01/2015 & 06/30/2017 & 04/01/2015 & 06/30/2017 & 06/30/2017 & DY3 Q1 & \\
\hline \begin{tabular}{l}
Milestone \#6 \\
Develop partner engagement schedule for partners for VBP education and training
\end{tabular} & Completed & \begin{tabular}{l}
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
\end{tabular} & 04/01/2015 & 06/30/2017 & 04/01/2015 & 06/30/2017 & 06/30/2017 & DY3 Q1 & YES \\
\hline \begin{tabular}{l}
Milestone \#7 \\
Utilize lessons learned from VBP Enhanced Survey and our VBP QIP experience to facilitate contracting innovation through regular partner meetings.
\end{tabular} & Completed & Utilize lessons learned from VBP Enhanced Survey and our VBP QIP experience to facilitate contracting innovation through regular partner meetings. & 03/31/2018 & 09/30/2018 & 03/31/2018 & 09/30/2018 & 09/30/2018 & DY4 Q2 & YES \\
\hline \begin{tabular}{l}
Task \\
Step 1. Develop enhanced VBP Financial Sustainability Survey including VBP metrics
\end{tabular} & Completed & See Task & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Conduct enhanced VBP Financial Sustainability Survey to key partners
\end{tabular} & Completed & See Task & 03/31/2018 & 06/30/2018 & 03/31/2018 & 09/30/2018 & 09/30/2018 & DY4 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Analyze survey and VBP QIP metrics to determine emerging trends, challenges and issues with transition to VBP for providers including PCPs, CBOs and BH Providers
\end{tabular} & Completed & See Task & 06/30/2018 & 09/30/2018 & 06/30/2018 & 09/30/2018 & 09/30/2018 & DY4 Q2 & \\
\hline \begin{tabular}{l}
Milestone \#8 \\
Assist partners to understand Total Cost of Care,
\end{tabular} & Completed & Assist partners to understand Total Cost of Care, Bundled Payments and other VBP contracting arrangements to more & 03/31/2018 & 09/30/2018 & 03/31/2018 & 09/30/2018 & 09/30/2018 & DY4 Q2 & YES \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline Bundled Payments and other VBP contracting arrangements to more effectively negotiate contracts. & & effectively negotiate contracts. & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 1. Develop revenue and operating expense templates
\end{tabular} & Completed & See Task & 03/31/2018 & 06/30/2018 & 03/31/2018 & 09/30/2018 & 09/30/2018 & DY4 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Share templates with partners
\end{tabular} & Completed & See Task & 03/31/2018 & 06/30/2018 & 03/31/2018 & 09/30/2018 & 09/30/2018 & DY4 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Conduct regular meetings with partners evaluating progress through end of DSRIP
\end{tabular} & Completed & See Task & 06/30/2018 & 09/30/2018 & 06/30/2018 & 09/30/2018 & 09/30/2018 & DY4 Q2 & \\
\hline
\end{tabular}

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

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline Utilize lessons learned from VBP Enhanced Survey and our VBP QIP experience to facilitate contracting innovation through regular partner meetings. & nbajaj & Other & \begin{tabular}{l}
21_DY4Q2_FS_MDL31_PRES7_OTH_Milestone7 \\
_10322018_24105.pdf
\end{tabular} & Milestone 7 documentation & 10/31/2018 10:03 AM \\
\hline Assist partners to understand Total Cost of Care, Bundled Payments and other VBP contracting arrangements to more effectively negotiate contracts. & marville & Other & 21_DY4Q2_FS_MDL31_PRES8_OTH_20181023_ WMCHealth_FinancialStability_M8_(DY4Q2) _23875.pdf & WMCHealth PPS Financial Stability Milestone 8 (DY4Q2) & 10/30/2018 12:28 PM \\
\hline
\end{tabular}

Prescribed Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline Finalize PPS finance structure, including reporting structure & \\
\hline
\end{tabular}

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

Prescribed Milestones Narrative Text


Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline Milestone \#6 & Pass \& Complete & \\
\hline Milestone \#7 & Pass \& Complete & \\
\hline Milestone \#8 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
- 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline
\end{tabular}

No Records Found

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description \\
\hline No Records Found
\end{tabular}

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline
\end{tabular}

No Records Found

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

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

\section*{Instructions :}
 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

\section*{- 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,

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

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.
\begin{tabular}{|c|c|c|}
\hline Role & Name of person / organization (if known at this stage) & Key deliverables / responsibilities \\
\hline 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. \\
\hline SVP Financial Operations \& Co-Chair WMC PPS Finance Committee & John Morgan, WMC & Responsible for financial operations and DSRIP funds flow. Cochair 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). \\
\hline SVP Network Financial Operations \& Chair WMC PPS Executive Committee & David Ingber, 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. \\
\hline SVP, Executive Director, Center for Regional Healthcare Innovation & June Keenan, PMO & Lead responsibility for DSRIP program for PPS lead WMC \\
\hline 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. \\
\hline PPS Executive Committee Members & Multiple Providers & Governing Body of the PPS. \\
\hline 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). \\
\hline SVP Audit \& Compliance & Patricia Ariel, WMC & Oversight of development and implementation of the compliance plan for both WMC (PPS lead) and related compliance requirements of the PPS as they are defined. Responsible for \\
\hline
\end{tabular}

New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project
WMCHealth PPS (PPS ID:21)
\begin{tabular}{|l|l|l|}
\hline \multicolumn{1}{|c|}{ Role } & Name of person / organization (if known at this stage) & \multicolumn{1}{c|}{ Key deliverables / responsibilities } \\
\hline SVP \& Deputy General Council & & reports and updates to the Finance and Executive Committees. \\
\hline & Beth Davis, WMC & \begin{tabular}{l} 
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.
\end{tabular} \\
\hline \begin{tabular}{l} 
Value-Based Payment Taskforce Members (roster \\
will be available on request)
\end{tabular} & PPS Value-Based Taskforce & \begin{tabular}{l} 
Responsible for development of value-based payment roadmap \\
and creation of Value Vision \& Action Plan.
\end{tabular} \\
\hline PPS Finance Committee & Multiple Providers & \begin{tabular}{l} 
Advises and reports to the PPS Executive Committee on \\
recommendations for PPS budgeting, funds flow allocation, and \\
provider financial assessments.
\end{tabular} \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

IPQR Module 3.6 - Key Stakeholders Instructions :

Please identify the key stakeholders involved, both within and outside the PPS
\begin{tabular}{|c|c|c|}
\hline Key stakeholders & Role in relation to this organizational workstream & Key deliverables / responsibilities \\
\hline \multicolumn{3}{|l|}{Internal Stakeholders} \\
\hline 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. \\
\hline Senior Director, Finance and Administration, CRHI & Joseph Liberatore, PMO & Senior Director has overarching responsibility for budget and financial reporting. \\
\hline Senior Director, IDS, CRHI & Ron Zappulla, PMO & Responsible for IT infrastructure and generating of reports \\
\hline 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 \\
\hline \multicolumn{3}{|l|}{External Stakeholders} \\
\hline 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. \\
\hline 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. \\
\hline External Auditor & Responsible for 3rd party external compliance audit & External audit function \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

DSRIP Implementation Plan Project
WMCHealth PPS (PPS ID:21)
- 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.
\(\checkmark\) 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 :

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Section 04 - Cultural Competency \& Health Literacy}
\(\checkmark\) IPQR Module 4.1 - Prescribed Milestones
Instructions :

 completion dates.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Finalize cultural competency / health literacy strategy.
\end{tabular} & Completed & \begin{tabular}{l}
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.
\end{tabular} & 04/01/2015 & 12/31/2015 & 04/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & YES \\
\hline \begin{tabular}{l}
Task \\
Step 1. Establish a Community Engagement Quality Advisory Committee.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
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 ( \(\mathrm{N}=4900\) ) on access and use of services.
\end{tabular} & Completed & Need PHI data attribution from NYSDOH & 09/01/2015 & 12/31/2015 & 09/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline
\end{tabular}

New York State Department Of Health

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
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.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 10/27/2015 & 12/31/2015 & 10/27/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 6. Establish Cultural Competency/Health Literacy workgroup as a subset of the Workforce Committee to oversee identification of evidencebased 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
\end{tabular} & Completed & See Task. & 10/06/2015 & 12/31/2015 & 10/06/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter & AV \\
\hline 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. & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 10/06/2015 & 12/31/2015 & 10/06/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 8. Obtain Executive Committee approval of Proposed Strategy.
\end{tabular} & Completed & See Task. & 12/01/2015 & 12/31/2015 & 12/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 9. Begin identification of appropriate and meaningful measures to monitor ongoing impact of the WMC PPS Cultural Competency Strategy.
\end{tabular} & Completed & See Task. & 12/01/2015 & 12/31/2015 & 12/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 10. Establish mechanism to evaluate interventions and processes included in the approved Strategy by utilizing a Plan-Do-StudyAct (PDSA) cycle. The Community Engagement Quality Advisory Committee as well as the WMC PPS Quality Committee will evaluate and advise on the results.
\end{tabular} & Completed & Additional Step/Task required by IA. & 12/01/2015 & 12/31/2015 & 12/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & Additional Step/Task required by IA. & 09/30/2015 & 12/31/2015 & 09/30/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline 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 \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). & & \begin{tabular}{l}
competency training strategy, signed off by PPS Board. The strategy should include: \\
-- Training plans for clinicians, focused on available evidencebased 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
\end{tabular} & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 1. Define a current state training need based on Steps 1, 2 and 5 of the cultural competency/health literacy strategy above.
\end{tabular} & Completed & See Task. & 10/15/2015 & 03/31/2016 & 10/15/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 04/01/2016 & 06/30/2016 & 04/01/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Obtain Executive Committee approval of Proposed Training Strategy.
\end{tabular} & Completed & See Task. & 06/01/2016 & 06/30/2016 & 06/01/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 11/05/2015 & 06/30/2016 & 11/05/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 5. Work with IT Committee to develop a platform for required quarterly reports and for tracking program offerings and participation.
\end{tabular} & Completed & See Task. & 11/05/2015 & 06/30/2016 & 11/05/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

IA Instructions / Quarterly Update

No Records Found

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found

Prescribed Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline Finalize cultural competency / health literacy strategy. & \\
\hline Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of languageappropriate material). & \\
\hline
\end{tabular}

Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & DSRIP Reporting Year and Quarter \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Upload Date \\
\hline
\end{tabular}

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline
\end{tabular}

No Records Found

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{ص 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.

\section*{\(\checkmark\) 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 \(\mathrm{CC} / \mathrm{HL}\) 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

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\(\checkmark\) 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.
\begin{tabular}{|c|c|c|}
\hline Role & Name of person / organization (if known at this stage) & Key deliverables / responsibilities \\
\hline WMC PPS Cultural Competency \& Health Literacy Lead & Ed McGill, Vice President, Finance \& Administration (PMO) & Identification of Health Disparities and overall assessments, and content development related to training on disparities. \\
\hline 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. \\
\hline Training Vendor & \begin{tabular}{l}
-Catskills AHEC, \\
-Health Literacy Partners-Terri Parnell \\
-CityLore \\
- Project Reach, Inc. \\
-Sayantani DasGupta MD
\end{tabular} & Training modules and possible certificates. \\
\hline 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. \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

Instructions :
Please identify the key stakeholders involved, both within and outside the PPS.
\begin{tabular}{|c|c|c|}
\hline Key stakeholders & Role in relation to this organizational workstream & Key deliverables / responsibilities \\
\hline \multicolumn{3}{|l|}{Internal Stakeholders} \\
\hline 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. \\
\hline 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 \\
\hline \multicolumn{3}{|l|}{External Stakeholders} \\
\hline County Health, Mental Health and Social Services departments & Local county stakeholders who provide input and feedback on community needs & Community needs assessment \\
\hline NAMI of Rockland County - (National Alliance on Mental Illness) & PPS partner \& stakeholder & Family and Patient advisement re: cultural competence and health literacy \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (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.

\section*{- 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 :

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Section 05 - IT Systems and Processes}
\(\checkmark\) IPQR Module 5.1 - Prescribed Milestones
Instructions :
 achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
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).
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS convenes stakeholders (RHIO, network providers, WMC project teams, others) to develop assessment components including technical and functional information.
\end{tabular} & Completed & See Task. & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Issue RFP to identify and engage vendor to conduct assessment.
\end{tabular} & Completed & See Task. & 05/01/2015 & 09/30/2015 & 05/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Establish IT governance structure.
\end{tabular} & Completed & See Task. & 06/01/2015 & 09/30/2015 & 06/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Under the direction of WMC PPS, vendor creates assessment tool, survey and analytic plan.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 5. Vendor surveys WMC PPS network on current state.
\end{tabular} & Completed & \begin{tabular}{l}
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.
\end{tabular} & 10/06/2015 & 03/31/2016 & 10/06/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 6. Vendor analyzes and tabulates results
\end{tabular} & Completed & See Task. & 01/12/2016 & 03/31/2016 & 01/12/2016 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline
\end{tabular}

\section*{New York State Department Of Health \\ Delivery System Reform Incentive Payment Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline and creates a current state assessment report. & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 7. WMC PPS reconvenes IT governance group to share results and develop strategy for closing gaps.
\end{tabular} & Completed & See Task. & 03/01/2016 & 12/31/2016 & 03/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 7a. WMC PPS reconvenes IT governance group to budget for closing gaps and achieving interoperability.
\end{tabular} & Completed & Additional Step/Task required by IA. & 03/01/2016 & 12/31/2016 & 03/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Develop an IT Change Management Strategy.
\end{tabular} & Completed & \begin{tabular}{l}
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
\end{tabular} & 04/01/2016 & 12/31/2016 & 04/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & NO \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 04/01/2016 & 09/30/2016 & 04/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. IT Committee, working through the PMO, assesses impact, risks, and effectiveness of IT changes and alignment with projects.
\end{tabular} & Completed & \begin{tabular}{l}
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).
\end{tabular} & 04/01/2016 & 09/30/2016 & 04/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Obtain Executive Committee Board approval of change management strategy.
\end{tabular} & Completed & See Task. & 09/30/2016 & 12/31/2016 & 09/30/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Milestone \#3 \\
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network
\end{tabular} & Completed & \begin{tabular}{l}
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;
\end{tabular} & 06/01/2015 & 12/31/2016 & 06/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 & NO \\
\hline
\end{tabular}

NYS Confidentiality - High

\section*{New York State Department Of Health \\ Delivery System Reform Incentive Payment Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline & & \begin{tabular}{l}
-- 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).
\end{tabular} & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 1. Establish IT governance structure.
\end{tabular} & Completed & See Task. & 06/01/2015 & 09/30/2015 & 06/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 07/01/2015 & 12/31/2015 & 07/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Implement interim reporting tool for DSRIP milestone reporting and engaged patient tracking.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Create plan for procuring and implementing platforms to capture patientreported data (e.g., PAM, community resource referrals, others), including hardware needs and mobile deployment.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 5. Create PPS-wide data sharing roadmap.
\end{tabular} & Completed & See Task. & 07/01/2015 & 12/31/2016 & 07/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 6. Create plan to deploy MAPP functionality using dashboards, enrollment information, and other data as made available by NYS.
\end{tabular} & Completed & See Task. & 07/01/2015 & 06/30/2016 & 07/01/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline
\end{tabular}

\section*{New York State Department Of Health \\ Delivery System Reform Incentive Payment Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting \\
Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
Task \\
Step 7. WMC PPS in coordination with QE, establishes plan to connect network partners to RHIO.
\end{tabular} & Completed & See Task. & 11/15/2015 & 03/31/2016 & 11/15/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 8. Create roadmap for data sharing and reporting using platform to support population health analytics.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
Milestone \#4 \\
Develop a specific plan for engaging attributed members in Qualifying Entities
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 04/01/2016 & 09/30/2016 & 04/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS and QE identify appropriate measures to monitor RHIO consent.
\end{tabular} & Completed & See Task. & 04/01/2016 & 09/30/2016 & 04/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline Task & Completed & See Task. & 04/01/2016 & 09/30/2016 & 04/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline 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. & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 04/01/2016 & 09/30/2016 & 04/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 5. Obtain Executive Committee approval of QE engagement plan.
\end{tabular} & Completed & See Task. & 09/30/2016 & 12/31/2016 & 09/30/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Milestone \#5 \\
Develop a data security and confidentiality plan.
\end{tabular} & Completed & \begin{tabular}{l}
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.
\end{tabular} & 07/01/2015 & 06/30/2016 & 07/01/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 & NO \\
\hline 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 & \\
\hline 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 & \\
\hline 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Submit NYS_SSP Workbooks, Set 4.
\end{tabular} & Completed & Additional Information as Required by IA: Under the direction of WMC Security Officer, establish PPSwide 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 5 . Develop plan for ongoing security and
\end{tabular} & Completed & See Task. & 04/01/2016 & 06/30/2016 & 04/01/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline testing throughout PPS network. & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 6. Obtain PPS Executive Committee approval for data security and confidentiality plan.
\end{tabular} & Completed & See Task. & 08/18/2015 & 06/30/2016 & 08/18/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline
\end{tabular}

IA Instructions / Quarterly Update
\begin{tabular}{|c|c|c|}
\hline Milestone Name & IA Instructions & Quarterly Update Description \\
\hline
\end{tabular}

No Records Found

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline 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_DY4Q2_IT_MDL51_PRES1_OTH_201801031_ IT_Systems_\&_Processes_M1_Meeting_Schedule Template_(DY4Q2)_23899.pdf & WMCHealth PPS IT Systems \& Processes Milestone 1_ Meeting Schedule Template (DY4Q2) & 10/30/2018 12:49 PM \\
\hline \multirow[b]{2}{*}{Develop an IT Change Management Strategy.} & marville & Other & 21_DY4Q2_IT_MDL51_PRES2_OTH_20181031_I T_Systems_\&_Processes_M2_Meeting_Schedule_ Template_(DY4Q2)_23901.pdf & WMCHealth PPS IT Systems \& Processes Milestone 2_Meeting Schedule Template (DY4Q2) & 10/30/2018 12:51 PM \\
\hline & marville & Other & \begin{tabular}{l}
21_DY4Q2_IT_MDL51_PRES2_OTH_20181031_I \\
T_Systems_\&_Processes_M2_Training_Schedule_ Template_(DY4Q2)_23900.pdf
\end{tabular} & WMCHealth PPS IT Systems \& Processes Milestone 2_Training Schedule Template (DY4Q2) & 10/30/2018 12:50 PM \\
\hline \multirow[t]{2}{*}{Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network} & marville & Other & 21_DY4Q2_IT_MDL51_PRES3_OTH_20181031_I T_Systems_Processes_M3_Training_Schedule_Te mplate_(DY4Q2)_23903.pdf & WMCHealth PPS IT Systems \& Processes Milestone 3_Training Schedule Template (DY4Q2) & 10/30/2018 12:54 PM \\
\hline & marville & Other & 21_DY4Q2_IT_MDL51_PRES3_OTH_20181031_I T_Systems_\&_Processes_M3_Meeting_Schedule_ Template_(DY4Q2)_23902.pdf & WMCHealth PPS IT Systems \& Processes Milestone 3_Meeting Schedule Template (DY4Q2) & 10/30/2018 12:53 PM \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

Prescribed Milestones Narrative Text


Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & DSRIP Reporting Year and Quarter \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Upload Date \\
\hline
\end{tabular}

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline
\end{tabular}

No Records Found

\title{
New York State Department Of Health \\ \\ DSRIP Implementation Plan Project
} \\ \\ DSRIP Implementation Plan Project
}

Page 79 of 620
Run Date : 12/28/2018

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) IPQR Module 5.3-Major Risks to Implementation \& Risk Mitigation Strategies}

\section*{Instructions :}
 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

\section*{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.

New York State Department Of Health
Page 80 of 620 Delivery System Reform Incentive Payment Project

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
- 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.
\begin{tabular}{|l|l|l|}
\hline \multicolumn{1}{|c|}{ Role } & Name of person / organization (if known at this stage) & \\
\hline IT Systems and Processes Lead & \begin{tabular}{l} 
Ron Zappulla, Sr Director, Integrated Delivery Systems, WMC \\
PMO
\end{tabular} & \begin{tabular}{l} 
Overall responsibility for IT System \& Processes Milestone \\
Completion; Overall responsibility for IDS (2.a.i) Milestones.
\end{tabular} \\
\hline Technology SME & \begin{tabular}{l} 
John McInally, Partner, Senior Solution Architect, Health Care \\
Transformation Services, Philips Healthcare
\end{tabular} & Advise on EMR, EBS strategies and solutions. \\
\hline WMC IT Committee & John Moustakakis, CIO, WMC & \begin{tabular}{l} 
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.
\end{tabular} \\
\hline DSRIP IT Governance and Oversight & IT Governance Committee & \begin{tabular}{l} 
Advise on current state, change management strategy, data \\
sharing and interoperability, and data security and confidentialty \\
planning and implementation.
\end{tabular} \\
\hline Security of Health Information & \begin{tabular}{l} 
Oversee the identficiation, implementation, and monitoring of \\
information security processes including DSRIP- specific \\
requirements.
\end{tabular} \\
\hline \begin{tabular}{l} 
Strategy Development, Data Analytics and Total \\
Population Health
\end{tabular} & \begin{tabular}{l} 
Provide input related to development and deployment of WMC data \\
platforms, MAPP tools, and data use needed to support DSRIP \\
milestones and goals.
\end{tabular} \\
\hline Deborah Viola, Ph D., WMC PMO & \begin{tabular}{l} 
Develop and deploy IT platform and applications to support \\
analytics and reporting.
\end{tabular} \\
\hline Technical Support & \begin{tabular}{l} 
John McInally, Partner, Senior Solution Architect, Health Care \\
Transformation Services, Philips Healthcare
\end{tabular} \\
\hline Clinical Informatics Lead & Steven Goriah, Director, IT Planning \& Implementations, WMC IT & \begin{tabular}{l} 
Networking, applications, desktop support, and importantly, access \\
to vendors and suppliers.
\end{tabular} \\
\hline \begin{tabular}{l} 
Performs CMIO function on behalf of WMC PPS; overall \\
responsibility for clinical metrics and measurement for outcomes \\
improvement.
\end{tabular} \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

ص IPQR Module 5.6-Key Stakeholders
Instructions :
Please identify the key stakeholders involved, both within and outside the PPS.
\begin{tabular}{|l|l|l|l|}
\hline \multicolumn{1}{|c|}{ Key stakeholders } & \multicolumn{1}{|c|}{ Role in relation to this organizational workstream } & \multicolumn{1}{c|}{ Key deliverables / responsibilities } \\
\hline \multicolumn{2}{|c|}{ Internal Stakeholders } & Oversight \& execution & \begin{tabular}{l} 
Achievement of IT/Systems Milestones; provision of actionable \\
clinical and process data to achieve outcomes
\end{tabular} \\
\hline WMC PPS/PMO & QE (RHIO) & \begin{tabular}{l} 
Enabling connections to RHIO; providing Direct Messaging; \\
providing administrative analytics including consent for RHIO use
\end{tabular} \\
\hline External Stakeholders & Program Participants; Data Sharing & \begin{tabular}{l} 
Meeting program requirements, adopting approved P\&Ps, \\
participating in governance and work teams
\end{tabular} \\
\hline HealthLinkNY & Data Management and Analytics & \begin{tabular}{l} 
Functionality related to member management, analytics, and \\
reporting
\end{tabular} \\
\hline PPS Network Partners & Data Integration Partners & Creation of interfaces to achieve data sharing \& EMR integration & \begin{tabular}{l} 
Membership on IT committee to provide input on barriers and \\
facilitators to consenting to data sharing, cultural competencies, \\
and public communications strategies
\end{tabular} \\
\hline DOH/MAPP & Advisement re patient engagement, consent issues & \\
\hline EMR Vendors & &
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{ص IPQR Module 5.7 - Progress Reporting}

\section*{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.

\section*{IPQR Module 5.8 - IA Monitoring}

Instructions :

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Section 06 - Performance Reporting}
\(\checkmark\) IPQR Module 6.1-Prescribed Milestones
Instructions :
 achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Establish reporting structure for PPS-wide performance reporting and communication.
\end{tabular} & Completed & \begin{tabular}{l}
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
\end{tabular} & 07/01/2015 & 09/30/2016 & 07/01/2015 & 09/30/2016 & 09/30/2016 & DY2 Q2 & NO \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 07/01/2015 & 09/30/2015 & 07/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Establish pilots/incubators for interim reports and communication modules using Pareto charts to identify key providers for quarterly reports.
\end{tabular} & Completed & See Task. & 10/06/2015 & 12/31/2015 & 10/06/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Implement interim reporting tool for DSRIP milestone reporting and performance (see IT Systems and Processes, milestone \#3).
\end{tabular} & Completed & See Task. & 07/01/2015 & 12/31/2015 & 07/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Establish a staffing plan for managing clinical and financial outcomes reporting with a designated project manager and PMO executive
\end{tabular} & Completed & See Task. & 11/05/2015 & 12/31/2015 & 11/05/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting \\
Year and Quarter
\end{tabular} & AV \\
\hline responsible for each project.. & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 5. Obtain Executive Committee approval of Reporting and Communications strategy.
\end{tabular} & Completed & See Task. & 12/01/2015 & 12/31/2015 & 12/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 07/06/2015 & 06/30/2016 & 07/06/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 08/09/2016 & 09/30/2016 & 08/09/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.
\end{tabular} & Completed & Finalized performance reporting training program. & 11/05/2015 & 06/30/2016 & 11/05/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 & NO \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. The PMO will design curriculum and modalities for training PPS clinicians around each project intervention.
\end{tabular} & Completed & See Task. & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Field based deployment will follow an academic detailing model including centrally based and locally deployed staff.
\end{tabular} & Completed & See Task. & 04/12/2016 & 06/30/2016 & 04/12/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. PMO will monitor training roll-out and assess effectiveness via participant evaluation.
\end{tabular} & Completed & \begin{tabular}{l}
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
\end{tabular} & 05/10/2016 & 06/30/2016 & 05/10/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline & & workgroups will review and adjust training materials/ best practices/protocols/ guidelines/standards and further implementation plans in consultation with PMO staff. & & & & & & & \\
\hline
\end{tabular}

IA Instructions / Quarterly Update
\begin{tabular}{|c|c|c|}
\hline Milestone Name & IA Instructions & Quarterly Update Description \\
\hline
\end{tabular}

No Records Found

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. & marville & Other & 21_DY4Q2_PR_MDL61_PRES2_OTH_20181029_ Performance_Reporting_M2_Training_Schedule_T emplate_(DY4Q2)_23904.pdf & WMCHealth PPS Performance Reporting Milestone 2_Training Schedule Template (DY4Q2) & 10/30/2018 12:55 PM \\
\hline
\end{tabular}

Prescribed Milestones Narrative Text
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Milestone Name } & \\
\hline \begin{tabular}{l} 
Establish reporting structure for PPS-wide performance reporting \\
and communication.
\end{tabular} & \\
\hline \begin{tabular}{l} 
Develop training program for organizations and individuals \\
throughout the network, focused on clinical quality and \\
performance reporting.
\end{tabular} & \\
\hline
\end{tabular}

\section*{Milestone Review Status}
\begin{tabular}{|l|l|l|}
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \multicolumn{1}{c|}{ IA Formal Comments } \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & DSRIP Reporting Year and Quarter \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Upload Date \\
\hline
\end{tabular}

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline
\end{tabular}

No Records Found

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{ص IPQR Module 6.3-Major Risks to Implementation \& Risk Mitigation Strategies}

\section*{Instructions :}
 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.

\section*{\(\checkmark\) 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.

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{- 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.
\begin{tabular}{|l|l|l|}
\hline \multicolumn{1}{|c|}{ Role } & Name of person / organization (if known at this stage) & \multicolumn{1}{c|}{ Key deliverables / responsibilities } \\
\hline IT Systems and Processes Lead & Ron Zappulla, Sr Director, Integrated Delivery Systems, PMO & \begin{tabular}{l} 
Overall responsibility for IT System \& Processes Milestone \\
Completion; Overall responsibility for IDS (2.a.i) Milestones.
\end{tabular} \\
\hline Clinical Programs and Provider Engagement Lead & Janet Sullivan, VP, Medical Director, PMO & \begin{tabular}{l} 
Overall responsibility for clinical program milestone completion and \\
performance.
\end{tabular} \\
\hline Total Population Health Lead & \begin{tabular}{l} 
Deborah Viola, PhD, Health Services Research and Data \\
Analytics, PMO
\end{tabular} & Overall responsibility for TPH milestone completion. \\
\hline WMC IT Committee & John Moustakakis, CIO, WMC & \begin{tabular}{l} 
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.
\end{tabular} \\
\hline Analytics & Ron Zappulla, Senior Director, IDS, PMO & Platform Development and Deployment. \\
\hline Member Management \& Analytics, Reporting & NYS DOH/MAPP & MAPP Portal; Quarterly Reports \\
\hline WMC PPS Quality Steering Committee & \begin{tabular}{l} 
Clinical leads of each Project Advisory Quality Committee \\
(available) and identified leaders representing other \\
stakeholdergroups
\end{tabular} & \begin{tabular}{l} 
Review of all NYS defined metrics and development of project \\
specific metrics for monitoring success of each project
\end{tabular} \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\(ص\) IPQR Module 6.6-Key Stakeholders
Instructions :
Please identify the key stakeholders involved, both within and outside the PPS
\begin{tabular}{|l|l|l|l|}
\hline \multicolumn{1}{|c|}{ Key stakeholders } & \multicolumn{1}{|c|}{ Role in relation to this organizational workstream } & \multicolumn{1}{c|}{ Key deliverables / responsibilities } \\
\hline Internal Stakeholders & Oversight and management & Establishing performance measurement systems and processes \\
\hline WMC PPS PMO & Data Sharing and Analytics & \begin{tabular}{l} 
Enabling connections to RHIO; providing Direct Messaging; \\
providing adminstrative analytics including consent for RHIO use
\end{tabular} \\
\hline External Stakeholders & Data Integration Partners & Creation of interfaces to achieve data sharing \& EMR integration. \\
\hline HealthLInk NY & Program Participants; Data Sharing & \begin{tabular}{l} 
Meeting program requirements, adopting approved P\&Ps, \\
particpating in governance and work teams.
\end{tabular} & \begin{tabular}{l} 
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.
\end{tabular} \\
\hline EMR Vendors & \begin{tabular}{l} 
Performance Review, measure development, and intervention \\
design.
\end{tabular} & \begin{tabular}{l} 
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.
\end{tabular} \\
\hline PPS Network Partners & Performance Review, review of proposed new metrics and \\
Quality Steering Committee & interventions and Decision-Making & \begin{tabular}{l} 
Regular review of performance results and progress against \\
workforce related milestones; investigation of barriers to success; \\
strategies for interventions.
\end{tabular} \\
\hline Executive Committee & Performance Review relative to workforce deliverables. & & \\
\hline Workforce Committee &
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{- IPQR Module 6.7-IT Expectations}

\section*{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 :

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Section 07 - Practitioner Engagement}
\(ص\) IPQR Module 7.1 - Prescribed Milestones

\section*{Instructions :}
 achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting \\
Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Develop Practitioners communication and engagement plan.
\end{tabular} & Completed & \begin{tabular}{l}
Practitioner communication and engagement plan. This should include: \\
-- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure \\
-- The development of standard performance reports to professional groups \\
--The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee
\end{tabular} & 04/01/2015 & 03/31/2016 & 04/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & NO \\
\hline \begin{tabular}{l}
Task \\
Step 1. Submit general plan for Clinical Governance including Quality Committee and its workgroups to Executive Committee.
\end{tabular} & Completed & Task Completed; see upload. & 04/01/2015 & 06/30/2015 & 04/01/2015 & 06/30/2015 & 06/30/2015 & DY1 Q1 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Convene the WMC PPS project specific Advisory Quality Committees and workgroups.
\end{tabular} & 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 & \\
\hline Task & Completed & See Task. & 07/01/2015 & 12/31/2015 & 07/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline Step 4. PPS creates a plan for the development and implementation of platforms to share administrative, milestone and project information with network partners. & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 07/01/2015 & 12/31/2015 & 07/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 6. Implement interim reporting tied to DSRIP milestone reporting and performance (as indicated in the IT Systems and Processes section, Milestone \#3).
\end{tabular} & Completed & See Task. & 04/01/2015 & 03/31/2016 & 04/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 7. Convene WMC PPS Quality Committee and local deployment councils.
\end{tabular} & Completed & See Task. & 12/31/2015 & 03/31/2016 & 12/31/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & Practitioner training / education plan. & 04/01/2015 & 06/30/2016 & 04/01/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 & NO \\
\hline \begin{tabular}{l}
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.
\end{tabular} & 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 & \\
\hline
\end{tabular}

New York State Department Of Health Delivery System Reform Incentive Payment Project
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting \\
Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 05/01/2015 & 12/31/2015 & 05/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 11/05/2015 & 12/31/2015 & 11/05/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 04/01/2016 & 06/30/2016 & 04/01/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 5. PMO will monitor training roll-out and assess effectivess via participant evaluation.
\end{tabular} & Completed & \begin{tabular}{l}
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.
\end{tabular} & 04/01/2016 & 06/30/2016 & 04/01/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline
\end{tabular}

New York State Department Of Health

\title{
IA Instructions / Quarterly Update
}
\begin{tabular}{|c|c|c|}
\hline Milestone Name & IA Instructions & Quarterly Update Description \\
\hline
\end{tabular}

No Records Found

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline 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 & 21_DY4Q2_PRCENG_MDL71_PRES2_OTH_2018 1018_Practitioner_Engagment_M2_TrainingSched uleTemplate_(DY4Q2)_23906.pdf & WMCHealth PPS Practitioner Engagement Milestone 2_Training Schedule Template (DY4Q2) & 10/30/2018 12:57 PM \\
\hline
\end{tabular}

Prescribed Milestones Narrative Text


Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & DSRIP Reporting Year and Quarter \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Upload Date \\
\hline
\end{tabular}

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline
\end{tabular}

No Records Found

\title{
New York State Department Of Health
}

Page 96 of 620
Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{ص 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.

\begin{abstract}
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 crossPPS 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.
\end{abstract}
\(\checkmark\) IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

\section*{Instructions :}

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

\footnotetext{
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
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
contracts and overall DSRIP operations.

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{- 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.
\begin{tabular}{|c|c|c|}
\hline Role & Name of person / organization (if known at this stage) & Key deliverables / responsibilities \\
\hline Clinical Programs and Provider Engagement Lead & Jessie Sullivan, MD, VP, PMO & Overall responsibility for clinical program milestone completion and performance. \\
\hline Network Director & Maureen Doran, VP Integrated Care Network & Aligning integrated relationships with external physicians and group practices, hospital and health systems and insurance networks. \\
\hline Quality Steering Committee & \begin{tabular}{l}
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
\end{tabular} & Clinical protocols and oversight of general project plans. \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

ص IPQR Module 7.6-Key Stakeholders
Instructions :
Please identify the key stakeholders involved, both within and outside the PPS.
\begin{tabular}{|l|l|l|}
\hline \multicolumn{1}{|c|}{ Key stakeholders } & \multicolumn{1}{|c|}{ Role in relation to this organizational workstream } & \multicolumn{1}{c|}{ Key deliverables / responsibilities } \\
\hline Internal Stakeholders & Performance Review and Decision-Making & \begin{tabular}{l} 
Regular review of performance results and progress against \\
milestones; action plans as needed.
\end{tabular} \\
\hline Workforce Committee & Multiple providers and provider types & Support and advance ongoing Prevention Agenda activities. \\
\hline External Stakeholders & Multiple providers, CBOs, Local county departments & \begin{tabular}{l} 
Overarching protocol and metrics direction on projects that are \\
common to more than one PPS in the region.
\end{tabular} \\
\hline PHIP (Population Health Improvement Program) & Regional contractor selected by NYSDOH to promote Triple Aim. & \begin{tabular}{l} 
Overarching direcction on population health projects that are \\
common to more than one PPS in the region.
\end{tabular} \\
\hline Regional Clinical Council &
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (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.

\section*{\(\checkmark\) IPQR Module 7.8 - Progress Reporting}

\section*{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:

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Section 08 - Population Health Management}
\(\checkmark\) IPQR Module 8.1 - Prescribed Milestones
Instructions :
 achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Develop population health management roadmap.
\end{tabular} & Completed & \begin{tabular}{l}
Population health roadmap, signed off by PPS Board, including: \\
-- The IT infrastructure required to support a population health management approach \\
-- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations \\
--Defined priority target populations and define plans for addressing their health disparities.
\end{tabular} & 05/01/2015 & 03/31/2018 & 05/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 & NO \\
\hline \begin{tabular}{l}
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 ( \(\mathrm{N}=4900\) ) on access and use of services.
\end{tabular} & Completed & See Task. & 09/01/2015 & 12/31/2015 & 09/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 & \\
\hline \begin{tabular}{l}
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."
\end{tabular} & Completed & See Task and IT section. & 08/08/2015 & 12/31/2016 & 08/08/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Obtain Executive Committee approval of Population Health Roadmap.
\end{tabular} & Completed & See Task. & 01/17/2018 & 03/31/2018 & 01/17/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. The plan for achieving PCMH mirrors the
\end{tabular} & Completed & \begin{tabular}{l}
Additional Specificity as Required by IA: \\
An RFP was issued \(5 / 15 / 2015\) for a vendor to do
\end{tabular} & 05/01/2015 & 03/31/2018 & 05/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting \\
Year and Quarter
\end{tabular} & AV \\
\hline 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. & & & & & & & \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Finalize PPS-wide bed reduction plan.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task. & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
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
\end{tabular} & In Progress & \begin{tabular}{l}
See Task. \\
This task won't complete before \(3 / 31 / 2020\) so we adjusted Milestone end date accordingly.
\end{tabular} & 08/08/2015 & 03/31/2020 & 08/08/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline services, outreach/support including increased use of peer workers) for adults with serious BH disorders. & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Present BSCH and HAHV medical village plans to the Executive Committee for approval.
\end{tabular} & Completed & See Task. & 01/01/2016 & 03/31/2016 & 01/01/2016 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline
\end{tabular}

IA Instructions / Quarterly Update
\begin{tabular}{|c|c|c|}
\hline Milestone Name & IA Instructions & Quarterly Update Description \\
\hline
\end{tabular}

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

Prescribed Milestones Narrative Text
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Milestone Name } & \\
\hline Develop population health management roadmap. & \\
\hline Finalize PPS-wide bed reduction plan. & \\
\hline
\end{tabular}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|l|l|l|}
\hline \multicolumn{3}{c|}{ Milestone Review Status } \\
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & IA Formal Comments \\
\hline Milestone \#1 & Pass \& Ongoing & \\
\hline Milestone \#2 & Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & DSRIP Reporting Year and Quarter \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline
\end{tabular}

No Records Found

\title{
New York State Department Of Health \\ Delivery System Reform Incentive Payment Project \\ \\ DSRIP Implementation Plan Project
} \\ \\ DSRIP Implementation Plan Project
}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{ص IPQR Module 8.3-Major Risks to Implementation \& Risk Mitigation Strategies}

\section*{Instructions :}
 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.

\section*{\(\checkmark\) 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.

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{- 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.
\begin{tabular}{|l|l|l|}
\hline \multicolumn{1}{|c|}{ Role } & Name of person / organization (if known at this stage) & \multicolumn{1}{c|}{ Key deliverables / responsibilities } \\
\hline IT Systems and Processes Lead & Ron Zappulla, Sr Director, Integrated Delivery Systems, PMO & \begin{tabular}{l} 
Overall responsibility for IT System \& Processes Milestone \\
Completion; Overall responsibility for IDS (2.a.i) Milestones.
\end{tabular} \\
\hline Clinical Programs and Provider Engagement Lead & Jessie Sullivan MD, Medical Director, PMO & \begin{tabular}{l} 
Overall responsibility for clinical program milestone completion and \\
performance.
\end{tabular} \\
\hline \begin{tabular}{l} 
Deborah Viola, PhD, Health Services Research \\
and Data Analytics
\end{tabular} & Deborah Viola, PhD, Health Services Research and Data Analytics & \begin{tabular}{l} 
Overall responsibility for total population health milestone \\
completion.
\end{tabular} \\
\hline Health Alliance Hospital & Medical Village Particpant & Achievement of Medical Village Project Milestones. \\
\hline Bon Secours Hospital & Medical Village Particpant & Achievement of Medical Village Project Milestones. \\
\hline Analytics, Reporting, Data Management Strategy & WMC IT Committee & \begin{tabular}{l} 
Review IT-related policies \& procedures; interface with Executive \\
Committee; responsible for overall governance. SME for hospital \\
based sytems and liaison to WMC IT vendors.
\end{tabular} \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
- IPQR Module 8.6 - Key Stakeholders

Instructions :
Please identify the key stakeholders involved, both within and outside the PPS
\begin{tabular}{|c|c|c|}
\hline Key stakeholders & Role in relation to this organizational workstream & Key deliverables / responsibilities \\
\hline \multicolumn{3}{|l|}{Internal Stakeholders} \\
\hline PMO (CRHI) & Oversight and management & Establishing performance measurement systems and processes. \\
\hline \multicolumn{3}{|l|}{External Stakeholders} \\
\hline HealthLink NY & Data Sharing and Analytics & Enabling connections to RHIO; providing Direct Messaging; providing adminstrative analytics including consent for RHIO use. \\
\hline EMR Vendors & Data Integration Partners & Creation of interfaces to achieve data sharing \& EMR integration. \\
\hline PPS Network Partners & Program Participants; Data Sharing & Meeting program requirements, adopting approved policies and procedures, particpating in governance and work teams. \\
\hline Quality Steering Committee & Performance Review and Decision-Making & Regular review of performance results and progress against milestones; action plans as needed. \\
\hline Executive Committee & Performance Review and Decision-Making & Regular review of performance results and progress against milestones; action plans as needed. \\
\hline County Health, Mental Health and Social Services deparments & Local county stakeholders who provide input and feedback on community needs & Community needs assessment. \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
- 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.

\section*{ص 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 :

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Section 09 - Clinical Integration}
\(\backsim\) IPQR Module 9.1 - Prescribed Milestones
Instructions :
 achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Perform a clinical integration 'needs assessment'.
\end{tabular} & Completed & \begin{tabular}{l}
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
\end{tabular} & 07/01/2015 & 12/31/2016 & 07/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 & NO \\
\hline \begin{tabular}{l}
Task \\
Step 1. Draft plan for needs assessment accounting for provider type, specialties and locations including social services and community based organizations.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Meet with Health Homes to assess capacity and links to other care providers: medical, behavioral health, social services.
\end{tabular} & Completed & See Task. & 08/08/2015 & 06/30/2016 & 08/08/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Meet with partners to share clinical integration experiences and identify gaps and opportunities.
\end{tabular} & Completed & See Task. & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Assess network to confirm specialties and provider types for HIE capability, links to care management including Health Homes and
\end{tabular} & Completed & See Task. & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} & AV \\
\hline links to social services. & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 5. Map provider network locations.
\end{tabular} & Completed & See Task. & 08/08/2015 & 09/30/2016 & 08/08/2015 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 6. Assess IT capacities of CBOs and social service agencies to share information.
\end{tabular} & Completed & See Task. & 05/18/2016 & 09/30/2016 & 05/18/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 7. PPS Quality Steering Committee review and approval of clinical integration needs assessment.
\end{tabular} & Completed & See Task. & 11/15/2015 & 12/31/2016 & 11/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Develop a Clinical Integration strategy.
\end{tabular} & Completed & \begin{tabular}{l}
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
\end{tabular} & 07/01/2015 & 12/31/2016 & 07/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 & NO \\
\hline \begin{tabular}{l}
Task \\
Step 1. Create PPS-wide data sharing roadmap.
\end{tabular} & Completed & See Task. & 07/01/2015 & 12/31/2016 & 07/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Identify by provider type and project role the clinical information to be shared among partners.
\end{tabular} & Completed & See Task. & 04/12/2016 & 09/30/2016 & 04/12/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Create roadmap for data sharing and reporting using platform to support population health analysis.
\end{tabular} & Completed & See Task. & 04/01/2016 & 12/31/2016 & 04/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Plan training for appropriate partners and staff on care transition protocols from Hospital Transition and Health Home at risk projects.
\end{tabular} & Completed & See Task. & 12/01/2016 & 12/31/2016 & 12/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline Task & Completed & See Task. & 12/01/2016 & 12/31/2016 & 12/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|l|l|l|l|l|l|l|l|}
\hline \multicolumn{1}{|c|}{ Milestone/Task Name } & Status & Description & \begin{tabular}{c} 
Original \\
Start Date
\end{tabular} & \begin{tabular}{c} 
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{c} 
Quarter \\
End Date
\end{tabular} \\
\begin{tabular}{l} 
Reporting \\
Year and \\
Quarter
\end{tabular} & \begin{tabular}{c} 
AV
\end{tabular} \\
\hline \begin{tabular}{l} 
Step 5. PPS Quality Steering Committee review \\
and approval of Clinical Integration Strategy.
\end{tabular} & & & & & \\
\hline
\end{tabular}

IA Instructions / Quarterly Update
Milestone Name IA Instructions \(\quad\) Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|l|l|l|l|}
\hline Milestone Name & \multicolumn{1}{c|}{ User ID } & \multicolumn{1}{c|}{ File Type } & \multicolumn{1}{c|}{ File Name } & \multicolumn{1}{c|}{ Upload Date } \\
\hline Perform a clinical integration 'needs assessment'. & marville & Other & \begin{tabular}{l} 
21_DY4Q2_CI_MDL91_PRES1_OTH_20181018_ \\
Clinical_Integration_M1_MeetingScheduleTemplate \\
(DY4Q2)_23912.pdf
\end{tabular} & \begin{tabular}{l} 
WMCHealth PPS Clinical Integration Milestone \\
1_Meeting Schedule Template (DY4Q2)
\end{tabular} \\
\hline
\end{tabular}

Prescribed Milestones Narrative Text
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Milestone Name } & \\
\hline Perform a clinical integration 'needs assessment'. & \\
\hline Develop a Clinical Integration strategy. & \\
\hline
\end{tabular}

Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline \multicolumn{3}{|c|}{ Milestone \# } \\
\multicolumn{1}{|c|}{ Review Status } & IA Formal Comments \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\backsim\) 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & Quarter End Date & DSRIP Reporting Year and Quarter \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Upload Date \\
\hline
\end{tabular}

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline
\end{tabular}

No Records Found

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

ص IPQR Module 9.3-Major Risks to Implementation \& Risk Mitigation Strategies
Instructions :
 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

\section*{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.

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(ص\) 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.
\begin{tabular}{|l|l|l|}
\hline \multicolumn{1}{|c|}{ Role } & \multicolumn{1}{|c|}{ Name of person / organization (if known at this stage) } & \multicolumn{1}{c|}{ Key deliverables / responsibilities } \\
\hline Clinical Programs and Provider Engagement Lead & Jessie Sullivan, MD, VP, Medical Director, PMO & \begin{tabular}{l} 
Overall responsibility for clinical program milestone completion and \\
performance.
\end{tabular} \\
\hline IT Systems and Processes Lead & Ron Zappulla, Sr Director, Integrated Delivery Systems, PMO & \begin{tabular}{l} 
Overall responsibility for IT System \& Processes Milestone \\
Completion; Overall responsibility for IDS (2.a.i) Milestones.
\end{tabular} \\
\hline Total Population Health Lead & \begin{tabular}{l} 
Deborah Viola, Ph D, VP and Director, Health Services Research \\
and Data Analytics
\end{tabular} & Overall responsibility for TPH milestone completion. \\
\hline Network Director & Maureen Doran, VP Integrated Care Network, WMC, PMO & \begin{tabular}{l} 
Aligning integrated relationships with external physicians and group \\
practices, hospital and health systems and insurance networks.
\end{tabular} \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

ص IPQR Module 9.6-Key Stakeholders
Instructions :
Please identify the key stakeholders involved, both within and outside the PPS.
\begin{tabular}{|l|l|l|l|}
\hline \multicolumn{1}{|c|}{ Key stakeholders } & \multicolumn{1}{|c|}{ Role in relation to this organizational workstream } & \multicolumn{1}{c|}{ Key deliverables / responsibilities } \\
\hline Internal Stakeholders & Performance Review and Decision-Making & \begin{tabular}{l} 
Regular review of performance results and progress against \\
milestones; action plans as needed.
\end{tabular} & \begin{tabular}{l} 
Regular review of performance results and progress against \\
milestones; action plans as needed.
\end{tabular} \\
\hline Quality Steering Committee and workgroups & Performance Review and Decision-Making & \begin{tabular}{l} 
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.
\end{tabular} \\
\hline Executive Committee & \begin{tabular}{l} 
Overall responsibility for IT System \& Processes Milestone \\
Completion
\end{tabular} & \begin{tabular}{l} 
Review PMO Business plan and Budget for sustained funding of IT \\
infrastructure and support.
\end{tabular} \\
\hline IT Committee & \begin{tabular}{l} 
Operational oversight of business, operations and finance \\
protocols
\end{tabular} & \begin{tabular}{l} 
Enabling connections to RHIO; providing Direct Messaging; \\
providing adminstrative analytics including consent for RHIO use.
\end{tabular} \\
\hline Finance Committee & Data Sharing and Analytics & \begin{tabular}{l} 
Meeting program requirements, particpating in governance and \\
work teams including discussion of models for VBP.
\end{tabular} \\
\hline External Stakeholders & Program participants, data sharing, network for VBP & \begin{tabular}{l} 
Participation in Hudson River DSRIP Public Health Council work \\
groups on tobacco cessation and cancer screening.
\end{tabular} \\
\hline HealthLink NY & \begin{tabular}{l} 
Ensuring that perspective of public health entities included in PPS \\
clinical integration work.
\end{tabular} & \begin{tabular}{l} 
Participation in Focus groupsto gather patient and family \\
perspective.
\end{tabular} \\
\hline Medical Professional Groups & Clinical Integration should improve the patient experience of care & & \\
\hline Public Sector Agencies & &
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
- 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

\section*{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 :

\title{
New York State Department Of Health
}

Page 118 of 620
Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Section 10 - General Project Reporting}

IPQR Module 10.1-Overall approach to implementation
Instructions :
 DSRIP projects.

From day one, our PPS's guiding principles have been to leverage the DSRIP opportunity to develop community -driven and -led, regionallyfocused 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 evidencebased 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

\title{
New York State Department Of Health
}

Page 119 of 620
Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
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.
\(\checkmark\) IPQR Module 10.2 - Major dependencies between work streams and coordination of projects

\section*{Instructions :}
 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.

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
- IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :
 DSRIP projects
\begin{tabular}{|l|l|l|}
\hline \multicolumn{1}{|c|}{ Role } & Name of person / organization (if known at this stage) & \multicolumn{1}{c|}{ Key deliverables / responsibilities } \\
\hline WMC PPS Project Management Office (PMO) & & \begin{tabular}{l} 
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.
\end{tabular} \\
\hline PMO Project Specific Staff Teams for Regional Healthcare Innovation (CRHI) at WMC & \begin{tabular}{l} 
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.
\end{tabular} \\
\hline WMC PPS Quality Committee & Project management for individual DSRIP projects & \begin{tabular}{l} 
Responsible for establishing evidence-based protocols and PPS \\
project specific care pathways, quality metrics and reporting \\
guidelines.
\end{tabular} \\
\hline WMC PPS Hubs and Local Deployment Councils & PPS Hubs and Local Deployment Councils & \begin{tabular}{l} 
Interdisciplinary stakeholder teams responsible for local \\
governance and local project implementation, working with PMO.
\end{tabular} \\
\hline WMC PPS Workforce Committee & PPS Quality Committee & \begin{tabular}{l} 
Responsible for the development and implementation of the WMC \\
PPS's workforce plan and implementation to support successful \\
DSRIP project implementation.
\end{tabular} \\
\hline Westchester Medical Center Finance Leadership & John Morgan \& Mark Fersko & \begin{tabular}{l} 
Working with the PMO, oversight of all financial workstreams, \\
including funding allocation for specific project implementations \\
and incentive payments to providers.
\end{tabular} \\
\hline
\end{tabular}

New York State Department Of Health

\title{
Delivery System Reform Incentive Payment Project
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\(\checkmark\) IPQR Module 10.4-Overview of key stakeholders and how influenced by your DSRIP projects
Instructions :
 DSRIP projects
\begin{tabular}{|c|c|c|}
\hline Key stakeholders & Role in relation to this organizational workstream & Key deliverables / responsibilities \\
\hline \multicolumn{3}{|l|}{Internal Stakeholders} \\
\hline 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. \\
\hline 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. \\
\hline 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. \\
\hline 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). \\
\hline 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. \\
\hline WMC SVP and Deputy General Council & Lead attorney & Oversight of contracting and legal compliance. \\
\hline WMC SVP Internal Audit and Compliance & Compliance & Oversight of contracting and legal compliance. \\
\hline \multicolumn{3}{|l|}{External Stakeholders} \\
\hline 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 training programs, data sharing, adherence to PPS clinical \\
\hline
\end{tabular}

New York State Department Of Health
Page 122 of 620
Run Date : 12/28/2018
\begin{tabular}{|l|l|l|}
\hline \multicolumn{1}{|c|}{ Key stakeholders } & \multicolumn{1}{|c|}{ Role in relation to this organizational workstream } & \multicolumn{1}{c|}{ Key deliverables / responsibilities } \\
\hline Hudson Region DSRIP Clinical Committee & \begin{tabular}{l} 
Regional clinical committee including Montefiore and Refuah-led \\
PPSs
\end{tabular} & \begin{tabular}{l} 
protocols and care pathways, performance reporting and project- \\
specific commitments (such as PCMH transformation). \\
common to more than one PPS in the region.
\end{tabular} \\
\hline Hudson Region DSRIP Public Health Council & \begin{tabular}{l} 
Regional public health council including Montefiore and Refuah-led \\
PPSs
\end{tabular} & \begin{tabular}{l} 
Overarching direction and community engagement on Domain 4 \\
projects that are common to more than one PPS in the region.
\end{tabular} \\
\hline \begin{tabular}{l} 
County Health, Mental Health and Social Services \\
departments
\end{tabular} & \begin{tabular}{l} 
Local county stakeholders who provide input and feedback on \\
community needs and resource coordination
\end{tabular} & \begin{tabular}{l} 
Community needs assessment, support for project implementation, \\
with an emphasis on behavioral health transformation and public \\
health projects.
\end{tabular} \\
\hline \begin{tabular}{l} 
New York Medical College, School of Health \\
Sciences and Practice and 1199SEIU Training \\
and Employment Funds (TEF)
\end{tabular} & Training and development vendors & \begin{tabular}{l} 
Preparing workforce for service excellence and transformation as a \\
result of DSRIP.
\end{tabular} \\
\hline Workforce representatives & \begin{tabular}{l} 
Organized labor unions who will support training and workforce \\
transformation through DSRIP
\end{tabular} & \begin{tabular}{l} 
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.
\end{tabular} \\
\hline HealthLink NY RHIO & RHIO & \begin{tabular}{l} 
Connectivity to SHIN-NY; possible additional services (such as \\
ADT feeds) to support PPS data analytics.
\end{tabular} \\
\hline Contracted CBOs & \begin{tabular}{l} 
Provide subject matter expertise and assistance and services for \\
execution of select projects
\end{tabular} & Key project deliverables. \\
\hline Patients, families and patient advocates & Recipients of enhanced DSRIP services & \begin{tabular}{l} 
Feedback on program implementation, patient needs and patient \\
engagement
\end{tabular} \\
\hline Managed Care Organizations and other payers & Payers & \begin{tabular}{l} 
Providing data to PPS and active partnership in effort to advance \\
Value-Based Payment reforms
\end{tabular} \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

Page 123 of 620
Run Date : 12/28/2018

\section*{WMCHealth PPS (PPS ID:21)}
\(\backsim\) IPQR Module 10.5-IT Requirements

\section*{Instructions :}
 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 performance monitoring plan will also include a staffing plan wherein each project has a designated project manager and a responsible executive.

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
```

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.

```

\title{
New York State Department Of Health
}

Page 125 of 620
Run Date : 12/28/2018

\section*{WMCHealth PPS (PPS ID:21)}
- IPQR Module 10.7-Community Engagement

\section*{Instructions :}
 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

\section*{Instructions :}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

New York State Department Of Health

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Section 11 - Workforce}
\(\checkmark\) 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & \multicolumn{11}{|c|}{Year/Quarter} \\
\hline Funding Type & 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 (\$) \\
\hline 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 \\
\hline 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 \\
\hline 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 \\
\hline Other & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 & 0.00 \\
\hline 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 \\
\hline
\end{tabular}

Current File Uploads
\begin{tabular}{|c|c|c|c|}
\hline User ID & File Type & File Name & File Description \\
\hline
\end{tabular}

No Records Found

\section*{Narrative Text :}

For PPS to provide additional context regarding progress and/or updates to IA.
\(\square\)
Module Review Status
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Review Status } & \\
\hline Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{WMCHealth PPS (PPS ID:21)}
- IPQR Module 11.2 - Prescribed Milestones

Instructions :

 completion dates.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting \\
Year and Quarter
\end{tabular} & AV \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Define target workforce state (in line with DSRIP program's goals).
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Establish Workforce Project Team to support Workforce Committee
\end{tabular} & Completed & See Task & 08/15/2015 & 09/30/2015 & 08/15/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Identify the health care workforce characteristics and categories to track and identify sources of data to define target state.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Develop target workforce state and review with Workforce Committee for approval.
\end{tabular} & 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 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Annually update target workforce state.
\end{tabular} & On Hold & See Task & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 & \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Create a workforce transition roadmap for achieving defined target workforce state.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 07/01/2016 & 09/30/2016 & 07/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Develop preliminary workforce transition roadmap including timeline, decision-making roles regarding resource availability, training, redeployment, and hiring.
\end{tabular} & Completed & See Task & 07/01/2016 & 09/30/2016 & 07/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline Task & Completed & See Task & 10/01/2016 & 12/31/2016 & 10/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting \\
Year and Quarter
\end{tabular} & AV \\
\hline Step 3. Review final version of workforce transition roadmap with Workforce Committee. & & & & & & & & & \\
\hline \begin{tabular}{l}
Milestone \#3 \\
Perform detailed gap analysis between current state assessment of workforce and projected future state.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 09/08/2015 & 09/30/2016 & 09/08/2015 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 09/08/2015 & 12/31/2016 & 09/08/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 07/01/2016 & 12/31/2016 & 07/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Analyze and update the workforce budget.
\end{tabular} & Completed & See Task & 01/01/2017 & 03/31/2017 & 01/01/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 5. Review final version of workforce gap analysis with Workforce Committee and obtain approval.
\end{tabular} & Completed & See Task & 01/01/2017 & 03/31/2017 & 01/01/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 & \\
\hline \begin{tabular}{l}
Milestone \#4 \\
Produce a compensation and benefit analysis, covering impacts on both retrained and
\end{tabular} & 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 \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting \\
Year and Quarter
\end{tabular} & AV \\
\hline redeployed staff, as well as new hires, particularly focusing on full and partial placements. & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 01/01/2016 & 06/30/2016 & 01/01/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Develop recommendtions for review with Workforce Committee, unions and labor management regarding compensation and benefits.
\end{tabular} & Completed & See Task & 01/01/2016 & 06/30/2016 & 01/01/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Develop communications strategy for compensation and benefit recommendations.
\end{tabular} & Completed & See Task & 01/01/2016 & 06/30/2016 & 01/01/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Transmit final compensation and benefit recommendations to Executive Committee for review and approval.
\end{tabular} & Completed & See Task & 01/01/2016 & 06/30/2016 & 01/01/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline \begin{tabular}{l}
Milestone \#5 \\
Develop training strategy.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 01/01/2016 & 03/31/2016 & 01/01/2016 & 03/31/2016 & 03/31/2016 & DY1 Q4 & \\
\hline \begin{tabular}{l}
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
\end{tabular} & Completed & See Task & 09/01/2015 & 06/30/2016 & 09/01/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

DSRIP Implementation Plan Project
WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting \\
Year and Quarter
\end{tabular} & AV \\
\hline plan. & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 04/01/2016 & 09/30/2016 & 04/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 09/08/2015 & 12/31/2016 & 09/08/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 5. Review preliminary training strategy and budget requirements with Workforce Committee and stakeholders.
\end{tabular} & Completed & See Task & 10/01/2016 & 12/31/2016 & 10/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
Task \\
Step 6. Develop detailed schedule and communications plan for training strategy.
\end{tabular} & Completed & See Task & 10/01/2016 & 12/31/2016 & 10/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 01/01/2017 & 03/31/2017 & 01/01/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 & \\
\hline \begin{tabular}{l}
Task \\
Step 8. Transmit final training strategy, schedule, and budget recommendations to Workforce Committee and Executive Committee for review \& approval.
\end{tabular} & Completed & See Task & 01/01/2017 & 03/31/2017 & 01/01/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

IA Instructions / Quarterly Update
\begin{tabular}{|c|c|c|}
\hline Milestone Name & IA Instructions & Quarterly Update Description \\
\hline
\end{tabular}

No Records Found
Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline Define target workforce state (in line with DSRIP program's goals). & marville & Other & 21_DY4Q2_WF_MDL112_PRES1_OTH_20181031 Workforce_Strategy_M1_Meeting_Schedule_Tem plate_(DY4Q2)_23941.pdf & WMCHealth PPS Workforce Strategy Milestone 1_Meeting Schedule Template (DY4Q2) & 10/30/2018 02:10 PM \\
\hline Create a workforce transition roadmap for achieving defined target workforce state. & marville & Other & 21_DY4Q2_WF_MDL112_PRES2_OTH_20181031 Workforce_Strategy_M2_Meeting_Schedule_Tem plate_(DY4Q2)_23951.pdf & WMCHealth PPS Workforce Strategy Milestone 2_Meeting Schedule Template (DY4Q2) & 10/30/2018 02:13 PM \\
\hline Develop training strategy. & marville & Other & 21_DY4Q2_WF_MDL112_PRES5_OTH_20180331 _Workforce_Strategy_M5_Training_Schedule_Tem plate_(DY4Q2)_23955.pdf & WMCHealth PPS Workforce Strategy Milestone 5_Training Schedule Template (DY4Q2) & 10/30/2018 02:14 PM \\
\hline
\end{tabular}

Prescribed Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline Define target workforce state (in line with DSRIP program's goals). & \\
\hline Create a workforce transition roadmap for achieving defined target workforce state. & \\
\hline Perform detailed gap analysis between current state assessment of workforce and projected future state. & \\
\hline 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. & \\
\hline Develop training strategy. & \\
\hline
\end{tabular}

\section*{Milestone Review Status}
\begin{tabular}{|l|l|l|}
\hline \multicolumn{3}{c|}{ Milestone Review Status } \\
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & IA Formal Comments \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline
\end{tabular}
\begin{tabular}{|l|l|l|}
\hline \multicolumn{3}{c}{ Milestone Review Status } \\
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & IA Formal Comments \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{- 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Upload Date \\
\hline
\end{tabular}

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline
\end{tabular}

No Records Found

\title{
New York State Department Of Health
}

Page 135 of 620
Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{ص IPQR Module 11.4 - Major Risks to Implementation \& Risk Mitigation Strategies}

\section*{Instructions :}
 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

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{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.

New York State Department Of Health
Page 137 of 620
Run Date : 12/28/2018

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{ص 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.
\begin{tabular}{|c|c|c|}
\hline Role & Name of person / organization (if known at this stage) & Key deliverables / responsibilities \\
\hline 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. \\
\hline WMC PPS Workforce Project Team & \begin{tabular}{l}
Workforce Project Team includes: \\
- Bonnie Reyna, Workforce Project Lead \\
- June Keenan, Executive Director (PMO)
\end{tabular} & 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. \\
\hline Workforce Committee & \begin{tabular}{l}
-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.
\end{tabular} & 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. \\
\hline Workforce Consultant & \begin{tabular}{l}
-KPMG \\
-1199SEIU
\end{tabular} & \begin{tabular}{l}
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.
\end{tabular} \\
\hline Workforce Training Vendor & \begin{tabular}{l}
-Catskill Hudson Area Health Education Center www.chahec.org \\
-Jawanio, Inc.,
\end{tabular} & Training vendors provide training modules, professional development, skills enhancement, and/or certifications to support workforce re-training, redeployment, or training needs. \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|l|l|l|}
\hline Role & Name of person / organization (if known at this stage) & \multicolumn{1}{|c|}{ Key deliverables / responsibilities } \\
\hline & http://www.jawonio.org/ & \\
& \begin{tabular}{l} 
•Health Literacy Partners (Terri Parnell), www. \\
healthliteracypartners.com/ \\
\\
\\
\\
\\
\\
\\
\\
\\
\\
\\
\\
\\
\\
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
\end{tabular} & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{- IPQR Module 11.7-Key Stakeholders}

Instructions :

Please identify the key stakeholders involved in your workforce transformation plans, both within and outside the PPS.
\begin{tabular}{|c|c|c|}
\hline Key stakeholders & Role in relation to this organizational workstream & Key deliverables / responsibilities \\
\hline \multicolumn{3}{|l|}{Internal Stakeholders} \\
\hline Leaders of PPS participant organizations & \begin{tabular}{l}
- Provide input, guidance. \\
- Provide estimated hiring, retraining, and redeployment \\
- Participate in strategy development, implementation, and communication
\end{tabular} & Input, feedback, and participation in PPS Committees and Workgroups \\
\hline HR representatives of PPS participants & - Provide HR policies, salary and benefit information as appropriate. & HR policies, salary and benefit information as appropriate \\
\hline Frontline staff & \begin{tabular}{l}
- Provide input, guidance \\
- Participate in strategy development, implementation, and communication
\end{tabular} & Input, feedback, and participation in PPS Committees and Workgroups \\
\hline \multicolumn{3}{|l|}{External Stakeholders} \\
\hline 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 \\
\hline 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 \\
\hline 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 \\
\hline NYS Department of Labor & Provision of career fairs and on-the-job training programs & Workforce data, training programs, and placement support. \\
\hline
\end{tabular}

New York State Department Of Health

\section*{WMCHealth PPS (PPS ID:21)}
\(\checkmark\) 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

\section*{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.

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

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\(\approx\) 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
\begin{tabular}{|l|l|l|l|l|}
\hline \multicolumn{1}{|c|}{ User ID } & \multicolumn{1}{|c|}{ File Type } & \multicolumn{1}{c|}{ File Name } & \multicolumn{1}{c|}{ Upload Date } \\
\hline marville & Other & \begin{tabular}{l} 
21_DY4Q2_WF_MDL1110_OTH_20181031_WMC_Staff_Impact_Report_for_DY4 \\
Q1_to_DY4Q2_24174.xlsx
\end{tabular} & \begin{tabular}{l} 
WMCHealth PPS Workforce Strategy Staffing Impact \\
Analysis (DY4Q1-DY4Q2) (Excel)
\end{tabular} & 11/30/2018 02:32 PM \\
\hline marville & Other & \begin{tabular}{l} 
21_DY4Q2_WF_MDL1110_OTH_20181029_WMC_Staff_Impact_Report_for_DY4 \\
Q1_to_DY4Q2_23966.pdf
\end{tabular} & \begin{tabular}{l} 
WMCHealth PPS Workforce Strategy Staffing Impact \\
Analysis (DY4Q1-DY4Q2)
\end{tabular} & 10/30/2018 02:36 PM \\
\hline
\end{tabular}

Narrative Text :
\(\square\)
Module Review Status
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Review Status } & IA Formal Comments \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health
Page 142 of 620

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\(\curvearrowleft\) IPQR Module 11.11-Workforce Strategy Spending (Quarterly):
Instructions :
Please include details on workforce spending. 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" section is calculated based on the total yearly commitments.
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|c|}{ Benchmarks } \\
\hline \multicolumn{1}{|c|}{ Year } & Amount(\$) \\
\hline \begin{tabular}{l} 
Total Cumulative Spending Commitment through \\
Current DSRIP Year(DY4)
\end{tabular} & \(6,335,437.00\) \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|}
\hline \multirow[b]{2}{*}{Funding Type} & \multicolumn{2}{|l|}{Workforce Spending Actuals} & \multirow[t]{2}{*}{Cumulative Spending to Date (DY1-DY5)(\$)} & \multirow[t]{2}{*}{Cumulative Percent of Commitments Expended through Current DSRIP Year (DY4)} \\
\hline & DY4(Q1/Q2)(\$) & DY4(Q3/Q4)(\$) & & \\
\hline Retraining & 575,339.41 & 0.00 & 4,908,077.28 & 85.61\% \\
\hline Redeployment & 0.00 & 0.00 & 0.00 & 0.00\% \\
\hline New Hires & 0.00 & 0.00 & 0.00 & 0.00\% \\
\hline Other & 166,955.33 & 0.00 & 1,234,983.05 & 0.00\% \\
\hline Total Expenditures & 742,294.74 & 0.00 & 6,143,060.33 & 96.96\% \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|}
\hline \multicolumn{5}{|c|}{Current File Uploads} \\
\hline User ID & File Type & File Name & File Description & Upload Date \\
\hline
\end{tabular}

No Records Found

\section*{Narrative Text :}

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

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

Module Review Status
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Review Status } & IA Formal Comments \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

DSRIP Implementation Plan Project

WMCHealth PPS (PPS ID:21)

IPQR Module 11.12-IA Monitoring:
Instructions :

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Project 2.a.i - Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management}
\(ص\) 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.

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{- IPQR Module 2.a.i. 2 - Prescribed Milestones}

\section*{Instructions :}
 project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year
and Quarter \\
\hline \begin{tabular}{l}
Milestone \#1 \\
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, postacute, 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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 04/01/2015 & 12/31/2016 & 04/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and communitybased providers.
\end{tabular} & & Project & & Completed & 04/01/2015 & 12/31/2015 & 04/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS customizes Salesforce to support IDS network; establish provider type, geographic, and other categories.
\end{tabular} & & Project & & Completed & 04/01/2015 & 12/31/2015 & 04/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Execute Master Services Agreement with PPS network Participants and/or services contract between the PPS PMO and CBOs as appropriate.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2016 & 04/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 12/31/2016 & 08/08/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 4. WMC PPS practitioner engagement and IDS teams reach out to potential new partners.
\end{tabular} & & Project & & Completed & 08/08/2015 & 12/31/2016 & 08/08/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 10/03/2015 & 03/31/2016 & 10/03/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline 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 \\
\hline \begin{tabular}{l}
Task \\
Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS identifes Health Homes and assesses capabilities to underpin IDS including sharing systems and best practices.
\end{tabular} & & Project & & Completed & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS identifies ACOs and assesses capabilities to underpin IDS including sharing systems and best practices.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2016 & 04/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 12/31/2016 & 08/08/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline 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 \\
\hline \begin{tabular}{l}
Task \\
PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.
\end{tabular} & & Project & & Completed & 09/01/2015 & 03/31/2017 & 09/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS trains staff on IDS protocols and processes.
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS plans clinical governance structure to include participation of medical, behavioral health, post acute and long
\end{tabular} & & Project & & Completed & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline
\end{tabular}

NYS Confidentiality - High

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline term care and public health partners. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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 ( \(\mathrm{N}=4900\) ) on access and use of services.
\end{tabular} & & Project & & Completed & 09/01/2015 & 12/31/2015 & 09/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 12/31/2015 & 03/31/2016 & 12/31/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/01/2015 & 03/31/2016 & 08/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 5. WMC PPS creates protocols for care coordination and process flow as part of Hospital Transitions and Health Home at Risk projects.
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/05/2015 & 09/30/2016 & 11/05/2015 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Practitioner Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Practitioner -Non-Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \multicolumn{11}{|l|}{Aaron Lisa} \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Hospital & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Blythedale Childrens Hospital
\end{tabular}} \\
\hline Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. & & Provider & Safety Net Mental Health & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Aaron Lisa
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Nursing Home & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
Catskill Crossings
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
PPS uses alerts and secure messaging functionality.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS in coordination with QE, establishes preliminary plan to connect network partners to RHIO.
\end{tabular} & & Project & & Completed & 08/08/2015 & 06/30/2016 & 08/08/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS completes current state analysis of current EHR based connections to RHIO.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. PPS reviews and finalizes action plan.
\end{tabular} & & Project & & Completed & 01/01/2016 & 03/31/2016 & 01/01/2016 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Identify pilot partner/early adopter sites for QE connection.
\end{tabular} & & Project & & Completed & 08/15/2015 & 12/31/2015 & 08/15/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 5. In accordance with IT \& Systems workstream, obtain PPS Board Approval: Data Security and Confidentiality Plan.
\end{tabular} & & Project & & Completed & 08/18/2015 & 12/31/2016 & 08/18/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Evaluate lessons learned from initial connections.
\end{tabular} & & Project & & Completed & 06/30/2016 & 09/30/2016 & 06/30/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 7. Plan phased implementation for network rollout.
\end{tabular} & & Project & & Completed & 06/30/2016 & 09/30/2016 & 06/30/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 8. Implement Phase 1 of network rollout.
\end{tabular} & & Project & & Completed & 09/30/2016 & 03/31/2017 & 09/30/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Task \\
Step 9. Implement Phase 2 of network rollout.
\end{tabular} & & Project & & Completed & 03/31/2017 & 03/31/2018 & 03/31/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 06/30/2016 & 03/31/2018 & 06/30/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.
\end{tabular} & & Provider & Safety Net Practitioner Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS creates and implement mechanism to track \\
EHR, MU, and PCMH status for each network provider.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline Task & & Project & & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Define functional reporting requirements for clinical projects.
\end{tabular} & & Project & & Completed & 09/30/2015 & 06/30/2016 & 09/30/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 3. WMC PPS creates roadmap for data sharing and reporting to support population health analytics.
\end{tabular} & & Project & & Completed & 09/01/2015 & 12/31/2016 & 09/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline Task Step 4. Begin IT based population health reporting. & & Project & & Completed & 01/01/2016 & 03/31/2018 & 01/01/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 05/15/2015 & 03/31/2018 & 05/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2018 & 11/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.
\end{tabular} & & Provider & Practitioner - Primary Care Provider (PCP) & Completed & 11/15/2015 & 03/31/2018 & 11/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2018 & 11/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS issues RFP for vendor to do a PCMH readiness assessment.
\end{tabular} & & Project & & Completed & 05/15/2015 & 09/30/2015 & 05/15/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS establishes local deployment councils to serve as local PPS contacts for network partners engaging in PCMH .
\end{tabular} & & Project & & Completed & 12/31/2015 & 03/31/2016 & 12/31/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 09/01/2015 & 03/31/2016 & 09/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline Task & & Project & & Completed & 05/18/2016 & 12/31/2017 & 05/18/2016 & 12/31/2017 & 12/31/2017 & DY3 Q3 \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline 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. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Milestone \#9 \\
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 09/01/2015 & 03/31/2017 & 09/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.
\end{tabular} & & Project & & Completed & 02/01/2016 & 03/31/2017 & 02/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Based on MAPP portal data, WMC PPS identifies MCOs whose members have been attributed to our PPS.
\end{tabular} & & Project & & Completed & 09/01/2015 & 09/30/2015 & 09/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS and MCOs plan for sharing reports including establishing data sharing agreements.
\end{tabular} & & Project & & Completed & 12/31/2016 & 03/31/2017 & 12/31/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Create PPS/MCO agenda series aimed at developing business case for MCO engagement; incorporate principles of DOH Value-Based Payment roadmap including the alignment of incentives, regulatory amendments and other requirements of payment reform.
\end{tabular} & & Project & & Completed & 06/30/2016 & 03/31/2017 & 06/30/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. WMC PPS and MCOs establish a regular meeting schedule to review performance and develop action plans as appropriate.
\end{tabular} & & Project & & Completed & 01/01/2017 & 03/31/2017 & 01/01/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#10 \\
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 09/15/2015 & 03/31/2018 & 09/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation
\end{tabular} & & Project & & Completed & 10/23/2015 & 03/31/2018 & 10/23/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Providers receive incentive-based compensation consistent with DSRIP goals and objectives.
\end{tabular} & & Project & & Completed & 06/30/2016 & 03/31/2018 & 06/30/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Review final State value-based payment roadmap with Finance and Executive Committees.
\end{tabular} & & Project & & Completed & 10/23/2015 & 12/31/2015 & 10/23/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC aligns PPS payments for patient engagement for
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2018 & 11/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline DSRIP projects. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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).
\end{tabular} & & Project & & Completed & 09/15/2015 & 09/30/2016 & 09/15/2015 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Conduct current state assessment of value-based payment across all WMC PPS Participants.
\end{tabular} & & Project & & Completed & 09/15/2015 & 09/30/2016 & 09/15/2015 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 5. Review baseline assessment of Participants' value-based payment arrangements (and capabilities).
\end{tabular} & & Project & & Completed & 12/15/2015 & 12/31/2016 & 12/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Conduct gap assessment to achieving stated goal of \(90 \%\) within five years.
\end{tabular} & & Project & & Completed & 12/15/2015 & 12/31/2016 & 12/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 7. PPS Draft VBP Plan, including MCO strategy, distributed for stakeholder feedback.
\end{tabular} & & Project & & Completed & 11/15/2015 & 12/31/2016 & 11/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 8. WMC PPS establishes guidelines for calculating incentive payments.
\end{tabular} & & Project & & Completed & 04/01/2016 & 12/31/2016 & 04/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 9. Incorporate stakeholder feedback into final VBP Plan; Plan signed off on by Finance Committee and Executive Committee.
\end{tabular} & & Project & & Completed & 11/15/2015 & 12/31/2016 & 11/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 10. WMC PPS working with performance reporting, network partners, and the MAPP development team, creates and deploys dashboards to support VBP.
\end{tabular} & & Project & & Completed & 01/01/2017 & 06/30/2017 & 01/01/2017 & 06/30/2017 & 06/30/2017 & DY3 Q1 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 04/01/2015 & 12/31/2016 & 04/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline 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 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Establish a Community Engagement Quality Advisory Committee.
\end{tabular} & & Project & & Completed & 04/01/2015 & 06/30/2015 & 04/01/2015 & 06/30/2015 & 06/30/2015 & DY1 Q1 \\
\hline Task & & Project & & Completed & 11/15/2015 & 12/31/2016 & 11/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline
\end{tabular}

NYS Confidentiality - High

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline 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. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/15/2015 & 12/31/2016 & 11/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
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 Committee
\end{tabular} & & Project & & Completed & 11/15/2015 & 12/31/2016 & 11/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 5. WMC PPS creates staffing plan to support patient engagement including documented human resource/workforce needs \& reporting relationships.
\end{tabular} & & Project & & Completed & 11/15/2015 & 12/31/2016 & 11/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/15/2015 & 12/31/2016 & 11/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline
\end{tabular}

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

\footnotetext{
No Records Found
}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

Prescribed Milestones Narrative Text

\section*{Milestone Name}

All PPS providers must be included in the Integrated Delivery System The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy
Utilize partnering HH and ACO population health management systems
and capabilities to implement the PPS' strategy towards evolving into an IDS.
Ensure patients receive appropriate health care and community support,
including medical and behavioral health, post-acute care, long term care and public health services
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3 .
Ensure that EHR systems used by participating safety net providers meet
Meaningful Use and PCMH Level 3 standards and/or APCM by the end of
Demonstration Year 3.
Perform population health management by actively using EHRs and other
IT platforms, including use of targeted patient registries, for all participating safety net providers.
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-
determined criteria for Advanced Primary Care Models for all eligible
participating PCPs, expand access to primary care providers, and mee
EHR Meaningful Use standards by the end of DY 3.
Establish monthly meetings with Medicaid MCOs to discuss utilization
trends, performance issues, and payment reform.
Re-enforce the transition towards value-based payment reform by
aligning provider compensation to patient outcomes.
Engage patients in the integrated delivery system through outreach and
navigation activities, leveraging community health workers, peers, and
culturally competent community-based organizations, as appropriate.
Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|l|l|l|}
\hline \multicolumn{2}{l}{ Milestone Review Status } \\
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline Milestone \#6 & Pass \& Complete & \\
\hline Milestone \#7 & Fail & \\
\hline Milestone \#9 & Pass \& Complete & \\
\hline Milestone \#10 & Fail & \\
\hline Milestone \#11 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\(\checkmark\) 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Milestone \\
Mid Point Assessment
\end{tabular} & Completed & Mid Point Assessment & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Milestone \\
Remediation Response for 2ai Milestone 1
\end{tabular} & Completed & \begin{tabular}{l}
Remediation Response: \\
Remediation: When filling out the Partner Enagement Table (in the PIT Replacement Template), we made a data entry error. We mistakenly interchanged the \# of PCPs engaged in 3ai with the Number of Non PCPs engaged. We have: \\
890 PCPs and 2575 Non PCPS engaged in Project 3ai. We are attaching a Screenshot of the Summary Table of our Scaling Report to validate the above and we are also uploading the PIT Replacement Template revised to reflect this change. \\
We aplogize for this data entry error.
\end{tabular} & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

PPS Defined Milestones Narrative Text
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Milestone Name } & \\
\hline Mid Point Assessment & \\
\hline Remediation Response for 2ai Milestone 1 & \\
\hline
\end{tabular}

New York State Department Of Health
Delivery System Reform Incentive Payment Project Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

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

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\title{
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
}
\(ص\) IPQR Module 2.a.iii. 1 - Major Risks to Implementation and Mitigation Strategies
nstructions

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

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
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.

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) IPQR Module 2.a.iii. 2 - Patient Engagement Speed}

Instructions :


\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|c|}{ Benchmarks } \\
\hline Actively Engaged Speed & Actively Engaged Scale \\
\hline DY3,Q4 & 11,000 \\
\hline
\end{tabular}
\begin{tabular}{|l|l|r|r|r|}
\hline & \multicolumn{1}{|c|}{ Year,Quarter } & DY4,Q1 & DY4,Q2 & DY4,Q3 \\
\hline \multirow{3}{*}{ PPS Reported } & Baseline Commitment & 440 & 4,400 & \\
\cline { 2 - 6 } & Quarterly Update & 0 & 6,500 & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & \(0.00 \%\) & 11,000 \\
\hline \multirow{2}{*}{ IA Approved } & Quarterly Update & 0 & \(137.16 \%\) & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & \(0.00 \%\) & \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|}
\hline User ID & File Type & File Name & File Description & Upload Date \\
\hline marville & Other & 21_DY4Q2_PROJ2aiii_MDL2aiii2_PES_OTH_WMC_2aiii_DY4Q2_for_submission_24017. xlsx & 2.a.iii HHAR: 6,035 & 10/30/2018 04:25 PM \\
\hline
\end{tabular}

Narrative Text :
For PPS to provide additional context regarding progress and/or updates to IA

Module Review Status
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Review Status } & \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

\section*{\(\checkmark\) IPQR Module 2.a.iii. 3 - Prescribed Milestones}

\section*{Instructions :}
 project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year and Quarter \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 06/30/2015 & 03/31/2017 & 06/30/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 06/30/2015 & 03/31/2017 & 06/30/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 06/30/2015 & 12/31/2015 & 06/30/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 06/30/2015 & 03/31/2016 & 06/30/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. In consultation with PMO and HHPAQC develop staffing, training and implementation plan including roles of PCMH PCPs and HHs .
\end{tabular} & & Project & & Completed & 05/18/2016 & 09/30/2016 & 05/18/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/10/2016 & 03/31/2017 & 08/10/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Ensure all eligible primary care providers participating in the
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 05/15/2015 & 03/31/2018 & 05/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline 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. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
All eligible practices meet NCQA 2014 Level 3 PCMH and APCM standards
\end{tabular} & & Provider & Practitioner - Primary Care Provider (PCP) & Completed & 11/15/2015 & 03/31/2018 & 11/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS issues RFP for vendor to do a PCMH or APC model readiness assessment.
\end{tabular} & & Project & & Completed & 05/15/2015 & 07/01/2015 & 05/15/2015 & 07/01/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS establishes local deployment councils to serve as local PPS contacts for network partners engaging in PCMH.
\end{tabular} & & Project & & Completed & 12/31/2015 & 03/31/2016 & 12/31/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 09/01/2015 & 03/31/2016 & 09/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 01/01/2017 & 03/31/2018 & 01/01/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Practitioner Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY
\end{tabular} & & Provider & Safety Net Practitioner -Non-Primary Care & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline requirements. & & & Provider (PCP) & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Case Management / Health Home & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline Task PPS uses alerts and secure messaging functionality. & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS in coordination with QE, establishes preliminary plan to connect network partners to RHIO.
\end{tabular} & & Project & & Completed & 08/08/2015 & 06/30/2016 & 08/08/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS completes current state analysis of current EHR based connections to RHIO.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. PPS reviews and finalizes action plan.
\end{tabular} & & Project & & Completed & 01/01/2016 & 03/31/2016 & 01/01/2016 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Plan phased implementation for network rollout.
\end{tabular} & & Project & & Completed & 03/31/2016 & 06/30/2017 & 03/31/2016 & 06/30/2017 & 06/30/2017 & DY3 Q1 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 06/30/2016 & 03/31/2018 & 06/30/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Milestone \#4 \\
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 08/10/2015 & 03/31/2018 & 08/10/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).
\end{tabular} & & Project & & Completed & 08/10/2015 & 03/31/2018 & 08/10/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.
\end{tabular} & & Provider & Safety Net Practitioner Primary Care Provider (PCP) & Completed & 08/10/2015 & 03/31/2018 & 08/10/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/10/2015 & 03/31/2016 & 08/10/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline Task & & Project & & Completed & 08/17/2016 & 03/31/2018 & 08/17/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline Step 2. WMC PPS creates and implement mechanism to track EHR, MU, and PCMH/APC status for each network provider. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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 in achieving MU stage 2 CMS requirements and NCQA Level 3 PCMH standards.
\end{tabular} & & Project & & Completed & 08/17/2016 & 03/31/2018 & 08/17/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & Project & & Completed & 10/01/2015 & 03/31/2017 & 10/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Define functional reporting requirements for Health home at Risk project.
\end{tabular} & & Project & & Completed & 05/18/2016 & 06/30/2016 & 05/18/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 3. WMC PPS creates roadmap for data sharing and reporting.
\end{tabular} & & Project & & Completed & 08/10/2016 & 09/30/2016 & 08/10/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Report and track actively engaged patients.
\end{tabular} & & Project & & Completed & 11/16/2016 & 03/31/2017 & 11/16/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#6 \\
Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Procedures to engage at-risk patients with care management plan instituted.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. In consultation with partner organizations and the Health Home at Risk Project Advisory Quality Committee (HHPAQC, a
\end{tabular} & & Project & & Completed & 09/10/2015 & 12/31/2015 & 09/10/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline workgroup of the WMC PPS Quality Committee), identify evidence based literature and best practices for candidate care management plans, tools, components. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. In consultation with PMO and HHPAQC develop staffing, trianing and implementation plan including roles of PCMH PCPs and HHs .
\end{tabular} & & Project & & Completed & 05/18/2016 & 09/30/2016 & 05/18/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 4. In consultation with partner organizations and PMO the HHPAQC will identify or develop metrics to assess success of project implementation.
\end{tabular} & & Project & & Completed & 08/10/2016 & 06/30/2017 & 08/10/2016 & 06/30/2017 & 06/30/2017 & DY3 Q1 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/30/2017 & 03/31/2018 & 11/30/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 09/15/2015 & 03/31/2017 & 09/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Each identified PCP establish partnerships with the local Health Home for care management services.
\end{tabular} & & Provider & Practitioner - Primary Care Provider (PCP) & Completed & 09/15/2015 & 03/31/2017 & 09/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Each identified PCP establish partnerships with the local Health Home for care management services.
\end{tabular} & & Provider & Case Management / Health Home & Completed & 09/15/2015 & 03/31/2017 & 09/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
Astor Home For Children Fbt
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 09/15/2015 & 12/31/2015 & 09/15/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline Task & & Project & & Completed & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline 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. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 3. Explore successful models for information sharing between PCPs and Health Homes.
\end{tabular} & & Project & & Completed & 05/10/2016 & 03/31/2017 & 05/10/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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).
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has established partnerships to medical, behavioral health, and social services.
\end{tabular} & & Provider & Practitioner - Primary Care Provider (PCP) & Completed & 11/05/2015 & 03/31/2017 & 11/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has established partnerships to medical, behavioral health, and social services.
\end{tabular} & & Provider & Case Management / Health Home & Completed & 11/05/2015 & 03/31/2017 & 11/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
Astor Home For Children Fbt
\end{tabular} & & & & & & & & & & \\
\hline 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 \\
\hline 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 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Meet with partners to share experiences and identify gaps and opportunities.
\end{tabular} & & Project & & Completed & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Identify by provider type and project role the clinical information to be shared among providers
\end{tabular} & & Project & & Completed & 02/10/2016 & 06/30/2016 & 02/10/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 5. Create roadmap for data sharing and reporting
\end{tabular} & & Project & & Completed & 02/10/2016 & 06/30/2016 & 02/10/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline Task & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & DSRIP
Reporting Year and Quarter \\
\hline Step 6. Plan training for appropiate partners and staff & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 11/05/2015 & 03/31/2017 & 11/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.
\end{tabular} & & Project & & Completed & 11/05/2015 & 12/31/2016 & 11/05/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.
\end{tabular} & & Project & & Completed & 02/17/2016 & 06/30/2016 & 02/17/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
PPS has included social services agencies in development of risk reduction and care practice guidelines.
\end{tabular} & & Project & & Completed & 11/05/2015 & 12/31/2016 & 11/05/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 02/17/2016 & 06/30/2016 & 02/17/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 11/05/2015 & 11/30/2016 & 11/05/2015 & 11/30/2016 & 12/31/2016 & DY2 Q3 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline appropriate and will review these with WMC PPS quality steering committee and its workgroups & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Plan phased roll out of culturally competent materials adapted to local considerations.
\end{tabular} & & Project & & Completed & 11/30/2016 & 03/31/2017 & 11/30/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found

Prescribed Milestones Narrative Text


New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

Prescribed Milestones Narrative Text


Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline \multicolumn{2}{l}{ Milestone Review Status } \\
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Fail & \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Fail Comments \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline Milestone \#6 & Pass \& Complete & \\
\hline Milestone \#7 & Pass \& Complete & \\
\hline Milestone \#8 & Pass \& Complete & \\
\hline Milestone \#9 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Milestone \\
Mid-Point Assessment
\end{tabular} & Completed & Mid-Point Assessment & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found

> PPS Defined Milestones Narrative Text
\begin{tabular}{|l|l|}
\hline Milestone Name & \\
\hline Mid-Point Assessment & \\
\hline
\end{tabular}

New York State Department Of Health
Delivery System Reform Incentive Payment Project Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

IPQR Module 2.a.iii. 5 - IA Monitoring Instructions :

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Project 2.a.iv - Create a medical village using existing hospital infrastructure}
\(\checkmark\) IPQR Module 2.a.iv. 1 - Major Risks to Implementation and Mitigation Strategies

\section*{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.

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) IPQR Module 2.a.iv. 2 - Patient Engagement Speed}

Instructions :


\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|c|}{ Benchmarks } \\
\hline Actively Engaged Speed & Actively Engaged Scale \\
\hline DY4,Q4 & 6,600 \\
\hline
\end{tabular}
\begin{tabular}{|l|l|r|r|r|r|}
\hline & \multicolumn{1}{|c|}{ Year,Quarter } & DY4,Q1 & DY4,Q2 & DY4,Q3 \\
\hline \multirow{3}{*}{ PPS Reported } & Baseline Commitment & 0 & 2,420 & \\
\cline { 2 - 6 } & Quarterly Update & 0 & 4,039 & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & 0 & \(166.90 \%\) & \\
\hline \multirow{2}{*}{ IA Approved } & Quarterly Update & 0 & 4,537 & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & \(0.00 \%\) \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|}
\hline User ID & File Type & File Name & File Description & Upload Date \\
\hline nbajaj & Other & 21_DY4Q2_PROJ2aiv_MDL2aiv2_PES_OTH_WMC_2aiv_DY4Q2_24004.xlsx & 2.a.iv Med Village: 4,039 & 10/30/2018 03:49 PM \\
\hline
\end{tabular}

Narrative Text :
For PPS to provide additional context regarding progress and/or updates to IA.
\(\square\)
Module Review Status
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Review Status } & \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

\section*{\(\backsim\) IPQR Module 2.a.iv. 3 - Prescribed Milestones}

\section*{Instructions :}
 project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & DSRIP
Reporting Year and Quarter \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY4 Q4 & Project & N/A & In Progress & 04/01/2015 & 03/31/2019 & 04/01/2015 & 03/31/2019 & 03/31/2019 & DY4 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & In Progress & 04/01/2015 & 03/31/2019 & 04/01/2015 & 03/31/2019 & 03/31/2019 & DY4 Q4 \\
\hline \begin{tabular}{l}
Task \\
Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.
\end{tabular} & & Project & & In Progress & 04/01/2015 & 03/31/2019 & 04/01/2015 & 03/31/2019 & 03/31/2019 & DY4 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & In Progress & 04/01/2015 & 03/31/2019 & 04/01/2015 & 03/31/2019 & 03/31/2019 & DY4 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 11/05/2015 & 04/01/2015 & 11/05/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Convene Medical Village Project team to review project plan, implementation timelines and deliverables against submitted capital Restructuring Financing Program submissions.
\end{tabular} & & Project & & In Progress & 01/01/2016 & 03/31/2019 & 01/01/2016 & 03/31/2019 & 03/31/2019 & DY4 Q4 \\
\hline Task & & Project & & In Progress & 01/01/2016 & 03/31/2019 & 01/01/2016 & 03/31/2019 & 03/31/2019 & DY4 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline Step 4. Once CRFP is approved, make adjustments to Medical Village Implementation Plan as required. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & In Progress & 01/01/2016 & 03/31/2019 & 01/01/2016 & 03/31/2019 & 03/31/2019 & DY4 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Plan community presentations as town hall type review that will be open to neighbors and stakeholders.
\end{tabular} & & Project & & In Progress & 01/01/2016 & 03/31/2019 & 01/01/2016 & 03/31/2019 & 03/31/2019 & DY4 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 01/01/2016 & 03/31/2017 & 01/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 01/01/2016 & 03/31/2017 & 01/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Complete and submit Certificate of Need (CON) for bed reduction.
\end{tabular} & & Project & & Completed & 01/01/2016 & 03/31/2017 & 01/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Once CON approved, maintain baseline bed capacity and periodic progress reports documenting bed reduction.
\end{tabular} & & Project & & Completed & 04/01/2016 & 03/31/2017 & 04/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 05/15/2015 & 03/31/2018 & 05/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.
\end{tabular} & & Provider & Safety Net Practitioner Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS issues RFP for vendor to do a PCMH readiness assessment.
\end{tabular} & & Project & & Completed & 05/15/2015 & 09/30/2015 & 05/15/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline Task & & Project & & Completed & 11/05/2015 & 06/30/2016 & 11/05/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline Step 2. WMC PPS establishes local deployment councils to serve as local PPS contacts for network partners engaging in PCMH . & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY4 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. & & Provider & Safety Net Practitioner Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular}} \\
\hline Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. & & Provider & Safety Net Practitioner -Non-Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Adams Dumisa Melanie Md
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Hospital & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Catskill Regional Medical Ctr Adhc
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Mental Health & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \multicolumn{11}{|l|}{Banerjee Rittika} \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS in coordination with QE, establishes preliminary plan to connect network partners to RHIO. 5
\end{tabular} & & Project & & Completed & 08/08/2015 & 06/30/2016 & 08/08/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS completes current state analysis of current EHR based connections to RHIO.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. PPS reviews and finalizes action plan.
\end{tabular} & & Project & & Completed & 01/01/2016 & 03/31/2016 & 01/01/2016 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Identify pilot partner/early adopter sites for QE connection.
\end{tabular} & & Project & & Completed & 08/15/2015 & 12/31/2015 & 08/15/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 5. In accordance with IT \& Systems workstream, obtain PPS Board Approval: Data Security and Confidentiality Plan.
\end{tabular} & & Project & & Completed & 08/18/2015 & 12/31/2016 & 08/18/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Evaluate lessons learned from initial connections.
\end{tabular} & & Project & & Completed & 06/30/2016 & 09/30/2016 & 06/30/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 7. Plan phased implementation for network rollout.
\end{tabular} & & Project & & Completed & 06/30/2016 & 09/30/2016 & 06/30/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 8. Implement Phase 1 of network rollout.
\end{tabular} & & Project & & Completed & 09/30/2016 & 03/31/2017 & 09/30/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 9. Implement Phase 2 of network rollout.
\end{tabular} & & Project & & Completed & 03/31/2017 & 03/31/2018 & 03/31/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 06/30/2016 & 03/31/2018 & 06/30/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Milestone \#5 \\
Use EHRs and other technical platforms to track all patients engaged in the project.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 05/10/2016 & 09/30/2016 & 05/10/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 3. WMC PPS creates roadmap for data sharing and
\end{tabular} & & Project & & Completed & 09/01/2015 & 12/31/2016 & 09/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline
\end{tabular}

NYS Confidentiality - High

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline reporting to support population health analytics. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Begin IT based population health reporting.
\end{tabular} & & Project & & Completed & 12/31/2016 & 03/31/2017 & 12/31/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#6 \\
Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2
\end{tabular} & DY4 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS creates and implement mechanism to track \\
EHR, MU, and PCMH status for each network provider.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. WMC PPS, based on findings of current state assessment finalizes plan for procuring and rolling out certified EHRs.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Milestone \#7 \\
Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Review Community Needs Assessment to determine migration plan.
\end{tabular} & & Project & & Completed & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Develop guidelines and protocols to ensure appropriate migration.
\end{tabular} & & Project & & Completed & 11/05/2015 & 03/31/2017 & 11/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Policies and procedures are developed to determine the frequency of updates to guidelines and protocols.
\end{tabular} & & Project & & Completed & 02/10/2017 & 03/31/2017 & 02/10/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

Prescribed Milestones Current File Uploads


No Records Found

Prescribed Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. & \\
\hline 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. & \\
\hline 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. & \\
\hline 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. & \\
\hline Use EHRs and other technical platforms to track all patients engaged in the project. & \\
\hline Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 & \\
\hline Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. & \\
\hline
\end{tabular}

Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Ongoing & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline Milestone \#6 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health
Delivery System Reform Incentive Payment Project Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|l|l|l|}
\hline \multicolumn{3}{c|}{ Milestone Review Status } \\
\hline Milestone \# & Review Status & IA Formal Comments \\
\hline Milestone \#7 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Milestone \\
Mid-Point Assessment
\end{tabular} & Completed & Mid-Point Assessment & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found

> PPS Defined Milestones Narrative Text
\begin{tabular}{|l|l|}
\hline Milestone Name & \\
\hline Mid-Point Assessment & \\
\hline
\end{tabular}

New York State Department Of Health
Delivery System Reform Incentive Payment Project Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

IPQR Module 2.a.iv. 5 - IA Monitoring Instructions :

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Project 2.b.iv - Care transitions intervention model to reduce 30 day readmissions for chronic health conditions}
\(\backsim\) IPQR Module 2.b.iv. 1 - Major Risks to Implementation and Mitigation Strategies

\section*{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.

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) IPQR Module 2.b.iv. 2 - Patient Engagement Speed}

Instructions :


\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|c|}{ Benchmarks } \\
\hline Actively Engaged Speed & Actively Engaged Scale \\
\hline DY3,Q4 & 5,320 \\
\hline
\end{tabular}
\begin{tabular}{|l|l|r|r|r|r|}
\hline & \multicolumn{1}{|c|}{ Year,Quarter } & DY4,Q1 & DY4,Q2 & DY4,Q3 \\
\hline \multirow{3}{*}{ PPS Reported } & Baseline Commitment & 475 & 2,090 & \\
\cline { 2 - 6 } & Quarterly Update & 0 & 7,043 & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & 0,375 & \\
\hline \multirow{2}{*}{ IA Approved } & Quarterly Update & \(0.00 \%\) & \(336.99 \%\) & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & 0 & \(0.00 \%\) & \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|}
\hline User ID & File Type & File Name & File Description & Upload Date \\
\hline marville & Other & 21_DY4Q2_PROJ2biv_MDL2biv2_PES_OTH_WMC_2biv_DY4Q2_for_submission_24007.
xlsx & 2.b.iv Hospital Care Transitions: 7,043 & 10/30/2018 04:07 PM \\
\hline
\end{tabular}

Narrative Text :
For PPS to provide additional context regarding progress and/or updates to IA

Module Review Status
\begin{tabular}{|l|l|}
\hline Review Status & \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) IPQR Module 2.b.iv. 3 - Prescribed Milestones}

\section*{Instructions :}
 project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & DSRIP
Reporting Year and Quarter \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 10/14/2015 & 03/31/2017 & 10/14/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.
\end{tabular} & & Project & & Completed & 10/14/2015 & 03/31/2017 & 10/14/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 10/14/2015 & 03/31/2017 & 10/14/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 02/10/2016 & 06/30/2016 & 02/10/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 08/17/2016 & 03/31/2017 & 08/17/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline will include a 30 day transition period. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 07/01/2015 & 03/31/2018 & 07/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.
\end{tabular} & & Project & & Completed & 08/17/2016 & 03/31/2018 & 08/17/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.
\end{tabular} & & Project & & Completed & 05/18/2016 & 03/31/2018 & 05/18/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.
\end{tabular} & & Project & & Completed & 08/15/2015 & 03/31/2018 & 08/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/15/2015 & 03/31/2016 & 08/15/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/10/2015 & 09/30/2015 & 08/10/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/17/2016 & 03/31/2017 & 08/17/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 07/01/2015 & 09/30/2015 & 07/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 07/01/2015 & 03/31/2018 & 07/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Milestone \#3 \\
Ensure required social services participate in the project.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 05/20/2016 & 03/31/2018 & 05/20/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Required network social services, including medically tailored home food services, are provided in care transitions.
\end{tabular} & & Project & & Completed & 05/20/2016 & 03/31/2018 & 05/20/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 05/20/2016 & 09/30/2016 & 05/20/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/18/2016 & 06/30/2017 & 11/18/2016 & 06/30/2017 & 06/30/2017 & DY3 Q1 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/16/2017 & 03/31/2018 & 08/16/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Policies and procedures are in place for early notification of planned discharges.
\end{tabular} & & Provider & Practitioner - Primary Care Provider (PCP) & Completed & 08/12/2016 & 03/31/2017 & 08/12/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Policies and procedures are in place for early notification of planned discharges.
\end{tabular} & & 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 \\
\hline \begin{tabular}{l}
Task \\
Policies and procedures are in place for early notification of
\end{tabular} & & Provider & Hospital & Completed & 08/12/2016 & 03/31/2017 & 08/12/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline planned discharges. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.
\end{tabular} & & Project & & Completed & 08/12/2016 & 03/31/2017 & 08/12/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 05/18/2016 & 09/30/2016 & 05/18/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/12/2016 & 03/31/2017 & 08/12/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#5 \\
Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/12/2016 & 03/31/2017 & 08/12/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS completes current state analysis of current EHR based connections to RHIO.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 05/18/2016 & 09/30/2016 & 05/18/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/12/2016 & 03/31/2017 & 08/12/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#6 \\
Ensure that a 30-day transition of care period is established.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/17/2016 & 03/31/2017 & 08/17/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline Task & & Project & & Completed & 08/17/2016 & 03/31/2017 & 08/17/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year and Quarter \\
\hline Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 1. Phased roll out of best practices/protocols/ guidelines/standards will include a 30 day transition period.
\end{tabular} & & Project & & Completed & 08/17/2016 & 03/31/2017 & 08/17/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#7 \\
Use EHRs and other technical platforms to track all patients engaged in the project.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Define functional reporting requirements for care transition project.
\end{tabular} & & Project & & Completed & 09/30/2015 & 06/30/2016 & 09/30/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 3. WMC PPS creates roadmap for data sharing and reporting.
\end{tabular} & & Project & & Completed & 09/01/2015 & 12/31/2016 & 09/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Begin reporting to track all activated patients.
\end{tabular} & & Project & & Completed & 11/15/2015 & 09/30/2016 & 11/15/2015 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline
\end{tabular}

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & scription & \\
\hline
\end{tabular}

No Records Found

Prescribed Milestones Narrative Text


New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

Prescribed Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline Ensure required social services participate in the project. & \\
\hline 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. & \\
\hline Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. & \\
\hline Ensure that a 30-day transition of care period is established. & \\
\hline Use EHRs and other technical platforms to track all patients engaged in the project. & \\
\hline
\end{tabular}
\begin{tabular}{|l|l|l|}
\hline \multicolumn{2}{l}{ Milestone Review Status } \\
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline Milestone \#6 & Pass \& Complete & \\
\hline Milestone \#7 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline \begin{tabular}{l}
Milestone \\
Mid-Point Assessment Narrative
\end{tabular} & Completed & Mid-Point Assessment Narrative & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found

PPS Defined Milestones Narrative Text
\begin{tabular}{|l|l|}
\hline Milestone Name & \\
\hline Mid-Point Assessment Narrative & \\
\hline
\end{tabular}

New York State Department Of Health
Delivery System Reform Incentive Payment Project Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

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

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{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}
\(ص\) IPQR Module 2.d.i.1-Major Risks to Implementation and Mitigation Strategies
nstructions

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 faciifate insurance enroliment. Our strategy includes working with partner organizations like MISN and our MCOs to faciiltate enroliment 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.

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) 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.
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|c|}{ Benchmarks } \\
\hline Actively Engaged Speed & Actively Engaged Scale \\
\hline DY4,Q4 & 81,500 \\
\hline
\end{tabular}
\begin{tabular}{|l|l|r|r|r|r|}
\hline & \multicolumn{1}{|c|}{ Year,Quarter } & DY4,Q1 & \multicolumn{1}{|c|}{ DY4,Q2 } & DY4,Q3 \\
\hline \multirow{3}{*}{ PPS Reported } & Baseline Commitment & 5,000 & 30,000 & \\
\cline { 2 - 6 } & Quarterly Update & 0 & 24,050 & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & \(0.00 \%\) & 80,001 & \\
\hline \multirow{2}{*}{ IA Approved } & Quarterly Update & 0 & \(0.17 \%\) & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & 0.000 & \\
\hline
\end{tabular}
( Warning: PPS Reported - Please note that your patients engaged to date \((24,050)\) does not meet your committed amount \((30,000)\) for 'DY4, Q2'
\begin{tabular}{|l|l|l|l|l|l|}
\hline \multicolumn{1}{|c|}{ Current File Uploads } \\
\hline \multicolumn{1}{|c|}{ User ID } & File Type & \multicolumn{1}{c|}{ File Name } & Upload Date \\
\hline nbajaj & Other & 21_DY4Q2_PROJ2di_MDL2di2_PES_OTH_PAM_Surveys_24002.xlsx & \begin{tabular}{l} 
s of 9/30/18 our partners have performed 26,041 total PAM \\
surveys, as per a patient-level download from Flourish
\end{tabular} \\
\hline
\end{tabular}

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

Module Review Status
\begin{tabular}{|l|l|}
\hline Review Status & \\
\hline Fail & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

\section*{- IPQR Module 2.d.i. 3 - Prescribed Milestones}

\section*{Instructions :}
 project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Contract or partner with community-based organizations (CBOs) to engage target populations using \(\operatorname{PAM}(R)\) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/06/2015 & 03/31/2017 & 11/06/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Establish a Community Engagement Quality Advisory Committee.
\end{tabular} & & Project & & Completed & 04/01/2015 & 06/30/2015 & 04/01/2015 & 06/30/2015 & 06/30/2015 & DY1 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 2. PPS will establish relationships with CBOs by connecting to local/ regional coalitions and quality advisory groups.
\end{tabular} & & Project & & Completed & 07/01/2015 & 03/31/2016 & 07/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Execute MSA with some PPS Participants and/or service contracts between PMO and CBOs as appropriate.
\end{tabular} & & Project & & Completed & 05/01/2015 & 03/31/2016 & 05/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. The Community Engagement Quality Advisory Committee will evaluate and provide oversight and ensure the engagement is sufficient and appropriate
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Establish a PPS-wide training team, comprised of members with training in \(\operatorname{PAM}(\mathrm{R})\) and expertise in patient activation and engagement.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 06/01/2015 & 03/31/2016 & 06/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Patient Activation Measure(R) (PAM(R)) training team established.
\end{tabular} & & Project & & Completed & 06/01/2015 & 03/31/2016 & 06/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Conduct trainings with Core PAM Team.
\end{tabular} & & Project & & Completed & 06/01/2015 & 08/11/2015 & 06/01/2015 & 08/11/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Work with IT Committee to develop a platform for required quarterly reports and for tracking program offerings and
\end{tabular} & & Project & & Completed & 09/01/2015 & 03/31/2016 & 09/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline participation. Develop mechanism to measure training effectiveness in relation to goals once strategy and plan implemented. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Collaborate with CBOs through the (Community \\
Engagement Quality Advisory) Committee as per Milestone 1
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#4 \\
Survey the targeted population about healthcare needs in the PPS' region.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 10/08/2015 & 03/31/2017 & 10/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Community engagement forums and other information-gathering mechanisms established and performed.
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 10/27/2015 & 12/31/2015 & 10/27/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 10/08/2015 & 03/31/2017 & 10/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#5 \\
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/10/2015 & 03/31/2017 & 08/10/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Task \\
PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".
\end{tabular} & & Project & & Completed & 08/10/2015 & 03/31/2017 & 08/10/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 10/06/2015 & 12/31/2015 & 10/06/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Finalize appropriate role-based training strategy for nonclinical and clinical segments of workforce based on the previous step, incorporating on-site and on-line based input from providers and CBOs.
\end{tabular} & & Project & & Completed & 03/31/2016 & 03/31/2017 & 03/31/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 10/06/2015 & 12/31/2015 & 10/06/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline that beneficiary to his/her designated PCP. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 1. Based on MAPP portal data, WMC PPS identifies MCOs whose members have been attributed to our PPS.
\end{tabular} & & Project & & Completed & 09/01/2015 & 09/30/2015 & 09/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS and MCOs plan for sharing reports to help reconnect benificiaries to designated PCPs including establishing data sharing agreements.
\end{tabular} & & Project & & Completed & 12/31/2016 & 03/31/2017 & 12/31/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Review with respective MCOs and PCPs outreach materials.
\end{tabular} & & Project & & Completed & 06/30/2016 & 03/31/2017 & 06/30/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/05/2015 & 03/31/2017 & 08/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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).
\end{tabular} & & Project & & Completed & 08/05/2015 & 03/31/2017 & 08/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/05/2015 & 03/31/2017 & 08/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/31/2016 & 03/31/2017 & 08/31/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/31/2016 & 03/31/2017 & 08/31/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#8 \\
Include beneficiaries in development team to promote preventive care.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 09/01/2016 & 03/31/2017 & 09/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Beneficiaries are utilized as a resource in program development
\end{tabular} & & Project & & Completed & 09/01/2016 & 03/31/2017 & 09/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year
and Quarter \\
\hline and awareness efforts of preventive care services. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 1. The Community Engagement Quality Advisory Committee through the local deployment council will provide oversight to include beneficiaries in the development process.
\end{tabular} & & Project & & Completed & 09/01/2016 & 03/31/2017 & 09/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 09/01/2016 & 03/31/2017 & 09/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#9 \\
Measure \(\operatorname{PAM}(R)\) 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 \(\operatorname{PAM}(R)\) 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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 09/01/2015 & 03/31/2017 & 09/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline Task & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
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
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Based on MAPP portal data, WMC PPS identifies MCOs whose members have been attributed to our PPS (see Milestone \#6)
\end{tabular} & & Project & & Completed & 09/01/2015 & 09/30/2015 & 09/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 01/01/2017 & 03/31/2017 & 01/01/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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."
\end{tabular} & & Project & & Completed & 04/01/2016 & 12/31/2016 & 04/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 5. Generate reports and submit to Department of Health
\end{tabular} & & Project & & Completed & 04/01/2016 & 03/31/2017 & 04/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#10 \\
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Volume of non-emergent visits for \(\mathrm{UI}, \mathrm{NU}\), and LU populations increased.
\end{tabular} & & Project & & Completed & 08/15/2016 & 03/31/2017 & 08/15/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Through PAM administration and its coaching
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year and Quarter \\
\hline 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. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/15/2015 & 03/31/2017 & 08/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 09/30/2015 & 03/31/2017 & 09/30/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Community navigators identified and contracted.
\end{tabular} & & Provider & PAM(R) Providers & Completed & 11/16/2015 & 03/31/2017 & 11/16/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.
\end{tabular} & & Provider & PAM(R) Providers & Completed & 09/30/2015 & 03/31/2017 & 09/30/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Contract with CBOs as described in Milestone 1
\end{tabular} & & Project & & Completed & 09/30/2015 & 03/31/2017 & 09/30/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 01/01/2016 & 03/31/2017 & 01/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/15/2016 & 03/31/2017 & 08/15/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#12 \\
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/05/2015 & 03/31/2017 & 08/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Policies and procedures for customer service complaints and appeals developed.
\end{tabular} & & Project & & Completed & 08/05/2015 & 03/31/2017 & 08/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS will follow WMC policy on Patient Complaints and Grievances, policy \# RI-11A.
\end{tabular} & & Project & & Completed & 08/05/2015 & 03/31/2017 & 08/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Along with WMC's \(24 / 7\) toll free help line which is
\end{tabular} & & Project & & Completed & 08/05/2015 & 03/31/2017 & 08/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline available to patients and staff, WMC is well positioned to receive and respond to all recipients and project participants. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Milestone \#13 \\
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the \(\operatorname{PAM}(R)\).
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
List of community navigators formally trained in the \(\operatorname{PAM}(R)\).
\end{tabular} & & Provider & PAM(R) Providers & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Abdelmassih Shawkat G
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
Step 1. Core team will train community navigators who will be responsible for performing PAM.
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.
\end{tabular} & & Provider & PAM(R) Providers & Completed & 07/01/2015 & 03/31/2017 & 07/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \multicolumn{11}{|l|}{Providers Associated with Completion:} \\
\hline \begin{tabular}{l}
Task \\
Step 1. Identify hot spots as indicated in Milestone 3
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Train navigators as indicated in Milestone 5, 11 and 13
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline Milestone \#15 & DY2 Q4 & Project & N/A & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Navigators educated about insurance options and healthcare resources available to populations in this project.
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Train navigators as indicated in Milestones 5, 11, 13 and 14
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#16 \\
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 10/14/2015 & 03/31/2017 & 10/14/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Timely access for navigator when connecting members to services.
\end{tabular} & & Project & & Completed & 10/31/2016 & 03/31/2017 & 10/31/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Plan training for navigators on care transition protocols
\end{tabular} & & Project & & Completed & 10/14/2015 & 03/31/2017 & 10/14/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Follow care transition strategy as outlined in 2biv Milestone \#2
\end{tabular} & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 07/01/2015 & 03/31/2017 & 07/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & Project & & Completed & 08/01/2015 & 03/31/2017 & 08/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking.
\end{tabular} & & Project & & Completed & 07/01/2015 & 03/31/2017 & 07/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 09/01/2015 & 03/31/2016 & 09/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. WMC PPS creates roadmap for data sharing and reporting to support population health analytics.
\end{tabular} & & Project & & Completed & 09/01/2015 & 12/31/2016 & 09/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Begin IT based population health reporting.
\end{tabular} & & Project & & Completed & 01/01/2016 & 09/30/2016 & 01/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

Prescribed Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found

Prescribed Milestones Narrative Text


New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

Prescribed Milestones Narrative Text

\section*{Milestone Name}

\section*{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 \(\operatorname{PAM}(\mathrm{R})\) 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.
ncrease the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.
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.
Develop a process for Medicaid recipients and project participants to
report complaints and receive customer service.
Train community navigators in patient activation and education, including
how to appropriately assist project beneficiaries using the \(\operatorname{PAM}(\mathrm{R})\).
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, ageappropriate primary and preventive healthcare services and resources.

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

Prescribed Milestones Narrative Text

\section*{Milestone Name}

Narrative Text
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.
Ensure appropriate and timely access for navigators when attempting to
establish primary and preventive services for a community member.
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
Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline \multicolumn{2}{|c|}{ Milestone \# } & \multicolumn{1}{|c|}{ Review Status } \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline Milestone \#6 & Pass \& Complete & \\
\hline Milestone \#7 & Pass \& Complete & \\
\hline Milestone \#8 & Pass \& Complete & \\
\hline Milestone \#9 & Pass \& Complete & \\
\hline Milestone \#10 & Pass \& Complete & \\
\hline Milestone \#11 & Pass \& Complete & \\
\hline Milestone \#12 & Pass \& Complete & \\
\hline Milestone \#13 & Pass \& Complete & \\
\hline Milestone \#14 & Pass \& Complete & \\
\hline Milestone \#15 & Pass \& Complete & \\
\hline Milestone \#16 & Pass \& Complete & \\
\hline Milestone \#17 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{, 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & Original End Date & Start Date & End Date & Quarter End Date & DSRIP Reporting Year and Quarter \\
\hline \begin{tabular}{l}
Milestone \\
Mid-Point Assessment
\end{tabular} & Completed & Mid-Point Assessment & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Milestone \\
CG-CAHPS Survey Results Submission
\end{tabular} & Completed & CG-CAHPS Survey Results Submission & 12/31/2016 & 12/31/2016 & 12/31/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Milestone \\
PAM Data Reporting MY1 and MY2
\end{tabular} & Completed & PAM Data Reporting MY1 and MY2 & 12/31/2016 & 12/31/2016 & 12/31/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Milestone \\
PAM Data Reporting MY2 and MY3
\end{tabular} & Completed & PAM Data Reporting MY2 and MY3 & 07/01/2017 & 09/30/2017 & 07/01/2017 & 09/30/2017 & 09/30/2017 & DY3 Q2 \\
\hline \begin{tabular}{l}
Milestone \\
C\&G CAHPS for the Uninsured DY3 Submission
\end{tabular} & Completed & C\&G CAHPS for the Uninsured DY3 Submission & 10/01/2017 & 12/31/2017 & 10/01/2017 & 12/31/2017 & 12/31/2017 & DY3 Q3 \\
\hline \begin{tabular}{l}
Milestone \\
PAM Data Reporting MY3 and MY4
\end{tabular} & Completed & PAM Data Reporting MY3 and MY4 & & & 07/01/2018 & 09/30/2018 & 09/30/2018 & DY4 Q2 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline \multirow{3}{*}{PAM Data Reporting MY3 and MY4} & nbajaj & Communication Documentation & 21_DY4Q2_PROJ2di_MDL2di4_PPS1740_COMM_PA MDataSubmission_FAQ_2018-10-18_24176.pdf & 2.d.i PAM FAQ dated 10/22/18 & 12/04/2018 10:39 AM \\
\hline & nbajaj & Other & 21_DY4Q2_PROJ2di_MDL2di4_PPS1740_OTH_WMC PAM_Oct_2018_Revised_24175.csv & Documentation - Revised csv file & 12/04/2018 10:36 AM \\
\hline & nbajaj & PAM Documentation & \[
\begin{aligned}
& \text { 21_DY4Q2_PROJ2di_MDL2di4_PPS1740_PAM_WMC } \\
& \text { _PAM_Oct_2018_24106.csv }
\end{aligned}
\] & Documentation - csv file & 10/31/2018 10:15 AM \\
\hline
\end{tabular}

PPS Defined Milestones Narrative Text


New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline \multicolumn{2}{|l|}{PAM Data Reporting MY2 and MY3} \\
\hline C\&G CAHPS for the Uninsured DY3 Submission & \\
\hline PAM Data Reporting MY3 and MY4 & \begin{tabular}{l}
Question 1 from IA: It appears that the data submitted does not include performance data for Cohort B in Measurement Year (MY) 2. \\
Answer: We will resubmit the dataset to include the MY2 performance data for Cohort B. \\
Please note that, where a Cohort B patient had MY2 and MY4 scores but none for MY3, the MY2 score is 'rolled forward and the same score is listed for MY3. (Therefore the same PAM event would be listed for both data points.) This is based on response we received from Laura Tranes on 10/9/18 \\
Question 2 from IA: It also appears that the data submitted does not include performance data for Cohort D in MY4. The IA would like to understand whether this is correct or if these omissions were in error. \\
Answer: Since there is no place in MAPP to respond to this question I am responding to it here via email \\
The 2.d.i PAM FAQ dated 10/22/18 (attached) states the following: \\
3. Are participants with only two PAM surveys, both within the same Measurement Year, included in performance reporting? Are these participants only included when they have another PAM survey and thus a 2nd IYES in a subsequent Measurement Year? \\
Individuals with more than one PAM, but only PAMs administered in the same MY, should not be included in the CYES until they have a PAM in a subsequent MY. The first year's PAM survey will not be used (as you need two IYES to have an individual year end change (IYEC)). When an individual receives their second PAM, they will then receive an IYES which is eligible for P4P scoring. Once a second IYES is submitted, that IYES will continue to carry forward over subsequent years should that individual not receive another future PAM. \\
Note that a Cohort D patient, in order to be eligible for inclusion, would need to have a second PAM performed the following year (i.e. MY5) but the data covered in the Oct 2018 submission only goes through the end of June 2018 (i.e. MY4). MY5 is beyond the scope of the current dataset and therefore Cohort D patients will not become eligible for inclusion until the October 2019 submission.
\end{tabular} \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

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

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{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 \(\mathrm{BH}-\mathrm{PC}\) 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

New York State Department Of Health
Delivery System Reform Incentive Payment Project Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) 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.
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|c|}{ Benchmarks } \\
\hline Actively Engaged Speed & Actively Engaged Scale \\
\hline DY4,Q4 & 17,050 \\
\hline
\end{tabular}
\begin{tabular}{|l|l|r|r|r|r|}
\hline & \multicolumn{1}{|c|}{ Year,Quarter } & DY4,Q1 & \multicolumn{1}{|c|}{ DY4,Q2 } & DY4,Q3 \\
\hline \multirow{3}{*}{ PPS Reported } & Baseline Commitment & 2,750 & 10,450 & \\
\cline { 2 - 6 } & Quarterly Update & 0 & 12,077 & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & \(0.00 \%\) & 17,050 \\
\hline \multirow{2}{*}{ IA Approved } & Quarterly Update & 0 & \(115.57 \%\) & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & \(0.00 \%\) \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|}
\hline User ID & File Type & File Name & File Description & Upload Date \\
\hline marville & Other & 21_DY4Q2_PROJ3ai_MDL3ai2_PES_OTH_WMC_3ai_DY4Q2_for_submission_24008.xlsx & 3.a.i BH Screening: 12,077 & 10/30/2018 04:09 PM \\
\hline
\end{tabular}

Narrative Text :
For PPS to provide additional context regarding progress and/or updates to IA.
\(\square\)
Module Review Status
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Review Status } & \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{ص IPQR Module 3.a.i. 3 - Prescribed Milestones}
\begin{tabular}{|c|c|c|}
\hline \multicolumn{3}{|c|}{ Models Selected } \\
\hline Model \(1 \times\) & Model \(2 \boldsymbol{x}\) & Model 3 \(\mathbf{x}\) \\
\hline
\end{tabular}

\section*{Instructions :}
 project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Model 1 & Project & N/A & Completed & 05/15/2015 & 03/31/2018 & 05/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.
\end{tabular} & & & Provider & Practitioner - Primary Care Provider (PCP) & Completed & 11/15/2015 & 03/31/2018 & 11/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{12}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
Behavioral health services are co-located within PCMH/APC practices and are available.
\end{tabular} & & & Provider & Mental Health & Completed & 05/15/2015 & 03/31/2018 & 05/15/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{12}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
041946476oriani Christine
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS issues RFP for vendor to do a PCMH or APC model readiness assessment.
\end{tabular} & & & Project & & Completed & 05/15/2015 & 09/30/2015 & 05/15/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Conduct current state analysis of BH services, if any, at PPS participating primary care sites \& identifies co-location staffing needs.
\end{tabular} & & & Project & & Completed & 07/01/2015 & 03/31/2016 & 07/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. WMC PPS establishes local deployment councils to serve as local PPS contacts for network partners engaging in PCMH or APC model.
\end{tabular} & & & Project & & Completed & 12/31/2015 & 03/31/2016 & 12/31/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline Task & & & Project & & Completed & 09/01/2015 & 03/31/2016 & 09/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline
\end{tabular}

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 \\
\hline 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. & & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & Completed & 05/18/2016 & 03/31/2018 & 05/18/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Develop collaborative evidence-based standards of care including medication management and care engagement process.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Regularly scheduled formal meetings are held to develop collaborative care practices.
\end{tabular} & & & Project & & Completed & 05/18/2015 & 03/31/2017 & 05/18/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.
\end{tabular} & & & Project & & Completed & 05/18/2015 & 03/31/2017 & 05/18/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & Completed & 09/16/2015 & 06/30/2016 & 09/16/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & Completed & 11/05/2015 & 09/30/2016 & 11/05/2015 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 3.Compare status of current practice among participating partners to identified best practices
\end{tabular} & & & Project & & Completed & 02/10/2016 & 12/31/2016 & 02/10/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline Task & & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline Step 4. Plan phased roll out of best practices/protocols/ guidelines/standards adapted to local considerations. & & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 5. Gather lessons learned and feedback from 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.
\end{tabular} & & & Project & & Completed & 11/30/2016 & 03/31/2017 & 11/30/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Model 1 & Project & N/A & Completed & 05/01/2015 & 03/31/2018 & 05/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Policies and procedures are in place to facilitate and document completion of screenings.
\end{tabular} & & & Project & & Completed & 05/01/2015 & 03/31/2018 & 05/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Screenings are documented in Electronic Health Record.
\end{tabular} & & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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).
\end{tabular} & & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.
\end{tabular} & & & Provider & Practitioner - Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular} & & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & Completed & 05/15/2015 & 12/31/2016 & 05/15/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline Task & & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline Step 2. Assess barriers to screening, to completing "warm transfer" for patients screening positive and to recording screening and transfer in EHR. & & & & & & & & & & & \\
\hline \begin{tabular}{l}
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 from partner organizations and other stakeholders representing a range of credentials and experience relevant to the project.
\end{tabular} & & & Project & & Completed & 10/13/2015 & 03/31/2017 & 10/13/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & Completed & 05/18/2017 & 03/31/2018 & 05/18/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & Completed & 05/18/2016 & 03/31/2018 & 05/18/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 7. Summarize lessons learned from early adoption sites, through discussions among partners in local deployment workgroups.
\end{tabular} & & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & Completed & 11/30/2016 & 03/31/2018 & 11/30/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 5. Agree to collaborate with other PPSs toshare best practices, educationalmaterials, training strategies and strategies to overcome project implementation
\end{tabular} & & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline barriers. & & & & & & & & & & & \\
\hline \begin{tabular}{l}
Milestone \#4 \\
Use EHRs or other technical platforms to track all patients engaged in this project.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
EHR demonstrates integration of medical and behavioral health record within individual patient records.
\end{tabular} & & & Project & & Completed & 11/08/2015 & 03/31/2017 & 11/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Implement interim reporting tool for DSRIP milestone reporting and performance taking into account all project compliant services for DY1.
\end{tabular} & & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Identify by provider type and project role the clinical information to be shared among providers.
\end{tabular} & & & Project & & Completed & 09/01/2015 & 12/31/2016 & 09/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Create roadmap for data sharing and reporting using platform to support population health analytics.
\end{tabular} & & & Project & & Completed & 01/01/2016 & 09/30/2016 & 01/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#5 \\
Co-locate primary care services at behavioral health sites.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Primary care services are co-located within behavioral Health practices and are available.
\end{tabular} & & & 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 \\
\hline \begin{tabular}{l}
Task \\
Primary care services are co-located within behavioral Health practices and are available.
\end{tabular} & & & Provider & Mental Health & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline Milestone \#6 & 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 \\
\hline
\end{tabular}

NYS Confidentiality - High

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline Develop collaborative evidence-based standards of care including medication management and care engagement process. & & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Regularly scheduled formal meetings are held to develop collaborative care practices.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Task \\
Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Milestone \#7 \\
Conduct preventive care screenings, including physical and behavioral health screenings.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Task \\
Screenings are documented in Electronic Health Record.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
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).
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
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).
\end{tabular} & & & 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 \\
\hline \begin{tabular}{l}
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).
\end{tabular} & & & Provider & Mental Health & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Milestone \#8 \\
Use EHRs or other technical platforms to track all
\end{tabular} & 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 \\
\hline
\end{tabular}

NYS Confidentiality - High

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 \\
\hline patients engaged in this project. & & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
EHR demonstrates integration of medical and behavioral health record within individual patient records.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Milestone \#9 \\
Implement IMPACT Model at Primary Care Sites.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
PPS has implemented IMPACT Model at Primary Care Sites.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Milestone \#10 \\
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Task \\
Policies and procedures include process for consulting with Psychiatrist.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Milestone \#11 \\
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Project Model Name & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & DSRIP Reporting Year and Quarter \\
\hline \begin{tabular}{l}
Milestone \#12 \\
Designate a Psychiatrist meeting requirements of the IMPACT Model.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
All IMPACT participants in PPS have a designated Psychiatrist.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Milestone \#13 \\
Measure outcomes as required in the IMPACT Model.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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).
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Milestone \#14 \\
Provide "stepped care" as required by the IMPACT Model.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Milestone \#15 \\
Use EHRs or other technical platforms to track all patients engaged in this project.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
EHR demonstrates integration of medical and behavioral health record within individual patient records.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & & Project & & On Hold & 04/01/2015 & 03/31/2020 & 04/01/2015 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline
\end{tabular}

\section*{Prescribed Milestones Current File Uploads}
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

Prescribed Milestones Narrative Text

\section*{Milestone Name}

Narrative Text


Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline Milestone \#3 & Fail & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|l|l|l|}
\hline \multicolumn{2}{c}{ Milestone Review Status } \\
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Ongoing & \\
\hline Milestone \#6 & Pass \& Ongoing & \\
\hline Milestone \#7 & Pass \& Ongoing & \\
\hline Milestone \#8 & Pass \& Ongoing & \\
\hline Milestone \#9 & Pass \& Ongoing & \\
\hline Milestone \#10 & Pass \& Ongoing & \\
\hline Milestone \#11 & Pass \& Ongoing & \\
\hline Milestone \#12 & Pass \& Ongoing & \\
\hline Milestone \#13 & Pass \& Ongoing & \\
\hline Milestone \#14 & Pass \& Ongoing & \\
\hline Milestone \#15 & Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline \begin{tabular}{l}
Milestone \\
Mid-Point Assessment
\end{tabular} & Completed & Mid-Point Assessment & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found
PPS Defined Milestones Narrative Text
\begin{tabular}{|l|l|l|}
\hline Milestone Name & & Narrative Text \\
\hline Mid-Point Assessment & & \\
\hline
\end{tabular}

New York State Department Of Health
Delivery System Reform Incentive Payment Project Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

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

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Project 3.a.ii - Behavioral health community crisis stabilization services}
- IPQR Module 3.a.ii. 1 - Major Risks to Implementation and Mitigation Strategies

\section*{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.

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
- IPQR Module 3.a.ii. 2 - Patient Engagement Speed

Instructions :


\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|c|}{ Benchmarks } \\
\hline Actively Engaged Speed & Actively Engaged Scale \\
\hline DY4,Q4 & 1,733 \\
\hline
\end{tabular}
\begin{tabular}{|l|l|r|r|r|r|}
\hline & \multicolumn{1}{|c|}{ Year,Quarter } & DY4,Q1 & DY4,Q2 & DY4,Q3 \\
\hline \multirow{3}{*}{ PPS Reported } & Baseline Commitment & 220 & 660 & \\
\cline { 2 - 6 } & Quarterly Update & 0 & 275 & 642 & \\
\cline { 2 - 6 } & Percent(\%) of Commitment & \(0.00 \%\) & \(97.27 \%\) & \\
\hline \multirow{2}{*}{ IA Approved } & Quarterly Update & 0 & 621 & 0 & 0 \\
\cline { 2 - 6 } & Percent(\%) of Commitment & \(0.00 \%\) & \\
\hline
\end{tabular}
© Warning: PPS Reported - Please note that your patients engaged to date (642) does not meet your committed amount (660) for 'DY4, Q2'
\begin{tabular}{|c|c|c|c|c|}
\hline \multicolumn{5}{|c|}{Current File Uploads} \\
\hline User ID & File Type & File Name & File Description & Upload Date \\
\hline marville & Other & 21_DY4Q2_PROJ3aii_MDL3aii2_PES_OTH_WMC_3aii_DY4Q2_for_submission_24014. xlsx & 3.a.ii BH Crisis: 642 & 10/30/2018 04:16 PM \\
\hline
\end{tabular}

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

\section*{Module Review Status}
\begin{tabular}{|l|l|}
\hline Review Status & \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) IPQR Module 3.a.ii. 3 - Prescribed Milestones}

\section*{Instructions :}
 project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} &  \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services. & & Project & & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Review partners and county crisis intervention programs to establish a baseline of existing services--including hot spots.
\end{tabular} & & Project & & Completed & 04/01/2015 & 09/30/2015 & 04/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Convene HRD Behavioral Health Crisis Leadership Group
\end{tabular} & & Project & & Completed & 04/01/2015 & 06/30/2016 & 04/01/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Work with counties to determine if gaps exist.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2016 & 04/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 5. Analyze the existing services funding to determine opportunities for leverage and development of new models.
\end{tabular} & & Project & & Completed & 04/01/2016 & 03/31/2017 & 04/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Plan for implementation of services.
\end{tabular} & & Project & & Completed & 04/01/2017 & 03/31/2018 & 04/01/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 7. Monitor completeness of implementation plan.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 04/01/2016 & 03/31/2018 & 04/01/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year and Quarter \\
\hline sustainability in collaboration with the other PPSs. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 6a: Apply road map to improve services implementation.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 7a: Monitor road map/ implementation plan by county to determine if gaps in services and geographic areas are being addressed.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 11/05/2015 & 03/31/2018 & 11/05/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).
\end{tabular} & & Project & & Completed & 11/05/2015 & 03/31/2018 & 11/05/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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 processes.
\end{tabular} & & Project & & Completed & 04/01/2016 & 09/30/2016 & 04/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Convene the Project Advisory Committee to review and discuss best practices for diversion management processes.
\end{tabular} & & Project & & Completed & 10/01/2016 & 03/31/2017 & 10/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3.PPS works with counties, health homes, and hospitals to review best practices for diversion management processes.
\end{tabular} & & Project & & Completed & 04/01/2017 & 03/31/2018 & 04/01/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Compare status of current diversion practice among participating partners to identified best practices.
\end{tabular} & & Project & & Completed & 01/01/2018 & 03/31/2018 & 01/01/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 5: Plan phased rollout of diversion management processes.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Provide training resources for key personnel and finalize protocols.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 7. Document diversion management protocols.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline in consultation with PMO staff. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Milestone \#3 \\
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 12/31/2015 & 04/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Begin dialogue with MCO regarding value-based payment models as indicated in 2ai Milestone 8.
\end{tabular} & & Project & & Completed & 09/01/2015 & 03/31/2016 & 09/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Review options for coverage through the HARPs and HCBS for Medicaid recipients.
\end{tabular} & & Project & & Completed & 04/01/2017 & 03/31/2018 & 04/01/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Milestone \#4 \\
Develop written treatment protocols with consensus from participating providers and facilities.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Regularly scheduled formal meetings are held to develop consensus on treatment protocols.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Convene BHCAQC to review and discuss the best practice options for implementation.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline Task & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year and Quarter \\
\hline Step 3. Compare the status of current practices among participating partners to identify the best practices & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 4: Plan phased rollout of best practices adapted to local considerations.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 5. Provide training resources for key personnel and finalize protocols.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Document treatment practices.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 01/01/2017 & 03/31/2017 & 01/01/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 07/01/2015 & 03/31/2017 & 07/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network
\end{tabular} & & Project & & Completed & 04/01/2016 & 03/31/2017 & 04/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
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.
\end{tabular} & & Provider & Safety Net Hospital & Completed & 04/01/2016 & 03/31/2017 & 04/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
Westchester Med Ctr
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 07/01/2015 & 12/31/2015 & 07/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 2. PPS will work to identify a hospital with the capacity and ability to expand access to specialty psychiatric and crisisoriented services.
\end{tabular} & & Project & & Completed & 04/01/2016 & 03/31/2017 & 04/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. PPS will draft an action plan that may be used to improve
\end{tabular} & & Project & & Completed & 10/01/2016 & 03/31/2017 & 10/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \multicolumn{11}{|l|}{access to psychiatric crisis and crisis-oriented services.} \\
\hline \begin{tabular}{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).
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Provider & Safety Net Hospital & Completed & 10/01/2016 & 03/31/2018 & 10/01/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Catskill Regional Medical Ctr Adhc
\end{tabular}} \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Provider & Safety Net Clinic & Completed & 10/01/2016 & 03/31/2018 & 10/01/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Catskill Regional Medical Ctr Adhc
\end{tabular}} \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Provider & Safety Net Mental Health & Completed & 10/01/2016 & 03/31/2018 & 10/01/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Aaron Lisa
\end{tabular}} \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2016 & 04/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Use results from CNA and a mapping of providers to evaluate access and identify gaps in service coverage.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. PPS will work to identify a hospital outpatient or off
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline campus crisis residence that could provide an opportunity to provide access. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Milestone \#7 \\
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 07/01/2015 & 03/31/2018 & 07/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.
\end{tabular} & & Project & & Completed & 07/01/2015 & 03/31/2018 & 07/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Coordinated evidence-based care protocols for mobile crisis teams are in place.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 07/01/2015 & 03/31/2018 & 07/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Convene the BHCAQC to review and discuss best practices and procedures including current team practices and procedures.
\end{tabular} & & Project & & Completed & 09/01/2015 & 09/30/2016 & 09/01/2015 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Work with counties, the Hudson Region DSRIP (HRD) Leadership Group and providers to review practices and procedures.
\end{tabular} & & Project & & Completed & 09/01/2015 & 09/30/2017 & 09/01/2015 & 09/30/2017 & 09/30/2017 & DY3 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 4: Plan phased roll out of best practices and procedures adapted to local considerations.
\end{tabular} & & Project & & Completed & 10/02/2017 & 03/31/2018 & 10/02/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 5. Provide training resources for key personnel and finalize best practices and procedures.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Document evidence based protocols.
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 7. Gather lessons learned and feedback as a result of deployment; review and adjust training materials and best
\end{tabular} & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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 & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline practices and procedures as warranted and further implementation plans in consultation with PMO staff. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline Task EHR demonstrates integration of medical and behavioral health record within individual patient records. & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Practitioner Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Abankwah Akosua Sarpomaa
\end{tabular}} \\
\hline Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. & & Provider & Safety Net Practitioner -Non-Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Aaron Lisa
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Hospital & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Catskill Regional Medical Ctr Adhc
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Mental Health & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \multicolumn{11}{|l|}{\begin{tabular}{l}
Providers Associated with Completion: \\
Aaron Lisa
\end{tabular}} \\
\hline \begin{tabular}{l}
Task \\
Alerts and secure messaging functionality are used to facilitate crisis intervention services.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2018 & 08/08/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS in coordination with QE, establishes
\end{tabular} & & Project & & Completed & 08/08/2015 & 06/30/2016 & 08/08/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline preliminary plan to connect network partners to RHIO. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS completes current state analysis of current EHR based connections to RHIO.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. PPS reviews and finalizes action plan.
\end{tabular} & & Project & & Completed & 01/01/2016 & 03/31/2016 & 01/01/2016 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Identify pilot partner/early adopter sites for QE connection.
\end{tabular} & & Project & & Completed & 08/15/2015 & 12/31/2015 & 08/15/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 5. In accordance with IT \& Systems workstream, obtain PPS Board Approval: Data Security and Confidentiality Plan.
\end{tabular} & & Project & & Completed & 08/18/2015 & 12/31/2016 & 08/18/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Evaluate lessons learned from initial connections.
\end{tabular} & & Project & & Completed & 06/30/2016 & 09/30/2016 & 06/30/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 7. Plan phased implementation for network rollout.
\end{tabular} & & Project & & Completed & 06/30/2016 & 09/30/2016 & 06/30/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 8. Implement Phase 1 of network rollout.
\end{tabular} & & Project & & Completed & 09/30/2016 & 03/31/2017 & 09/30/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 9. Implement Phase 2 of network rollout.
\end{tabular} & & Project & & Completed & 03/31/2017 & 03/31/2018 & 03/31/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 06/30/2016 & 03/31/2018 & 06/30/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Milestone \#9 \\
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.
\end{tabular} & DY3 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2018 & 04/01/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline Task PPS has implemented central triage service among psychiatrists and behavioral health providers. & & Project & & Completed & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Work with communities to identify existing triage services within their jurisdiction.
\end{tabular} & & Project & & Completed & 04/01/2015 & 12/31/2015 & 04/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Identify gaps in existing triage services.
\end{tabular} & & Project & & Completed & 01/01/2016 & 12/31/2016 & 01/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Identify opportunities and partnerships to expand or better coordinate triage services.
\end{tabular} & & Project & & Completed & 01/01/2017 & 03/31/2018 & 01/01/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Work with partners to establish agreements for triage services.
\end{tabular} & & Project & & Completed & 01/01/2018 & 03/31/2018 & 01/01/2018 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Milestone \#10 \\
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 10/01/2015 & 03/31/2017 & 10/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 01/01/2016 & 03/31/2017 & 01/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.
\end{tabular} & & Project & & Completed & 07/01/2016 & 03/31/2017 & 07/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Service and quality outcome measures are reported to all stakeholders including PPS quality committee.
\end{tabular} & & Project & & Completed & 01/01/2017 & 03/31/2017 & 01/01/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2016 & 03/31/2017 & 04/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline Task & & Project & & Completed & 04/01/2016 & 12/31/2016 & 04/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline
\end{tabular}

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \[
\begin{gathered}
\text { DSRIP } \\
\text { Reporting Year } \\
\text { and Quarter } \\
\hline
\end{gathered}
\] \\
\hline Step 3. Create roadmap for data sharing and reporting of best practices and protocols specific to the milestones above. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 10/01/2016 & 03/31/2017 & 10/01/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#11 \\
Use EHRs or other technical platforms to track all patients engaged in this project.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS creates roadmap for data sharing and reporting.
\end{tabular} & & Project & & Completed & 09/30/2015 & 06/30/2016 & 09/30/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

\section*{Prescribed Milestones Current File Uploads}
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

Prescribed Milestones Narrative Text


\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

Prescribed Milestones Narrative Text

\section*{Milestone Name}

Narrative Text
Include at least one hospital with specialty psychiatric services and crisisoriented psychiatric services; expansion of access to specialty psychiatric
and crisis-oriented services.
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
\begin{tabular}{|l|l|l|}
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline Milestone \#6 & Pass \& Complete & \\
\hline Milestone \#7 & Pass \& Complete & \\
\hline Milestone \#8 & Pass \& Complete & \\
\hline Milestone \#9 & Pass \& Complete & \\
\hline Milestone \#10 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health
Delivery System Reform Incentive Payment Project Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|l|l|}
\hline \multicolumn{3}{c|}{ Milestone Review Status } \\
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & IA Formal Comments \\
\hline Milestone \#11 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
- 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Milestone \\
Mid-Point Assessment
\end{tabular} & Completed & Mid-Point Assessment & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found

> PPS Defined Milestones Narrative Text
\begin{tabular}{|l|l|}
\hline Milestone Name & \\
\hline Mid-Point Assessment & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

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

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Project 3.c.i - Evidence-based strategies for disease management in high risk/affected populations (adults only)}
\(ص\) IPQR Module 3.c.i. 1 - Major Risks to Implementation and Mitigation Strategies

\section*{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.

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) 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.
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|c|}{ Benchmarks } \\
\hline Actively Engaged Speed & Actively Engaged Scale \\
\hline DY2,Q4 & 8,039 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|}
\hline & Year,Quarter & DY4,Q1 & DY4,Q2 & DY4,Q3 & DY4,Q4 \\
\hline \multirow{3}{*}{PPS Reported} & Baseline Commitment & 500 & 2,700 & 3,000 & 8,039 \\
\hline & Quarterly Update & 0 & 5,691 & 0 & 0 \\
\hline & Percent(\%) of Commitment & 0.00\% & 210.78\% & 0.00\% & 0.00\% \\
\hline \multirow[b]{2}{*}{IA Approved} & Quarterly Update & 0 & 5,626 & 0 & 0 \\
\hline & Percent(\%) of Commitment & 0.00\% & 208.37\% & 0.00\% & 0.00\% \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|}
\hline User ID & File Type & File Name & File Description & Upload Date \\
\hline marville & Other & 21 DY4Q2 PROJ3ci MDL3ci2 PES OTH WMC 3ci DY4Q2 for submission 24015.xlsx & 3.c.i Diabetes: 5,691 & 10/30/2018 04:18 PM \\
\hline
\end{tabular}

Narrative Text :
For PPS to provide additional context regarding progress and/or updates to IA.
\(\square\)
Module Review Status
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Review Status } & \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) IPQR Module 3.c.i. 3 - Prescribed Milestones}

\section*{Instructions :}
 project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year
and Quarter \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 09/09/2015 & 03/31/2017 & 09/09/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 09/09/2015 & 03/31/2017 & 09/09/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 09/09/2015 & 02/18/2016 & 09/09/2015 & 02/18/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Compare status of current practice among partners to identified best practices.
\end{tabular} & & Project & & Completed & 02/10/2016 & 06/30/2016 & 02/10/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Plan phased roll out of best practices/protocols/ guidelines/standards adapted to local considerations.
\end{tabular} & & Project & & Completed & 05/10/2016 & 09/30/2016 & 05/10/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/10/2016 & 03/31/2017 & 11/10/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year
and Quarter \\
\hline \begin{tabular}{l}
Milestone \#2 \\
Engage at least \(80 \%\) of primary care providers within the PPS in the implementation of disease management evidence-based best practices.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 02/10/2016 & 03/31/2017 & 02/10/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has engaged at least \(80 \%\) of their PCPs in this activity.
\end{tabular} & & Provider & Practitioner - Primary Care Provider (PCP) & Completed & 02/10/2016 & 03/31/2017 & 02/10/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Compare status of current practice among partners to identified best practices.
\end{tabular} & & Project & & Completed & 02/10/2016 & 06/30/2016 & 02/10/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Plan phased roll out of best practices/protocols/ guidelines/standards adapted to local considerations
\end{tabular} & & Project & & Completed & 05/18/2016 & 09/30/2016 & 05/18/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Monitor number of primary care providers participating or not participating, by specialty of PCP.
\end{tabular} & & Project & & Completed & 11/15/2016 & 03/31/2017 & 11/15/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. If necessary, modify the program to be able to engage Pediatric practices.
\end{tabular} & & Project & & Completed & 11/16/2016 & 03/31/2017 & 11/16/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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 selfmanagement.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 11/18/2015 & 03/31/2017 & 11/18/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Clinically Interoperable System is in place for all participating providers.
\end{tabular} & & Project & & Completed & 05/10/2016 & 03/31/2017 & 05/10/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.
\end{tabular} & & Project & & Completed & 11/18/2015 & 03/31/2017 & 11/18/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Care coordination processes are established and implemented.
\end{tabular} & & Project & & Completed & 05/10/2016 & 03/31/2017 & 05/10/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Identify by provider type and project role the clinical information to be shared among providers.
\end{tabular} & & Project & & Completed & 05/10/2016 & 09/30/2016 & 05/10/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Create roadmap for data sharing and reporting using platform to support population health analytics.
\end{tabular} & & Project & & Completed & 07/01/2016 & 12/31/2016 & 07/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Gathering lessons learned and feedback from Partners
\end{tabular} & & Project & & Completed & 11/16/2016 & 03/31/2017 & 11/16/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year and Quarter \\
\hline 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. & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/18/2015 & 03/31/2016 & 11/18/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/16/2016 & 03/31/2017 & 11/16/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 09/01/2015 & 03/31/2017 & 09/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 10/12/2015 & 03/31/2017 & 10/12/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
If applicable, PPS has established linkages to health homes for targeted patient populations.
\end{tabular} & & Project & & Completed & 11/05/2015 & 03/31/2017 & 11/05/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.
\end{tabular} & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Identify participating partners providing the Stanford Model Diabetes Self-Management Program.
\end{tabular} & & Project & & Completed & 10/12/2015 & 03/31/2016 & 10/12/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 09/01/2015 & 12/31/2015 & 09/01/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline
\end{tabular}

NYS Confidentiality - High

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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
\begin{tabular}{c} 
Reporting Year \\
and Quarter
\end{tabular} \\
\hline the Consumer Survey ( \(\mathrm{N}=4900\) ) on access and use of services. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 3. In consultation with partner organizations and the DPAQC, identify appropriate Health Home partners.
\end{tabular} & & Project & & Completed & 11/18/2015 & 03/31/2016 & 11/18/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 05/18/2016 & 12/31/2016 & 05/18/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 5. Meet with Stanford Disease Self Management programs to identify ways to support, promote and expand model in the Hudson Valley.
\end{tabular} & & Project & & Completed & 05/18/2016 & 12/31/2016 & 05/18/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Prioritize locations to conduct diabetes self-management programs based on diabetes hot spotting evidence from step 2 above.
\end{tabular} & & Project & & Completed & 08/17/2016 & 12/31/2016 & 08/17/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 7. Develop education materials for PCPs and Health Home providers regarding local standard disease self-management programs available for their clients.
\end{tabular} & & Project & & Completed & 06/17/2016 & 09/30/2016 & 06/17/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 8. Provide ongoing support to partners implementing or referring patients to the Stanford Diabetes Self-Management programs.
\end{tabular} & & Project & & Completed & 08/17/2016 & 03/31/2017 & 08/17/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#5 \\
Ensure coordination with the Medicaid Managed Care organizations serving the target population.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 07/15/2015 & 03/31/2017 & 07/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 01/10/2017 & 03/31/2017 & 01/10/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/10/2015 & 09/30/2015 & 08/10/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/10/2015 & 09/30/2015 & 08/10/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline
\end{tabular}

NYS Confidentiality - High

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 07/15/2015 & 03/31/2017 & 07/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#6 \\
Use EHRs or other technical platforms to track all patients engaged in this project.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & Project & & Completed & 07/01/2015 & 03/31/2017 & 07/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/06/2016 & 03/31/2017 & 11/06/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2016 & 04/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Define functional reporting requirements for diabetes projects.
\end{tabular} & & Project & & Completed & 09/30/2015 & 06/30/2016 & 09/30/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 3. WMC PPS creates roadmap for data sharing and reporting.
\end{tabular} & & Project & & Completed & 09/01/2015 & 12/31/2016 & 09/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Report and track actively engaged patients.
\end{tabular} & & Project & & Completed & 01/01/2016 & 09/30/2016 & 01/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2017 & 11/15/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.
\end{tabular} & & Provider & Practitioner - Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO/SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Practitioner Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO/SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Practitioner -Non-Primary Care Provider (PCP) & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO/SHIN-NY requirements.
\end{tabular} & & Provider & Safety Net Mental Health & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS creates and implement mechanism to track EHR, MU, and PCMH/APC status for each network provider.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline
\end{tabular}

Prescribed Milestones Current File Uploads


Prescribed Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & \multirow[t]{2}{*}{Narrative Text} \\
\hline Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings. & \\
\hline Engage at least \(80 \%\) of primary care providers within the PPS in the implementation of disease management evidence-based best practices. & \\
\hline 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 selfefficacy, and patient self-management. & \\
\hline Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods. & \\
\hline Ensure coordination with the Medicaid Managed Care organizations serving the target population. & \\
\hline Use EHRs or other technical platforms to track all patients engaged in this project. & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
Prescribed Milestones Narrative Text end of Demonstration Year 3 for EHR systems used by participating safety net providers.

Milestone Review Status
\begin{tabular}{|l|l|l|}
\hline Milestone \# & \multicolumn{1}{|c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline Milestone \#6 & Pass \& Complete & \\
\hline Milestone \#7 & Fail & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
- 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline \begin{tabular}{l}
Milestone \\
Mid-Point Assessment
\end{tabular} & Completed & Mid-Point Assessment & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found
PPS Defined Milestones Narrative Text
\begin{tabular}{|l|l|}
\hline Milestone Name & \\
\hline Mid-Point Assessment & \\
\hline
\end{tabular}

New York State Department Of Health
Delivery System Reform Incentive Payment Project Run Date : 12/28/2018

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

IPQR Module 3.c.i. 5 - IA Monitoring
Instructions :

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Project 3.d.iii - Implementation of evidence-based medicine guidelines for asthma management}
\(\checkmark\) IPQR Module 3.d.iii. 1 - Major Risks to Implementation and Mitigation Strategies

\section*{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

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
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.

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) IPQR Module 3.d.iii. 2 - Patient Engagement Speed}

Instructions :


\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|c|}{ Benchmarks } \\
\hline Actively Engaged Speed & Actively Engaged Scale \\
\hline DY2,Q4 & 3,740 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|}
\hline & Year,Quarter & DY4,Q1 & DY4,Q2 & DY4,Q3 & DY4,Q4 \\
\hline \multirow{3}{*}{PPS Reported} & Baseline Commitment & 385 & 1,375 & 1,430 & 3,740 \\
\hline & Quarterly Update & 0 & 1,344 & 0 & 0 \\
\hline & Percent(\%) of Commitment & 0.00\% & 97.75\% & 0.00\% & 0.00\% \\
\hline \multirow[b]{2}{*}{IA Approved} & Quarterly Update & 0 & 1,336 & 0 & 0 \\
\hline & Percent(\%) of Commitment & 0.00\% & 97.16\% & 0.00\% & 0.00\% \\
\hline
\end{tabular}
© Warning: PPS Reported - Please note that your patients engaged to date \((1,344)\) does not meet your committed amount \((1,375)\) for 'DY4, Q2'
\begin{tabular}{|c|c|c|c|c|}
\hline \multicolumn{5}{|c|}{Current File Uploads} \\
\hline User ID & File Type & File Name & File Description & Upload Date \\
\hline marville & Other & 21_DY4Q2_PROJ3diii_MDL3diii2_PES_OTH_WMC_3diii_DY4Q2_for_submission_24016. xlsx & 3.d.iii Asthma: 1,344 & 10/30/2018 04:19 PM \\
\hline
\end{tabular}

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

\section*{Module Review Status}
\begin{tabular}{|l|l|}
\hline \multicolumn{1}{|c|}{ Review Status } & \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{\(\checkmark\) IPQR Module 3.d.iii. 3 - Prescribed Milestones}

\section*{Instructions :}
 project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Milestone \#1 \\
Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and communitybased asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has agreements from participating providers and community programs to support a evidence-based asthma management guidelines.
\end{tabular} & & Project & & Completed & 09/09/2015 & 03/31/2017 & 09/09/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
All participating practices have a Clinical Interoperability System in place for all participating providers.
\end{tabular} & & Provider & Practitioner - Primary Care Provider (PCP) & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
All participating practices have a Clinical Interoperability System in place for all participating providers.
\end{tabular} & & 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 \\
\hline \begin{tabular}{l}
Providers Associated with Completion: \\
11572campanaro David
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/05/2015 & 02/14/2016 & 11/05/2015 & 02/14/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline Task & & Project & & Completed & 02/10/2016 & 06/30/2016 & 02/10/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline Step 3. Compare status of current practice among participating partners to identified best practices. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 4: Plan phased roll out of best practices/protocols/ guidelines/standards adapted to local considerations.
\end{tabular} & & Project & & Completed & 05/18/2016 & 09/30/2016 & 05/18/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 5. Identify by provider type and project role the clinical information to be shared among providers.
\end{tabular} & & Project & & Completed & 05/18/2016 & 09/30/2016 & 05/18/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Create roadmap for data sharing and reporting using platform to support population health analytics.
\end{tabular} & & Project & & Completed & 04/01/2016 & 12/31/2016 & 04/01/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 11/30/2016 & 03/31/2017 & 11/30/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 8. At participating sites, identify barriers and develop plans to implement workflow to support electronic reporting and sharing of asthma action plans.
\end{tabular} & & Project & & Completed & 11/15/2016 & 03/31/2017 & 11/15/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Agreements with asthma specialists and asthma educators are established.
\end{tabular} & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & 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 \\
\hline \begin{tabular}{l}
Task \\
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.
\end{tabular} & & Provider & \begin{tabular}{l}
Safety Net Practitioner - \\
Non-Primary Care \\
Provider (PCP)
\end{tabular} & Completed & 02/10/2016 & 03/31/2017 & 02/10/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & & Project & & Completed & 02/10/2016 & 03/31/2017 & 02/10/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
will be used to increase the reach of these patients \\
- why telemedicine is the best alternative to provide these services \\
- challenges expected and plan to pro-actively resolve \\
- plan for long term sustainability
\end{tabular} & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 1. Identify AE-C's and Asthma specialists WMC PPS network.
\end{tabular} & & Project & & Completed & 02/10/2016 & 03/31/2016 & 02/10/2016 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Establish agreements with asthma specialists and educators to adhere to national guidelines for asthma management
\end{tabular} & & Project & & Completed & 05/18/2016 & 03/31/2017 & 05/18/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Research the potential impact of telemedicine on Asthma care in underserved areas.
\end{tabular} & & Project & & Completed & 05/18/2016 & 12/30/2016 & 05/18/2016 & 12/30/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 4. WMC PPS completes Current state analysis of current EHR based connections to RHIO.
\end{tabular} & & Project & & Completed & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 5. WMC PPS in coordination with QE, establishes plan to connect network partners to RHIO.
\end{tabular} & & Project & & Completed & 08/08/2015 & 06/30/2016 & 08/08/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Asthma project participants to be included among early adopters/pilot for QE connections
\end{tabular} & & Project & & Completed & 08/12/2016 & 03/31/2017 & 08/12/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 7. Identify gaps in care that might be addressed by telemedicine based geographyl on availability of specialists or other factors.
\end{tabular} & & Project & & Completed & 05/18/2016 & 12/31/2016 & 05/18/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 8. Establish whether telemedicine may be the best alternative to provide these services to these geographic areas.
\end{tabular} & & Project & & Completed & 05/18/2016 & 12/31/2016 & 05/18/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 9. Make plan to implement a pilot program using telemedicine if it is found to be a likely successful endeavor
\end{tabular} & & Project & & Completed & 02/15/2017 & 03/31/2017 & 02/15/2017 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#3 \\
Deliver educational activities addressing asthma management to participating primary care providers.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 08/12/2016 & 03/31/2017 & 08/12/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Participating providers receive training in evidence-based asthma management.
\end{tabular} & & Project & & Completed & 08/12/2016 & 03/31/2017 & 08/12/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline Task & & Project & & Completed & 08/12/2016 & 12/30/2016 & 08/12/2016 & 12/30/2016 & 12/31/2016 & DY2 Q3 \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline 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
\(\begin{gathered}\text { Reporting Year } \\ \text { and Quarter }\end{gathered}\) \\
\hline 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 1. & & & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 2. Identify a subgroup of key personnel within provider network who can be initially trained.
\end{tabular} & & Project & & Completed & 08/12/2016 & 12/30/2016 & 08/12/2016 & 12/30/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Collect feedback from key personnel and if necessary revise education protocol and guidelines.
\end{tabular} & & Project & & Completed & 11/16/2016 & 03/31/2017 & 11/16/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Milestone \#4 \\
Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 07/01/2015 & 03/31/2016 & 07/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers.
\end{tabular} & & Project & & Completed & 07/01/2015 & 03/31/2016 & 07/01/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS identifies MCOs and Health Homes serving Medicaid beneficiaries in our service area.
\end{tabular} & & Project & & Completed & 08/08/2015 & 09/30/2015 & 08/08/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 08/08/2015 & 09/30/2015 & 08/08/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
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 asthma health issues.
\end{tabular} & & Project & & Completed & 11/15/2015 & 03/31/2016 & 11/15/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Milestone \#5 \\
Use EHRs or other technical platforms to track all patients engaged in this project.
\end{tabular} & DY2 Q4 & Project & N/A & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & & Project & & Completed & 04/01/2015 & 03/31/2017 & 04/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

NYS Confidentiality - High

\title{
New York State Department Of Health \\ \\ Delivery System Reform Incentive Payment Project
} \\ \\ Delivery System Reform Incentive Payment Project
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|}
\hline Project Requirements (Milestone/Task Name) & Prescribed Due Date & Reporting Level & Provider Type & Status & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP
Reporting Year and Quarter \\
\hline \begin{tabular}{l}
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 asthma including asthma educatiors, community health workers, asthma educators, pharmacists, to build patient self-efficacy and confidence in self manamagment.
\end{tabular} & & Project & & Completed & 05/18/2016 & 06/30/2016 & 05/18/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
Task \\
Step 3. WMC PPS creates roadmap for data sharing and reporting.
\end{tabular} & & Project & & Completed & 08/10/2016 & 12/31/2016 & 08/10/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Report and track actively engaged patients.
\end{tabular} & & Project & & Completed & 11/06/2016 & 03/31/2017 & 11/06/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

Prescribed Milestones Current File Uploads


Prescribed Milestones Narrative Text


\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|l|l|l|}
\hline \multicolumn{2}{l}{ Milestone Review Status } \\
\hline Milestone \# & \multicolumn{1}{c|}{ Review Status } & \\
\hline Milestone \#1 & Pass \& Complete & \\
\hline Milestone \#2 & Pass \& Complete & \\
\hline Milestone \#3 & Pass \& Complete & \\
\hline Milestone \#4 & Pass \& Complete & \\
\hline Milestone \#5 & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
Milestone \\
Mid-Point Assessment
\end{tabular} & Completed & Mid-Point Assessment & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

No Records Found
PPS Defined Milestones Narrative Text
\begin{tabular}{|l|l|}
\hline Milestone Name & \\
\hline Mid-Point Assessment & \\
\hline
\end{tabular}

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

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

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

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\title{
Project 4.b.i - Promote tobacco use cessation, especially among low SES populations and those with poor mental health.
}
\(ص\) 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.

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

\section*{\(\checkmark\) 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline \begin{tabular}{l}
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
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Develop contented of survey in consultation with HRD_PHC and the provider groups represented in tobacco and asthma committees
\end{tabular} & Completed & See Task & 08/15/2015 & 03/31/2016 & 08/15/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Incorporate survey in detailed assessment by PCMH vendor.
\end{tabular} & Completed & See Task & 08/15/2015 & 10/08/2015 & 08/15/2015 & 10/08/2015 & 12/31/2015 & DY1 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 11/01/2015 & 03/31/2017 & 11/01/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 4. Use PPS meetings and other forums to desseminate best practices on tobacco free outdoor policies to PPS partners.
\end{tabular} & Completed & See Task & 12/31/2015 & 09/30/2017 & 12/31/2015 & 09/30/2017 & 09/30/2017 & DY3 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 5. Resurvey those who responded in round 1 re Outdoor smoking policies
\end{tabular} & In Progress & See Task & 05/15/2018 & 09/30/2019 & 07/01/2018 & 09/30/2019 & 09/30/2019 & DY5 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Develop plan to facilitate those who have succeeded with outdoor policies assist those who have not.
\end{tabular} & Not Started & See Task & 10/15/2019 & 03/31/2020 & 10/15/2019 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
Milestone \\
2. Convene a region-wide tobacco cessation campaign committee by DY1;
\end{tabular} & 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 \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
Milestone \\
3. Engage Medicaid MCOs around coverage and payment
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS identifies Medicaid Managed Care Organizations (MCOs) doing business in our service area. .
\end{tabular} & Completed & See Task & 08/01/2015 & 09/30/2015 & 08/01/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. MCOs are invited to participate in committees, and work group working on tobacco cessation.
\end{tabular} & Completed & See Task & 08/01/2015 & 06/30/2016 & 08/01/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & In Progress & See Task & 05/15/2017 & 12/31/2018 & 05/15/2017 & 12/31/2018 & 12/31/2018 & DY4 Q3 \\
\hline \begin{tabular}{l}
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
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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
\end{tabular} & Not Started & See Task & 02/15/2019 & 09/30/2019 & 02/15/2019 & 09/30/2019 & 09/30/2019 & DY5 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Incorporate survey in detailed assessment by PCMH vendor.
\end{tabular} & Not Started & See Task & 02/15/2019 & 09/30/2019 & 02/15/2019 & 09/30/2019 & 09/30/2019 & DY5 Q2 \\
\hline Task & Completed & See Task & 05/15/2016 & 03/31/2017 & 05/15/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & Quarter End Date & DSRIP Reporting Year and Quarter \\
\hline 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 " 5 As" and to promote referrrals to the NYS Quitline. & & & & & & & & \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 05/15/2016 & 03/31/2017 & 05/15/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
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 " 5 As " and to promote referrrals to the NYS Quitline.
\end{tabular} & Completed & See Task & 04/15/2017 & 03/31/2018 & 04/15/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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 " 5 As" and to promote referrrals to the NYS Quitline.
\end{tabular} & In Progress & See Task & 03/31/2018 & 03/31/2020 & 03/31/2018 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
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
\end{tabular} & In Progress & See Task & 03/31/2018 & 03/31/2020 & 03/31/2018 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline assistance on system improvements related to tobacco use cessation available to partners as they implement. & & & & & & & & \\
\hline \begin{tabular}{l}
Milestone \\
5. Launch a campaign to promote tobacco cessation among all eligible providers
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & In Progress & See Task & 03/15/2016 & 12/31/2017 & 03/15/2016 & 12/31/2017 & 12/31/2017 & DY3 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS will budget to support an outreach campaign inclulding dissemination of training and toolkits such as templates for incorporation of "5As" into EHRs.
\end{tabular} & In Progress & See Task & 08/01/2015 & 06/30/2018 & 08/01/2015 & 06/30/2018 & 06/30/2018 & DY4 Q1 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & In Progress & See Task & 05/15/2016 & 12/31/2018 & 05/15/2016 & 12/31/2018 & 12/31/2018 & DY4 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 03/15/2016 & 09/30/2017 & 03/15/2016 & 09/30/2017 & 09/30/2017 & DY3 Q2 \\
\hline \begin{tabular}{l}
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
\end{tabular} & In Progress & See Task & 06/15/2018 & 06/30/2019 & 07/01/2018 & 06/30/2019 & 06/30/2019 & DY5 Q1 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline cessation therapy. Measures of success may be revised as appropriate. Metrics will incorporate daa from NYS quitline to the extent permitted by privacy regulations. & & & & & & & & \\
\hline \begin{tabular}{l}
Milestone \\
6. Develop targeted outreach materials for special populations (dental, behavioral health, and DD patients)
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Step 1. HRD_PHC tobacco cessation workgroup will develop a culturally competent communication strategy for patient education targeting the special needs of special popoulations to encourage patients to use the services to facililtat tobacco cessation. .
\end{tabular} & Completed & See Task & 03/15/2016 & 03/31/2018 & 03/15/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & In Progress & See Task & 03/31/2018 & 12/31/2018 & 03/31/2018 & 12/31/2018 & 12/31/2018 & DY4 Q3 \\
\hline \begin{tabular}{l}
Milestone \\
Mid-Point Assessment
\end{tabular} & Completed & Mid-Point Assessment & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & Narrative Text \\
\hline 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 & \\
\hline 2. Convene a region-wide tobacco cessation campaign committee by DY1; & \\
\hline 3. Engage Medicaid MCOs around coverage and payment & \\
\hline 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 & \\
\hline 5. Launch a campaign to promote tobacco cessation among all eligible providers & \\
\hline 6. Develop targeted outreach materials for special populations (dental, behavioral health, and DD patients) & \\
\hline Mid-Point Assessment & \\
\hline
\end{tabular}

\section*{Module Review Status}
\begin{tabular}{|l|l|}
\hline Review Status & \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

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

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\title{
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
}
\(ص\) 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.

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 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.
\#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 developed.

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

\section*{\(\checkmark\) 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.
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline \begin{tabular}{l}
Milestone \\
1. Development of a comprehensiveimplementation plan, DY1
\end{tabular} & Completed & Development of a comprehensive implementation plan, DY1 & 08/10/2015 & 03/31/2018 & 08/10/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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) .
\end{tabular} & Completed & See Task & 10/29/2015 & 06/30/2016 & 10/29/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 10/29/2015 & 09/30/2016 & 10/29/2015 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
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
\end{tabular} & Completed & See Task & 05/18/2016 & 12/31/2016 & 05/18/2016 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline Health Departments and from the 8 Counties in the region. Gap analysis should seek to understand the drivers of low screening and follow-up. & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 4. Develop a private group on MIX to share strategies for Cancer Prevention and Management.
\end{tabular} & Completed & See Task & 11/05/2015 & 03/31/2016 & 11/05/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 08/17/2016 & 03/31/2018 & 08/17/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 08/10/2015 & 03/31/2018 & 08/10/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Milestone \\
2. Analysis of CSP best practices and lessons learned, DY1
\end{tabular} & Completed & Analysis of CSP best practices and lessons learned, DY1 & 10/29/2015 & 03/31/2018 & 10/29/2015 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 10/29/2015 & 06/30/2016 & 10/29/2015 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline \begin{tabular}{l}
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 rollout of best-practices for cancer screening.
\end{tabular} & Completed & See Task & 08/17/2016 & 03/31/2018 & 08/17/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Milestone \\
3. Development of a technology-enablement plan to embed cancer screening guidelines, alerts and reminders in EHRs
\end{tabular} & In Progress & Development of a technology-enablement plan to embed cancer screening guidelines, alerts and reminders in EHRs & 05/15/2018 & 03/31/2019 & 07/01/2018 & 03/31/2019 & 03/31/2019 & DY4 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & In Progress & See Task & 05/15/2018 & 12/31/2018 & 07/01/2018 & 12/31/2018 & 12/31/2018 & DY4 Q3 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & In Progress & See Task & 05/15/2018 & 03/31/2019 & 07/01/2018 & 03/31/2019 & 03/31/2019 & DY4 Q4 \\
\hline \begin{tabular}{l}
Milestone \\
4. Identification of functional requirements for the cancer screening registry; DY1
\end{tabular} & Not Started & See Task & 05/15/2019 & 12/31/2019 & 05/15/2019 & 12/31/2019 & 12/31/2019 & DY5 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Define functional reporting requirements for cancer screening projects.
\end{tabular} & Not Started & See Task & 05/15/2019 & 12/31/2019 & 05/15/2019 & 12/31/2019 & 12/31/2019 & DY5 Q3 \\
\hline \begin{tabular}{l}
Milestone \\
5. Piloting rapid cycle evaluation of our PPS' care management function DY1
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & In Progress & See Task & 02/15/2017 & 09/30/2019 & 02/15/2017 & 09/30/2019 & 09/30/2019 & DY5 Q2 \\
\hline 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 \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & \begin{tabular}{l}
Original \\
End Date
\end{tabular} & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline 6. Selection of an analytics platform to support patient identification & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 1. WMC PPS implements interim reporting tool for DSRIP milestone reporting and engaged patient tracking.
\end{tabular} & Completed & See Task & 08/08/2015 & 03/31/2017 & 08/08/2015 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Aligned with IT development for project 2 ai the WMC PPS begins IT based population health reporting.
\end{tabular} & Completed & See Task & 01/01/2016 & 09/30/2016 & 01/01/2016 & 09/30/2016 & 09/30/2016 & DY2 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Begin phased roll-out of embedded templates and alerts; share templates of early adopters with others to speed adoption.
\end{tabular} & Completed & See Task & 09/01/2015 & 12/31/2016 & 09/01/2015 & 12/31/2016 & 12/31/2016 & DY2 Q3 \\
\hline \begin{tabular}{l}
Milestone \\
7. Roll-out of a one-stop screening pilot
\end{tabular} & In Progress & 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 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & In Progress & See Task & 08/15/2018 & 12/31/2019 & 08/15/2018 & 12/31/2019 & 12/31/2019 & DY5 Q3 \\
\hline \begin{tabular}{l}
Task \\
Step 2. Identify potential sites and partners to test "one stop Breast cancer screening model"
\end{tabular} & Not Started & See Task & 11/30/2018 & 09/30/2019 & 11/30/2018 & 09/30/2019 & 09/30/2019 & DY5 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 3. Plan for role-out of pilot test of one-stop Breast Cancer Screening. .
\end{tabular} & Not Started & See Task & 02/10/2019 & 03/31/2020 & 02/10/2019 & 03/31/2020 & 03/31/2020 & DY5 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & 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 \\
\hline \begin{tabular}{l}
Task \\
Step 1. Gather lessons learned and feedback from
\end{tabular} & In Progress & See Task & 05/15/2018 & 12/31/2018 & 07/01/2018 & 12/31/2018 & 12/31/2018 & DY4 Q3 \\
\hline
\end{tabular}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & \begin{tabular}{l}
Original \\
Start Date
\end{tabular} & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & \begin{tabular}{l}
DSRIP \\
Reporting Year and Quarter
\end{tabular} \\
\hline 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. & & & & & & & & \\
\hline \begin{tabular}{l}
Task \\
Step 2. WMC PPS issues RFP for vendor to do a PCMH or APC model readiness assessment.
\end{tabular} & Completed & See Task & 08/08/2015 & 09/30/2015 & 08/08/2015 & 09/30/2015 & 09/30/2015 & DY1 Q2 \\
\hline \begin{tabular}{l}
Task \\
Step 3. WMC PPS establishes local deployment councils to serve as local PPS contacts for network partners engaging in PCMH or APC model.
\end{tabular} & Completed & See Task & 12/31/2015 & 03/31/2016 & 12/31/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 08/08/2015 & 03/31/2016 & 08/08/2015 & 03/31/2016 & 03/31/2016 & DY1 Q4 \\
\hline \begin{tabular}{l}
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.
\end{tabular} & Completed & See Task & 05/18/2016 & 03/31/2018 & 05/18/2016 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 6. Identify pilot partner/early adopter sites to achieve PCMH or APCM by DY3.
\end{tabular} & Completed & See Task & 08/15/2015 & 12/31/2015 & 08/15/2015 & 12/31/2015 & 12/31/2015 & DY1 Q3 \\
\hline 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 \\
\hline \begin{tabular}{l}
Task \\
Step 8. Implement Phase 1 of network rollout PCMH/APCM
\end{tabular} & Completed & See Task & 09/30/2016 & 03/31/2017 & 09/30/2016 & 03/31/2017 & 03/31/2017 & DY2 Q4 \\
\hline \begin{tabular}{l}
Task \\
Step 9. Implement Phase 2 of network rollout PCMH/APCM
\end{tabular} & Completed & See Task & 03/31/2017 & 03/31/2018 & 03/31/2017 & 03/31/2018 & 03/31/2018 & DY3 Q4 \\
\hline Task & In Progress & See Task & 01/01/2018 & 12/31/2018 & 01/01/2018 & 12/31/2018 & 12/31/2018 & DY4 Q3 \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline Milestone/Task Name & Status & Description & Original Start Date & Original End Date & Start Date & End Date & \begin{tabular}{l}
Quarter \\
End Date
\end{tabular} & DSRIP Reporting Year and Quarter \\
\hline Step 10. Document PCMH or APC certification among eligible providers. & & & & & & & & \\
\hline \begin{tabular}{l}
Milestone \\
Mid-Point Assessment
\end{tabular} & Completed & Mid-Point Assessment & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & 06/30/2016 & DY2 Q1 \\
\hline
\end{tabular}

PPS Defined Milestones Current File Uploads
\begin{tabular}{|c|c|c|c|c|c|}
\hline Milestone Name & User ID & File Type & File Name & Description & Upload Date \\
\hline
\end{tabular}

PPS Defined Milestones Narrative Text
\begin{tabular}{|c|c|}
\hline Milestone Name & \multirow[t]{2}{*}{Narrative Text} \\
\hline 1. Development of a comprehensiveimplementation plan, DY1 & \\
\hline 2. Analysis of CSP best practices and lessons learned, DY1 & \\
\hline 3. Development of a technology-enablement plan to embed cancer screening guidelines, alerts and reminders in EHRs & \\
\hline 4. Identification of functional requirements for the cancer screening registry; DY1 & \\
\hline 5. Piloting rapid cycle evaluation of our PPS' care management function DY1 & \\
\hline 6. Selection of an analytics platform to support patient identification & \\
\hline 7. Roll-out of a one-stop screening pilot & \\
\hline 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. & \\
\hline Mid-Point Assessment & \\
\hline
\end{tabular}

\section*{Module Review Status}
\begin{tabular}{|l|l|}
\hline Review Status & \(\quad\) IA Formal Comments \\
\hline Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

IPQR Module 4.b.ii. 3 - IA Monitoring Instructions :

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}

\section*{Attestation}
 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.
 Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.
To electronically sign this Quarterly Report, please enter the required information and check the box below:here by attest, as the Lead Representative of the 'WMCHealth PPS', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.


Comments: \(\square\)

DSRIP Implementation Plan Project
WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|}
\hline \multicolumn{5}{|c|}{Status Log} \\
\hline Quarterly Report (DY,Q) & Status & Lead Representative Name & User ID & Date Timestamp \\
\hline DY4, Q2 & Adjudicated & Edward Mcgill & mrurak & 12/28/2018 04:13 PM \\
\hline
\end{tabular}

DSRIP Implementation Plan Project

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|}
\hline \multicolumn{4}{|c|}{Comments Log} \\
\hline Status & Comments & User ID & Date Timestamp \\
\hline Adjudicated & The DY4, Q2 Quarterly Report has been adjudicated by the IA. & mrurak & 12/28/2018 04:13 PM \\
\hline Returned & The DY4,Q2 Quarterly Report has been returned for Remediation. & mrurak & 11/30/2018 01:59 PM \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|}
\hline Section & Module Name & Status \\
\hline \multirow{11}{*}{Section 01} & IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY & \(\checkmark\) Completed \\
\hline & IPQR Module 1.2-PPS Budget - Waiver Revenue (Quarterly) & \(\checkmark\) Completed \\
\hline & IPQR Module 1.3-PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY & \(\checkmark\) Completed \\
\hline & IPQR Module 1.4-PPS Flow of Funds - Waiver Revenue (Quarterly) & - Completed \\
\hline & IPQR Modul 1.5 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 1.6-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 1.7-PPS Budget - Non-Waiver Revenue (Baseline) & \(\checkmark\) Completed \\
\hline & IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly) & \(\checkmark\) Completed \\
\hline & IPQR Module 1.9-PPS Flow of Funds - Non-Waiver Revenue (Baseline) & \(\checkmark\) Completed \\
\hline & IPQR Module 1.10-PPS Flow of Funds - Non-Waiver Revenue (Quarterly) & \(\checkmark\) Completed \\
\hline & IPQR Module 1.11-IA Monitoring & \\
\hline \multirow{9}{*}{Section 02} & IPQR Module 2.1 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.2-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.3-Major Risks to Implementation \& Risk Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 2.4 - Major Dependencies on Organizational Workstreams & \(\checkmark\) Completed \\
\hline & IPQR Module 2.5 - Roles and Responsibilities & \(\checkmark\) Completed \\
\hline & IPQR Module 2.6 - Key Stakeholders & \(\checkmark\) Completed \\
\hline & IPQR Module 2.7 - IT Expectations & \(\checkmark\) Completed \\
\hline & IPQR Module 2.8 - Progress Reporting & \(\checkmark\) Completed \\
\hline & IPQR Module 2.9 - IA Monitoring & \\
\hline \multirow{7}{*}{Section 03} & IPQR Module 3.1 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 3.2-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 3.3-Major Risks to Implementation \& Risk Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 3.4-Major Dependencies on Organizational Workstreams & \(\checkmark\) Completed \\
\hline & IPQR Module 3.5 - Roles and Responsibilities & \(\checkmark\) Completed \\
\hline & IPQR Module 3.6-Key Stakeholders & \(\checkmark\) Completed \\
\hline & IPQR Module 3.7-IT Expectations & \(\checkmark\) Completed \\
\hline
\end{tabular}

\title{
New York State Department Of Health \\ Delivery System Reform Incentive Payment Project \\ DSRIP Implementation Plan Project
}

Page 284 of 620

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|}
\hline Section & Module Name & Status \\
\hline & IPQR Module 3.8 - Progress Reporting & \(\checkmark\) Completed \\
\hline & IPQR Module 3.9-IA Monitoring & \\
\hline \multirow{9}{*}{Section 04} & IPQR Module 4.1 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 4.2-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 4.3 - Major Risks to Implementation \& Risk Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 4.4 - Major Dependencies on Organizational Workstreams & \(\checkmark\) Completed \\
\hline & IPQR Module 4.5 - Roles and Responsibilities & \(\checkmark\) Completed \\
\hline & IPQR Module 4.6-Key Stakeholders & \(\checkmark\) Completed \\
\hline & IPQR Module 4.7 - IT Expectations & \(\checkmark\) Completed \\
\hline & IPQR Module 4.8 - Progress Reporting & \(\checkmark\) Completed \\
\hline & IPQR Module 4.9-IA Monitoring & \\
\hline \multirow{8}{*}{Section 05} & IPQR Module 5.1-Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 5.2-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 5.3-Major Risks to Implementation \& Risk Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 5.4-Major Dependencies on Organizational Workstreams & \(\checkmark\) Completed \\
\hline & IPQR Module 5.5-Roles and Responsibilities & \(\checkmark\) Completed \\
\hline & IPQR Module 5.6-Key Stakeholders & \(\checkmark\) Completed \\
\hline & IPQR Module 5.7-Progress Reporting & \(\checkmark\) Completed \\
\hline & IPQR Module 5.8-IA Monitoring & \\
\hline \multirow{9}{*}{Section 06} & IPQR Module 6.1-Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 6.2-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 6.3-Major Risks to Implementation \& Risk Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 6.4-Major Dependencies on Organizational Workstreams & \(\checkmark\) Completed \\
\hline & IPQR Module 6.5-Roles and Responsibilities & \(\checkmark\) Completed \\
\hline & IPQR Module 6.6-Key Stakeholders & \(\checkmark\) Completed \\
\hline & IPQR Module 6.7-IT Expectations & \(\checkmark\) Completed \\
\hline & IPQR Module 6.8-Progress Reporting & \(\checkmark\) Completed \\
\hline & IPQR Module 6.9-IA Monitoring & \\
\hline Section 07 & IPQR Module 7.1 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline
\end{tabular}

New York State Department Of Health
Page 285 of 620 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project
\begin{tabular}{|c|c|c|}
\hline Section & Module Name & Status \\
\hline & IPQR Module 7.2 - PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 7.3-Major Risks to Implementation \& Risk Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 7.4-Major Dependencies on Organizational Workstreams & \(\checkmark\) Completed \\
\hline & IPQR Module 7.5 - Roles and Responsibilities & \(\checkmark\) Completed \\
\hline & IPQR Module 7.6-Key Stakeholders & \(\checkmark\) Completed \\
\hline & IPQR Module 7.7-IT Expectations & \(\checkmark\) Completed \\
\hline & IPQR Module 7.8 - Progress Reporting & \(\checkmark\) Completed \\
\hline & IPQR Module 7.9-IA Monitoring & \\
\hline \multirow{9}{*}{Section 08} & IPQR Module 8.1-Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 8.2-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 8.3-Major Risks to Implementation \& Risk Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 8.4-Major Dependencies on Organizational Workstreams & \(\checkmark\) Completed \\
\hline & IPQR Module 8.5 - Roles and Responsibilities & \(\checkmark\) Completed \\
\hline & IPQR Module 8.6 - Key Stakeholders & \(\checkmark\) Completed \\
\hline & IPQR Module 8.7-IT Expectations & \(\checkmark\) Completed \\
\hline & IPQR Module 8.8-Progress Reporting & \(\checkmark\) Completed \\
\hline & IPQR Module 8.9-IA Monitoring & \\
\hline \multirow{9}{*}{Section 09} & IPQR Module 9.1-Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 9.2-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 9.3 - Major Risks to Implementation \& Risk Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 9.4-Major Dependencies on Organizational Workstreams & \(\checkmark\) Completed \\
\hline & IPQR Module 9.5 - Roles and Responsibilities & \(\checkmark\) Completed \\
\hline & IPQR Module 9.6-Key Stakeholders & \(\checkmark\) Completed \\
\hline & IPQR Module 9.7-IT Expectations & \(\checkmark\) Completed \\
\hline & IPQR Module 9.8-Progress Reporting & \(\checkmark\) Completed \\
\hline & IPQR Module 9.9-IA Monitoring & \\
\hline \multirow{3}{*}{Section 10} & IPQR Module 10.1- Overall approach to implementation & \(\checkmark\) Completed \\
\hline & IPQR Module 10.2 - Major dependencies between work streams and coordination of projects & \(\checkmark\) Completed \\
\hline & IPQR Module 10.3-Project Roles and Responsibilities & \(\checkmark\) Completed \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|}
\hline Section & Module Name & Status \\
\hline & IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects & \(\checkmark\) Completed \\
\hline & IPQR Module 10.5-IT Requirements & \(\checkmark\) Completed \\
\hline & IPQR Module 10.6 - Performance Monitoring & \(\checkmark\) Completed \\
\hline & IPQR Module 10.7-Community Engagement & \(\checkmark\) Completed \\
\hline & IPQR Module 10.8-IA Monitoring & \\
\hline \multirow{12}{*}{Section 11} & IPQR Module 11.1 - Workforce Strategy Spending (Baseline) & \(\checkmark\) Completed \\
\hline & IPQR Module 11.2 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 11.3-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 11.4-Major Risks to Implementation \& Risk Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 11.5 - Major Dependencies on Organizational Workstreams & \(\checkmark\) Completed \\
\hline & IPQR Module 11.6 - Roles and Responsibilities & \(\checkmark\) Completed \\
\hline & IPQR Module 11.7 - Key Stakeholders & \(\checkmark\) Completed \\
\hline & IPQR Module 11.8- IT Expectations & \(\checkmark\) Completed \\
\hline & IPQR Module 11.9 - Progress Reporting & \(\checkmark\) Completed \\
\hline & IPQR Module 11.10-Staff Impact & \(\checkmark\) Completed \\
\hline & IPQR Module 11.11-Workforce Strategy Spending (Quarterly) & \(\checkmark\) Completed \\
\hline & IPQR Module 11.12-IA Monitoring & \\
\hline
\end{tabular}

\title{
New York State Department Of Health Delivery System Reform Incentive Payment Project \\ DSRIP Implementation Plan Project
}

Page 287 of 620

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|}
\hline Project ID & Module Name & Status \\
\hline \multirow{4}{*}{2.a.i} & IPQR Module 2.a.i. 1 - Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.i. 2 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.i.3-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.i. 4 - IA Monitoring & \\
\hline \multirow{5}{*}{2.a.iii} & IPQR Module 2.a.iii. 1 - Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.iii. 2 - Patient Engagement Speed & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.iii. 3 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.iii. 4 - PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.iii. 5 - IA Monitoring & \\
\hline \multirow{5}{*}{2.a.iv} & IPQR Module 2.a.iv. 1 - Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.iv. 2 - Patient Engagement Speed & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.iv. 3 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.iv. 4 - PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.a.iv. 5 - IA Monitoring & \\
\hline \multirow{5}{*}{2.b.iv} & IPQR Module 2.b.iv. 1 - Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 2.b.iv. 2 - Patient Engagement Speed & \(\checkmark\) Completed \\
\hline & IPQR Module 2.b.iv. 3 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.b.iv. 4 - PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.b.iv. 5 - IA Monitoring & \\
\hline \multirow{5}{*}{2.d.i} & IPQR Module 2.d.i.1-Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 2.d.i. 2 - Patient Engagement Speed & \(\checkmark\) Completed \\
\hline & IPQR Module 2.d.i. 3 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.d.i.4-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 2.d.i.5-IA Monitoring & \\
\hline \multirow{3}{*}{3.a.i} & IPQR Module 3.a.i. 1 - Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 3.a.i. 2 - Patient Engagement Speed & \(\checkmark\) Completed \\
\hline & IPQR Module 3.a.i. 3 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline
\end{tabular}

New York State Department Of Health
Page 288 of 620 Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project
WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|}
\hline Project ID & Module Name & Status \\
\hline & IPQR Module 3.a.i. 4 - PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 3.a.i. 5 - IA Monitoring & \\
\hline \multirow{5}{*}{3.a.ii} & IPQR Module 3.a.ii. 1 - Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 3.a.ii. 2 - Patient Engagement Speed & \(\checkmark\) Completed \\
\hline & IPQR Module 3.a.ii. 3 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 3.a.ii. 4 - PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 3.a.ii. 5 - IA Monitoring & \\
\hline \multirow{5}{*}{3.c.i} & IPQR Module 3.c.i.1-Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 3.c.i.2 - Patient Engagement Speed & \(\checkmark\) Completed \\
\hline & IPQR Module 3.c.i. 3 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 3.c.i.4-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 3.c.i. 5 - IA Monitoring & \\
\hline \multirow{5}{*}{3.d.iii} & IPQR Module 3.d.iii. 1 - Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 3.d.iii. 2 - Patient Engagement Speed & \(\checkmark\) Completed \\
\hline & IPQR Module 3.d.iii. 3 - Prescribed Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 3.d.iii. 4 - PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 3.d.iii. 5 - IA Monitoring & \\
\hline \multirow{3}{*}{4.b.i} & IPQR Module 4.b.i.1-Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 4.b.i.2-PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 4.b.i.3-IA Monitoring & \\
\hline \multirow{3}{*}{4.b.ii} & IPQR Module 4.b.ii. 1 - Major Risks to Implementation and Mitigation Strategies & \(\checkmark\) Completed \\
\hline & IPQR Module 4.b.ii.2 - PPS Defined Milestones & \(\checkmark\) Completed \\
\hline & IPQR Module 4.b.ii. 3 - IA Monitoring & \\
\hline
\end{tabular}

\section*{New York State Department Of Health Delivery System Reform Incentive Payment Project \\ DSRIP Implementation Plan Project}

Page 289 of 620

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|}
\hline Section & Module Name / Milestone \# & & \\
\hline \multirow{10}{*}{Section 01} & Module 1.1-PPS Budget - Waiver Revenue (Baseline) - READ ONLY & Pass \& Ongoing & \\
\hline & Module 1.2-PPS Budget - Waiver Revenue (Quarterly) & Pass \& Ongoing & \\
\hline & Module 1.3-PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY & Pass \& Ongoing & \\
\hline & Module 1.4-PPS Flow of Funds - Waiver Revenue (Quarterly) & Pass \& Ongoing & \\
\hline & Module 1.5-Prescribed Milestones & & \\
\hline & Milestone \#1 Complete funds flow budget and distribution plan and communicate with network & Pass \& Complete & \\
\hline & Module 1.7-PPS Budget - Non-Waiver Revenue (Baseline) & Pass \& Ongoing & \\
\hline & Module 1.8-PPS Budget - Non-Waiver Revenue (Quarterly) & Pass \& Ongoing & \\
\hline & Module 1.9-PPS Flow of Funds - Non-Waiver Revenue (Baseline) & Pass \& Ongoing & \\
\hline & Module 1.10-PPS Flow of Funds - Non-Waiver Revenue (Quarterly) & Pass \& Ongoing & \\
\hline \multirow{10}{*}{Section 02} & Module 2.1 - Prescribed Milestones & & \\
\hline & Milestone \#1 Finalize governance structure and sub-committee structure & Pass \& Complete & \(\square\) \\
\hline & Milestone \#2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project & Pass \& Complete & \(\square\) \\
\hline & Milestone \#3 Finalize bylaws and policies or Committee Guidelines where applicable & Pass \& Complete & (1) B \\
\hline & Milestone \#4 Establish governance structure reporting and monitoring processes & Pass \& Complete & \\
\hline & 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 & \(\square\) \\
\hline & Milestone \#6 Finalize partnership agreements or contracts with CBOs & Pass \& Complete & \(\square\) \\
\hline & 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 & \\
\hline & Milestone \#8 Finalize workforce communication and engagement plan & Pass \& Complete & \(\square\) \\
\hline & Milestone \#9 Inclusion of CBOs in PPS Implementation. & Pass \& Complete & \\
\hline \multirow{3}{*}{Section 03} & Module 3.1-Prescribed Milestones & & \\
\hline & Milestone \#1 Finalize PPS finance structure, including reporting structure & Pass \& Complete & \\
\hline & Milestone \#2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. & Pass \& Complete & \\
\hline
\end{tabular}

\title{
New York State Department Of Health Delivery System Reform Incentive Payment Project \\ DSRIP Implementation Plan Project
}

Page 290 of 620

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|}
\hline Section & Module Name / Milestone \# & & \\
\hline & Milestone \#3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d & Pass \& Complete & \\
\hline & Milestone \#4 Develop a Value Based Payments Needs Assessment ("VNA") & Pass \& Complete & \\
\hline & Milestone \#5 Develop an implementation plan geared towards addressing the needs identified within your VNA & Pass \& Complete & \\
\hline & Milestone \#6 Develop partner engagement schedule for partners for VBP education and training & Pass \& Complete & \\
\hline & Milestone \#7 Utilize lessons learned from VBP Enhanced Survey and our VBP QIP experience to facilitate contracting innovation through regular partner meetings. & Pass \& Complete & (1) \\
\hline & Milestone \#8 Assist partners to understand Total Cost of Care, Bundled Payments and other VBP contracting arrangements to more effectively negotiate contracts. & Pass \& Complete & (1) \\
\hline \multirow{3}{*}{Section 04} & Module 4.1 - Prescribed Milestones & & \\
\hline & Milestone \#1 Finalize cultural competency / health literacy strategy. & Pass \& Complete & \\
\hline & Milestone \#2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). & Pass \& Complete & \\
\hline \multirow{6}{*}{Section 05} & Module 5.1 - Prescribed Milestones & & \\
\hline & 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 & (1) \\
\hline & Milestone \#2 Develop an IT Change Management Strategy. & Pass \& Complete & \(\square\) \\
\hline & Milestone \#3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network & Pass \& Complete & \(\square\) \\
\hline & Milestone \#4 Develop a specific plan for engaging attributed members in Qualifying Entities & Pass \& Complete & \\
\hline & Milestone \#5 Develop a data security and confidentiality plan. & Pass \& Complete & \\
\hline \multirow{3}{*}{Section 06} & Module 6.1-Prescribed Milestones & & \\
\hline & Milestone \#1 Establish reporting structure for PPS-wide performance reporting and communication. & Pass \& Complete & \\
\hline & Milestone \#2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. & Pass \& Complete & (1) \\
\hline \multirow{3}{*}{Section 07} & Module 7.1-Prescribed Milestones & & \\
\hline & Milestone \#1 Develop Practitioners communication and engagement plan. & Pass \& Complete & \\
\hline & 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 & (1) \\
\hline \multirow{3}{*}{Section 08} & Module 8.1 - Prescribed Milestones & & \\
\hline & Milestone \#1 Develop population health management roadmap. & Pass \& Ongoing & \\
\hline & Milestone \#2 Finalize PPS-wide bed reduction plan. & Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|}
\hline Section & Module Name / Milestone \# & \multicolumn{2}{|c|}{Review Status} \\
\hline \multirow{3}{*}{Section 09} & Module 9.1 - Prescribed Milestones & & \\
\hline & Milestone \#1 Perform a clinical integration 'needs assessment'. & Pass \& Complete & (1) \\
\hline & Milestone \#2 Develop a Clinical Integration strategy. & Pass \& Complete & \\
\hline \multirow{9}{*}{Section 11} & Module 11.1 - Workforce Strategy Spending (Baseline) & Pass \& Complete & \\
\hline & Module 11.2 - Prescribed Milestones & & \\
\hline & Milestone \#1 Define target workforce state (in line with DSRIP program's goals). & Pass \& Complete & \(\square\) \\
\hline & Milestone \#2 Create a workforce transition roadmap for achieving defined target workforce state. & Pass \& Complete & B \\
\hline & Milestone \#3 Perform detailed gap analysis between current state assessment of workforce and projected future state. & Pass \& Complete & \\
\hline & 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 & \\
\hline & Milestone \#5 Develop training strategy. & Pass \& Complete & (1) \\
\hline & Module 11.10-Staff Impact & Pass \& Ongoing & (1) \\
\hline & Module 11.11 - Workforce Strategy Spending (Quarterly) & Pass \& Ongoing & \\
\hline
\end{tabular}

New York State Department Of Health
Page 292 of 620 Delivery System Reform Incentive Payment Project

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|}
\hline Project ID & Module Name / Milestone \# & \multicolumn{2}{|r|}{Review Status} \\
\hline \multirow{11}{*}{2.a.i} & Module 2.a.i.2-Prescribed Milestones & & \\
\hline & 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 \& Complete & \\
\hline & 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 & \\
\hline & 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 & \\
\hline & 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 \& Complete & \\
\hline & 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 \& Complete & \\
\hline & 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 \& Complete & \\
\hline & 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. & Fail & \\
\hline & Milestone \#9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. & Pass \& Complete & \\
\hline & Milestone \#10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. & Fail & \\
\hline & 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 & \\
\hline & Module 2.a.iii. 2 - Patient Engagement Speed & Pass \& Ongoing & \(\square\) \\
\hline & Module 2.a.iii. 3 - Prescribed Milestones & & \\
\hline & 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 & \\
\hline 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. & Fail & \\
\hline & 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 \& Complete & \\
\hline
\end{tabular}

\title{
New York State Department Of Health Delivery System Reform Incentive Payment Project \\ DSRIP Implementation Plan Project
}

Page 293 of 620

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|}
\hline Project ID & Module Name / Milestone \# & \multicolumn{2}{|r|}{Review Status} \\
\hline & Milestone \#4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. & Fail & \\
\hline & 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 & \\
\hline & Milestone \#6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. & Pass \& Complete & \\
\hline & 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 & \\
\hline & 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 & \\
\hline & 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 & \\
\hline \multirow{9}{*}{2.a.iv} & Module 2.a.iv. 2 - Patient Engagement Speed & Pass \& Ongoing & \(\square\) \\
\hline & Module 2.a.iv. 3 - Prescribed Milestones & & \\
\hline & 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 & \\
\hline & 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 & \\
\hline & Milestone \#3 Ensure that all eligible participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet statedetermined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. & Pass \& Complete & \\
\hline & 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 \& Complete & \\
\hline & Milestone \#5 Use EHRs and other technical platforms to track all patients engaged in the project. & Pass \& Complete & \\
\hline & Milestone \#6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 & Pass \& Complete & \\
\hline & 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 & \\
\hline \multirow{5}{*}{2.b.iv} & Module 2.b.iv. 2 - Patient Engagement Speed & Pass \& Ongoing & \(\square\) \\
\hline & Module 2.b.iv. 3 - Prescribed Milestones & & \\
\hline & 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 & \\
\hline & 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 \& Complete & \\
\hline & Milestone \#3 Ensure required social services participate in the project. & Pass \& Complete & \\
\hline
\end{tabular}

NYS Confidentiality - High

New York State Department Of Health
Page 294 of 620 Delivery System Reform Incentive Payment Project

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|}
\hline Project ID & Module Name / Milestone \# & \multicolumn{2}{|c|}{Review Status} \\
\hline \multirow[t]{4}{*}{} & 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 & \\
\hline & Milestone \#5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. & Pass \& Complete & \\
\hline & Milestone \#6 Ensure that a 30-day transition of care period is established. & Pass \& Complete & \\
\hline & Milestone \#7 Use EHRs and other technical platforms to track all patients engaged in the project. & Pass \& Complete & \\
\hline \multirow{11}{*}{2.d.i} & Module 2.d.i. 2 - Patient Engagement Speed & Fail & \(\square\) \\
\hline & Module 2.d.i. 3 - Prescribed Milestones & & \\
\hline & 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 & \\
\hline & 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 & \\
\hline & 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 & \\
\hline & Milestone \#4 Survey the targeted population about healthcare needs in the PPS' region. & Pass \& Complete & \\
\hline & 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 & \\
\hline & \begin{tabular}{l}
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.
\end{tabular} & Pass \& Complete & \\
\hline & 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 & \\
\hline & Milestone \#8 Include beneficiaries in development team to promote preventive care. & Pass \& Complete & \\
\hline & \begin{tabular}{l}
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.
\end{tabular} & Pass \& Complete & \\
\hline
\end{tabular}

New York State Department Of Health
Page 295 of 620 Delivery System Reform Incentive Payment Project

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}


NYS Confidentiality - High

\title{
New York State Department Of Health Delivery System Reform Incentive Payment Project \\ \\ DSRIP Implementation Plan Project
} \\ \\ DSRIP Implementation Plan Project
}

Page 296 of 620

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|}
\hline Project ID & Module Name / Milestone \# & & \\
\hline & Milestone \#6 Develop collaborative evidence-based standards of care including medication management and care engagement process. & Pass \& Ongoing & \\
\hline & Milestone \#7 Conduct preventive care screenings, including physical and behavioral health screenings. & Pass \& Ongoing & \\
\hline & Milestone \#8 Use EHRs or other technical platforms to track all patients engaged in this project. & Pass \& Ongoing & \\
\hline & Milestone \#9 Implement IMPACT Model at Primary Care Sites. & Pass \& Ongoing & \\
\hline & Milestone \#10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. & Pass \& Ongoing & \\
\hline & Milestone \#11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model. & Pass \& Ongoing & \\
\hline & Milestone \#12 Designate a Psychiatrist meeting requirements of the IMPACT Model. & Pass \& Ongoing & \\
\hline & Milestone \#13 Measure outcomes as required in the IMPACT Model. & Pass \& Ongoing & \\
\hline & Milestone \#14 Provide "stepped care" as required by the IMPACT Model. & Pass \& Ongoing & \\
\hline & Milestone \#15 Use EHRs or other technical platforms to track all patients engaged in this project. & Pass \& Ongoing & \\
\hline \multirow{12}{*}{3.a.ii} & Module 3.a.ii. 2 - Patient Engagement Speed & Pass \& Ongoing & \(\square\) \\
\hline & Module 3.a.ii. 3 - Prescribed Milestones & & \\
\hline & Milestone \#1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. & Pass \& Complete & \\
\hline & 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 \& Complete & \\
\hline & 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 \& Complete & \\
\hline & Milestone \#4 Develop written treatment protocols with consensus from participating providers and facilities. & Pass \& Complete & \\
\hline & 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. & Pass \& Complete & \\
\hline & 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 \& Complete & \\
\hline & Milestone \#7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. & Pass \& Complete & \\
\hline & 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 \& Complete & \\
\hline & Milestone \#9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. & Pass \& Complete & \\
\hline & Milestone \#10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of & Pass \& Complete & \\
\hline
\end{tabular}

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

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|}
\hline \multirow[t]{3}{*}{Project ID} & Module Name / Milestone \# & \multicolumn{2}{|r|}{Review Status} \\
\hline & care. & & \\
\hline & Milestone \#11 Use EHRs or other technical platforms to track all patients engaged in this project. & Pass \& Complete & \\
\hline \multirow{9}{*}{3.c.i} & Module 3.c.i.2-Patient Engagement Speed & Pass \& Ongoing & (1) \\
\hline & Module 3.c.i. 3 - Prescribed Milestones & & \\
\hline & Milestone \#1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings. & Pass \& Complete & \\
\hline & 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 & \\
\hline & 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 & \\
\hline & 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 & \\
\hline & Milestone \#5 Ensure coordination with the Medicaid Managed Care organizations serving the target population. & Pass \& Complete & \\
\hline & Milestone \#6 Use EHRs or other technical platforms to track all patients engaged in this project. & Pass \& Complete & \\
\hline & 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 & \\
\hline \multirow{7}{*}{3.d.iii} & Module 3.d.iii. 2 - Patient Engagement Speed & Pass \& Ongoing & (1) \\
\hline & Module 3.d.iii.3-Prescribed Milestones & & \\
\hline & 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 & \\
\hline & 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 & \\
\hline & Milestone \#3 Deliver educational activities addressing asthma management to participating primary care providers. & Pass \& Complete & \\
\hline & Milestone \#4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population. & Pass \& Complete & \\
\hline & Milestone \#5 Use EHRs or other technical platforms to track all patients engaged in this project. & Pass \& Complete & \\
\hline 4.b.i & Module 4.b.i.2-PPS Defined Milestones & Pass \& Ongoing & \\
\hline 4.b.ii & Module 4.b.ii. 2 - PPS Defined Milestones & Pass \& Ongoing & \\
\hline
\end{tabular}

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)

Providers Participating in Projects
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & \multicolumn{11}{|c|}{Selected Projects} \\
\hline & 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 \\
\hline Provider Speed Commitments & DY3 Q4 & DY3 Q4 & DY4 Q4 & DY3 Q4 & DY2 Q4 & DY3 Q4 & DY3 Q4 & DY2 Q4 & DY2 Q4 & & \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{2}{|l|}{\multirow[b]{2}{*}{Provider Category}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{l} 
Project 2.a.i \\
\hline Selected \(/\) \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{|c|}
\hline Project 2.a.iii \\
\hline Selected / \\
Committed \\
\hline
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{l} 
Project 2.a.iv \\
\hline Selected / \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{l}
Project 2.b.iv \\
Selected / \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{l} 
Project 2.d.i \\
\hline Selected / \\
Committed \\
\hline
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{l}
Project 3.a.i \\
Selected / \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{l} 
Project 3.a.ii \\
\hline Selected / \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{l} 
Project 3.c.i \\
\hline Selected \(/\) \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{|c|}
\hline Project 3.d.iii \\
\hline Selected \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{|c|}
\hline Project 4.b.i \\
\hline Selected / \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{|c|}
\hline Project 4.b.ii \\
\hline Selected \(/\) \\
Committed \\
\hline
\end{tabular}}} \\
\hline & & & & & & & & & & & & & & & & & & & & & & & \\
\hline \multirow[t]{2}{*}{Practitioner - Primary Care Provider (PCP)} & Total & 913 & 578 & 858 & 497 & 470 & - & 871 & 497 & 396 & - & 801 & 95 & 871 & - & 877 & 497 & 877 & 497 & 871 & - & 871 & - \\
\hline & Safety Net & 313 & 177 & 300 & 132 & 221 & 73 & 303 & 132 & 168 & 97 & 297 & 45 & 303 & 177 & 303 & 132 & 303 & 132 & 303 & - & 303 & - \\
\hline \multirow[t]{2}{*}{Practitioner - Non-Primary Care Provider (PCP)} & Total & 2,607 & 1,784 & 2,392 & 950 & 1,000 & - & 2,404 & 950 & 1,149 & - & 2,193 & 95 & 2,469 & - & 2,405 & 760 & 2,405 & 760 & 2,469 & - & 2,469 & \\
\hline & Safety Net & 361 & 332 & 344 & 243 & 225 & 155 & 346 & 243 & 268 & 85 & 341 & 32 & 347 & 81 & 346 & 182 & 346 & 182 & 347 & - & 347 & \\
\hline \multirow{2}{*}{Hospital} & Total & 8 & 13 & 6 & - & 3 & - & 7 & 9 & 2 & - & 3 & - & 7 & - & 7 & - & 7 & - & 7 & - & 7 & \\
\hline & Safety Net & 7 & 11 & 6 & - & 3 & 4 & 6 & 7 & 2 & 6 & 3 & - & 6 & 10 & 6 & - & 6 & - & 6 & - & 6 & - \\
\hline \multirow{2}{*}{Clinic} & Total & 32 & 40 & 22 & 23 & 8 & - & 24 & - & 7 & - & 18 & 20 & 24 & - & 24 & 10 & 24 & 12 & 24 & - & 24 & - \\
\hline & Safety Net & 26 & 36 & 20 & 25 & 8 & 6 & 21 & - & 7 & 8 & 18 & 20 & 21 & 36 & 21 & 10 & 21 & 12 & 21 & - & 21 & - \\
\hline \multirow[t]{2}{*}{Case Management / Health Home} & Total & 39 & 25 & 32 & 25 & 13 & - & 33 & 25 & 11 & - & 25 & - & 33 & - & 33 & 25 & 33 & 25 & 33 & - & 33 & - \\
\hline & Safety Net & 29 & 16 & 23 & 16 & 8 & 1 & 24 & 16 & 7 & - & 19 & - & 24 & 10 & 24 & 16 & 24 & 16 & 24 & - & 24 & - \\
\hline \multirow{2}{*}{Mental Health} & Total & 418 & 307 & 396 & 71 & 165 & - & 391 & - & 137 & - & 362 & 109 & 404 & - & 391 & 103 & 391 & - & 404 & - & 404 & - \\
\hline & Safety Net & 81 & 80 & 75 & 26 & 23 & 3 & 74 & - & 29 & - & 69 & 25 & 76 & 44 & 74 & 38 & 74 & - & 76 & - & 76 & - \\
\hline \multirow{2}{*}{Substance Abuse} & Total & 20 & 26 & 19 & 8 & 6 & - & 19 & - & 7 & - & 17 & 10 & 19 & - & 19 & 10 & 19 & - & 19 & - & 19 & - \\
\hline & Safety Net & 19 & 25 & 18 & 7 & 6 & 2 & 18 & - & 6 & - & 16 & 9 & 18 & 25 & 18 & 9 & 18 & - & 18 & - & 18 & - \\
\hline \multirow{2}{*}{Nursing Home} & Total & 12 & 36 & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - \\
\hline & Safety Net & 12 & 35 & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - \\
\hline \multirow{2}{*}{Pharmacy} & Total & 4 & 3 & 2 & 3 & 0 & - & 2 & - & 2 & - & 0 & - & 2 & - & 2 & 3 & 2 & 3 & 2 & - & 2 & - \\
\hline & Safety Net & 1 & 0 & 1 & 0 & 0 & 0 & 1 & - & 1 & 0 & 0 & - & 1 & - & 1 & 0 & 1 & 0 & 1 & - & 1 & - \\
\hline Hospice & Total & 6 & 6 & 2 & - & 0 & - & 2 & - & 0 & - & 0 & - & 2 & - & 2 & - & 2 & - & 2 & - & 2 & - \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{2}{|l|}{\multirow[b]{2}{*}{Provider Category}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\[
\begin{gathered}
\hline \text { Project 2.a.i } \\
\hline \text { Selected / } \\
\text { Committed } \\
\hline
\end{gathered}
\]}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{|c|}
\hline Project 2.a.iii \\
\hline Selected \(/\) \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{|c|}
\hline Project 2.a.iv \\
\hline Selected \(/\) \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{|c|}
\hline Project 2.b.iv \\
\hline Selected / \\
Committed \\
\hline
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{|c|}
\hline Project 2.d.i \\
\hline Selected \(/\) \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{Project 3.a.i
Selected \(/\)
Committed}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{c} 
Project 3.a.ii \\
\hline Selected \(/\) \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{l} 
Project 3.c.i \\
\hline Selected \(/\) \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{|c|}
\hline Project 3.d.iii \\
\hline Selected \(/\) \\
Committed
\end{tabular}}} & \multicolumn{2}{|l|}{\multirow[t]{2}{*}{\begin{tabular}{c} 
Project 4.b.i \\
\hline Selected \(/\) \\
Committed
\end{tabular}}} & \multirow[t]{2}{*}{\begin{tabular}{|c|}
\hline Project 4.b.ii \\
\hline Selected \(/\) \\
Committed \\
\hline
\end{tabular}} \\
\hline & & & & & & & & & & & & & & & & & & & & & & \\
\hline & Safety Net & 3 & 0 & 1 & - & 0 & 0 & 1 & - & 0 & - & 0 & - & 1 & - & 1 & - & 1 & - & 1 & - & 1 \\
\hline Community Based & Total & 0 & 148 & 0 & 68 & 0 & - & 0 & 64 & 0 & - & 0 & 20 & 0 & - & 0 & 65 & 0 & 35 & 0 & - & 0 \\
\hline Organizations & Safety Net & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 \\
\hline & Total & 1,677 & 1,094 & 1,508 & 280 & 817 & - & 1,542 & 415 & 782 & - & 1,400 & 190 & 1,543 & - & 1,548 & 454 & 1,548 & 432 & 1,543 & - & 1,543 \\
\hline & Safety Net & 588 & 200 & 532 & 280 & 379 & 216 & 536 & 294 & 346 & 168 & 524 & 19 & 537 & 285 & 536 & 33 & 536 & 333 & 537 & - & 537 \\
\hline Un & Total & 810 & - & 686 & - & 143 & - & 686 & - & 261 & - & 648 & - & 698 & - & 686 & - & 686 & - & 698 & - & 698 \\
\hline & Safety Net & 125 & - & 83 & - & 39 & - & 88 & - & 29 & - & 81 & - & 89 & - & 88 & - & 88 & - & 89 & - & 89 \\
\hline Additional Providers & Total & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 \\
\hline & Safety Net & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 & - & 0 \\
\hline Home and Community Based & Total & 6 & - & 4 & - & 2 & - & 4 & - & 0 & - & 3 & - & 4 & - & 4 & - & 4 & - & 4 & - & 4 \\
\hline Services & Safety Net & 6 & - & 4 & - & 2 & - & 4 & - & 0 & - & 3 & - & 4 & - & 4 & - & 4 & - & 4 & - & 4 \\
\hline
\end{tabular}

\section*{Additional Project Scale Commitments}

\section*{nstructions:}

 providers/entities/individuals associated with this project, if applicable.
\begin{tabular}{|l|l|r|r|}
\hline \multicolumn{1}{|c|}{ Project Scale Category } & Project & Selected & Committed \\
\hline Expected Number of Crisis Intervention Programs Established & 3.a.ii & 9 & 7 \\
\hline Expected Number of Medical Villages Established & 2.a.iv & 0 & \\
\hline PAM(R) Providers & 2.d.i & 2 \\
\hline
\end{tabular}

Safety Net Providers in Green
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Jacobs Amanda & Practitioner - Primary Care Provider (PCP) & & & & & & & & & & & \\
\hline
\end{tabular}
\(\qquad\) Bakey William
Anandu Nandini Md Amy S Ciner Md
\begin{tabular}{|l|}
\hline George Joseph A Md \\
\hline Shah Gopal \\
\hline Thayer Lisa \\
\hline
\end{tabular}
 \begin{tabular}{|l} 
Lominy Marie－Micheline Md \\
\hline Pinto Eduardo Navarro \\
\hline
\end{tabular}
Garcia Quinones Saribel

Okoniewski Deborah A
\begin{tabular}{|l|l}
\hline Elliott Jililiann \\
\hline Botti Erin \\
\hline
\end{tabular}
Sundaram Vishalakshi
Sung Jenny Chia Ning Cartano Oliver Md Remde Alan Hugh Cristescu Corina Elena Md
PW S d！！！ud Li！us Киәqш！्र uosulqoy





 \begin{tabular}{l} 
Practitioner－Primary Care Provider（PCP） \\
\hline Practitioner－Primary Care Provider（PCP）
\end{tabular} Practitioner－Primary Care Provider（PCP）

 Practitioner－Primary Care Provider（PCP） Practitioner－Primary Care Provider（PCP） Practitioner－Primary Care Provider（PCP） Practitioner－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Primary Care Provider（PCP） \\
\hline Practitioner－Primary Care Provider（PCP）
\end{tabular} Practitioner－Primary Care Provider（PCP） Practitioner－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Primary Care Provider（PCP） \\
\hline Practitioner－Primary Care Provider（PCP）
\end{tabular} Practitioner－Primary Care Provider（PCP） Practitioner－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Primary Care Provider（PCP） \\
\hline Practitioner－Primary Care Provider（PCP） \\
\hline Prat
\end{tabular} Practitioner－Primary Care Provider（PCP） Practitioner－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Primary Care Provider（PCP） \\
\hline Practitioner－Primary Care Provider（PCP） \\
\hline Prer
\end{tabular} Practitioner－Primary Care Provider（PCP）
 sңoolond u！Ku！！ed！o！ned
\(\square\)



く 《く《毞 « \(<\)









\section*{}




 Practitioner - Primary Care Provider (PCP)


 Practitioner - Primary Care Provider (PCP)
 Practitioner - Primary Care Provider (PCP) Practitioner - - Primary Care Provider (PCP) Practitioner - - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)
 Practitioner - - -rimary Care Provider (PCP)
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - - Primary Care Provider (PCP)
Practioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)
 \begin{tabular}{l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP)
\end{tabular} Practitioner - Primary Care Provider (PCP)
 sloz!oid u! Gu!led!u!ped

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\section*{}

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline , & - & , & , & , & , & - & - & , & , & , &  \\
\hline - & - & - & - & - & - & & - & & - & - &  \\
\hline & & & & & & & & & & &  \\
\hline ㅅ. & - & - & - & - & - & & - & - & - & - &  \\
\hline & & & & & & & & & & &  \\
\hline , & , & , & [ & [ & [ & & - & & 스․ & [ &  \\
\hline & & & & & & & & & & &  \\
\hline 슬 & \(\cdots\) & 슬 & 슬 & [ & [ & & - & 슬 & [ & [ &  \\
\hline , & \(\cdots\) & - & - & - & - & - & - & & - & , &  \\
\hline , & , & , & , & , & , & - & - & - & , & , &  \\
\hline , & , & - & - & - & - & 슬 & - & - & - & - &  \\
\hline , & \(\cdots\) & , & , & , & , & & - & , & , & , &  \\
\hline , & \(\cdots\) & 슬 & \(\cdots\) & \(\cdots\) & [ & & - & & , & , &  \\
\hline , & \(\cdots\) & - & - & - & - & & - & & - & , &  \\
\hline , & , & , & , & , & & & - & & , & , &  \\
\hline 슬 & - & 슬 & 슬 & 슬 & - & & - & & - & - &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline , & - & - & \(\cdots\) & - & - & - & - & - & - & - &  \\
\hline , & \(\cdots\) & - & - & - & & & - & & & , &  \\
\hline , & , & - & - & - & - & & - & & - & , &  \\
\hline , & - & - & , & , & - & & - & & - & - &  \\
\hline - & - & - & - & - & - & - & - & & - & - &  \\
\hline & & & & & & & & & & &  \\
\hline , & \(\cdots\) & - & - & - & & & - & & - & - &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline , & \(\cdots\) & , & , & \(\cdots\) & [ & & - & , & [ & , &  \\
\hline 슬 & \(\cdots\) & 슬 & 슬 & 슬 & & & - & & 슬 & 슬 &  \\
\hline & & & & & & & & & & &  \\
\hline - & - & - & - & - & - & & - & & - & - &  \\
\hline 世'\% & !at & !"! \(\mathrm{P}^{\prime}\) & ! \(\cdot\) ¢ & \#'¢ & ! \(¢\) & !P\% & A! \({ }^{\text {a }}\) & ¢! & !!'z & ! \({ }^{\text {er }}\) &  \\
\hline \multicolumn{12}{|l|}{stoolond u! Bu!ped!ụled} \\
\hline
\end{tabular}

\section*{(เz:al Sdd) Sdd чџеәнכWм}

                    \begin{tabular}{l} 
Julien-Banica Jehan \\
\hline Kukulka Crystal Md \\
\hline
\end{tabular}
                    \begin{tabular}{l} 
Levin-Waldman Renee Marci Md \\
\hline Oppenheimer Orit \\
\hline
\end{tabular}
                            Gordon Emily Linzer Md
                    \begin{tabular}{|l|}
\hline Salzberg Paul David Md \\
\hline Sosinsky Jeffrey Hd Md \\
\hline Gordon Emily Linzer Md \\
\hline
\end{tabular}
                    \begin{tabular}{|l|}
\hline Kyaw Soe Paing Md \\
\hline Paul Sara Marie \\
\hline Sal \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Williams Aria K \\
\hline Mathew Liby \\
\hline Kyaw Soe Paing M \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Mitchell Ronald Alvin \\
\hline Williams Aria K \\
\hline
\end{tabular}


                    Bisnauth Rajes
                    Maria Mazen Md
                    \begin{tabular}{|l}
\hline Goldberg Randy Md \\
\hline Foy Bridget M \\
\hline
\end{tabular}
                    \begin{tabular}{l} 
Juster Fern R Md \\
\hline Goldberg Randy Md \\
\hline
\end{tabular}
                        \begin{tabular}{|l|}
\hline Nackenson Marcia Judith Md \\
\hline Tesler Peter Jon Md \\
\hline Juster Fern R Md \\
\hline G \\
\hline
\end{tabular}
                        Shah Parag J Md
                            \begin{tabular}{l} 
Carniciu Stere \\
\hline Shah Parag J Md \\
\hline
\end{tabular}
                            Carniciu Stere
                    Devincenzo Salvatore John Md
                    иеешш кипирмочО



\section*{(LZ:al Sdd) Sdd чџеәнכWM}

                    иәидәझS о907
                    eurad poos
                    \begin{tabular}{|l|}
\hline Kristina Melchert \\
\hline Khan Sakina \\
\hline Sood Prerna \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Shkolnikov Tatyana Md \\
\hline Uribe Wanda \\
\hline Kristina Melchert \\
\hline
\end{tabular}
                    \begin{tabular}{|l|}
\hline Hammer John T Md \\
\hline Shkolnikov Tatyana Mc \\
\hline Uibent \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Oltean Ion Md \\
\hline Hammer John T Md \\
\hline
\end{tabular}

                    \begin{tabular}{|l}
\hline Hynes Tanjia \\
\hline Nicoll Laura Ann Md \\
\hline Mod \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Chopra Ashok Chanparkash \\
\hline Hynes Tanjia \\
\hline
\end{tabular}
                    Reyes-Pastorell Evang
                    \begin{tabular}{|l|}
\hline Priester William D Md \\
\hline Serrano Miriam \\
\hline
\end{tabular}
                    Susso Rocco
                    \begin{tabular}{|l}
\hline Bar Mordechai Fenikel Md \\
\hline Shafran Gail \\
\hline Ruse Race Md \\
\hline
\end{tabular}
                    \begin{tabular}{|l|l|}
\hline Korsakoff Kristopher Md \\
\hline Bar Mordechai Fenikel Md \\
\hline Sar \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Shtrambrand Dmitry Md \\
\hline Korsakoff Kristopher Md \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Sawhney Suman Kumar Md \\
\hline Rezvin Yevgeny Alexander Md \\
\hline Sand \\
\hline
\end{tabular}
                    \begin{tabular}{|l|}
\hline Pallant Bennett S JMd \\
\hline Sawhney Suman Kumar Md \\
\hline Rezin Yer \\
\hline
\end{tabular}
\(\qquad\) S W əu！oxeว uoow גеW ！｜｜әцедdeつ Arbisser－Grohman Debra Jahn Margaret Ann pW pкоำ p！ィед ॥eysıew

Rudy Katie Lynn
\begin{tabular}{l} 
Marks Lura Wendy \\
\hline Miller Sarah \\
\hline Rudy Katie Lynn
\end{tabular} \begin{tabular}{l} 
Belfield Uticia \\
\hline Marks Lura Wendy
\end{tabular}
Decastro Manuel Hernandez Md
Decastro Manuel Hernandez Md Sayegh Osama Elias Md
\begin{tabular}{l} 
Levin Marc William Md \\
\hline Welter John J Md \\
\hline
\end{tabular}
Neu Natalie M Md Rizzo Renee
Rivera Veronica
Harawitz Evan D Md Desai Bharati Chandrakant
Osman Sami
 pW S p！леп биеу

\section*{}





    Practitioner - Primary Care Provider (PCP)


    Practitioner - Primary Care Provider (PCP)
    Practitioner - Primary Care Provider (PCP)
    Practitioner - Primary Care Provider (PCP)
    Practitioner - Primary Care Provider (PCP)
    \begin{tabular}{|l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline
\end{tabular}


    Practitioner - Primary Care Provider (PCP)


    Practitioner - Primary Care Provider (PCP)
    \begin{tabular}{l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline Pract
\end{tabular}
    Practitioner - Primary Care Provider (PCP)


    Practitioner - Primary Care Provider (PCP)


                            く《く<
                    く
                    《く
                    ふくふ
                            《





                    日回踝

                    ■
                            0
                    - 5 8
                    30
                        słכə[o.d u! Ku!̣ed!o!ned
                        A!réz !!!erz


\section*{}

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & 슬 & － & － & － & － & & 슬 & － & 슬 & － &  & प｜IH \\
\hline － & － & － & － & － & － & & － & & － & ， &  & е！כ！иеd sdmeцэsəの \\
\hline － & ， & － & － & ， & － & － & ， & － & ， & ， &  & pW d ！！uysey ！Mme」 \\
\hline － & 슬 & － & － & ， & ， & & 슬 & 슨 & 슬 & ， &  & PW uew \\
\hline ， & ，＾1 & － & － & へ & へ & ヘ & へ & － & － & へ &  &  \\
\hline － & － & － & － & － & － & へ & － & － & － & へ &  & uu＊Куэəg su！ə \\
\hline － & － & ヘ & － & － & － & & － & & － & － &  & dN EsS！！əข pləy \\
\hline － & － & － & － & ， & － & & － & － & － & へ &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & ヘ & － & － & － & ヘ & － & － & － & ヘ &  & PW Kureg exnlit \\
\hline & & & & & & & & & & へ &  &  \\
\hline － & － & － & － & － & － & & － & － & － & へ &  &  \\
\hline － & － & ヘ & － & － & － & ヘ & － & & － & ～ &  &  \\
\hline ， & － & － & － & へ & － & & へ & & － & へ &  & PW 7 әәүบ！ \\
\hline － & － & － & － & － & & & － & & － & － &  & pW uuv ə！uuar ！s！｜leos \\
\hline － & － & ヘ & － & － & － & ヘ & － & － & － & ～ &  &  \\
\hline & & & & & & & & & & &  & әәך иКイеу лекоя \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & ヘ & & & & － &  & E！ly uosıapu＊ \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & － & － & － &  & ери！7 вииәуоW \\
\hline － & － & ヘ & － & － & － & & － & － & － & ～ &  &  \\
\hline － & － & － & － & － & － & へ & － & & － & へ &  & fes \(\forall\) иәчоэ \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & uәлеу uosipew \\
\hline － & － & － & － & － & － & へ & － & － & － & － &  & S егемечу \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline & & & & & & & & & & &  & W weylow uomolos \\
\hline & & & & & & & & & & &  & ләрчэе ләәл！еу \\
\hline － & － & － & － & － & － & & － & － & － & － &  &  \\
\hline & & & & & & & & & & &  & semo \(\perp\) OK 7 \\
\hline ！\(!\)＇\({ }^{\text {¢ }}\) & ！ P ＇t & ！！！ \(\mathrm{p} \cdot \varepsilon\) & \％ & ！\(\because\)＇\(\varepsilon\) & －\(\varepsilon\) & ！P＇z & ＾！＇q＇z & м！erez & ！！！erz & ！erz &  & əuren \(^{\text {dep！}}\) ¢0ıd \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & －1 & －ヘ & － & － & － & & － & － & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & へ & － & － &  \\
\hline ，슬 & ，슬 & － & ， & ， & － & － & － & & － & － &  \\
\hline － & － & － & － & ヘ & － & ヘ & － & － & － & － &  \\
\hline － & ， & へ & へ & へ & － & & － & & － & － &  \\
\hline ，슬 & ，시 & － & － & へ & － & － & － & － & － & － &  \\
\hline － & － & － & ヘ & ヘ & － & & － & & － & － &  \\
\hline － & ， & －込 & へ & ， & － & & － & & － & － &  \\
\hline ， & ，へ1 & ヘ & へ & へ & － & & － & － & － & － & （dכd）ıәp！ \\
\hline － & － & － & － & へ & － & & － & & － & － &  \\
\hline － & ， & － & へ & へ & － & － & － & & － & － &  \\
\hline ， & ，へ & へ & へ & へ & － & ， & － & & － & － & （dכd）tep！ \\
\hline － & － & － & － & へ & － & ， & － & & － & － &  \\
\hline ， & ， & へ & へ & へ & － & － & － & へ & － & － &  \\
\hline 슬 & － & － & － & － & － & & － & － & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & & － & － &  \\
\hline ， & ， & へ & へ & へ & － & & － & － & － & － &  \\
\hline － & － & －ヘ & － & へ & － & － & － & へ & － & － &  \\
\hline － & ， & －込 & へ & ， & － & へ & － & & － & － &  \\
\hline ，へ & ， & へ & へ & － & － & & － & & － & － &  \\
\hline － & － & － & － & － & － & & 신 & － & 신 & － &  \\
\hline ，＾ & － & ， & ， & － & － & － & － & へ & － & － &  \\
\hline ， & － & へ & ， & － & － & & － & & － & － &  \\
\hline － & － & － & － & － & － & & － & & － & － &  \\
\hline ，へ & － & ， & ， & － & － & & － & & － & － &  \\
\hline ，へ & － & へ & ， & － & & & － & & － & － &  \\
\hline － & － & － & － & － & & & － & & 시 & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & & － & － &  \\
\hline \(!\) ！＇ \(\mathrm{q}^{\prime}\) & ！\(\square^{\text {¢ }}\) & \(!!!p \cdot \varepsilon\) & \％ & \＃＇e＇\(¢\) & ！e＇\(\varepsilon\) & ！p\％ & «！\(\square^{\prime}\) \％ & a！e＇z & ！！\({ }^{\text {erez }}\) & ！e＇z & Кıобәıе）ләр！лолd \\
\hline
\end{tabular}
NYS Confidentiality－High
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline 入 & － & － & － & － & & & － & & & 슨 &  & ıекиеу ！лерчеW \\
\hline ， & － & － & － & － & － & & － & & － & － &  & \(\forall\) essK介｜l uempoos \\
\hline － & － & － & ヘ & － & － & － & 슬 & & 슬 & 슨 &  & әu！əənbor¢ әuuna－uosdu！s \\
\hline & & & & & & & & & & &  & PW eイеu！g eutsouts \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & pw Inqnquew pewшeчоW we｜s｜ \\
\hline & & & & & & & & & & &  & и！＞уен иәп入 \\
\hline & & & & & & & & & & － &  &  \\
\hline － & － & － & － & － & － & & 슬 & & 슬 & 슨 &  & W ！upuen «еуәбоү \\
\hline & & & & & & & & & & &  & PW Э əu！̣｜！ \\
\hline － & － & ヘ & － & － & － & & － & & － & － &  &  \\
\hline ， & － & － & ， & － & － & & 시 & － & 시 & 시 &  & ｜0．ej s．a｜｜әS \\
\hline ヘ & － & － & － & － & － & － & － & － & － & ヘ &  & ueuny nuiw oכeloo \\
\hline ， & － & ，＾1 & へ & － & － & へ & － & へ & － & － &  & u！uej 0ıldeus \\
\hline ， & － & － & へ & － & － & ，へ & 시 & － & 시 & ，시 &  &  \\
\hline － & － & －ヘ1 & － & － & － & － & － & & － & － &  & е．qәa uәpsə』 \\
\hline & & ，＾1 & － & & & へ & & へ & － & － & （dЈd）ләp！ &  \\
\hline － & － & －ヘ1 & へ & － & － & － & － & － & － & － &  & әs！no7＜xeW әlqe〕 \\
\hline ヘ & － & －ヘ & － & － & － & & － & & － & ヘ &  &  \\
\hline ， & － & ，＾1 & － & － & － & － & － & － & － & － &  & นセ！！ \\
\hline へ & － & －ヘ1 & へ & － & － & － & － & & － & ，へ &  & әure yesイow \\
\hline ヘ & － & － & － & － & － & & － & & － & ～ &  & PW d eluop ofeoon＾t \\
\hline ， & － & へ & ヘ & － & & & － & & － & － &  &  \\
\hline － & － & － & － & － & － & & － & & － & ，へ &  &  \\
\hline & & & & & & & & & & &  & PW \\
\hline － & － & － & － & － & － & － & － & － & － & － &  & PW W \(10!\mid 1\) uosuән \\
\hline へ & － & へ & － & － & － & － & － & － & － & ，へ &  & Yuex，səperow \\
\hline & & & & & & & & & & &  & PW dәpu！dusnd ¢ \(¢\) ¢u！ \\
\hline － & － & － & － & － & － & & － & － & － & － & （dЈd）ләp！ &  \\
\hline & & & & & & & & & & & （dОd）ләp！ & PW pəmшечоW п！eqnz uечу \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline \(!!\mathrm{q}^{\prime} \mathrm{t}\) & ！＇t & ！！！p• \(\varepsilon\) & \％ & ！＂e＇ & ！er & ！prz & «！\({ }^{\text {¢ }}\) & м！e＇z & ！！！erz & ！erz & Кıобәıе）ләр！лолd & әр！＾олd \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}
\begin{tabular}{|c|}
\hline , \\
\hline pW पৃəqəuи \\
\hline pW a ə!lueus uoos!yגer \\
\hline pW soyıew mәuәшes \\
\hline イояеך 4 \\
\hline
\end{tabular}






 Practitioner - Primary Care Provider (PCP)

 Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)

 \begin{tabular}{|l|l}
\hline Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline Prat
\end{tabular} Practitioner - Primary Care Provider (PCP)
 Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)
 stoo!old u! 反u!̣ed!o!̣̂ed

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
NYS Confidentiality－High
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & － & － & － & & － & & － & － &  & evuega ısn＞्र ue＾ \\
\hline & & & & & & & & & & &  & O Кииә¢ n 7 \\
\hline － & － & － & － & － & & & － & & ヘ & ヘ &  &  \\
\hline － & － & － & － & へ & － & & へ & － & ～ & － &  &  \\
\hline へ & － & － & － & － & － & & － & & ～ & ヘ &  & pW पeeg әıues \(\forall\) \\
\hline ヘ & － & へ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & pw y sरi！ueu＊o！！ \\
\hline － & － & へ & － & へ & ヘ & & ，へ & & ヘ & へ &  &  \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & еиぇә＾әәл \\
\hline & & & & & & & & & & &  & pW n！¢\％бueM \\
\hline － & ヘ & ヘ & － & ค & ヘ & ヘ & ヘ & & ヘ & ヘ &  & ełnsər ग！ィорn7 \\
\hline － & － & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & еגие！\(\perp\) s！uә＾ләр！！M \\
\hline － & － & － & － & へ & － & － & へ & へ & － & ヘ &  & еуәus enelsenụ \\
\hline － & － & － & － & － & － & － & － & へ & － & － &  &  \\
\hline ヘ & － & へ & － & ヘ & ヘ & へ & ヘ & へ & ヘ & ヘ &  & дәцъеән ！еупү еzвлелет \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & еұешшә длеう \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & әәш！ \\
\hline － & － & ヘ & － & ヘ & & & ヘ & & ヘ & ヘ &  & pW es！uv eləәшeपs イuıoчつ \\
\hline － & － & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & uoxeys ueuoy \\
\hline & & & & & & & & & & &  & pw preyग！y ग！ \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & & & － & & － & － &  & PW 1әдеІS II！иешріем \\
\hline ヘ & － & へ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  & әэког І！！ \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  & әЈ！｜पગ！ə」 \\
\hline － & － & ヘ & － & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & иечџеиор бıәg \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & еృш！\({ }^{\text {eneupa }}\) \\
\hline － & － & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & Іәцэеу પł0¢ \\
\hline & & & & & & & & & & &  & pW \(\forall\) də60y ！！！！ \\
\hline & & & & & & & & & & &  & pW An¢ıV nepue7 \\
\hline ค & － & ヘ & ค & － & ヘ & & ヘ & ヘ & ヘ & ヘ &  & pW ar u！lyued． 4 Usıew \\
\hline & & & & & & & & & & &  &  \\
\hline \(!\) ！\({ }^{\prime}\)＇t & ！\(\%\)＇t & ！！！p• \(\varepsilon\) & \％ & ！＇e＇\(\varepsilon\) & ¢ & ！P＇z &  & м！＇e＇z & ！！！＇マて & ！e＇z & Кıобәəеう ләр！ 10 ¢ & amen rep！ı0лd \\
\hline \multicolumn{13}{|l|}{słoə！o．d u！反u！ped！o！nred} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}
\begin{tabular}{|c|}
\hline  \\
\hline esoy о!כиәэ!ие॥!! \\
\hline \(\forall\) seıpu rezoulds \\
\hline  \\
\hline  \\
\hline  \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Epstein Robin N \\
\hline Shah Shantilal V Md \\
\hline Woo Mary Md \\
\hline
\end{tabular}

Dave Amie N
\begin{tabular}{l} 
Dixit Drishan Kant Md \\
\hline Delaleu Jenny \\
\hline
\end{tabular}
Rosmarin Stacey Kaplan Md
Dixit Drishan Kant Md
Starner Julie Kaye

\begin{tabular}{l} 
Husain Syed S Md \\
\hline Koury Michelle A
\end{tabular}
Israr Khankhel Bute Samir Afzal Md
\begin{tabular}{l} 
Dibona Marcello Md \\
\hline Wells Barbara
\end{tabular} \begin{tabular}{|l|l}
\hline Aggarwal Alka & Practitioner - Primary Care Provider (PCP) \\
\hline Dibona Marcello Md & Practitioner - Primary Care Provider (PCP)
\end{tabular} Ennabi Kathleen Md Rosenberg Sharon Marie Md
 Millos Rosana Teresita Md auren rep!nold Practitioner - Primary Care Provider (PCP)


 Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) \begin{tabular}{|l|} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP)
\end{tabular} Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) \begin{tabular}{|l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline Prat
\end{tabular} \begin{tabular}{|l|} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline
\end{tabular} \begin{tabular}{|l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP)
\end{tabular} Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP)
\end{tabular} Practitioner - Primary Care Provider (PCP) Кıобәңеэ ләр!лолд


\section*{(LZ:al Sdd) Sdd чңеәНОММ}

\section*{}

 Singh Rajiv Md Bordas Christine \begin{tabular}{l} 
Nichols Jeffrey N Md \\
\hline Baird Sara \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Spielsinger Neil Allan Md \\
\hline Nichols Jeffrey N Md \\
\hline
\end{tabular} semoч_ чдоэоэ әюоэ! N גечре!еэ әшеN ләр!лодd

\section*{(LZ:al Sdd) Sdd чџеәнכพМ}
                    Antoine Michaelle
                    әाәецग! N әи!оңи甘

                    \begin{tabular}{|l|}
\hline Hadid Ahmad Md \\
\hline Rogg Gary Ira Md \\
\hline Dilorenzo James V Jr Md \\
\hline
\end{tabular}
                    Gonzalez-Klayman Noemi Md
                    Mendelson Ali Md
                    \begin{tabular}{|l}
\hline Paul Leena \\
\hline Israel James \\
\hline
\end{tabular}
                    \begin{tabular}{|l|}
\hline Hamid Mohammed A \\
\hline Paul Leena \\
\hline
\end{tabular}

                    pW Биеләа әлеа
                        Kasinathan Sumathi Md

                    \begin{tabular}{l} 
Tocco-Stevens Vanessa Lorraine \\
\hline Jenkins Wallace R Md \\
\hline
\end{tabular}
                    Tocco-Stevens Vanessa Lorraine
                    \begin{tabular}{l} 
Giovinazzo Andrea \\
\hline Sayegh Danny Joseph
\end{tabular}
                    Factor Avi
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & へ & － & － & － & ヘ & － & ヘ & ヘ & － &  & edy exej sdi！！！ud \\
\hline － & ヘ & ヘ & － & ヘ & & & ヘ & & ヘ & － &  &  \\
\hline & & & & & & & & & & &  & у souej zənber－zənб！upoy \\
\hline － & － & － & － & － & － & － & － & － & － & － &  & PW e！ִ！ıed чгиイ7 \\
\hline へ & － & － & － & － & － & & － & ヘ & ～ & へ &  &  \\
\hline ヘ & ヘ & へ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & pw uuv eloupd ue6uew \\
\hline － & － & へ & － & へ & ヘ & & ，へ & & ヘ & へ &  &  \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline － & － & － & － & － & ヘ & & ，へ & & ヘ & － &  & pw a p！＾ед q｜емчэ्s \\
\hline & & & & & & & & & & &  & әгцग！ W zæ．」 \\
\hline － & － & ヘ & － & － & ヘ & & ヘ & & ヘ & － &  &  \\
\hline & & & & & & & & & & &  & pW W \＃əヵя osnjeэew \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline － & ヘ & へ & － & ヘ & へ & & へ & & ヘ & － &  & pW a \({ }^{\text {deqoy uemiəpen }}\) \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  & pW Ker Hәqоч zu！Moyıew \\
\hline － & ， & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & － &  & pW 7 Кıиән иишеу \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & － &  &  \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & － &  & pW S es！ 7 Koı \(\perp\) \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ～ &  & eviuow slouedy \\
\hline － & － & － & － & － & － & & － & へ & － & － &  & yınısns ！uәuemeuuld \\
\hline ヘ & ヘ & へ & － & ヘ & ヘ & ヘ & ヘ & へ & ヘ & － &  & шебея ец！ешеs \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & zeK！！m ！！nb！pp！s \\
\hline － & － & － & － & へ & ヘ & & ヘ & & － & － &  & pW \(\wedge\) e！uew essəue＾орелдәW \\
\hline & & & & & & & & & & &  &  \\
\hline & & ヘ & － & & & － & & ヘ & ヘ & － &  & PW S Ined \(¥\) Qoll \\
\hline － & － & ヘ & － & － & ヘ & & ヘ & & ヘ & － &  & EK！ıd prysedd \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  & d әәиәу puexg \\
\hline ヘ & ヘ & ヘ & ค & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & pW Iəułey ！\(\ \forall\) גәq！！ \\
\hline & & & & & & & & & & &  & pW prysi！c Kyбen－ıヨ \\
\hline \(!\) ！\({ }^{\prime}\)＇t & ！＇\％\(\quad\) t & ！！！p• \(\varepsilon\) & \％ & ！＇e＇\(\varepsilon\) & ¢ & ！p＇z &  & м！＇e＇z & ！！！＇『て & ！e＇z &  &  \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Eisenberg Amy \\
\hline Farkouh Nora H \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Hadid Ahmad Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Rosenblum Donald Z Pc Md \\
\hline Singh Rakesh Kumar Md \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Kang-Oh Leah Elizabeth \\
\hline Joseph Josmi \\
\hline Rop \\
\hline
\end{tabular}
 Levis Rebekka Jo Do
Lane Linda Louise

 Teubl William Philip Md Berger Barbara J Md \begin{tabular}{l} 
Muse London M \\
\hline Thomas Kerone P \\
\hline
\end{tabular} \begin{tabular}{l} 
Jen Lauren H Ciminello \\
\hline Muse London M \\
\hline
\end{tabular}
 Marc K Rybstein Md Conigliaro Rosemarie Lombardi Md Selbo Scot T Md әumen rəp!^01d



 Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Primary Care Provider (PCP)
 \begin{tabular}{|l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline Pr
\end{tabular} Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP)
\end{tabular} Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline Pr
\end{tabular} Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Provider Category

\section*{(LZ:al Sdd) Sdd чłеәнכWM}





 Practitioner - - Primary Care Provider (PCP)
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)
 Practitioner - Primary Care Provider (PCP) Practitioner - - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)
 Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - - Primary Care Provider (PCP)
Practitione - Primary Care Provider (PCP) Practitioner - - Primary Care Provider (PCP) Provider Category sloolo.dd u! Su!led!!!urd

\section*{(LZ:al Sdd) Sdd чџеәнכWM}



罯

                    Tawil Ramzi A Md
                    \begin{tabular}{|l}
\hline Ostrow Allison \\
\hline Laude Amy Kristin \\
\hline Khokar Amira Idrees \\
\hline Tawil Ramzi A Md \\
\hline
\end{tabular}
                    Caamano Leo
                    Muir Janice Md
                    \begin{tabular}{|l}
\hline Epelbaum Oleg \\
\hline Semanision Kristen \\
\hline
\end{tabular}
                    Kapoor Satish Chander Md
                    \begin{tabular}{l} 
Karmen Carol Lynn Md \\
\hline Steinfeld Leonard Md \\
\hline
\end{tabular}

                    Deleon Deogenes G Md
                    Hazeghi Javad
                    Patel Kriya
                    \begin{tabular}{|l}
\hline Levine Susan \\
\hline Rhamdeow Cherril M \\
\hline
\end{tabular}
                        Xavier Anitha N
                    ouren rəp!^ord
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & － & － & － & － & － & － & － & － &  \\
\hline ， & ， & － & － & － & － & & － & & ヘ & ， &  \\
\hline ＾ & ～ & － & － & ヘ & ヘ & － & － & － & へ & ～ &  \\
\hline － & － & － & 슬 & ， & ヘ & & 슨 & & ヘ & 슨 &  \\
\hline ヘ & ， & － & － & － & － & － & － & － & ヘ & ， &  \\
\hline ヘ & － & － & － & － & & & － & & へ & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & － & － & － & － & － &  \\
\hline へ & へ & － & － & － & へ & － & ヘ & － & へ & へ &  \\
\hline ヘ & － & － & 슬 & ， & － & & 슨 & & ヘ & ， &  \\
\hline ， & ， & － & － & ， & ヘ & & － & & ヘ & ， &  \\
\hline へ & － & － & － & － & へ & － & － & － & へ & へ &  \\
\hline & & & & & & & & & & ， &  \\
\hline － & － & － & － & － & － & － & － & & － & ， &  \\
\hline へ & ， & － & － & － & へ & & － & － & － & ～ &  \\
\hline a & － & － & 슬 & ， & ヘ & & 슨 & & ヘ & 슨 &  \\
\hline － & － & － & － & － & － & － & － & & ヘ & ， &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & － & へ & － &  \\
\hline ， & ， & － & － & － & ヘ & & － & － & ヘ & ， &  \\
\hline へ & － & － & － & － & ヘ & & － & & へ & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & & － & － &  \\
\hline ヘ & － & － & 슬 & ヘ & － & & 슨 & & － & ， &  \\
\hline ， & ， & － & － & ， & － & － & ， & & － & ， &  \\
\hline ヘ & ， & － & － & へ & ヘ & & － & － & － & ～ &  \\
\hline － & － & － & 슬 & ヘ & － & & 슨 & & － & 슨 &  \\
\hline ， & ， & － & ， & ， & ， & － & ， & － & － & ， &  \\
\hline ヘ & ， & － & － & へ & へ & & － & － & － & へ &  \\
\hline － & － & － & － & － & － & & 슬 & － & － & － &  \\
\hline ！！＇\％ & ！＇¢ & ！！！ \(\mathrm{p}^{\prime}\) & ！\(\square^{\circ} \mathrm{E}\) & ！＇e＇ & ！e＇\(¢\) & ！P＇Z & м！\({ }^{\text {¢ }}\) & ¢！\(\square^{2}\) & ！！！e＇z & ＋e＇z &  \\
\hline \multicolumn{12}{|l|}{} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чłеәнכWM}
\begin{tabular}{|l|}
\hline Matthew Pinto Md \\
\hline Moonthungal Sunitha J \\
\hline Stillman Margaret A Md \\
\hline Khader Rawand Sudqi \\
\hline Thomas Koreen \\
\hline Parrino G Richard \\
\hline Emenike Loretta Azuka \\
\hline Roman Jasmin \\
\hline Min Insung \\
\hline Bleski John Andrew Md \\
\hline
\end{tabular}
PW ૭ әеW әиикцџеу еseg
\begin{tabular}{|l|}
\hline Rimmer Linda Marie Gawronski \\
\hline Grijalva Gillian \\
\hline
\end{tabular}
 Heemstra Valerie Leidner Sheldon D Md \begin{tabular}{|l|}
\hline Stockheim Janet A Md \\
\hline Decker Laura Md \\
\hline Leind \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Neretin Nicole \\
\hline Stockheim Janet A Md \\
\hline
\end{tabular} Zuckerman Deschino Diane Md \begin{tabular}{l} 
Coughlin Margaret Mary Md \\
\hline Best Robert Eric Md \\
\hline
\end{tabular} Caesar Mimieux Vanetta \begin{tabular}{|l|}
\hline Whyte-Connell Stacey E Md \\
\hline Sprenz Valerie M Md \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Sprague Curtis Davis Md \\
\hline Whyte-Connell Stacey E Md \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Ursitti Kristina \\
\hline Martinez Zaneta \\
\hline Spraw Curtis Davis Md \\
\hline
\end{tabular} awen גәр!лодd

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

NYS Confidentiality－High
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline 入 & － & － & － & － & － & & － & & 슬 & 슨 &  &  \\
\hline ， & － & － & － & － & － & & － & & － & － &  & PW ploxen｜ə！uea uәч⿺辶 \\
\hline － & － & － & ヘ & － & － & & 슬 & － & 슬 & 슨 &  &  \\
\hline & & & & & & & & & & &  & pW pinea әust \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline － & － & － & ， & － & － & & 슬 & － & 슬 & ，시 &  & әицәчъеว чexes Ieson \\
\hline & & & & & & & & & & ヘ &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & － & 슬 & & 슬 & － &  &  \\
\hline & & & & & & & & & & &  & pW \(\forall\) Yuex」 6 buluew \\
\hline － & － & － & － & － & － & & － & － & － & － &  &  \\
\hline & & & & & & & & & & &  & PW etelzunn erloyosey \\
\hline － & － & － & － & － & － & － & 시 & － & 시 & 시 &  & पイ์｜ə＾ヨ Об¢！！ues \\
\hline ， & － & ，＾1 & へ & － & － & － & － & へ & － & － &  & рлемр \(\exists\) Криеч чәчоО \\
\hline ， & － & － & へ & － & － & & 시 & － & 시 & ，시 &  & Hoss ue6ıow \\
\hline － & － & －ヘ1 & － & － & － & & － & & － & － &  & p！nea ep！qoy \\
\hline ， & － & ，＾1 & － & － & － & － & － & へ & － & － &  & uelue．touew पбй！ \\
\hline へ & － & －ヘ1 & へ & － & － & & － & － & － & － &  & E\｜ヨ uossew \\
\hline ，へ & － & － & － & － & － & & － & & － & 슬 &  & PW Э puoukey ！nH \\
\hline & & & & & & & & & & &  & edy \(\forall\) S！n l ？！ \\
\hline － & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline ヘ & － & － & － & － & － & & － & & － & ～ &  & PW Uイך גә！ \\
\hline ， & － & へ & ヘ & － & － & － & － & － & － & へ &  & PW PıKя Pue｜əлә， \\
\hline へ & － & － & － & － & － & － & － & － & － & ，へ &  & әu！ \\
\hline & & & & & & & & & & ヘ &  &  \\
\hline － & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline － & － & － & － & － & － & & － & & － & へ &  & pW S pleuoa yioy \\
\hline － & － & － & － & － & － & & － & & － & － &  & pW u！ben Ielos ！pemiea \\
\hline & & & & & & & & & & へ &  & PW eremuln eddeluen \\
\hline － & － & － & － & － & － & － & － & － & － & ，へ &  &  \\
\hline & & & & & & & & & & &  & ¢ punmpヨ ue＾ouod \\
\hline \(!!\mathrm{q}^{\prime} \mathrm{t}\) & ！＇\(\quad\)＇ & ！！！p• \(\varepsilon\) & \％ & ！＂e＇\(¢\) & ！\(¢\) & ！prz & «！\(\square^{\prime}\) \％ & м！e＇z & ！！！erz & ！er & Кıобәıе）ләр！лолd & әuen ıәp！＾0．d \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}

NYS Confidentiality－High
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & － & － & － & － & － & － & － & － &  \\
\hline ， & － & － & － & ， & － & & － & & － & ， &  \\
\hline へ & － & － & へ & － & ヘ & & － & & ヘ & － &  \\
\hline ， & － & － & － & 슬 & － & & 슬 & & 슨 & 슨 &  \\
\hline － & － & － & － & － & & & － & & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & & － & － &  \\
\hline － & － & － & － & － & － & － & － & & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & － & － & － &  \\
\hline ～ & － & － & へ & ， & － & & ，人 & － & － & ，へ &  \\
\hline へ & － & － & ， & － & ヘ & & － & － & － & － &  \\
\hline － & － & － & ， & － & － & － & － & へ & － & 슬 &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & － & － & & － & － &  \\
\hline － & － & － & － & 슬 & － & － & － & － & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & & － & － &  \\
\hline － & － & － & － & ヘ & & & － & & － & － &  \\
\hline へ & － & － & － & － & & & － & & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & & & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & － & － & － &  \\
\hline へ & － & へ & － & へ & － & & － & & － & へ &  \\
\hline ， & － & － & － & へ & ， & & ， & & ， & へ &  \\
\hline － & － & － & － & － & ， & － & へ & － & － & へ &  \\
\hline へ & － & へ & － & － & － & & － & － & － & へ &  \\
\hline へ & － & － & － & － & － & & － & － & ， & － &  \\
\hline ！ \(\mathrm{q}^{\prime}\)＇t & ！＇q＇t & ！！\({ }^{\text {P } \cdot \varepsilon}\) & ！\(\square^{1}\) & \＃\(\quad\)＇e \(\varepsilon\) & ！er & ！ p z & ก！＇\％ & ¢！\(\square^{2}\) & ！！！er & ＋er &  \\
\hline \multicolumn{12}{|l|}{} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}


 Practitioner - Primary Care Provider (PCP)

 \begin{tabular}{l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP)
\end{tabular}

 Practitioner - Primary Care Provider (PCP)
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP)
 \begin{tabular}{l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP)
\end{tabular} Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) Practitioner - Primary Care Provider (PCP) \begin{tabular}{|l} 
Practitioner - Primary Care Provider (PCP) \\
\hline Practitioner - Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Primary Care Provider (PCP) Provider Category słoolodd u! Ku!!ed!o!ned

\section*{(LZ:al Sdd) Sdd чłеәнכWM}
                    \begin{tabular}{|l|}
\hline Llobet Holly \\
\hline Chugh Savnee \\
\hline
\end{tabular}
                    \begin{tabular}{|l|}
\hline Goldstein Lawrence Wayne Md \\
\hline Monaco Domenic \\
\hline
\end{tabular}
                    Butler Renita Danette Md
                    \begin{tabular}{l} 
Shah Tushar \\
\hline Banker Dipak \\
\hline
\end{tabular}
                        \begin{tabular}{|l}
\hline Deible Stephanie Jean \\
\hline Shah Tushar \\
\hline 百
\end{tabular}
                            \begin{tabular}{|l}
\hline Wignarajah Douglas Praveen \\
\hline Deible Stephanie Jean \\
\hline Stah \\
\hline
\end{tabular}

                            Pendergast Janeen


                            Bogdanov Assen Petrov Md
                            Goldblum Louis M Do
                    р.емрョ чdןеу иешмоя
                    \begin{tabular}{|l}
\hline Ferguson John Francis Md \\
\hline Zaman Moneeka Md \\
\hline
\end{tabular}
                    \begin{tabular}{l} 
Elmore Dillard \\
\hline Ferguson John Francis Md \\
\hline
\end{tabular}
                    \begin{tabular}{l} 
Viani Pamela B Anp \\
\hline Germain Sephora Marsha \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Jung Susan \\
\hline Viani Pamela B Anp \\
\hline Ger \\
\hline
\end{tabular}


\begin{tabular}{|l|}
\hline Gennarelli Melisssa D Md \\
\hline Maw Myo Md \\
\hline Tender Yacov Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Ainsworth Alison M \\
\hline Gennarelli Melisssa \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Soltren Rafael Md \\
\hline Lam Hao \\
\hline
\end{tabular}



 Khalii Richard Md Waxman Dennis Rpa \begin{tabular}{|l} 
Rummo Nicholas J Md \\
\hline Pace Bella Md \\
\hline
\end{tabular} Goldberg Michael David Md Patel Dhiren B Md \begin{tabular}{|l|}
\hline Patel Mayank \\
\hline Sulivan Maura Md \\
\hline
\end{tabular}
Tamayo Gomez Carmen Andrea
 Castillo-Rodriguez Raquel Harburger Joseph
 \begin{tabular}{|l|}
\hline 136700962 midelton Gary Todd Md \\
\hline Betina Louis \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Kaseta Suzanne Md \\
\hline Brown Emily Rivera \\
\hline
\end{tabular}

әшeN ләр!^одd


\section*{(เz:al Sdd) Sdd чџеәнכWм}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & － & － & ヘ & & － & & － & ヘ &  & pw eupleo e！uew p！＾⿺𠃑 \\
\hline & & & & & & & & & & &  & u！̣S！ 1 y ə！q0प्ర \\
\hline － & － & － & － & － & － & & － & & － & ヘ &  &  \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ค & ヘ & ヘ & ヘ &  & nłesı опе！п－кеуеу \\
\hline ヘ & ヘ & － & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & W ə！u！er uidoı \\
\hline － & － & － & － & － & － & ヘ & － & ヘ & － & へ &  &  \\
\hline － & へ & － & － & へ & － & － & － & ヘ & － & － &  & ｜әецว！W גəા！｜W \\
\hline ค & ヘ & へ & － & ヘ & ヘ & ヘ & ～ & へ & へ & へ &  & uewnen pewut \\
\hline ヘ & ヘ & へ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & ๕！чłиイО \\
\hline & & & & & & & & & & へ &  & pW גә\｜əฟ \\
\hline － & ヘ & へ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  &  \\
\hline － & ヘ & － & － & ヘ & ヘ & ヘ & ヘ & ヘ & － & ヘ &  & pw qoэer pınea ו！！ \\
\hline － & ヘ & へ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & Q ие！ıя иеце॥еう \\
\hline － & － & ，へ & － & － & ヘ & & － & へ & へ & ヘ &  &  \\
\hline － & － & － & － & へ & へ & & － & & － & へ &  &  \\
\hline & & & & & & & & & & &  & 6ueg Kueg ony \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & － & － & ヘ & － & － &  &  \\
\hline & & & & & & & & & & &  & ехешеう еイ！po әиоу \\
\hline ค & ヘ & ヘ & ค & ヘ & ヘ & － & － & へ & － & － &  & us！unw remiy \\
\hline ヘ & ヘ & へ & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & S eyәus su！yıем \\
\hline － & － & － & － & － & ヘ & ヘ & へ & ヘ & － & ヘ &  & ！nu＊पeपS \\
\hline － & へ & － & － & へ & & & へ & & & へ &  & pW ysəıns euuey \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & әи！｜още очว \\
\hline & & & & & & & & & & &  & บฆ！కH u！पつ n 人 \\
\hline & & & & & & & & & & &  & sey！n ！esea \\
\hline ค & － & － & － & ヘ & ヘ & & ヘ & ヘ & ค & ヘ &  & pW \(\forall\) ess！ıə｜ә！ \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & PW əuu४ ueбəəw ue\｜nuow \\
\hline － & ヘ & ヘ & － & － & ヘ & ヘ & ヘ & ヘ & － & ヘ &  &  \\
\hline & & & & & & & & & & ヘ &  & PW n！ \\
\hline － & － & － & － & － & ヘ & & － & & － & ヘ &  & pW udəsor Kuoułuv ！u！uew \\
\hline ！＇q＇t & ！＇9＇t & ！！！p• \(\varepsilon\) & ¢ & ！\(!\)＇e \(\varepsilon\) & ！e＇\(¢\) & ！P＇z & ก！\(\square^{\prime}\)＇ &  & ！！！\({ }^{\text {er }}\) & ＋＇z & Кпобәұеう ләр！лолd & әuen rəp！＾0л． \\
\hline \multicolumn{13}{|l|}{słoəlo．d u！¢u！̣ed！o！pred} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  & PW 1əu＾४＾ө6бəәу \\
\hline － & － & － & － & － & － & & － & & － & ～ &  &  \\
\hline － & － & － & － & ヘ & － & & ， & － & － & － &  & exes dxey \\
\hline － & － & － & － & － & ヘ & & ヘ & & ヘ & － &  &  \\
\hline & & & & & & & & & & &  & pW a preyo！y y！eurəบ \\
\hline － & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline － & － & － & － & ヘ & ヘ & & － & － & ヘ & － &  & ə！ueydəıS unถ！py \\
\hline ， & － & － & － & へ & へ & & － & － & － & へ &  &  \\
\hline － & ，へ & － & － & ， & 슨 & & ，へ & & ，＾1 & ，へ &  &  \\
\hline － & － & － & － & － & ヘ & & ヘ & & ヘ & ～ &  & PW W əlsolə Ossoup \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & － & － & － &  &  \\
\hline － & － & － & － & － & ヘ & & － & & ヘ & ～ &  &  \\
\hline － & － & － & － & － & － & & － & － & － & へ &  & әиәәөн хпебıеW แ！иеzеา \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline － & － & － & － & ， & 시 & & ，へ & & － & へ &  & PW exeqıeg euueor уәиәчэоя \\
\hline － & － & － & － & ヘ & ヘ & － & － & － & ヘ & ～ &  & нej ueyıen uоsuyor \\
\hline ， & － & － & － & へ & へ & － & － & － & － & へ &  &  \\
\hline － & ，へ & － & － & ， & 슨 & － & ，へ & － & ，＾1 & へ &  & S eundi ！uued \\
\hline － & － & － & － & － & － & & － & & － & ～ &  & W ue｜t uewurs．！ H \\
\hline & & & & & & & & & & &  & әиәиечэ КІеО \\
\hline － & － & － & － & － & － & － & － & － & － & － &  & น！！！ew！S 4бu！ \\
\hline － & － & － & － & － & － & & － & & － & ヘ &  & eypns ！pəg \\
\hline & & & & & & & & & & &  & pW foor preuraz ziey \\
\hline － & － & － & － & － & － & － & － & － & － & － & （dОd）גәp！ & әuu४ or e！qsu」 \\
\hline － & － & － & － & － & － & － & － & ヘ & － & ～ &  & PW \(\forall\) əredse⿹ ！zz！｜Od \\
\hline － & － & － & － & － & － & & － & ヘ & － & ヘ &  & PW Yə．1eW ！ys motn｜eg \\
\hline & & & & & & & & & & &  & es！！uemeqer \\
\hline & & & & & & & & & & & （dОd）ләp！ & PW \(\forall\) Коу uешा！！ \\
\hline ！\(!\)＇\({ }^{\text {¢ }}\) & ！ P ＇t & \(!!!p \cdot \varepsilon\) & \％ & ！＇¢ ¢ & ¢ \(\varepsilon\) & ！P＇z & ＾！＇q＇z & м！erez & ！！！erz & ！erz & Кıобәıе）ләр！лолd & әuren ıәp！＾0．d \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  & әqеz！！\({ }^{\text {uluueuว }}\) \\
\hline & & & & & & & & & & &  & Ku४ uemısse， \\
\hline ヘ & ค & ค & ค & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & ued川 Кs．e．\({ }^{\text {¢ }}\) \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & Kıәqu！y uosuiqou \\
\hline － & － & － & － & へ & & & へ & & － & ヘ &  & セ！！əa uejər \\
\hline へ & － & ～ & － & ヘ & － & － & ヘ & － & ヘ & ヘ &  & sәəセ！！＾рıечग！¢ ouess \\
\hline & & & & & & & & & & &  & елемsәцгие＾е！｜әрıоэ ешлеця \\
\hline & & & & & & & & & & &  & nu！uv｜ənmes n！чéb \\
\hline & & ヘ & ヘ & & & ヘ & & ヘ & ヘ & ヘ &  & и！шКәм обен \\
\hline へ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & イıешәsoy sure！！！ıう \\
\hline へ & － & － & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  & semoчı uәп入 \\
\hline ヘ & － & － & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & pW S esie＾елечреw \\
\hline ヘ & ヘ & ～ & ヘ & ヘ & & & ヘ & & & ヘ &  & PW Uશึヨ ィepuog \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & ueイy \｜əə \\
\hline ヘ & － & － & － & － & － & ヘ & ヘ & － & ヘ & ヘ &  &  \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & pW d！！！¢d p｜ə！！MəN \\
\hline & & & & & & & & & & ヘ &  & әииеог ॥олеэ \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline ヘ & － & － & － & ヘ & & & ヘ & & ヘ & ヘ &  & pw ग！upuog олеw обиәиеZ \\
\hline ヘ & ヘ & ～ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & pW ueәr иәлеу иеб！！uu！ \\
\hline へ & ヘ & ～ & ヘ & ヘ & ヘ & & ヘ & & へ & ヘ &  & pW euos exyəw \\
\hline ヘ & － & － & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  &  \\
\hline ヘ & － & － & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & pW ！u！｜eपs ！¢рpeरg \\
\hline & & & & & & & & & & &  & pW dr ¢ dełə dounojo \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & pW səэueג ¢u！¢ euaro \\
\hline ヘ & － & － & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & 7 әџюィецว Чэәәл \\
\hline ヘ & － & － & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & － &  & pW \(\forall\) әшему uos！！\({ }^{\text {¢ }}\) \\
\hline － & － & － & ヘ & ヘ & ヘ & － & ヘ & & ヘ & ヘ &  & expues eysıouedəts \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & ләzиәา ə！ґeW әииеә \\
\hline へ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & pW о！！g очэе૫ว \\
\hline ヘ & － & － & ค & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & イэe．」 seonา \\
\hline ！\(!\)＇\(\quad\)＇ & ！ P ＇t & \(!!!p \cdot \varepsilon\) & ¢ & ！＇e＇\(\varepsilon\) & ！er & ！p＇z &  & п！＇e＇z & ！！！＇と＇z & ！e＇z & Кıобәıеэ ләр！лОлd & әmen „әр！＾олd \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}
 Bains Amarpreet S Md
Karen Whitton, Lcsw-R Homonoff Mark C Md D'Angelo John K Md Gerard Perry Scott Md
 Rothberg Daniel M Md \begin{tabular}{l} 
Linneman Nancy I Md \\
\hline Gopal Sajeev \\
\hline
\end{tabular} Smith Philip S Md \(\perp\) и!w |әечग! ! ! ! Y
\begin{tabular}{l} 
Martyn Melissa \\
\hline Liu Judith
\end{tabular}
Olmoz Alicia G
\begin{tabular}{|l|}
\hline Alexander Fleischer \\
\hline Biavati Tracy \\
\hline O \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Schecter, Chana \\
\hline Sabol Erica \\
\hline Alexander Fleischer \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Najovits Andrew Joseph \\
\hline Schecter, Chana \\
\hline
\end{tabular} \begin{tabular}{l} 
Francois Karen Tamar \\
\hline Jaiswal Atish \\
\hline
\end{tabular}
 poosew !!uev !uve!

\section*{}




        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)

        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Participating in Projects \\
\hline Provider Category \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & － &  \\
\hline － & － & － & － & － & － & － & － & － & へ & － &  \\
\hline － & － & － & － & － & － & & ヘ & & ヘ & － &  \\
\hline ， & 人 & へ & － & － & へ & － & へ & & へ & へ &  \\
\hline － & － & － & － & － & 슬 & & － & & へ & － &  \\
\hline & & & & & & & & & & へ &  \\
\hline － & － & － & － & － & & & ヘ & & へ & へ &  \\
\hline ヘ & － & － & － & － & － & － & ヘ & － & へ & へ &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & － & ヘ & & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & ヘ & － & へ & － &  \\
\hline ， & ，＾1 & へ & － & － & & & ヘ & & へ & － &  \\
\hline － & － & － & へ & － & － & & へ & － & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & － & － & & － & － &  \\
\hline － & － & － & － & － & & & － & & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & & & ヘ & & － & － &  \\
\hline － & － & － & － & － & － & － & － & － & － & － &  \\
\hline － & － & へ & － & － & － & & ヘ & ，＾ & － & － &  \\
\hline － & － & － & － & － & & & へ & & & － &  \\
\hline ， & へ & へ & － & － & － & & へ & & － & － &  \\
\hline － & へ & ， & － & － & へ & & へ & & 시 & － &  \\
\hline － & － & － & － & － & ， & － & － & － & － & － &  \\
\hline ！\(\%\)＇t & ＇9＇\％ & ！！ \(\mathrm{p} \cdot \varepsilon\) & 泣 &  & －\(\varepsilon\) & ！P＇z & ก！\(\%\) \％ & ¢！erz & ！！\({ }^{\text {erz }}\) & ！erz &  \\
\hline \multicolumn{12}{|l|}{słov！odd u！6u！ped！̣！ped} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & 슬 & － & － & 슬 & － & & ヘ & － &  &  \\
\hline & & & & & & & & & & &  & PW ！ \(\mathrm{OS}_{\text {！}}\) ¢M｜ \\
\hline － & － & － & － & － & & & － & & － & へ &  &  \\
\hline － & － & － & 슬 & － & & & へ & & & － &  &  \\
\hline & & & & & & & & & & &  & PW uoy uouliew \\
\hline & & & & & & & & & & &  & pud \＃әqoy səmer seup \\
\hline & & & & & & & & & & &  & pud sməчпеN ueit osseg \\
\hline & & & & & & & & & & &  & pW रөə००כ \(\forall\) ичог \\
\hline － & － & － & － & － & － & － & － & & － & へ &  & PW प पүәииәу әәव \\
\hline － & ， & － & 슬 & － & へ & & へ & － & － & － &  & Э әи！әәцреу рІеиороw \\
\hline － & へ & － & － & ～ & へ & & ヘ & & ，＾1 & － &  &  \\
\hline － & ， & － & － & へ & へ & & － & & へ & － &  & eueysous＇әqqıeg \\
\hline － & ， & － & 슬 & 시 & へ & 슬 & へ & & 시 & － &  & y euuer uosquiv \\
\hline － & へ & － & － & ，へ1 & へ & ，へ & ヘ & & ，へ1 & － &  & ！moen＇גədy \\
\hline － & ， & － & － & へ & へ & ， & － & － & へ & － &  & ع．07 u0イ7 \\
\hline － & ， & － & 슬 & 신 & へ & － & へ & & 시 & － &  &  \\
\hline － & － & ヘ & － & － & － & & へ & & ， & － &  & еи！̣ง！ฺч ш！ән－иебие7 \\
\hline － & ， & － & － & へ & へ & － & － & & へ & － &  & ¢！！？ \\
\hline － & － & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & － &  & Ou！ds ullsn \\
\hline － & － & ヘ & － & － & － & － & へ & & － & － &  & рıемр马 иоsuчо \\
\hline － & ， & － & 슬 & へ & へ & － & － & & へ & － &  & чexes prexirw \\
\hline － & － & ヘ & － & ，へ & へ & & へ & & － & － &  &  \\
\hline ， & ， & ，－ & ， & ，へ & ， & － & へ & － & ， & － &  & S X！｜ә」 иеш｜әлеа \\
\hline － & － & － & へ & へ & へ & & へ & － & へ & － &  & иеәг әиош！s \\
\hline － & － & ヘ & － & － & ヘ & － & － & & ヘ & － &  & \(\mathrm{PW} \pm\) Heqoy unequesoy \\
\hline － & － & － & － & ，へ & へ & － & へ & － & － & － &  &  \\
\hline & & & & & & & & & & &  & дә！！ииәг иоsэеея｜ \\
\hline － & － & － & － & － & － & & － & & － & － &  & leked IFted \\
\hline － & － & ヘ & － & － & － & － & － & & － & － &  &  \\
\hline － & － & － & － & ，へ & & & へ & & － & － &  &  \\
\hline & & & & & & & & & & &  & pW ！qqeハeg etdng \\
\hline  & ！ Q ＇t & ！！！p• \(\varepsilon\) & \％ & ！\(!\)＇¢ \(\varepsilon\) & ！er & ！prz & м！\(\square^{\prime}\) \％ & п！e＇z & ！！！erz & ！erz &  & p！\(^{\text {®Odd }}\) \\
\hline \multicolumn{13}{|l|}{şov！oıd u！Ku！ped！} \\
\hline
\end{tabular}



 Hurwitz Seth Eric \begin{tabular}{|l|}
\hline 11572campanaro David \\
\hline Mckenzie Hugh \\
\hline
\end{tabular}
 Ann Kalkhuis Otero Melissa Reda Dominick Frank Md \begin{tabular}{|l} 
Ubriani Chandrakanta Ramesh \\
\hline Osborne Michael Dds \\
\hline Rea
\end{tabular} Landowne Ann Elizabeth


Rachel Hill
Seguinot Elizabeth Ms Hammar Kirsten Helene Brenda Delmonte
 zuex g esolou! H \begin{tabular}{|l|}
\hline Viglucci Jessica \\
\hline Cassese Mary \\
\hline
\end{tabular} ع.ne7 әиоәา Melnikau Boris Kathleen Ann Johnson

 Song Cherry Brodkin Joanne \begin{tabular}{|l}
\hline Mian Rashid AMd \\
\hline Mitchell Christa \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Borakove Larry Steven \\
\hline Mian Rashid A Md \\
\hline M \\
\hline
\end{tabular} Fanucchi Michael Md \begin{tabular}{l} 
Cho Michael Nam-Sung \\
\hline Gross Kara J Md \\
\hline
\end{tabular} Cho Michael Nam-Sung Guinan-Clark Heather Elizabeth Weinberg Martin Ross Isaac George Md
 Mogul Harriette R Md Provider Name

\section*{NYS Confidentiality - High}

Practitioner - Non-Primary Care Provider (PCP)





 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l|c|c}
\hline \multicolumn{3}{c}{ Participating in Projects } \\
\hline Provider Category & 2.a.i & 2.a.iii \\
\hline
\end{tabular}

\section*{(LZ: 1 Sdd) Sdd ЧłГеӘНつWM}

\section*{}

\section*{чџеә}
\begin{tabular}{|c|}
\hline  \\
\hline म!шоᅵบS ^^әך \\
\hline osuoudjv uosulquy \\
\hline әuе饣 ueןəud \\
\hline py 'әш!e¢ ‘גчәуગS \\
\hline  \\
\hline uemeal \(/\) Kı \({ }_{\text {d }}\) \\
\hline  \\
\hline әue! uouरeg \\
\hline
\end{tabular} Baynon Diane Chen Vivian Min-La \begin{tabular}{l} 
Kessler Kenneth J Md \\
\hline Suresh Lekha Dds \\
\hline Chen Vivian Min-L an
\end{tabular} \begin{tabular}{l} 
Reddy Nirmala M Md \\
\hline Kessler Kenneth J Md
\end{tabular}


 Wilson Arnold Brett Md \begin{tabular}{l} 
Baez Bernard Bartholome Md \\
\hline Kelly Hutcheson
\end{tabular} Cestari Stephen Todd Do pW 4s!ueh !ue!roow
 Woods Kathleen Ms. \begin{tabular}{l} 
Fallick Frederick S Md \\
\hline Allman Denton Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Brogan Maureen E Md \\
\hline Rose Melissa J
\end{tabular} \begin{tabular}{|l|}
\hline \\
\hline Agochiya Jyotika \\
\hline
\end{tabular}

\section*{NYS Confidentiality - High}





 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|c|c}
\multicolumn{2}{c}{ Participating in Projects } \\
\hline Provider Category & 2.a \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\section*{}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & 슨 & 슨 & － & & － & － & 슬 & － &  & N әu！！ \\
\hline & & & & & & － & & & & へ &  & PW 7 セฺ！ueg sso＾⿹ \\
\hline － & － & － & － & － & － & & へ & － & － & へ &  & PW S prшшечоб иечу \\
\hline ， & へ & － & － & － & へ & & － & & ，시 & － &  &  \\
\hline ＾ & へ & － & － & ， & ヘ & － & － & & ， & － &  & mda ⿹ Кıен ґөби！pleg \\
\hline & & & & & & & & & & &  & PW S Кә䒑ә นәәา \\
\hline － & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline ， & － & － & － & － & へ & － & へ & － & － & へ &  & PW I uoәм＞ \\
\hline & & & & & & & & & & &  & pW eynsto uemion \\
\hline － & － & － & － & － & － & － & － & － & － & － &  & PW S ข．o｜6ueg exeupus \\
\hline ＾ & へ & － & － & へ & へ & & － & & 入 & － &  &  \\
\hline ， & ， & － & － & － & へ & & へ & & － & － &  & PW 7 ¢TS！M \\
\hline & & & & & & & & & & &  & pud Ined uешәә \\
\hline & & & & & & & & & & &  & oव exqәの иешиәрәт \\
\hline － & － & － & － & － & － & & へ & & － & － &  &  \\
\hline ， & へ & － & － & － & － & － & － & － & 슬 & － &  & u！＾әу dde．\(\perp\) \\
\hline － & － & ヘ & － & － & & & へ & & & － &  & pW uәपdəサS uosイexら \\
\hline ， & ， & － & － & ， & － & & へ & & － & － &  & PW мәло р！лед иодуиәмот \\
\hline ， & ， & － & － & へ & へ & － & － & & へ & － &  &  \\
\hline － & － & － & － & － & － & & へ & & 시 & － &  &  \\
\hline ， & ， & － & － & － & へ & － & へ & & － & － &  & ue6eəw eu！ow \\
\hline & & & & & & & & & & &  & иеуо әриен \\
\hline － & － & － & － & － & ～ & － & － & － & － & － &  &  \\
\hline ， & － & へ & － & ， & へ & & へ & & － & － &  & иК｜охеכ ч！！usue6u！！ \\
\hline & & & & & & & & & & &  & पey！0u\％ \\
\hline & & & & & & － & & & & － &  & Kuй」 exəW \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & q！bev Y！！ew \\
\hline & & & & & & & & & & &  & ！p！ot дәш！əy \\
\hline & & & & & & & & & & &  & иел।！！én \\
\hline － & － & － & － & － & － & & － & & － & － &  & \(\forall\) uesns uешวขไonz \\
\hline ！\(!\)＇\％ & ！\(\square^{\text {\％}}\) & ！！！ \(\mathrm{P} \cdot \varepsilon\) & ¢ & ！\(\because\) er & ！er & ！pr & n！\(\square^{\prime}\) \％ &  & ！！！＇と & ！e＇z & Кıобәңеэ ләр！＾олd &  \\
\hline \multicolumn{13}{|l|}{słov！ord u！¢u！ped！o！pred} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}
Martin Ruth Held

\begin{tabular}{l} 
Luchs Scott Glenn Md \\
\hline Salgunan Nambi Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Farragher Patricia B Dpm \\
\hline Luchs Scott Glenn Md \\
\hline
\end{tabular}

\begin{tabular}{|l}
\hline Newborn Robert James Md \\
\hline Guttenberg Michael Gary Md \\
\hline
\end{tabular} Akerman Esther Dr． \begin{tabular}{|l}
\hline Xu Ruimin \\
\hline Morgan Sa \\
\hline
\end{tabular} Kahan Yael Baker Shane \begin{tabular}{|l|}
\hline Houldsworth Hilary \\
\hline Megan York \\
\hline
\end{tabular}

 \begin{tabular}{l} 
Yaghoubian Saman \\
\hline Pratap Balaji \\
\hline
\end{tabular} Nwazota Nenna
 \begin{tabular}{l} 
Anne E Rosenberg \\
\hline Ward Victoria Courtne \\
\hline
\end{tabular} Kumaraguruparan Meenatchi Shahim Houshang Md Nozad Valerie
\begin{tabular}{l} 
Meyer Robert H Md \\
\hline Kalus Oren
\end{tabular} Navon Richard Eric Md әumen rep！＾олd

\section*{（LZ：al Sdd）Sdd чџеәнכพМ}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline ヘ & － & ヘ & ค & ヘ & & & ヘ & & ヘ & ヘ &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline ヘ & ヘ & － & ค & － & ヘ & & ヘ & ヘ & ヘ & ヘ &  \\
\hline & & & & & & & & & & &  \\
\hline ヘ & － & ヘ & ヘ & ヘ & & & ヘ & & & ヘ &  \\
\hline へ & ヘ & ヘ & ค & ヘ & & & ヘ & & & ヘ &  \\
\hline ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  \\
\hline へ & ヘ & ～ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  \\
\hline ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  \\
\hline & & & & & & & & & & &  \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  \\
\hline ヘ & ヘ & ～ & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  \\
\hline へ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & へ & ヘ & ヘ &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  \\
\hline ヘ & － & － & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  \\
\hline & & & & & & & & & & &  \\
\hline ヘ & ヘ & － & ค & ค & ヘ & & ヘ & & ค & ヘ &  \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline \(!\) ！ \(\mathrm{q}^{\prime}\) ¢ & ！\(\%\)＇t & ！！！p• \(¢\) & \％ & \＃＇e \(\cdot\) ¢ & ！e＇ & ！P＇z & м！\(\square^{\prime}\)＇z & п！＇e＇z & ！！！e＇z & ！e＇z &  \\
\hline \multicolumn{12}{|l|}{słoə！0．d u！Ku！fed！̣！ıed} \\
\hline
\end{tabular}
DSRIP Implementation Plan Project
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & － & － & － & & － & ヘ & ヘ & － &  & nouz 6uidong \\
\hline & & & & & & & & & & &  & edy rueıヨ u！əəપ્ર дәуગnZ \\
\hline － & － & － & － & ヘ & － & － & － & ヘ & ヘ & － &  & จนึed də｜ssə \\
\hline － & － & － & － & ヘ & － & － & へ & － & － & － &  &  \\
\hline ヘ & ヘ & へ & － & ヘ & ヘ & & ヘ & & ヘ & ～ &  & PW э рлемон уग！Młsog \\
\hline － & － & へ & － & － & へ & － & ヘ & & ヘ & － &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & ヘ & － & － & & ヘ & － &  &  \\
\hline － & － & － & － & ヘ & ，へ & － & ヘ & & ヘ & － &  & sәp．noך oэueıg \\
\hline & & & & & & & & & & &  & S u！aən ydəsor \\
\hline － & － & & & ヘ & & & & & ヘ & － &  & ev！sser uewion \\
\hline － & － & & & ヘ & & & & & － & － &  & ə！иолег дә！！ \\
\hline － & ヘ & & & ヘ & & & & & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & &  & dn \(\forall\) e！orj S！＾e］ \\
\hline へ & － & － & － & ヘ & ヘ & － & ヘ & へ & ヘ & － &  &  \\
\hline & & & & & & & & & & &  & 1plueg 6uents \\
\hline － & － & ヘ & － & － & ヘ & & ヘ & & ヘ & － &  & su！ydoh eכ！uodə＾ \\
\hline － & － & ヘ & － & ヘ & & & ヘ & & & － &  & \(\forall\) ¢！ч！uイכ ueגo」 \\
\hline － & － & － & － & ヘ & － & － & ヘ & ヘ & ヘ & － &  & еие！ио е！yәn мощeg \\
\hline & & & & & & & & & & &  & әуооя sıәдu！M \\
\hline & & & & & & & & & & &  & W Кәии！بя ә„оМ \\
\hline － & － & － & － & － & へ & & ヘ & へ & ヘ & － &  & әs！uәa \(10 \mid\) Ke」 \\
\hline & & & & & & & & & & &  & əulew uesns yoedKıys \\
\hline － & － & － & － & － & ヘ & － & ヘ & & ヘ & － &  & Кө！！М ג ¢ suәмо \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ค &  & ләәлие \(\perp\) рәши丬 \\
\hline － & － & ヘ & － & － & ヘ & － & ヘ & & ヘ & － &  & セ！！！әә әи！иецІеう qnoureus \\
\hline & & & & & & & & & & &  & е＾ヨ әииәәцел Креıg－s｜ə！uеа \\
\hline & & & & & & & & & & &  & ysluew l！yound \\
\hline － & － & － & － & － & ヘ & ヘ & ヘ & ヘ & ＾ & － &  & ヨ иәщиеว ориоz！！ \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & － &  & PW \(\forall\) Opuexə epesod \\
\hline ！！\({ }^{\text {¢ }}\) ¢ & ！＇q＇t & \(!!!p \cdot \varepsilon\) & \(\cdots\) & ！ & ¢ \(\cdot\) ¢ & ！P＇z & n！\(\square^{\prime}\)＇ & м！＇e＇z & ！！！e＇z & ！e＇z & КıобәңеЈ ләр！лолd & әuen dep！＾олd \\
\hline \multicolumn{13}{|l|}{şoəlo．d u！రu！！ed！o！ned} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}
                    White Mary
                    Amy Brown
                    Craig John M
                    Marc Youssef Elkhoury
                        \(\forall\) pa Ks ulesnh
                    \begin{tabular}{|l|}
\hline Lafaro Rocco James Md \\
\hline Fernandes Sarah \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Vazquez Claudio Manuel Md \\
\hline Shapiro Tara E Do \\
\hline Lafaro Rocco James Md \\
\hline
\end{tabular}
                    Vazquez Claudio Manuel Md
                    Cooper, Susan


                    \begin{tabular}{l} 
Widas Maribeth Rpa-C \\
\hline Chukwuocha Benjamin \\
\hline
\end{tabular}
                    Ankolekar Anjali Md
                            Meier Suzanne Kathleen
                    \begin{tabular}{|l|}
\hline Soojung Kwon Md \\
\hline Mori Judith \\
\hline
\end{tabular}
                    \begin{tabular}{l} 
Juliano John Stephen Md \\
\hline Soojung Kwon Md \\
\hline Moil \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Rosenzweig David Peter Dpm \\
\hline Juliano John Stephen Md \\
\hline Sal \\
\hline
\end{tabular}
                    Jaffe Joshua Mames Kieran Md
                    Jaffe Joshua Md
                    әшеN ләр!лолd

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}






 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner-Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{(LZ:al Sdd) Sdd чłеәнכWM}
Practitioner - Non-Primary Care Provider (PCP)



 Practitioner - Non--rimary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non--Primary Care Provider (PC) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l|l|l} 
Participating in Projects \\
\hline Provider Category & 2.a \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чłеәнכWM}

\section*{}
Кәэеา әрवш!!
Gutkovich Zinoviy \begin{tabular}{|l}
\hline Yang Byoung Woo \\
\hline Gallwey Sheriffa \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Ratakonda Santhi S Md \\
\hline Williams David C \\
\hline Yang Byoung Woo \\
\hline
\end{tabular} \begin{tabular}{l} 
Karroum Nabil Hanna Md \\
\hline Karia Jamie \\
\hline Ratakonda Santhi S Md \\
\hline
\end{tabular} Phillips Kari Yaffa Yapor Josie Altagracia Dds Burke Alban
 \begin{tabular}{|l} 
Naveh Marcia Sunanda \\
\hline Eisen David Jeffrey \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Price Richard L \\
\hline Naveh Marcia Spiegel Md \\
\hline
\end{tabular} Mahoney Patricia Marie Cnm Weiss Irene Amy Md \begin{tabular}{|l|}
\hline Khuda Abul Basar Md \\
\hline Bruno John \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Rescigno John Md \\
\hline Khuda Abul Basar Md \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Knapp Michelle Marie \\
\hline Buchanan Alison \\
\hline Reschen \\
\hline
\end{tabular}
 Rachel Michael \begin{tabular}{|l|}
\hline Barone Ingrid M \\
\hline Dacia Mcbean \\
\hline
\end{tabular} \begin{tabular}{l} 
Clearwater Theresa \\
\hline Barone Ingrid M \\
\hline
\end{tabular}



\section*{NYS Confidentiality - High}





 Practitioner - Non-Primary Care Provider (PCP) Pracactitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l|l} 
Participating in Projects \\
Provider Category & 2. \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWM}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  &  \\
\hline － & 슬 & － & － & － & 슬 & － & 슨 & & － & － &  & 1ә！иихә ‘әuәqu！！｜es \\
\hline － & － & － & － & へ & － & & － & － & へ & － &  &  \\
\hline & & & & & & & & & & &  & PW remeo Ieqb｜प\％！əข \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & pW＇כ Ined s．ıpunes \\
\hline － & － & － & － & へ & 슬 & & － & & － & － &  & PW ⿹ pıeurag 4S！ \\
\hline － & 슨 & － & － & へ & & & ， & & & － &  & イәихеэ еәри иәрбиоา \\
\hline － & － & － & － & － & & & － & & － & － &  &  \\
\hline & & & & & & & & & & &  & PW e！p！ 1 detso6ep！ 7 \\
\hline & & & & & & & & & & &  & әs！no7 पexes \％әdsoy \\
\hline & & & & & & & & & & &  & uos．əpu＊«ıeW \\
\hline － & 슨 & － & － & － & 슬 & － & － & & － & － &  & иК1чэег биәпо \\
\hline & & & & & & & & & & － &  &  \\
\hline － & － & － & － & － & & & － & & へ & － &  & Eloy［eysno \\
\hline & & & & & & & & & & － &  &  \\
\hline & & & & & & & & & & &  & од ләшш！у ичог＇л \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & & & － & & & & & － & － &  & ！чsu！шеу еииеог \\
\hline － & － & － & － & － & － & & － & － & － & － &  & leən I\＃世d \\
\hline ， & － & － & － & へ & － & － & － & & へ & － &  & eue！d｜əzipM－suung \\
\hline ， & － & － & － & へ & へ & － & へ & － & － & － &  & \(\forall\) әuиə！pp \begin{tabular}{rl} 
\\
uomoies \\
\hline
\end{tabular} \\
\hline － & ， & － & － & ， & － & & ， & － & － & － &  & иеиелелея шеби！｜ешеу \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  & әғеу и！！หuex」 \\
\hline － & － & － & － & － & － & & － & & － & － &  & \(\exists\) ueyten Prelliw \\
\hline － & － & － & － & － & へ & & － & & － & － &  & uuv el？uped әyınoio \\
\hline & & & & & & & & & & &  & ＇sW әyunjəp \(\forall\) әреıошо \\
\hline － & － & － & － & － & & & － & & & － &  &  \\
\hline － & － & － & － & － & － & & へ & & － & － &  &  \\
\hline & & & & & & & & & & &  & uda e！pueג」 әu！｜ənbor¢ eoqon \\
\hline ！+ ＇\({ }^{\text {＋}}\) & ＇q＇t & \(!!!p \cdot \varepsilon\) & ¢ & ！＇e＇ & ¢ & ！P\％ &  & м！e＇z & ！！！＇Z & ！e＇z & Кıобәıеэ ләр！＾олd &  \\
\hline & & & & & & & & & & & गpued & \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכพМ}
            Lackey Mary Michele
                Mozes Sara
                    \begin{tabular}{l} 
Chele Rodica \\
\hline Mozes Sara \\
\hline
\end{tabular}
                    еэ!роч әәчつ
KıеW оэәл-иелоиоด
                    Кцеw оэәл-иелоиод
                    Zakharenko Tatyana
Krasnozhen Tatyana G

                            \begin{tabular}{|l|l|}
\hline Ashburn, Jr. John \\
\hline Fullerton Sean Aug \\
\hline
\end{tabular}
                            Parker Walter
                            \begin{tabular}{|l|}
\hline Goodemote Melissa \\
\hline Altszuler Karen \\
\hline
\end{tabular}


                            \begin{tabular}{l} 
King Mary Ellen Do \\
\hline Abfier Jason Keith \\
\hline
\end{tabular}
                            Kligler Benjamin Eli Md
                    \begin{tabular}{|l|}
\hline Dubey Anjani Kumari Md \\
\hline Al-Tariq Quazi Saifullah \\
\hline
\end{tabular}
                    Cronin Andrea
                    \begin{tabular}{l} 
Delasho Suzanne Santana \\
\hline Kaplan Paul \\
\hline
\end{tabular}

                    \begin{tabular}{l} 
Ghezel-Ayagh Anousheh \\
\hline Dubey Anjani Kumari Md \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}





 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)



\(\qquad\) \begin{tabular}{|l|}
\hline Senguttuvan Raja Rajeswari \\
\hline Lanza Jesus Cristo \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Manheimer Eric \\
\hline Jane Schon Pa \\
\hline
\end{tabular} Frankel Aryeh
Albulak Mehmet Kerim Md \begin{tabular}{l} 
Sankar Douglas D Md \\
\hline Whitfield Laurice \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Feminella Michael Md \\
\hline Narula Neelam \\
\hline Sankar Douglas D Md \\
\hline
\end{tabular}

 \begin{tabular}{l} 
Martin Christopher A Md \\
\hline Rexhouse Sandra E \\
\hline M \\
\hline
\end{tabular} Castano Lourdes Md \begin{tabular}{l} 
Dunham Michael Rennell \\
\hline Sacks Sandra Md \\
\hline
\end{tabular}
Peddireddy Aruna Kumari Md Ghods－Kash Safieh \begin{tabular}{|l}
\hline Apenteng Yaw Adu Md \\
\hline Kubal Keshav Md \\
\hline
\end{tabular} Little Virna Torossian Carol L \begin{tabular}{l} 
Rehmani Muhammad B M \\
\hline Dixon Christopher Md \\
\hline
\end{tabular} Hibbert Jean Francois Md
Rehmani Muhammad B Md

Practitioner－Non－Primary Care Provider（PCP）


 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Provider Category

\section*{（LZ：al Sdd）Sdd чџеәнכWM}





 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Participating in Projects \\
Provider Category \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чłеәнכWM}


 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PPP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Providen (PC)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l|l} 
Provider Category & 2.aiticipating in Projects \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чłеәнכWM}






 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Pracatitioner - Non- Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)


\section*{(LZ:al Sdd) Sdd чџеәнכWM}




\begin{tabular}{|l}
\hline Bronley Gray \\
\hline Paracha Fauzia Md \\
\hline Moran Una \\
\hline Chiriboga Lori Anne \\
\hline Tadros Jacklyn Naguib \\
\hline Canter Jennifer Faith \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Rivera Victoria Athenea Md \\
\hline Bronley Gray \\
\hline Pacal \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Korsakoff Kristopher Md \\
\hline Alaie Mazda Dpm \\
\hline
\end{tabular} \begin{tabular}{l} 
Rezvin Yevgeny Alexander Md \\
\hline Korsakoff Kristopher Md \\
\hline
\end{tabular} \begin{tabular}{l} 
O'Connor Anne Maureen \\
\hline Kaminsky Lillian \\
\hline Ren \\
\hline
\end{tabular} Perry R Md \begin{tabular}{l} 
Torres-Otero Norberto I Md Pc \\
\hline Small Jonathan M Phd \\
\hline
\end{tabular} Evans Las Nicole Ms. \begin{tabular}{l} 
Gay Kuehnel-Hisatake \\
\hline Evans Lameshia \\
\hline Ber
\end{tabular}

 Spira Pearl Mrs. Amy Santos \begin{tabular}{|l|}
\hline Roscoe Stephanie \\
\hline Robbie Martin \\
\hline
\end{tabular} Roscoe Stephanie Camille Banks-Lee Nicolai Angelique L Singh Balveen Biba \begin{tabular}{|l|}
\hline Damien Thomas Faillace \\
\hline Brennan, Monica \\
\hline S \\
\hline
\end{tabular} \begin{tabular}{l} 
Hoffman Michael Ethan \\
\hline Damien Thomas Faillace \\
\hline
\end{tabular}


\section*{(LZ:al Sdd) Sdd чџеәнכWM}
\(\qquad\)
\begin{tabular}{l} 
Demboski David P Rpa \\
\hline Monteverde Barbara Ann \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Gregory Hugh Adkisson \\
\hline Magill Richard Md \\
\hline Demboski David P Rpa \\
\hline
\end{tabular}
 Katzenstein Martin S Md Petak Susan Ginsberg Le Moal Janet Anthony Canonico \begin{tabular}{|l|}
\hline Reyes-Pastorell Evang \\
\hline Broidrick Robert \\
\hline
\end{tabular}
 \begin{tabular}{|l|}
\hline Benjamin A Gottesman \\
\hline Rivera Akeisha La Toya \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Bufton Kelly Anne \\
\hline Serrano Miriam \\
\hline
\end{tabular}
 Swanger Ronald Scott \begin{tabular}{|l|}
\hline Froehle Melissa Robert Thomas \\
\hline
\end{tabular} \begin{tabular}{l} 
Hemmerdinger Steven Arthur Md \\
\hline Froehle Melissa \\
\hline
\end{tabular} Kitchens Galina D \begin{tabular}{|l|}
\hline Garrigan Kathleen M \\
\hline Schwalb Saul Dds \\
\hline
\end{tabular}
 auren rap!ıold

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
!!ाечу मәवоч Williamson Anna PW u!qous uәшயँo Pasquale Christopher Gerard
 Nissirios Themistoklis Md PW әu!tuetsuoj seyeg Bennett Joseph Patricia Taylor Bove Maria Ginsburg Michael M Dpm Mance Deborah Kobeckis Elizabeth Carpio Herman Richard Dds Win Phone Myint Md St. John Michelle Ms Whalen Laure Brower Gena R Ashley Traci Mrs
 Elyse Gibberman Keller Marina Fabisevich Mariya Leonidovna Mitchell Margaret
 әшіеN ләр!иолd Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-PPimary Care Provider (PCP)
Practioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Pimary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
\begin{tabular}{l|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)


 -
 Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{(LZ:al Sdd) Sdd чłеәнכWM}

NYS Confidentiality－High
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & 슬 & － & ヘ & & － & & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & & & － & & & & & － & へ &  \\
\hline － & － & － & 슬 & ， & へ & & ヘ & － & へ & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & へ & － & － & & － & へ &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & ～ & － & － & － & & ヘ & － & － & － &  \\
\hline ， & ， & へ & 슬 & へ & － & － & － & － & － & へ &  \\
\hline & & & & & & & & & & － &  \\
\hline － & － & － & － & ～ & & & ヘ & & － & － &  \\
\hline ， & ， & へ & － & へ & & & － & & － & － &  \\
\hline － & ， & － & 슬 & ヘ & ヘ & － & へ & － & へ & － &  \\
\hline へ & － & い & － & ， & ヘ & & ヘ & & ヘ & － &  \\
\hline ， & － & へ & － & へ & － & － & － & － & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & 슬 & － & へ & & へ & & ヘ & － &  \\
\hline － & － & － & － & － & ヘ & － & ヘ & － & ヘ & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & － & ヘ & － & － & － &  \\
\hline ， & － & ， & － & へ & － & － & － & & － & － &  \\
\hline へ & － & へ & － & へ & － & － & － & & － & － &  \\
\hline ， & ， & へ & へ & へ & へ & & へ & & へ & － &  \\
\hline － & － & － & － & へ & － & － & － & へ & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & ， & － & － & － & － & へ & － & － & － &  \\
\hline － & － & － & － & へ & & & － & & & － &  \\
\hline ！\(!\)＇\({ }^{\prime}\) & ！＇q＇ & ！！ \(\mathrm{P} \cdot \mathrm{p}\) ¢ & ¢ & ！\(!\)＇e \(\varepsilon\) & ！e＇ & ！P＇z & M！ \(\mathrm{q}^{\prime}\) & п！e＇z & ！！！e＇z & ！erz &  \\
\hline \multicolumn{12}{|l|}{şoo！ord u！Ku！̣ed！o！ned} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכพМ}


\section*{(LZ:al Sdd) Sdd чłеәнכWM}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & & － & － &  \\
\hline ， & ， & へ & － & へ & － & － & － & & － & へ &  \\
\hline － & ， & － & － & ， & － & & － & & ， & ，へ &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & － & － & － & － & へ &  \\
\hline － & 슬 & － & － & ， & － & ヘ & － & & 슬 & へ &  \\
\hline － & － & － & － & － & － & へ & － & － & － & へ &  \\
\hline & & & & & & へ & & & & へ &  \\
\hline － & － & － & － & － & － & － & － & & － & へ &  \\
\hline ， & ，＾1 & へ & － & へ & － & & － & & － & へ &  \\
\hline ， & － & へ & － & － & － & － & ヘ & － & － & へ &  \\
\hline － & － & － & － & － & & & － & & & へ &  \\
\hline ， & － & & & へ & & & & & － & へ &  \\
\hline ， & － & － & － & － & & & － & & － & へ &  \\
\hline － & － & － & － & － & － & － & － & － & － & へ &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & & & － & & － & へ &  \\
\hline － & － & － & － & － & － & － & － & － & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & － & － & － & － & ヘ &  \\
\hline － & － & － & － & － & － & － & － & － & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline ！+ ＇\({ }^{\text {＋}}\) & ＋＇＊＇t & ！！！ \(\mathrm{P} \cdot \varepsilon\) & ¢ & ！＇¢ ¢ & ¢ & ！P\％ & ก！\％ C & м！ & ！！！＇と＇z & ！e＇z &  \\
\hline \multicolumn{12}{|l|}{} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}
еи6е..d вuечу Thomas Debra Ms. \begin{tabular}{|l|}
\hline Alammari, Barbara, Lcsw \\
\hline Essington Sandra \\
\hline Abikoff Cori Michelle Md \\
\hline Davidson Debra \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline O'Keeffe Margaret Kathleen \\
\hline Nininger James E \\
\hline
\end{tabular} \begin{tabular}{l} 
Velez-Green Maria \\
\hline O'Keeffe Margaret Kathleen
\end{tabular} Litman Norma S \begin{tabular}{|l}
\hline Eitches Alexander E Dds \\
\hline Mitchell Mary \\
\hline Cirillo Vincenzo Antonio Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Galarneau Gerard Jules Md \\
\hline Sanyal Rajat S Md \\
\hline
\end{tabular} Cowen Edwin Alan Md \begin{tabular}{l} 
Welter John J Md \\
\hline Kang Harriet Md \\
\hline
\end{tabular} \begin{tabular}{l}
\hline Zimmerman Franklin H Md \\
\hline Welter John J Md \\
\hline
\end{tabular} Robinson Robyn Cecelia \begin{tabular}{l} 
Maldonado James Mr. \\
\hline Bartell Abraham S Md \\
\hline
\end{tabular}
 Minnock Colleen \begin{tabular}{l} 
Miriam Schoenwald \\
\hline Lynn Picard
\end{tabular} Petkanas Pamela \begin{tabular}{|l}
\hline Rizzo Renee \\
\hline Wilmore Emani Inez \\
\hline Pen \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Thompson Laura Ann \\
\hline Trujillo Vanessa \\
\hline Rizzo Renee \\
\hline
\end{tabular}
\(\qquad\)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l|c|c} 
Provider Category & 2.a.i & 2.a.iii \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWM}

\section*{}

 \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP)


\section*{(LZ:al Sdd) Sdd чџеәнכWМ}


Holt Kimberly J Phd Mccabe Samuel J \begin{tabular}{|l|}
\hline Proner Sanford Clay Dpm \\
\hline Yao Mike \\
\hline Boorer \\
\hline
\end{tabular} \begin{tabular}{l} 
Levesque Lauren \\
\hline Riker Sheri \\
\hline
\end{tabular} Kayla Cypher Weiner Nancy
Chincuanco Ezekeil Ms． Nagarwala Faisal Md \begin{tabular}{|l|}
\hline Mora Paola \\
\hline Forsea Moniqu \\
\hline
\end{tabular} әسеN ләр！＾олd





 \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP）
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Provider Category słoə！o．d u！6u！̣ed！！！ıed

\section*{（LZ：al Sdd）Sdd чłеәнכWM}

\section*{}







 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{|l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP） \\
\hline
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Provider Category

\begin{tabular}{|l|}
\hline Rell－Segreti Helene \\
\hline Dratte Erica Miss \\
\hline Kim Su Haeng \\
\hline Burnbaum Sara \\
\hline Fethke Eric Daniel Md \\
\hline Zablow Bruce C Md \\
\hline Corinaldi Chalene A \\
\hline
\end{tabular}
Donatone Lividini Danielle Miss
 Ramaghan Natasha De La Riva－Velasco Elizabeth Md Porter，Natalia，Lmhc Nichols Oksana \begin{tabular}{l} 
Laperche Sherry Lynne \\
\hline Maureen Hyatt \\
\hline
\end{tabular} \begin{tabular}{l} 
Guerrero Jihan Mogol \\
\hline Laperche Sherry Lynne
\end{tabular}
 \begin{tabular}{l} 
Kumar Pranat \\
\hline Dombroski Melissa P \\
\hline
\end{tabular} Seale－Simpson Marjorie Elizabeth Shukla Prarthana D \begin{tabular}{|l}
\hline Betancourt－Ramirez Alejandro \\
\hline Bidadi Behzad \\
\hline
\end{tabular} Frederick－Galarza Katherine Lapidus Shirley M \begin{tabular}{l} 
Mcgee Maureen \\
\hline Frankenthaler Michael Md
\end{tabular} Vandenheuvel Angela Nodiff Debra әuen дәр！лодd

\section*{NYS Confidentiality－High}
Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）



 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）
 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）
 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{|l|l}
\multicolumn{2}{c}{ Participating in Projects } \\
Provider Category
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}

\section*{}

\(\qquad\) Lloyd Christa
 Berrios－Spencer Sylvia ！s！ 7 ч！əqez！！\({ }^{6}\) 6unə7
 Galati Angelyn Mrs． Yancoskie Aaron Edward dN Ess！｜əW plə \begin{tabular}{|l|l|}
\hline Yohance Mendez \\
\hline Nog Rajat \\
\hline Sc \\
\hline
\end{tabular} Feng Cheng Singh Braj Nanda
 Negron Rodriguez Eloisa Mohammed Asif Neil Frias Nejil \begin{tabular}{c|c}
0 \\
\hline & 0 \\
\hline
\end{tabular}






 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）
 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP） \\
\hline
\end{tabular} \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP）
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）


 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{|l|l} 
Participating in Projects \\
\hline Provider Category & 2．a \\
\hline
\end{tabular}

\section*{（L乙： 1 Sdd）Sdd Чł๒әНつWM}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & PW S exopoeut y！upng \\
\hline － & － & － & － & へ & － & ヘ & － & & ヘ & － &  & әәш！＇u！qny \\
\hline ，へ1 & － & － & － & へ & － & ，へ & － & & ヘ & － &  &  \\
\hline ， & － & － & － & へ & － & & － & & へ & － &  & เə！！иบә＇גə॥nW \\
\hline － & － & － & － & へ & － & & － & & へ & － &  & عэวәqәบ әиәә」 \\
\hline & & & & & & & & & & &  & W иәәццеу ssәдиә」 \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & － & － & & へ & － &  &  \\
\hline & & & & & & & & & & &  & иәлә！S प！？us \\
\hline － & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline － & － & － & － & へ & － & & － & へ & へ & ， &  & е！ие оияseэоา \\
\hline － & － & － & － & － & ヘ & ヘ & ヘ & & へ & － &  &  \\
\hline － & － & － & － & － & － & & － & － & － & ， &  &  \\
\hline & & & & & & & & & & &  & u！ul Y！les \\
\hline － & － & － & － & － & － & － & － & & ヘ & － &  & әие！व Кииән \\
\hline & & & & & & & & & & &  & O\｜re əu！ənborer \\
\hline & & & & & & & & & & － &  & PW ¢ı૫əW \(\wedge\) ！！nut \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & ！ız snıeze 7 \\
\hline － & － & － & － & － & － & & － & & ヘ & － &  & иех！！səa ！u！ \\
\hline へ & 슨 & － & － & － & － & & ，へ & & ヘ & 슨 &  &  \\
\hline & & & & & & & & & & &  & риошрәу дәұґеән \\
\hline － & － & － & － & － & － & へ & － & へ & － & － &  & pw eбןo uemus！\({ }^{\text {a }}\) \\
\hline & & & & & & & & & & 슨 &  & uиeor oipney \\
\hline － & － & － & － & － & － & － & － & － & － & 슬 &  & \(\exists\) Selouj！ uosteg \\
\hline & & & & & & & & & & &  & mda uәudəıs əənues ııeכ \\
\hline － & 슨 & － & － & － & － & & － & & － & 슨 &  & 」 eunoa euиәуэW \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & へ & － & & － & － &  & s！uu尹 K0ıə7 \\
\hline ヘ & － & － & － & － & － & ヘ & ヘ & ヘ & ヘ & ヘ &  & PW I！IV S e！ledupey \\
\hline ！ \(\mathrm{Q}^{\text {Q }}\) & ＇q＇ & \(!!!p \cdot \varepsilon\) & ¢ & \＃！＇¢ \(\varepsilon\) & ＋e＇\(\varepsilon\) & ！P＇z & ＾！＇\％ & n！e＇z & ！！！＇z & ＋er &  &  \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכพМ}
Practitioner - Non-Primary Care Provider (PCP)




 Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Pracatitioner - Non-Primary Care Provider (PCP) Practitioner - Non--Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category \(\quad\) Participating in Projects 2.ail \(^{2}\)

\section*{(LZ:al Sdd) Sdd чłеәнכWM}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  & PW גәบdots！uч－әәา \\
\hline & & & & & & & & & & &  & әчdo1s！ич Кчәииәа \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & W unsedd yeus \\
\hline － & － & － & － & へ & － & & － & & － & － &  & леуечqелd етоуерәуэоу \\
\hline ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & &  & edy ！ \\
\hline & & & & & & & & & & &  & pW d younpaıy sıart \\
\hline & & & & & & & & & & &  & pW eystenjoŋ euәlo unp！\(\Lambda_{\text {d }}\) \\
\hline & & & & & & & & & & &  & qeys zueg \\
\hline － & － & － & － & ヘ & ヘ & ヘ & － & & － & ヘ &  & pW el！\({ }^{\text {njorexeбu！}}\) \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & pW әu！eıə Kıew әәS \\
\hline ヘ & － & － & － & へ & － & & － & & ヘ & ヘ &  & pw a ә\＃əuen бıəqıəл！！ \\
\hline ヘ & － & － & － & へ & － & － & － & へ & ヘ & ヘ &  &  \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & ヘ &  & ич ¢ имед әэепем \\
\hline ヘ & － & － & － & ヘ & － & & － & ヘ & ヘ & ヘ &  &  \\
\hline － & － & － & － & － & － & & － & － & － & － &  &  \\
\hline ヘ & － & ヘ & － & へ & ヘ & ヘ & ヘ & & ヘ & へ &  &  \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & & ヘ & へ & － & ヘ &  & Msw7＇u！əłfuxəg essəur＾ \\
\hline ヘ & － & ヘ & － & ヘ & & & ヘ & & ヘ & ヘ &  &  \\
\hline ヘ & － & － & － & へ & － & － & へ & へ & ヘ & ヘ &  & ueuew yeus \\
\hline ＾ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & пуему｜әецdеу ！әsО \\
\hline へ & － & － & － & ヘ & － & － & － & ヘ & ヘ & ヘ &  &  \\
\hline ヘ & へ & － & － & ヘ & へ & へ & ヘ & & ヘ & ヘ &  &  \\
\hline ヘ & ヘ & ～ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & рәләчэо入 unequәpu！ 7 \\
\hline & & & & & & ヘ & & & & へ &  & дииәр иеииәля \\
\hline ヘ & － & － & － & ヘ & － & － & － & へ & ヘ & ヘ &  & ！exчяns yбu！s \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & &  & un！ue！ 7 nx \\
\hline ヘ & － & ค & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & zeure」！！eme」 \\
\hline ！：＇\％＇t & ！＇＇\({ }^{\text {＇t }}\) & \(!!!\cdot \mathrm{p} \cdot \varepsilon\) & ¢ & ！！e＇\(\varepsilon\) & ！e＇ & ！ \(\mathrm{P} \cdot \mathrm{z}\) & ＾！＇9＇z & м！＇e＇z & ！！！＇e＇z & ！e＇z & Кıобәıеう ләр！ло．d & 2umen rep！＾0ıd \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  & еzepn¢ ！！eчя \\
\hline & & & & & & & & & & &  & प！ \\
\hline & & & & & & ヘ & & & & ค &  & чexes опne！！｜6ed \\
\hline － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  & KqO \(\perp\) dezulds \\
\hline & & & & & & & & & & &  & еəəбuも 6uoı \\
\hline & & & & & & & & & & &  & W ие＾ヨ иолремчэऽ \\
\hline & & & & & & & & & & &  & es！¢ ציג \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & дә！ииәГ әuоґS \\
\hline － & － & － & － & － & ヘ & － & ヘ & ヘ & ヘ & － &  &  \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline ヘ & ヘ & & & ヘ & & & & & ヘ & ヘ &  & ！｜әиبиеW ¢｜әшed \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline － & ヘ & － & － & ヘ & ヘ & － & ヘ & ヘ & ヘ & － &  & ешчsәу גеудәу \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & & ～ & ヘ &  &  \\
\hline ヘ & ヘ & へ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ～ &  & ешय ебәл \\
\hline － & ヘ & & & ค & & & & & － & － &  & uos！｜t u！yıe］ \\
\hline ヘ & ヘ & － & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ～ &  & әuе¢ yesイow \\
\hline － & － & － & － & － & － & & ヘ & & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & &  & ¢！zno』l！yeus \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & & & ヘ & & ヘ & ヘ &  & ә！иешәsoy әш！S \\
\hline － & ヘ & － & － & ヘ & － & － & ヘ & ヘ & ヘ & － &  & olqed dəpes \\
\hline － & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline ヘ & へ & へ & ヘ & ヘ & & & ヘ & & ヘ & ～ &  & PW Yư』」 0 O．」 \\
\hline ヘ & ヘ & へ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & pləృuәsoy expues ıə川əН \\
\hline & & & & & & & & & & &  & Hoss ичеу \\
\hline － & － & － & － & － & － & & ヘ & & ヘ & ヘ &  & PW \(\ddagger\) Kəıpn \(\forall\) ג！efos \\
\hline & & & & & & & & & & &  & pW פ ৷ə！uea पग！ \\
\hline & & & & & & & & & & &  & pW uel｜t u！new גəyooda \\
\hline － & － & － & － & － & － & － & － & & ヘ & － &  & ебןО ехәл！ \\
\hline & & & & & & & & & & &  & 10 рәләs！бәә＇S＇W－uos！ue\％！uә」 \\
\hline ヘ & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline ！！ \(\mathrm{C}^{\prime}\)＇t & ！＇\％ & ！！\({ }^{\prime} \cdot \varepsilon\) & ¢ & \(!\) ！e＇\(\varepsilon\) & ！e \(\varepsilon\) & \(!{ }^{\prime} \cdot \mathrm{z}\) & ＾！\(\square^{\prime}\)＇ & ＾！＇erz & \(!!!\mathrm{e}\)－ z & ＇e＇z & КıобәıеЈ ләр！лолd &  \\
\hline \multicolumn{13}{|l|}{słoə！o．d u！రu！！ed！o！ned} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}


\section*{(เz:al Sdd) Sdd чџеәнכWм}
W !u!puen reyәбоу р рыемон әңәчгиеяя pW \(\bigcirc\) पsәәtes nqeg Ballabh Praveen Md spa snsor zarenit Shaffer Bruce M \begin{tabular}{l} 
Raynes Hillary Ruth Md \\
\hline Tung Robert Y Md \\
\hline
\end{tabular} Raynes Hillary Ruth Md Winchester-Penny She Halle Joshua Dr. 'al enusor əilen Lown Jennifer Erin Shindle

\begin{tabular}{|l}
\hline Rosenthal Jonathan M \\
\hline Staci Davis \\
\hline Beale Jillian \\
\hline
\end{tabular}


Dassan Manveen Kaur
 Laina Mason \begin{tabular}{l} 
Kai Masashi \\
\hline Ungania Karen \\
\hline
\end{tabular} \begin{tabular}{l} 
Lakhtaria Paryush Parbhubhai \\
\hline Kai Masashi \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Go Ronaldo C Md \\
\hline Berger Ari \\
\hline Lar \\
\hline
\end{tabular}

 əule ıәр!





 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{(LZ:al Sdd) Sdd чџеәнכWM}

\begin{tabular}{l} 
Juechter Kenneth B Md \\
\hline Useda Claudia A Md
\end{tabular} \begin{tabular}{l} 
Distefano Sarina J Md \\
Verania Lane \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Cohen Aaron Howard Md \\
\hline Torres-Orta Minerva \\
\hline
\end{tabular} Cohen Aaron Howard Md \begin{tabular}{|l|}
\hline Evans Murage Julene Opalene \\
\hline Martin Karen Leslie \\
\hline
\end{tabular} Boyer Joseph Thomas Md Valencia Sharon Hubert Dpm Tillmon Linda \begin{tabular}{|l}
\hline Eyvazkhany Rokhsareh \\
\hline Silver Gila S \\
\hline
\end{tabular} Bizzoco Gina Practition - Non-Primary Care Provider (PCP)


 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Pracatitioner - Non-Pin - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)


\section*{(LZ:al Sdd) Sdd чңеәнОWМ}

\section*{}
\begin{tabular}{|l|}
\hline Samarneh Majed \\
\hline Mcmillan Paula Ms. \\
\hline Marks Caroline \\
\hline Kathleen Sobchack-Heyer \\
\hline Powell Sovan Latoya \\
\hline Thompson Michelle \\
\hline Speekaert Amy \\
\hline Liben, Rebecca, Lmsw \\
\hline Hughes Kristin Lynne \\
\hline Lico Linda Ms. \\
\hline Winski Francis V Md \\
\hline Schwartz Elizabeth C Cnm \\
\hline Guertin Lina Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Heywood-Gregory Kamilan Nikkip \\
\hline Nazir Kausar \\
\hline Man \\
\hline
\end{tabular} Heywood-Gregory Kamilah Nikki Np Jablonska Nocilla Marzena Edwards Shorn R ze!y e! emes Кıpneyo
 Nguyen Pamela H
 Rahman Naeem U Md
 Kaznatcheeva Elena Md \begin{tabular}{|l|}
\hline Alison E Murphy \\
\hline Kand \\
\hline
\end{tabular}

 Schechter Andrew Gary Md
 Practitioner - Non-Primary Care Provider (PCP)




 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|c|c}
\multicolumn{2}{c}{ Participating in Projects } \\
\hline Provider Category & 2.
\end{tabular}

\section*{(LZ:वl Sdd) Sdd ЧџЕəНОWM}
 иецңеио биәд




 \begin{tabular}{|l|}
\hline Rao Prakashchandra M Md \\
\hline Palaia David \\
\hline Ostaw \\
\hline
\end{tabular}

 Boss David Michael \begin{tabular}{l} 
Rosencrantz Richard Md \\
\hline Galli Viviana \\
\hline
\end{tabular} Sambataro Simonetta Md







 Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP）
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP）
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP）
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
Practitioner－Non－Primary Care Provider（PCP） \\
\hline
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）

\section*{（L乙： 1 Sdd）Sdd Чł๒әНつWM}
                    \(\wedge\) әииеог मәииәя
                    \begin{tabular}{|l|}
\hline Murphy Carolyn \\
\hline Kodi Shyla \\
\hline Be \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Baecher-Disalvo Joanne M \\
\hline Dubois Maria Yvone \\
\hline Quinn Kerry Eileen Dpm \\
\hline Ward Katherine Ann Dpm \\
\hline Murphy Carolyn \\
\hline Koi \\
\hline
\end{tabular}
                    Delbello Damon A Md
                    \begin{tabular}{l} 
Saltzman Beth Rn Midwife Pc \\
\hline Delbello Damon A Md \\
\hline
\end{tabular}
                    Mcbride Whitney J Md
                    \begin{tabular}{|l|}
\hline Murtuza Maqbool Md \\
\hline Murphy Charlotte \\
\hline
\end{tabular}
                    PW Iooqbew eznunW

                    PW W Rueイereueরıns elnulod

                    Tatz Gary


                    \begin{tabular}{l} 
Waldman Jill Slater Md \\
\hline Bodack Mark Peter \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Adler Arlene Gail Phd \\
\hline Waldman Jill Slater Md \\
\hline
\end{tabular}
                    \begin{tabular}{l} 
Sencion-Akhtar Nyree \\
\hline Nelson Mario Md \\
\hline
\end{tabular}
                    \begin{tabular}{|l|l|}
\hline Marsh Jennifer Lynn \\
\hline Sencion-Akhtar Nyree \\
\hline
\end{tabular}
                    yexes foun \(_{\perp}\)

\section*{（LZ：al Sdd）Sdd чџеәнכWM}





 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）
 \begin{tabular}{|l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP） \\
\hline
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non Prary Care Pronder（PCP） Provider Categ
＜ \(\square\)


く \(\square\) く \(<\)


\(\square\) ＜
«
\(\checkmark<\) 소 슬 ！！！er
 く （4） n！er




\section*{}




 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non--Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{(LZ:al Sdd) Sdd чłеәнכWM}


\section*{(LZ:al Sdd) Sdd чłеәнכWM}
\begin{tabular}{|l}
\hline Cyvas Edmund \\
\hline Merriman Leslie Berke \\
\hline Fritzhand Alisa Lorraine \\
\hline Cottle Kenneth \\
\hline Ryder Crystal D \\
\hline Nancy Hall \\
\hline Freyer Cathleen A Rn \\
\hline Michelson Dori \\
\hline Mccarthy Tara J \\
\hline Thomson Martha \\
\hline Ma Kaiyu Md \\
\hline Winik Sheldon E Dmd \\
\hline
\end{tabular}
\begin{tabular}{l} 
Leeds Jeffrey Gordon Dds \\
\hline Rodriguez Ana \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Palermo－Gomez Dora Maria \\
\hline Gattuso Christi \\
\hline Leeds Jeffrey Gordon Dds \\
\hline
\end{tabular}
 Rashid Asif Md \begin{tabular}{|l|}
\hline Nikiforov Konstantin Md \\
\hline Ou Wen Hui Md \\
\hline Rashis \\
\hline
\end{tabular} Neuman George Geza Md
 Williams Elijah \begin{tabular}{l} 
Friedman Deborah M Md \\
\hline Hawkins John \\
\hline
\end{tabular} Deen Taj Mohammad Md Handelsman Dan Gabriel Md Meyer David Benjamin Md
 әшen дәр！лолd
NYS Confidentiality－High





 Practitioner－Non－Primary Care Provider（PCP）
 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）
 Provider Category


\section*{（LZ：al Sdd）Sdd чџеәнכWМ}

\section*{}
б!еер риемон sәнечо Rosenberg Laurence J Md Krishnan Sankaran Sivarama Md \begin{tabular}{|l|l}
\hline Aggarwal Alka \\
\hline Mercado Reyes \\
\hline
\end{tabular}

 \begin{tabular}{l} 
Singh Sukhminder Md \\
\hline Cohen Jeffrey Md \\
\hline
\end{tabular} Costley-Hoke Karen M Md \begin{tabular}{l} 
Torrens Kevin Joseph Rpa \\
\hline Fraiman Mitchell Md \\
\hline
\end{tabular} Bennett John Naqvi Syed Hasan Mahboob Md Said Asha Md Simrany Denise Castanaro John Dimaio Samantha Patrone Nicole Owens Laura Latteri-Palamara Christa Ireneo Labilles, Pt \begin{tabular}{l} 
Garchitorena James Jude \\
\hline Adem Patricia \\
\hline
\end{tabular} Harrison Kristin A \begin{tabular}{l} 
Ali Joseph Tariq \\
\hline Samuel Jessica \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Srivastava Priyasha \\
\hline Ali Joseph Tariq \\
\hline
\end{tabular} Valerio Kristine Jacinto
                        Practitioner - Non-Primary Care Provider (PCP)
                        \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular}
                        Practitioner - Non-Primary Care Provider (PCP)
                        Practitioner - Non-Primary Care Provider (PCP)

                        Practitioner - Non-Primary Care Provider (PCP)
                        Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{(LZ: 1 Sdd) Sdd ЧłГеӘНつWM}
\begin{tabular}{|l|}
\hline Paige Tracy T \\
\hline Turner Jade \\
\hline Henry Laura \\
\hline Cherian Sharon \\
\hline Zinns Rachel \\
\hline
\end{tabular}
 Sangnil Marline Sonti
Schmeelk Kristen \begin{tabular}{l} 
Soloveichik Yitzchak Zev \\
\hline Sangnil Marline Sonti
\end{tabular} Anand Sunil Barnett Jeremy \begin{tabular}{l} 
Jordan Becky Dunza \\
\hline Tweedy Molly \\
\hline
\end{tabular} \begin{tabular}{|l} 
Naik Pushpa Hosahatti Dds \\
\hline Michael Marchese \\
\hline Jordan Becky Dunza \\
\hline
\end{tabular} \begin{tabular}{l} 
Lenczewski Brian Christopher \\
\hline Naik Pushpa Hosahatti Dds
\end{tabular} Janet Poole
\begin{tabular}{l} 
Devlin-Craane Sheila \\
\hline Quammie Collin \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Harrison David Maxwell Md \\
\hline Sardar Henry Do \\
\hline
\end{tabular} pW ॥әмхеW p!лед uos!uлен
uи иеәг u!əısu!əM Efobi Chukwuemeka K Md
Hossein Tabriziani Abramowicz Elisabeth Md
Efobi Chukwuemeka K Md Schultheis Gary B \begin{tabular}{l} 
Mungy Maria Christine \\
\hline Stiefel Michael F \\
\hline
\end{tabular} Wechsler Martin S Aaron Andrea M
 Practitioner - Non-- Primar Cationer - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PC) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-- Pr imary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non--Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Participating in Projects \\
\hline Provider Category \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWM}



    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)



    \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular}
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    \begin{tabular}{|l}
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitionerer - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular}
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practioner - Non-Pimanay Care Provider (PCP)
    Practitioner - Non-Pimay Care Provider (PCP)
    Practitioner - Non-Pimary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practioner - Non-Pimanay Care Provider (PCP)
    Practitioner - Non-Pimary Care Provider (PCP)
Practioner - Non-Pimary Care Provider (PCP)


 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Kıобәıеう ләр！лолd

\section*{（LZ：al Sdd）Sdd чџеәнכWM}
Jonathan Robinson
\begin{tabular}{|l|}
\hline Murray Karen Md \\
\hline Stoddart Janet Ann \\
\hline Berg Sandra \\
\hline Horvatin Toni \\
\hline Wade \\
\hline Tiyyagura Satish \\
\hline
\end{tabular}
mian Hagop
\begin{tabular}{|l|}
\hline Menardy-Alphonse Flore-Marie \\
\hline Gajadhar Nicole \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Savani Nargis Kasam Ali Md \\
\hline Cho Ronald \\
\hline
\end{tabular}
Pongnon Sheila Debbie Md
\begin{tabular}{l} 
Bryan Duane Anthony \\
\hline Wolfson Mitchell Md \\
\hline
\end{tabular}

\begin{tabular}{|l|}
\hline Rymond Claes Coran Md \\
\hline Willert Jessica Lynn Md \\
\hline
\end{tabular}
Wendland Anne
\begin{tabular}{|l|}
\hline Villavicencio Rosa \\
\hline Megan Leahey \\
\hline
\end{tabular}
Yee Amanda
euuog z!!лодон

Ahmad Jowairiyya Sarfraz
Martins Diane Pereira
\begin{tabular}{|l|l}
\hline Roldan Ernesto & Practitioner - Non-Primary Care Provider (PCP) \\
\hline Pactitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Terzano Gabriel M Dds \\
\hline Farina Steven \\
\hline Rad \\
\hline
\end{tabular} \(\qquad\) әшеN дәр!̣олd
NYS Confidentiality - High


 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|c|c}
\multicolumn{2}{c}{ Participating in Projects } \\
\hline Provider Category & 2 \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
uosdwoul yeres !uelos
Brooks Hannah L Md
\begin{tabular}{l} 
Frishman William Md \\
\hline Heintz Holilis A
\end{tabular} Koulova Lidia Borissova Mattone Matthew Louis Corsones James P Md Grose Andrew Warner Md



 Margaret Burns-Beaman


 Turner Carol Lolita Corrigan Mairead, Lmhc
Keltz Julia Gail

 \begin{tabular}{|l|}
\hline Benson Payam \\
\hline Bekker, Paola \\
\hline
\end{tabular} Hults Allison \begin{tabular}{|l|}
\hline 255 Lafayette Ave \\
\hline Bell James lii \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Skovronsky Yaakov \\
\hline Claire Crawley \\
\hline 255 Lafayette Ave \\
\hline
\end{tabular}
 әسеN дәр!лодd

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  & Sulures ans \\
\hline \(\cdots\) & 슨 & 슨 & － & － & － & & － & 슬 & 슬 & 슬 &  & и甘＇uewmen əuer fiew \\
\hline & & & & & & & & & & &  & PW－ə60u－s－ITuea dil！ \\
\hline & & & & & & & & & & &  &  \\
\hline \multirow[t]{3}{*}{－} & \(\cdots\) & － & － & － & － & － & － & － & 슬 & 슨 &  & рпиео кө．оу sueл \\
\hline & & & & & & & & & & &  & ఛ66．ew enloutus \\
\hline & & & & & & & & & & &  &  \\
\hline ， & － & & & － & & & & & － & － &  & elydn7 zarens \\
\hline \multirow[t]{3}{*}{－} & － & － & － & － & － & － & － & － & － & － &  & ечеN 2pea \\
\hline & & & & & & & & & & － &  & ти¢！иy uesns \\
\hline & & & & & & & & & & &  & s！n7 \(72 d 07\) \\
\hline ， & － & － & － & － & － & － & － & & ， & ， &  & 10．e9）＇enterad－nuo \\
\hline \multirow[t]{2}{*}{，} & 슨 & 슬 & － & － & 슬 & 슬 & － & 즌 & 슬 & 슬 &  & reyov ！eyes \\
\hline & & & & & & & & & & &  & oo eupopr 0 undeus \\
\hline \multirow[t]{2}{*}{－} & － & － & － & － & － & － & － & & － & 슬 &  & ！u0＾＇у．ириен \\
\hline & & & & & & & & & & &  & поч6u！，бu0पz \\
\hline ， & － & ， & － & － & － & & － & & － & ， &  & әш｜эн я әuñ \\
\hline E & － & ， & － & － & － & － & － & － & ， & ， &  & э⿰阝． \\
\hline ， & － & ， & － & － & － & － & － & 슬 & － & － &  &  \\
\hline ， & － & － & － & － & － & － & － & & － & － &  & Uosien ．app \\
\hline ， & － & － & － & － & － & － & － & & － & － &  &  \\
\hline ， & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline \multirow[t]{2}{*}{a} & － & － & － & ， & ， & ， & ， & － & ， & \(\cdots\) &  & X．40w \\
\hline & ， & － & ［ & － & － & & － & & ， & ， &  & ｜eulew nueaussoos \\
\hline a & & & & & & & & & & \(\cdots\) &  & Kuv！！perd \\
\hline \multirow[t]{2}{*}{슬} & 스․ & 슬 & 슬 & ［ & － & & ［ & 슬 & 슬 & \(\cdots\) &  & Ined Isow \\
\hline & & & & & & & & & & \(\cdots\) &  & ләриехәө чЈпоуерәW \\
\hline \(\cdots\) & ， & － & － & ， & － & － & － & & ， & ， &  & aupudas est 0 O．pow \\
\hline － & ， & ， & － & ， & & & － & & ， & ， &  & PW \(\wedge \bigcirc\) semer nouo \\
\hline － & ， & ， & ， & \(\cdots\) & － & & ， & & \(\cdots\) & \(\cdots\) &  & әиәәеу еберет \\
\hline \multirow[t]{2}{*}{A} & ［ & ［ & ［ & － & － & ［ & ［ & & \(\cdots\) & \(\cdots\) &  & иa．ne7 s s．nea \\
\hline & \％＇\％ & ！！ \(\mathrm{P}^{\text {¢ }}\) ¢ & ¢ \({ }^{\text {¢ }}\) & ＂＇e \(\varepsilon\) & ¢e\％ & ！P\％ & м！पz & А！er & ！！！er & rer & ＾106аıе）rep！noud & \(1{ }^{1} \mathrm{~d}\) \\
\hline to & & & & & & & & & & & Opued & \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd ЧłеәНОWM}
 \begin{tabular}{l} 
Ritu Saini \\
\hline Bier Adam David \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Herway Catherine \\
\hline Ritu Saini \\
\hline
\end{tabular} Pua Tarah \begin{tabular}{l} 
Idowu Kehinde Olabisi \\
\hline Hu Yin C \\
\hline
\end{tabular} \begin{tabular}{l} 
Jacobs Laura A \\
\hline Higgins Erin \\
\hline
\end{tabular}


 \begin{tabular}{|l|}
\hline Loewinger Michael \\
\hline Sasvary Mark \\
\hline
\end{tabular}
 Lerman Alexander Dean, Cecilia, Pa \begin{tabular}{|l|}
\hline Kanganis Polly \\
\hline Qayyum Shujaat \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Koutcher Gary Lewis Md \\
\hline Billotti Thomas J \\
\hline Kanganis Polly \\
\hline
\end{tabular} Koutcher Gary Lewis Md
 Fraser Angela Marie Md \begin{tabular}{|l|}
\hline Atkin Christina Gay Hammerman Md \\
\hline Scaglione Tara \\
\hline Fras \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Dall Amy Joan \\
\hline Daley Lisa M Md \\
\hline Atkin Christina Gay Hamm \\
\hline
\end{tabular} Dall Amy Joan әшеN ләр!̣олд

\section*{NYS Confidentiality - High}
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)



 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l|l}
\multicolumn{2}{c}{ Participating in Projects } \\
\hline Provider Category & 2.a \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWM}

\section*{}






    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)

    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular}
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) R106aleo rap!noid



                        Practitioner - Non-Primary Care Provider (PCP)



                        Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Pimary - Non-Primary Care Provider (PCP)
 \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)

 Practitioner - Non-Piioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  \\
\hline へ & ～ & へ & － & － & － & & － & － & － & － &  \\
\hline ， & へ & へ & ，＾1 & － & へ & － & へ & & へ & － &  \\
\hline － & － & － & － & － & － & & － & － & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & － & － & & － & － &  \\
\hline ， & ， & へ & － & － & － & & へ & & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & & & － & & & & & － & － &  \\
\hline & & & & & & & & & & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & － & － & － & － & － &  \\
\hline － & ，へ1 & － & － & － & ，＾1 & & － & & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & & & － & & － & － &  \\
\hline へ & ，へ1 & へ & － & － & － & & ヘ & & － & － &  \\
\hline ， & 人 & へ & ，＾1 & － & ，へ1 & － & へ & & － & － &  \\
\hline ， & へ & ， & － & － & へ & － & － & － & － & － &  \\
\hline － & － & － & － & － & － & & － & ， & － & － &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline & & & & & & & & & & &  \\
\hline － & － & － & － & － & － & & － & & － & － &  \\
\hline ， & へ & ， & へ & － & へ & & へ & － & － & － &  \\
\hline － & へ & － & － & － & － & & － & & － & － &  \\
\hline ！\(!\)＇\({ }^{\circ}\) & ：q＇\％ & ！！！ \(\mathrm{P} \cdot \varepsilon\) & \％\(\cdot \square\) & ！\(!\) e＇\(\varepsilon\) & \％er & ！P\％ & A！ q ＇z & п！erz & ！！\({ }^{\text {erz }}\) & ！erz &  \\
\hline \multicolumn{12}{|l|}{} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}




        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)

        Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) кıобә!

\section*{(LZ:al Sdd) Sdd чџеәнכWM}
 Patuto Jennifer Cnm \begin{tabular}{|l|}
\hline Lyew Michael Andrew \\
\hline Flaggman Allan Gary Md \\
\hline Bobroff Lewis M Md \\
\hline Kraus Gregory James Md \\
\hline Fuisz Anthon Richard \\
\hline Bricker Jennifer \\
\hline
\end{tabular} Lorell Berrios
Lyew Michael An Fetridge Justin Mr. Figueroa Analee Ms. Cohn Inna Sciortino Beth

 \begin{tabular}{l} 
Granieri Marcia M \\
\hline Patel Anand V \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Kaitlin Reno \\
\hline Granieri Marc \\
\hline
\end{tabular} \begin{tabular}{l} 
Aggarwal Chhaya \\
\hline Siddiqui Imtiyaz \\
\hline
\end{tabular}
 Corriel Jared Scott Md Uy George
Mercado Vanessa Maria V Md \begin{tabular}{l} 
Witek Malgorzata Wieslawa \\
\hline Smoller Andreas \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Waggener Ellen \\
\hline Witek Malgorzata \\
\hline
\end{tabular} Weinstein Zoe Ann әшeN ләр!лодd
NYS Confidentiality - High
 Practitioner - Non-Primary Care Provider (PCP)


 Practitioner - Non-Pimary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Pritioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l|l}
\hline \multicolumn{2}{c}{ Participating in Projects } \\
\hline Provider Category & 2 a. \\
\hline
\end{tabular}

\section*{(LZ: 1 Sdd) Sdd ЧłГеӘНつWM}





 Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non--Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-PMititer
Practioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l|l} 
Participating in Projects \\
Provider Category & 2.a \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чłеәнכWM}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & ヘ & － & － & ヘ & ヘ & ヘ & ヘ & ヘ & － &  & че．ояәа ！үэоqәэ \\
\hline & & & & & & & & & & &  & s！n7 әбıо оsouरәу \\
\hline & & － & － & & & － & & － & － & － &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & へ & － & － & － & ヘ & ヘ & & ヘ & － &  & PW 」 әииイך иешサ아 \\
\hline ค & ヘ & ヘ & ค & ヘ & ヘ & & ヘ & & ค & ヘ &  & иәәәН גәиəә \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & － &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  & pW \(\forall\) pleuoy ！ \\
\hline － & － & － & － & ヘ & － & & － & － & － & － &  & еи！бәу ржеуэед \\
\hline ヘ & ヘ & ヘ & － & ヘ & へ & ヘ & ヘ & & ヘ & ヘ &  & ue！ug Kexn\％ \\
\hline － & － & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & － &  &  \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & u！qoy elyes \\
\hline ヘ & ヘ & ヘ & ค & ヘ & ヘ & & ヘ & & ヘ & － &  & edy f｜əyэеу səıpue 7 \\
\hline & & & & & & & & & & &  & PW euub u！ə̇Чsuəzoy \\
\hline & & & & & & & & & & &  & dN W uәлеу uosməy \\
\hline － & － & － & － & － & － & ヘ & － & ヘ & ヘ & － &  &  \\
\hline & & & & & & － & & & & － &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & mda ə\｜ə甲＞૦บ expn \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & － &  & edy exej sd！！！！पd \\
\hline & & & & & & & & & & &  & mda כ 䶹enis unequı！ \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & ヘ & － & － & & & ヘ & & ヘ & ヘ &  & pW రuopə n！ 7 \\
\hline & & & & & & ， & & & & － &  &  \\
\hline & & & & & & & & & & &  & цґəqez！｜ヨ s！uuәa \\
\hline ค & ヘ & ヘ & ค & ヘ & ヘ & & ヘ & ヘ & ヘ & － &  & e！zay dәdooう \\
\hline － & ヘ & ヘ & － & － & ヘ & & ヘ & ヘ & ヘ & － &  & eәıpu＊esoy \\
\hline － & － & & & － & & & & & ヘ & － &  & ＇sw uәrey uos｜ə૫ग！ \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & － &  & पS！ən ！！e⿹ \\
\hline \(!\) ！＇\({ }^{\prime}\)＇ & ！＇\％\(\quad\) & ！！！p＇¢ & ¢ \(¢\) & ！＇e＇\(\varepsilon\) & ¢＇ع & ！P＇z & A！ \(\mathrm{Q}^{\prime}\) &  & ！！！＇とて & ！e＇z & Кıобәңеэ ләр！＾Олd & әшen גәp！＾олd \\
\hline \multicolumn{13}{|l|}{słoəlo．d u！¢u！ped！o！pred} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  & PW uәәчеч \\
\hline － & 슬 & － & － & － & 슬 & － & － & － & － & － &  & sәиечо уему \\
\hline & & & & & & & & & & &  & PW 9 opord ouxignı \\
\hline － & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline ， & ， & － & － & ， & ， & & ，－ & & ， & ， &  &  \\
\hline － & － & － & － & － & － & & － & － & － & － &  & PW бunew u！ \\
\hline & & & & & & & & & & &  & PW ueरy \\
\hline － & － & － & － & － & － & & － & & － & － &  & PW W！I！\(\dagger\) ¢ 46u！ \\
\hline ， & ，＾1 & － & － & － & 슬 & － & － & － & ① & － &  & と！uew opejaw \\
\hline ， & 슬 & － & － & － & 슬 & & － & － & 슬 & － &  & edy olques！！｜exel｜｜0つ \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & － & － & & － & － &  &  \\
\hline & & & & & & & & & & &  & KqO uәudəts \\
\hline & & & & & & & & & & &  & \(\wedge\) emuon S！＾eव \\
\hline ， & － & － & － & － & － & － & － & － & － & － &  & әuиехоу 6их7 \\
\hline ， & － & － & － & － & － & － & へ & － & － & － &  &  \\
\hline & & & & & & & & & & &  & \(\wedge\) Ourew oresn」 \\
\hline － & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline ， & － & － & － & ， & － & & － & & － & － &  & ep \(\ddagger\) uns｜n⿹ seqy \\
\hline ， & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline ， & － & － & － & － & 슬 & & － & － & － & － &  & әuपdea uәisəg \\
\hline － & － & － & － & － & & & － & & － & － &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline ， & － & － & － & ， & － & & － & & へ & － &  & иәппе иәг \\
\hline & & & & & & & & & & &  &  \\
\hline ， & － & － & － & － & － & & － & － & ＾ & － &  & घ！כ！̣әך е6セ！｜｜ \\
\hline － & － & － & － & － & － & － & － & & － & － &  &  \\
\hline ， & ， & － & － & ， & & & － & & へ & － &  & PW uejsqKy y गxew \\
\hline ， & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline ， & へ & － & － & ヘ & － & & － & & へ & － &  & 1әл！ 10 ә68． \\
\hline ！ 4 ＇＇＊ & ！ 9 ＇t & \(!!!p \cdot \varepsilon\) & \％ & ＂＇¢ ¢ & ¢ & ！P＇z & м！\(\square^{\prime}\) \％ & м！e＇z & ！！！e＇z & ！e＇z & Кобә！е ләр！лолd & A0．d \\
\hline \multicolumn{13}{|l|}{słov！odd u！Ku！ped！opued} \\
\hline
\end{tabular}





 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）

 Practitioner－Non－－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Pracitioner－Non－Pimartitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） R106ане刀 rep！nold sloo！oid u！Gu！led！u！ped

明明皆
80日明
 \＆
 － \(\square\)
\(\square\) © \(\qquad\)
\(\qquad\) ＊《




\＆


\section*{（LZ：al Sdd）Sdd чџеәнכWM}
Practitioner - Non-Primary Care Provider (PCP)



 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Praccitioner - Non-Primary Care Provider (PCP) (PCP)

\section*{(LZ:al Sdd) Sdd чңеәнОWМ}


\section*{(เz:al Sdd) Sdd чџеәнכWм}


        Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP)


        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Praccitioner - Non--Nimary - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
        Practitioner - Non-Primary Care Provider (PCP)
\(\qquad\) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Pracilor Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{(LZ:al Sdd) Sdd чłеәНכWМ}

\section*{}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & － & 슨 & & & － & & － & － &  &  \\
\hline ， & － & 슬 & － & 슬 & － & － & 슨 & & － & － &  & euesor uolos \\
\hline ， & へ & － & － & ， & へ & & － & & へ & へ &  & ә！บиә ¢un7 \\
\hline へ & － & － & － & － & へ & － & － & & ヘ & へ &  & uesns әu！＾əך \\
\hline & & & & & & & & & & &  & zәриәəəW นәəınеW \\
\hline － & － & － & － & － & － & － & － & & へ & へ &  & dN eप！tu \\
\hline へ & へ & － & － & － & へ & & － & － & ヘ & へ &  & ydəsor oəprlued \\
\hline － & － & － & － & － & － & & － & へ & － & へ &  &  \\
\hline － & － & & & － & & & & & へ & へ &  & әu！¢diea smopeəw \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & ueysfv lentw ！ueuans \\
\hline － & － & － & － & － & － & － & － & & へ & へ &  & e！！əa uos，eynbıe」 \\
\hline へ & へ & － & － & － & へ & & ヘ & & ヘ & へ &  & s！xə｜丬 иәмоэ \\
\hline ， & へ & － & － & ， & へ & － & － & & － & へ &  & 1ә！uиә¢ u！ssndd \\
\hline ， & へ & － & － & ， & へ & へ & － & － & へ & へ &  & ！1\％emueys \\
\hline へ & へ & － & － & － & へ & － & － & & ヘ & へ &  &  \\
\hline へ & へ & & & － & & & & & へ & へ &  & 0بо）عə．pu＊ \\
\hline ， & － & & & － & & & & & へ & へ &  & sopouo ejorg \\
\hline へ & へ & － & － & － & － & & － & & － & へ &  & e．nques eun！\({ }^{\text {a }}\) \\
\hline － & － & － & － & － & へ & － & － & － & － & へ &  &  \\
\hline & & & & & & & & & & &  & oq uиечог suer nejsiom \\
\hline － & － & － & － & － & － & － & － & & ヘ & － &  &  \\
\hline ， & ， & ，1 & － & へ & － & － & － & － & へ & へ &  &  \\
\hline － & － & － & － & － & へ & & － & － & へ & へ &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & גә｜मеS иәлә1S \\
\hline － & － & － & － & － & ヘ & & － & & へ & へ &  & dun epueur səu！ \\
\hline ヘ & ヘ & － & － & ヘ & ヘ & － & ヘ & & へ & － &  & Ku＊1әш！！ \\
\hline へ & ， & ，へ1 & － & ， & & & － & & へ & － &  &  \\
\hline ， & へ & ，＾1 & － & へ & － & & － & & へ & へ &  & pW uoxeus nM \\
\hline ヘ & ヘ & － & － & ヘ & ヘ & & － & & ヘ & － &  &  \\
\hline ！\(!\)＇\({ }^{\prime}\)＇ & ！＇＇t & ！！\({ }^{\text {P } \cdot \varepsilon}\) & ！ & \＃＇¢＇\(\varepsilon\) & ！e＇\(\varepsilon\) & ！P＇z & ＾！\(\square^{\prime}\)＇z & «！¢＇z & ！！！＇z & ！e＇z &  & 10．d \\
\hline \multicolumn{13}{|l|}{słov！ord u！¢u！̣ed！} \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline ค & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & － &  & ｜edo6epes ueley yeiqqas \(x\) \\
\hline － & － & － & － & － & ヘ & ヘ & ヘ & & ヘ & － &  & оәך оиешегл \\
\hline ค & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & ｜pәәгs ！！1ечя \\
\hline － & － & － & － & ヘ & ヘ & & ヘ & & ヘ & － &  & expues ouezuedero \\
\hline － & － & － & － & ヘ & － & － & ヘ & & ヘ & － &  & ！moen u！ixuexd \\
\hline ヘ & － & ヘ & － & ヘ & & & ヘ & & ヘ & ヘ &  & ¢ esuoudiv Mə૫łew \\
\hline & & & & & & & & & & &  & 6əə0 uneqıədヨ \\
\hline ヘ & ヘ & へ & － & ヘ & & & ヘ & & & ヘ &  & иецъеиог ssmey \\
\hline & & & & & & & & & & ～ &  & \(\ddagger\) euueor uowis \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & &  & иәг бıәquәуи！\(\dagger\) \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & &  & ңәəıdser цбu！s \\
\hline & & & & & & & & & & &  & Kuoułu甘 Ined euuer \\
\hline － & － & へ & － & ヘ & ヘ & & ヘ & & ヘ & － &  & pW Inpq甘 КıирпечО рәәшен \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & PW Kew ulppne yued \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & әи！әцъеу иоsuчог \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ～ &  & PW S \(\forall\) प！！pne S！＾etS \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & pW snyıew quヨ \\
\hline & & & & & & ヘ & & & & － &  &  \\
\hline － & － & － & － & － & － & － & － & － & － & － &  & PW 乌 səuә6оәの иоәəロ \\
\hline & & & & & & & & & & ～ &  &  \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & әүКך s！uuәa \\
\hline & & & & & & ヘ & & & & － &  &  \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & дәңииәг seбъıо才 \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & релег！чбәzен \\
\hline － & － & － & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & － &  & eue！\(\perp\) әumnoqso \\
\hline － & － & － & － & － & へ & & － & － & － & － &  & әиイе¢ ess！ı」 surep \(\forall\) \\
\hline ヘ & － & － & ค & ヘ & ヘ & － & ヘ & & へ & － &  & W ！！иәчЈ моәршечч \\
\hline ！！ \(\mathrm{C}^{\prime}\)＇t & ！＇\％ & ！！\({ }^{\text {P }} \boldsymbol{\varepsilon}\) & \(\cdots\) & ！\(!\) ¢ \(¢\) &  & ！ \(\mathrm{P} \cdot \mathrm{z}\) & ＾！\(\square^{\prime}\)＇ & м！＇e＇z & \(!!!\mathrm{e}\)－ z & ＇e＇z & КıобәıеЈ ләр！лолd & әшen ıәр！лолd \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чłеәнэWM}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & へ & － & － & & & ヘ & & ヘ & － &  & PW ऽ Кчıош！\(\perp\) צоорКен \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & － &  & pW euen pıeмp尹 чешәәши \\
\hline & & & & & & & & & & &  & әธ！uәa әu！！！！uч Кpun7 \\
\hline & & & & & & & & & & &  & eגne7 ouerpis！ 0 －xo」 \\
\hline & & & & & & & & & & &  & нeכ әsounnld \\
\hline ค & － & へ & － & ヘ & ヘ & & ヘ & ＾1 & ヘ & － &  & \(\bigcirc\) Kıew ！！！！ \\
\hline － & － & － & － & ヘ & ヘ & & ， & & ヘ & － &  & puejмоу әеиег \\
\hline － & － & － & － & － & － & & － & － & － & － &  & ә！｜әшヨ ！оseןиеұиеS \\
\hline & & & & & & & & & & &  & e！pod led！ 7 \\
\hline － & ヘ & ヘ & － & ค & ヘ & & ヘ & & ヘ & ค &  & чІәg e＾४ иешлио \\
\hline － & へ & － & － & ヘ & ヘ & － & ヘ & ヘ & ヘ & － &  & pes \(\forall\) решшечо \(W\) \\
\hline － & － & － & － & ヘ & ヘ & － & ヘ & ヘ & ヘ & － &  & Keuow pnowyew \\
\hline & & & & & & & & & & &  & uuv чeıoqәа әәуэW \\
\hline & & & & & & & & & & － &  & әp！ung ydəsor \\
\hline － & － & － & － & ヘ & ヘ & － & ヘ & & ヘ & － &  & әииеог цग！川ән \\
\hline － & － & － & － & － & － & － & へ & － & － & － &  & unョ иечу \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & － &  & Ex！up ！uәшeZ \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ～ &  &  \\
\hline & & & & & & & & & & － &  & u！！！ej גө！！W \\
\hline － & － & － & － & ヘ & ヘ & － & － & ヘ & ヘ & へ &  & eulue dolsen \\
\hline － & － & & & － & & & & & － & － &  & 1s．nh әı！e｜כ \\
\hline ヘ & － & へ & － & ヘ & & & ヘ & & ヘ & ～ &  &  \\
\hline － & － & へ & － & － & － & － & ヘ & ヘ & へ & － &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & exeqıeg＇əseчว \\
\hline － & － & ヘ & － & － & ヘ & & ヘ & ヘ & ヘ & ～ &  & E｜｜әg S！｜pex」 \\
\hline － & ， & ヘ & － & ヘ & ヘ & － & ヘ & ヘ & へ & － &  & प्र ¢！！əyכヲ әэ！иеән \\
\hline ヘ & ヘ & ヘ & － & ヘ & & & へ & & ヘ & へ &  & кıечэеZ ！！мıеW \\
\hline － & － & － & － & － & － & & － & － & － & － &  & ex！soy eoseouexy u！pny－eun7 \\
\hline ヘ & － & へ & － & ヘ & ヘ & － & ヘ & へ & へ & ～ &  & \(\mathrm{E}_{\text {｜l }}\) еииеуу \\
\hline ヘ & ヘ & ヘ & － & － & ヘ & & ヘ & & ヘ & ヘ &  &  \\
\hline ！！\({ }^{\prime}\)＇t & ！＇q＇t & ！！ \(\mathrm{p} \cdot \varepsilon\) & ¢ \(\cdot \square\) & ！＇e＇\(\varepsilon\) & ¢ & ！ \(\mathrm{p} \cdot \mathrm{z}\) &  & п！\(¢\) er z & ！！！e＇z & ！e＇z & Кıобәıеכ ләр！лолd & M0．d \\
\hline \multicolumn{13}{|l|}{słoəlond u！6u！ped！o！pred} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}





 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non--Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) 0
0
0 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 sloo!oid u! Gu!led!u!ped

\section*{(LZ:al Sdd) Sdd чџеәнכWM}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  & O！！n¢ ezued \\
\hline & & & & & & & & & & &  & pW әпәреиәә u！！ \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & әธ！ก०7 әЈ！ \\
\hline － & － & － & － & ヘ & － & & － & & ヘ & ヘ &  & ечиеш е！иеләчтヨ \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline ヘ & ヘ & へ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & PW әбı0әэ H00M \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & Kuoułu＊ueit oluld \\
\hline － & － & － & － & － & ヘ & － & ヘ & & ヘ & ヘ &  &  \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & pW ə！ue｜əW es！una surep \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & PW ！！！！！mi \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & pW p！ィe］иелヨ ләриәg \\
\hline － & ヘ & － & － & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ &  & pW｜əセfey zənbze＾ \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ～ & ヘ &  &  \\
\hline & & & & & & & & & & &  & Kuew uesns sulyud \\
\hline & & & & & & & & & & &  & edy S Kıȩ səmer \\
\hline － & ヘ & － & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & PW 7 exoun \(\forall\) oulue） \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & Kıeməsoy eurynoy \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  & Kиелоәэ＇zәu！ \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  &  \\
\hline － & ヘ & － & － & ヘ & ヘ & － & ヘ & & ヘ & ヘ &  & әиег ро！！u！M \\
\hline ヘ & ヘ & ヘ & － & － & ヘ & & ヘ & & ヘ & ヘ &  & uuv npu！g əбıоәЭ \\
\hline & & & & & & & & & & &  &  \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & ！ues pewut \\
\hline － & － & － & － & ヘ & ヘ & － & ヘ & & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & р｜exəэ Јxew Hodeddey \\
\hline － & － & － & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  & әuu \({ }^{\text {or }}\) or，umedouns \\
\hline & & & & & & & & & & &  & eopuow roodey \\
\hline － & － & － & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & КәכеIS 0！66！я \\
\hline ！！ \(\mathrm{C}^{\prime}\)＇t & ！＇\％ & ！！\({ }^{\prime} \cdot \varepsilon\) & ¢ & \(!\) ！e＇\(\varepsilon\) &  & \(!\mathrm{p}\) \％ & ＾！\(\square^{\prime}\)＇ & м！＇e＇z & \(!!!\mathrm{e}\)－ z & ！e＇z & КıобәıеЈ ләр！лолd & әшeN ләp！＾олd \\
\hline \multicolumn{13}{|l|}{słoəlo．d u！反u！̣ed！o！pred} \\
\hline
\end{tabular}

\begin{tabular}{l} 
Dobuzinsky Olga Md \\
\hline Park John \\
\hline
\end{tabular} Nensey Cyrus Karim \begin{tabular}{l} 
Lozano Claudia M Dds \\
\hline Win Thandar A \\
\hline
\end{tabular} Diku Alice Franco,Victor , Lmhc Melnychuk Elizabeth Maria Md Harris Cory Bennett Philip Fishman Ross Phd
Mahoney Breda Ann \(\begin{array}{r}\text { ןə૫ગеy ләцәา } \\ \hline\end{array}\) Wasserman Abby Seligman Karen Peyser Md
Downey-Goldwasser Barbara \begin{tabular}{|l}
\hline Danon Martha A Md \\
\hline Seligman Karen Peyser
\end{tabular} Johansson Jan O K Md \begin{tabular}{l} 
Katz Dina R Md \\
\hline Mccullough Gene
\end{tabular} Hedrick David
Katz Dina R Md Swarttz Marc Eric әسеN ләр!лолd


 Practitioner - Non-Pioner - Non-Primary Care Provider (PCP)

 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practionerer - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{(LZ:al Sdd) Sdd чłеәнכWM}




    Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PPP)
    Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Pracctitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
Practioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non--Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP)
    \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular}
Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category
еиеाиеघ ！！әени
 эие \begin{tabular}{l} 
Boniuk Jonathan Daniel Md \\
\hline Nasir Syed Usman Asdul Md \\
\hline Sid
\end{tabular} pW ヨ e！！n饣 ләцગ！ədS

PW дәңІৃән бıәqunля Levinson William M Md \begin{tabular}{l} 
Chang Benjamin Md \\
\hline Weems Robin
\end{tabular} \begin{tabular}{|l}
\hline Lopez Nancy Rpa \\
\hline Ascencio Janice K Md \\
\hline Chang Benjamin Md \\
\hline
\end{tabular} edy Kouen zədo 7
иәмо Кчłош！\(\perp\) әмоч Cairo Mitchell Stuart Md Rubenstein Robert J Md \begin{tabular}{l} 
Atlas Gregg Keith Dpm \\
\hline Lev Olga Md
\end{tabular} \begin{tabular}{l} 
Martin Eric L Md \\
\hline Atlas Gregg Keith \\
\hline
\end{tabular}
 енәqоч дән！чગ्S
иешләд иәгу


 W имед zleds

 әuen ләр！лолd

\section*{NYS Confidentiality－High}




 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP）
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）
 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP） \\
\hline
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP）
\end{tabular} Provider Category

\section*{（LZ：al Sdd）Sdd чџеәнכWM}

\section*{}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline へ & ヘ & ヘ & － & ヘ & ヘ & & － & & ヘ & － &  & ə！ \\
\hline － & － & － & － & － & － & & － & － & － & － &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & － & － & － &  &  \\
\hline へ & ～ & ヘ & － & へ & ～ & & ヘ & & － & ヘ &  & pW wәәen qeyt \\
\hline へ & へ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ＾ & － & ヘ &  & PW n！eмәииео u！ıошоS \\
\hline ヘ & ヘ & － & － & へ & へ & & － & & ヘ & － &  & ч！！әу मәqләН \\
\hline & & & & & & & & & & &  & иәәлелд＾｜пошелриечว \\
\hline ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & － & ヘ &  & or \(660 \pm\) \\
\hline － & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & иодәшеэ zuәpng \\
\hline & & & & & & & & & & &  & pw uyor uo\｜e」 \\
\hline － & － & － & － & － & & & － & & － & － &  & PW əuә6ng olonu6̂eds \\
\hline & & & & & & & & & & &  & PW Ined edde｜｜ə૫ว \\
\hline & & & & & & & & & & &  & पqe｜eus exqog \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  & pud uosイeגכ н preyo！y \\
\hline & & & & & & & & & & &  & dN ə！uew әuu甘 seonา \\
\hline & & & & & & & & & & ค &  & mda W Hents uxts \\
\hline ค & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  &  \\
\hline へ & ヘ & － & － & － & へ & － & － & & ヘ & へ &  & әu！｜әчग！w＇моᅵew \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline － & － & － & － & － & － & － & － & & － & － &  & әэ！unew yरzכmexq\％ \\
\hline へ & へ & － & ヘ & へ & へ & & ヘ & & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & ヘ &  &  \\
\hline － & － & ヘ & － & ค & ค & & ヘ & & ヘ & ヘ &  & eK！udns u！er \\
\hline － & － & ヘ & ヘ & ค & ヘ & － & ヘ & & － & ヘ &  & әеу ess！｜әW 0כx］ \\
\hline ヘ & ヘ & － & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & प！！ws－！nbonleg d epu！ \\
\hline & & & & & & & & & & &  & 9 ә！̣ñ7 zueג \\
\hline － & － & － & － & － & － & & － & － & ヘ & － &  &  \\
\hline & & & & & & & & & & &  & екер елpunw－әлеS \\
\hline ！＇q＇t & ！＇a＇t & ！！ \(\mathrm{p} \cdot \varepsilon\) & ¢ & ！ & ¢e＇\(¢\) & P＇z & ก！\(\cdot 1 / 2\) & п！+ er & ！！！＇e＇z & ！＇ez & Кıобәıеכ ләр！лолd &  \\
\hline \multicolumn{13}{|l|}{słoolond u！Ku！ped！כ！ned} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}

\section*{}
 Omara Kathleen L Cardillo Edward Paul Phd Bozzone Janet Mannion Christina Marie Cnw \begin{tabular}{|l}
\hline Nelson Liane E Phd \\
\hline Bassora Rocco \\
\hline
\end{tabular} Mucci Louise Catherine Lagamma Edmund Francis Md Karpfen Robin B Md Weinberg Jeffrey Mitchell Md Gallagher Richard E Md \begin{tabular}{|l}
\hline Mckeown Katherine \\
\hline Jafri Syed Z A Md \\
\hline
\end{tabular} Plisner Andrew
 \begin{tabular}{|l}
\hline Isaacs Yisroel \\
\hline Jones Kiliko \\
\hline
\end{tabular} \begin{tabular}{l} 
Mangion Jeremy \\
\hline Isaacs Yisroel \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Hinojosa Lizette \\
\hline Shapiro Maritza \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Zisman Parvin Azin Md \\
\hline Hinojosa Lizette \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Nanda Nandita \\
\hline Ruth Puckhaber \\
\hline Zisman Parvin Azin
\end{tabular} \begin{tabular}{|l|}
\hline Paralkar Mayur Md \\
\hline Nanda Nandita \\
\hline Run Pha \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Beverly Whalen-M.A. Speech-Language \\
\hline Carla Pileggi \\
\hline Paralkar Mayur Md \\
\hline
\end{tabular} य!quбिey aney
әuren дәр!^олd

\section*{(LZ:al Sdd) Sdd чңеәнОWМ}
 Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|c|c}
\multicolumn{2}{c}{ Participating in Projects } \\
\hline Provider Category & 2. \\
\hline
\end{tabular}

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  & pud ヨ गxew גə！！əM \\
\hline ヘ & － & － & － & － & ヘ & & ヘ & & － & ヘ &  & pW uelv әэиеך иоие \\
\hline － & ヘ & ヘ & － & ヘ & & & ค & & ヘ & ヘ &  & pW פ eley emu＾＾ \\
\hline へ & ヘ & － & － & ヘ & & & ヘ & & & ヘ &  & pW ג¢ preyoly uчor projyeis \\
\hline ヘ & － & － & － & ヘ & － & ヘ & － & ヘ & － & ヘ &  & әu！udaso esoxeut \\
\hline & & & & & & & & & & &  & PW \％rels uesns дәушәу \\
\hline & & & & & & & & & & &  & pud \(\forall 1\) К1ə૫丁 semouı \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & pw uesns zıey u！！uァey \\
\hline & & & & & & & & & & &  & pW \(\exists\) p！＾ea o！u！ds \({ }^{\text {d }}\) \\
\hline & & & & & & & & & & &  & emoun әy！semn \\
\hline へ & ヘ & － & － & ヘ & ヘ & ヘ & ヘ & － & ヘ & ヘ &  & дәуueus кe！！\(\wedge\) euedmed \\
\hline ヘ & － & へ & － & － & ，へ & ヘ & － & － & － & へ &  &  \\
\hline － & － & － & － & － & － & － & － & & － & － &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline ヘ & ヘ & － & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & Ker ləqes｜ \\
\hline ヘ & － & － & － & ヘ & & & － & & － & ヘ &  &  \\
\hline ヘ & ヘ & － & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & S epulר ourse」 \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & セ！ग！｜ə」 бueपZ \\
\hline ヘ & 人 & － & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  & әииイך ә！ıо！ıew әәби！ \\
\hline ヘ & － & へ & － & － & ，へ & ヘ & － & － & － & へ &  &  \\
\hline － & － & － & － & － & － & － & － & & － & へ &  &  \\
\hline ヘ & ヘ & & & ヘ & & & & & ヘ & ヘ &  & елоие！！е！uew \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & \(\wedge\) bueno uo， \\
\hline ヘ & ヘ & － & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  & ¢！ִuned zarenit \\
\hline & & & & & & & & & & ヘ &  & иеzIog әлоиәך челояәа \\
\hline ヘ & － & － & － & ค & ค & & － & － & － & ヘ &  &  \\
\hline ヘ & ヘ & － & － & ヘ & ヘ & ヘ & ヘ & & － & ヘ &  & p！лед z！！модон \\
\hline & & & & & & & & & & &  & ssiw eqəə૫s uom！！əy \\
\hline － & － & － & － & － & － & & － & & － & － &  & е＾ヨ＇иеш！pyen \\
\hline ヘ & へ & － & ค & ヘ & － & － & － & － & ヘ & へ &  & әләоД челояәа \\
\hline ！！ \(\mathrm{q}^{\prime}\) \％ & ！＇9＇t & \(!!!p \cdot \varepsilon\) & \(\cdots\) & ！\({ }^{\text {ere }}\) ¢ & \({ }^{+6} \mathrm{E}\) ¢ & ！ P ＇z & ก！\(\square^{\prime}\)＇z & ก！＇e＇z & ！！！\({ }^{\text {e }}\)＇z & ！erz & Кıобәıеכ ләр！лолd & әuen дәр！＾ол． \\
\hline \multicolumn{13}{|l|}{słoə！o．d u！రu！̣ed！o！ned} \\
\hline
\end{tabular}
PW uesseh !uer, Samenfeld-Specht James \begin{tabular}{l} 
Krakowski Yissachar Mr. \\
\hline Ellis Elaine Ms. \\
\hline Maner Robert \\
\hline
\end{tabular} \begin{tabular}{l} 
Agunloye Christianah Aina Rn \\
\hline Krakowski Yissachar Mr. \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Tappan Jessica \\
\hline Herbst Rebecca Miss \\
\hline Lauren Passoff \\
\hline Arce Elsa \\
\hline Santiago Evelyn \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Lifrieri Carolyn \\
\hline Kimball Rita \\
\hline
\end{tabular} \begin{tabular}{l} 
Aarons-Cooke Shawna \\
\hline Gradilone Peter \\
\hline
\end{tabular}

 \begin{tabular}{|l}
\hline Daphne A Garcia Pa \\
\hline Adam J Ash Do \\
\hline
\end{tabular} Weiss Sara
\begin{tabular}{l} 
Gibbons, Donna, Rn,Cde \\
\hline Goldin Rena \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Willgren Kister \\
\hline Gindi Jeffrey \\
\hline
\end{tabular}
Hutcheon Robert Gordon Md \begin{tabular}{|l|}
\hline Myer Jane \\
\hline Ferrando Stephen \\
\hline
\end{tabular} \begin{tabular}{l} 
Yablon Steven B Md \\
\hline Lehrman Stuart Gene Md \\
\hline Mer \\
\hline
\end{tabular} Yablon Steven B Md əuten 1 .and

\section*{NYS Confidentiality - High} Practitioner - Non-Primary Care Provider (PCP)




 Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP)

 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{}





 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）
Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－－Primary Care Povider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Pracatitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Provider Category \(\quad\) Participating in Projects

\section*{（LZ：al Sdd）Sdd чџеәнכWM}
\begin{tabular}{|c|}
\hline PW 1¢ \(\exists\) ydosor IIEH \\
\hline PW W uyor suryeray \\
\hline PW eutures Kipnouo \\
\hline PW पขอ9 צग！ \\
\hline PW I！W әuuo！ \\
\hline  \\
\hline Spa 4 u！ \\
\hline
\end{tabular}
 \begin{tabular}{|l}
\hline Grundfast Steven Keith Md \\
\hline Li Jin Md \\
\hline
\end{tabular} Musial Carmela
 Eckles Robert Arthur Dpm Krisel Angela Rpa PW yed！a Криечэ \begin{tabular}{|l|}
\hline Tiphonie Henry \\
\hline Szafranski Roger \\
\hline Tury \\
\hline
\end{tabular} Pleitez Tecun Claudia Patricia ก чІәqеz！！\(\ddagger\) ！рхеуэヨ \begin{tabular}{|l}
\hline Lopez Cheryl Peggy \\
\hline Stein Allyson B \\
\hline
\end{tabular} Donna M Collins \begin{tabular}{|l|}
\hline Hartman Stephanie \\
\hline Towers Geovanna L \\
\hline
\end{tabular}
 \begin{tabular}{|l|}
\hline Smithem Denise Lynn \\
\hline Shaps Berett Paige \\
\hline Haltor \\
\hline
\end{tabular} әسen ләp！＾олd

Practitioner－Non－Primary Care Provider（PCP）


 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）

Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP） \\
\hline
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{|l|l}
\multicolumn{2}{c}{ Participating in Projects } \\
\hline Provider Category & 2．a \\
\hline
\end{tabular}

\section*{（L乙： 1 Sdd）Sdd Чł๒әНつWM}


sәurer әsəuеłг
Gupta Jaideep Weiss Richard G Md Shah Shetal Indravan Shah Md Mark Madis Md Llc
Hujus Amy Rpa eue!d !u!seg
uəbıow moyns Yu Man pud \(\ddagger\) әu!ts!גy yoeque] Traver Frances Hewlett \begin{tabular}{l} 
Arneja Amrita Kaur \\
\hline Mody Behram Parvez
\end{tabular} \begin{tabular}{l} 
Jessica H Dworet Md Phd \\
\hline Joshua Suma \\
\hline
\end{tabular} \begin{tabular}{l} 
Denise Murphy, Rn \\
\hline Jessica H Dworet Md Phd
\end{tabular} Morales Zory Nordstrom Salina \begin{tabular}{l} 
Teichberg-Sabath Ethel \\
\hline Guilfoyle Daniel \\
\hline
\end{tabular} \begin{tabular}{l} 
Antar Koshnaf Alan Md \\
\hline Burnett Katharine F \\
\hline Teichberg-Sabath Ethel \\
\hline
\end{tabular}
 Menta Meena Saurabh Dds
Vanvlack Laura Curreri Robert L Md Camargo Mareilla Cnm \begin{tabular}{l} 
Ozkaynak Mehmet Fevzi Md \\
\hline Chirumamilla Sree \\
\hline
\end{tabular} \begin{tabular}{l} 
Schwartz Clifford Justin Md \\
\hline Ozkaynak Mehmet Fevzi Md
\end{tabular} Degelsmith Laurence Miles

NYS Confidentiality - High
Practitioner - Non-Primary Care Provider (PCP)




 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Pracctitionerer - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l|c}
\multicolumn{2}{c}{ Participating in Projects } \\
\hline Provider Category & 2.a
\end{tabular}

\section*{(LZ:al Sdd) Sdd чłеәнכWM}
PW zu!qey чeıoqəa biəques
Fletcher Douglas Robert Md
\begin{tabular}{l} 
Tartell Michael G Md \\
\hline Mundra Ajit R Phd \\
\hline
\end{tabular}
Cotto Sylvia
\begin{tabular}{l} 
Kivlehan Patricia Margaret \\
\hline Kaplan Mitchel A Md \\
\hline
\end{tabular}
Goodstein Jeccica Nicole
\begin{tabular}{l} 
Closi Evdocia \\
\hline Goodstein Jeccica Nicole \\
\hline
\end{tabular}
Finkelstein Arthur Michael
\begin{tabular}{l} 
Stephanie Kersting-M.S. Speech-Language \\
\hline Marino Alessandra \\
\hline F
\end{tabular}
Guglielmo Roseann

Lewis Diane
\begin{tabular}{|l|}
\hline Jeremy Jones \\
\hline Nwulu Chika \\
\hline Le \\
\hline
\end{tabular}
\begin{tabular}{l} 
Lemke Elizabeth L \\
\hline Jeremy Jones
\end{tabular}

\begin{tabular}{l} 
Brandstaedter Karen Hardy \\
\hline Romanelli Matthew \\
\hline
\end{tabular}

Merritts-Carr Tanya


Miller Ernest





\section*{(LZ:al Sdd) Sdd чłеәнכWM}





 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Pimary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l|l}
\hline & Participating in Projects \\
\hline Provider Category & 2. \\
\hline
\end{tabular}






 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP）

 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP） \\
\hline
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Provider Category słoə！o．d u！бu！̣ed！э！
\(\square\) ふく «＜＜＜＜＜＜ くふくくね N の


S －

 « 《 《 く

\(\square\)









\section*{（LZ：al Sdd）Sdd ЧłеәНОWM}

\begin{tabular}{|l|}
\hline Nici Anthony Joseph Mc \\
\hline Avitabile Nicholas \\
\hline A \\
\hline
\end{tabular} Chartier Brian David Suarez Froilan \begin{tabular}{|l|}
\hline Lehmann Robert Aaron \\
\hline Charles Fosuhene \\
\hline Rosa Ana \\
\hline
\end{tabular} \begin{tabular}{l} 
Blauner Steven Richard Lcsw \\
\hline Lehmann Robert Aaron \\
\hline C
\end{tabular} Vazquez－Bryan Jennifer K \begin{tabular}{|l|}
\hline Lexington Center For Recovery \\
\hline Singh Kumar \\
\hline
\end{tabular} Griner Nathan Dds \begin{tabular}{l} 
Goldberg Joshua R \\
\hline Han Liying \\
\hline
\end{tabular} \begin{tabular}{l} 
Alterman John S \\
\hline Chen Yuxi Md \\
\hline Goldberg \\
\hline
\end{tabular} \begin{tabular}{l}
\hline Tutnauer Steven I Md \\
\hline Velez Ligia \\
\hline
\end{tabular} \begin{tabular}{l} 
Chirumamilla Amala \\
\hline Marcus Adrienne \\
\hline Tutnauer Steven I Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Troyer Claudette Hope Md \\
\hline Chirumamilla Amala \\
\hline
\end{tabular} Zia Muhammad T Md \begin{tabular}{|l}
\hline Sheth Viral Ras Md \\
\hline Stovroff Mark C \\
\hline Za \\
\hline
\end{tabular} mda ə！pp尹 ueшчЈS！




 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP） \\
\hline
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Provider Category

\section*{（LZ：al Sdd）Sdd чңеәнОWМ}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & ヘ & & & & ヘ &  &  \\
\hline & & & & & & & & & & &  & ¢¢！！ \\
\hline － & － & － & － & ค & － & & － & & ヘ & － &  &  \\
\hline － & － & － & － & ヘ & へ & － & へ & － & － & へ &  & pW Oכ！M nuo \\
\hline & & & & & & ヘ & & & & へ &  & pw plexəэ yo！udnz \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & へ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  &  \\
\hline ค & － & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & d e！כ！uped 00ч\％ \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & sәихчэ ґәу｜ем \\
\hline へ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  & ечеу ！¢¢， \\
\hline － & 人 & － & 人 & へ & へ & ヘ & へ & & ヘ & ヘ &  & yseans exty｜əłed \\
\hline ค & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & へ & ヘ &  & pW 7 ploxeh uos｜əpuəw \\
\hline － & － & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & pW पe！！！¢ dopuej \\
\hline － & － & － & － & － & ヘ & & ヘ & & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & &  & W epuadg spues \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & pW u！uu！no \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline － & － & － & － & ヘ & & & ヘ & & & ヘ &  &  \\
\hline & & & & & & & & & & へ &  & s！uow yrelo \\
\hline － & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & へ &  & pW S uәx＞y fisuey \\
\hline & & & & & & & & & & &  & р！лед Кәщџг цэпィед \\
\hline － & － & ヘ & － & ヘ & － & － & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline ค & － & ヘ & － & ヘ & & & ヘ & & & ヘ &  & euıoう n！ons \\
\hline & & & & & & & & & & &  & น！มヨ әџәиกя \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & － & － & & － & ヘ &  &  \\
\hline ค & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & & － & ヘ &  & Kuv＇u！ətsuxag \\
\hline ヘ & ヘ & へ & ヘ & ヘ & & & ヘ & & ヘ & ヘ &  & ןəセцS！W पэnıeg uozıəg \\
\hline ค & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & saremoled ollody \\
\hline ヘ & － & － & － & ヘ & ヘ & & ヘ & & － & ヘ &  & セग！uow גə＾0ג \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline ！＇q＇t & ！＇9＇t & ！！ \(\mathrm{p} \cdot \varepsilon\) & \％ & ！ & ！e＇\(¢\) & ！ \(\mathrm{P} \cdot \mathrm{z}\) & ก！＇\％＇z &  & ！！！＇e＇z & ！e＇z & Кıобәıеう ләр！ло．d & әumen дәр！＾ол． \\
\hline \multicolumn{13}{|l|}{słoəlo．d u！రu！ped！o！ned} \\
\hline
\end{tabular}


\section*{(LZ:al Sdd) Sdd чџеәнכWМ}


\section*{NYS Confidentiality - High}

\section*{(LZ:al Sdd) Sdd чłеәнэWM}

\begin{tabular}{l} 
Gold Jeffrey Charles Md \\
\hline Rowe Jennifer Lenore
\end{tabular}
Gupta Paranta Pereira Tanya \begin{tabular}{|l|}
\hline Baisch Kristin E \\
\hline Nadeau Pascale \\
\hline Perera Tanya \\
\hline
\end{tabular}
\begin{tabular}{l} 
Byfield Floyd Clayton Md \\
\hline Baisch Kristin E \\
\hline
\end{tabular}

\begin{tabular}{l} 
Festa James Keith Md \\
\hline Barrack Bruce
\end{tabular} Festa James Keith Md
Kvenvik Rudy Domino Maceira Subhedar Dilip V Md Ediale Kolo N Md Croen Edward C Md Tuchman Alan Joel Md Galvin Daniel Md Haque Masood U Md \begin{tabular}{l}
\hline Golembe Edward Md \\
\hline Krumins Martin \\
\hline
\end{tabular} Valenzuela Ericka Maria Hlubik Vivian Provider Name әسeN дәр!лодd Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) PC

\section*{(LZ:al Sdd) Sdd чџеәнכWM}





 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)


 Practitioner - Non-Primary Care Provider (PCP) Pracatitionen - Non- - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Pracatitionerer - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{(LZ:al Sdd) Sdd ЧłеәНОWM}

                            \begin{tabular}{|l|}
\hline Droesch Karen R Np \\
\hline Kim Kyungae Rn \\
\hline Ron \\
\hline
\end{tabular}

                    \begin{tabular}{|l|}
\hline Martiny Vanessa Lorena \\
\hline Merguerian Susan \\
\hline Odume Josephine Nkechi \\
\hline
\end{tabular}

                    Nieves Maria
                    \begin{tabular}{|l}
\hline Cabisudo Mitchell \\
\hline Nieves Maria \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Hochberg Jessica C \\
\hline Park Lavinia \\
\hline Cabisudo Mitchell \\
\hline
\end{tabular}

                    \begin{tabular}{|l|}
\hline Silvestri Erica \\
\hline Johnson Keish \\
\hline
\end{tabular}
                    \begin{tabular}{|l}
\hline Denman Wendi Beth \\
\hline Silvestri Erica \\
\hline
\end{tabular}

                    Faskowitz Andrew Jay Do

                    Theresa Gurrieri
                    \begin{tabular}{|l|}
\hline Mercado Neomi Rpa \\
\hline Mcgraw Edward \\
\hline Then \\
\hline
\end{tabular}


 \begin{tabular}{l} 
Mcpadden Marion C Cnm \\
\hline Wolf David C Md \\
\hline
\end{tabular} Turken Arthur Md
 Marecki Marsha A Rahi Arash \begin{tabular}{|l|}
\hline Sack Peter Gordon Md \\
\hline Rivera Sandy \\
\hline Rar \\
\hline
\end{tabular}
 Ferraiolo Jessica Rpa Singh Aalok Ramnaresh Md pW !чquns lemıe6́ \begin{tabular}{|l|}
\hline Murphy Pamela Jane Md \\
\hline Dozor Allen J Md \\
\hline Ad \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Zuckerberg David N Md \\
\hline Murphy Pamela Jane Md \\
\hline D \\
\hline
\end{tabular} \begin{tabular}{l} 
Occhiogrosso Deborah M Np \\
\hline Ronen Tal Md \\
\hline
\end{tabular}
 \begin{tabular}{|l}
\hline Fredi Claire Githens-M.A. Registered Ot \\
\hline Magrill Robert A Md \\
\hline Weingarten Marvin J Md \\
\hline Och \\
\hline
\end{tabular} \begin{tabular}{l} 
Waker Calerie Y Md \\
\hline Fredi Claire Githens-M.A. Registered Ot
\end{tabular} Hecht David Provider Name






 Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Pimary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l|l}
\multicolumn{2}{c}{ Participating in Projects } \\
\hline Provider Category & 2.a \\
\hline
\end{tabular}

\section*{(LZ:वl Sdd) Sdd ЧłеәНつWМ}

\section*{}
                    Lazar Stephen Dale Md
                    W u!!леэ puowरa


                            PW Кıоб!иФ !!!quəzoy



                        \begin{tabular}{l} 
Fitzpatrick Katherine Lydon \\
\hline Jocelyn Susan Phd \\
\hline
\end{tabular}



                            Al-Qaisi Anmar


                        Mariam Darbandi, Pt

                    Bauer Lindsey Martha
                    \begin{tabular}{|l|}
\hline Goldshein Elyse Jill \\
\hline Xie Minhui \\
\hline
\end{tabular}

                    Stead Lesley Ann
Kumar Sudarshan
Mcnamara Holly

\begin{tabular}{|c|c|}
\hline\(\infty\) \\
0 \\
0 \\
0 \\
0 \\
0 \\
\(\stackrel{\rightharpoonup}{3}\) \\
\hline
\end{tabular}
Rebecca M Wells
Ruiz-Blandon Jennifer
Khan Tazleem
Kumaraswami Sangeetu
Webers Kristy M
\begin{tabular}{|l|}
\hline Krieg Stephen Judd \\
\hline Vaugeois Kimtam Do \\
\hline
\end{tabular}

әшеN дәр!̣олд
PW d premot qa!lifo
\begin{tabular}{l} 
Mulcahy-Morgran Kathlyn \\
\hline Schulman Morgan \\
\hline
\end{tabular} \begin{tabular}{l} 
Debra Powell-O'Donahue \\
\hline Townsend Sheila \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Bierman Frederick Z Md \\
\hline Heim Amy \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Samuel Shelley Deborah Md \\
\hline Bierman Frederick Z Md \\
\hline
\end{tabular} Podeszwa John Robert Md pW uuv loxej ue!!!! y Moran Dennis Mr. \begin{tabular}{l} 
Antoine Michel \\
\hline Williams, Sherrie \\
\hline
\end{tabular}

 \begin{tabular}{l} 
Virk Gurvinder K \\
\hline Gravagna Desiree \\
\hline
\end{tabular}



 Bencosme Abel Samanen Jeffery
\begin{tabular}{l}
Ng Delores \\
\hline Hill Syretta M \\
\hline
\end{tabular}
Lefberg Courtney A Jackson Nicole Hinton Tameka Jung Susan
\begin{tabular}{|c|}
\hline pW S yew urusseig \\
\hline u! \({ }_{\text {sel|le] }}\) \\
\hline ョ әu®г иәрsuly \\
\hline PW N Kıxen unlog \\
\hline PW P! \\
\hline mda כ чıəqеz!|ヨ qne.nu!əм \\
\hline и!dен ик!uеш иешиеว \\
\hline  \\
\hline reusn \\
\hline
\end{tabular}

Dagmar Vodrazkova
\begin{tabular}{l} 
Kouloumbinis Panagiotis N \\
\hline Sala Emily Ms. \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Carr Rhonda \\
\hline Kouloumbinis \\
\hline
\end{tabular}



\begin{tabular}{|l|}
\hline Shrimanker Sheetal H \\
\hline Dib Nancy Ellen \\
\hline Kunin Catherine \\
\hline
\end{tabular}
H letәәиS дәуиеш!!
\begin{tabular}{l} 
Tica Sandra Anne \\
\hline Russ Hana \\
\hline
\end{tabular}
\begin{tabular}{l} 
Jackson Melanie Wilma Dds \\
\hline Beskyd Peter P \\
\hline
\end{tabular} Deborah Masterson Olasin Regina Flynn Do


Dr. Haris Zafarullah


Practitioner - Non-Primary Care Provider (PCP)




 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{|l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Provider Category słoэ!o.d u! bu!!ed!o!

\section*{(LZ:al Sdd) Sdd чџеәнכWM}

810Z/8Z/Z1: ərea uny

Lowenthal Diana Md Park Chan Soo Md
 테래sヨ opue｜oy גel！\(\Lambda\) Patel Prem S Md \begin{tabular}{|l}
\hline Levy Khamla \\
\hline Quilatan Romeo L Jr Md \\
\hline
\end{tabular} Magliulo Theresa Rabbit Travis \begin{tabular}{|l|}
\hline Hahn Molly May \\
\hline Mahon Barbara Ann \\
\hline
\end{tabular} Hahn Molly May \begin{tabular}{l} 
Ubayawardena Resika Kandage Don \\
\hline Koller Jordana \\
\hline
\end{tabular} Ubayawardena Resika Kandage Don \begin{tabular}{l} 
Ryan Bernadette M \\
\hline Goel Sweta
\end{tabular} Ferry Darci \begin{tabular}{|l|}
\hline Bugbee Paula Ms． \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Chugh Savneek Singh \\
\hline Nassar Michel \\
\hline Bugae Pal \\
\hline
\end{tabular} Elmendorf Suellen Zaremba Marlyse L Csw Corbin Jeffrey S Md Mcgeough Christina Ann
 Rubinstein Boris Dhand Abhay


\section*{（LZ：al Sdd）Sdd чџеәнכWМ}

\section*{}
\(\qquad\) чse., дчәшиелеу Lee Meeran K \begin{tabular}{|l}
\hline Abulfaraj Moaz \\
\hline Sym Tara \\
\hline Lean \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Patel Himanshu \\
\hline Pole Sarah \\
\hline A \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Mendez Nydia E \\
\hline Patel Himanshu \\
\hline Poe \\
\hline
\end{tabular} Moskowitz Michael Reeve !y닌 иеши!ə|
 \begin{tabular}{l} 
Marrero-Stein Margot \\
\hline Kathryn Howard \\
\hline
\end{tabular}

 Atkinson Rosa E Md \begin{tabular}{|l|l|}
\hline Charles Harold \\
\hline Braga Eileen \\
\hline
\end{tabular} \begin{tabular}{l} 
Koerner-Baalbaki Alissa \\
\hline Charles Harold \\
\hline
\end{tabular} \begin{tabular}{l} 
Datta Moitri Nath Md \\
\hline Clara Jacobsohn \\
\hline
\end{tabular} pW əurw pre!
Depool Joanie Ms. \begin{tabular}{|l|}
\hline Meyerhoff Daniel \\
\hline Devasia Vinu \\
\hline
\end{tabular} Raquelle Bender Kubart Nicole Rose \begin{tabular}{l} 
Musolino Samantha Nicol \\
\hline Kauffold Megan E \\
\hline
\end{tabular} Vazquez Joanne
 Schneider Eric Williams Ruby эчшт иәу!! вииеа Morancy Jennifer \begin{tabular}{|l}
\hline Krishna Murali G \\
\hline Alavi Mohammad \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Villarraga Annemarie \(L\) \\
\hline Fattakhov Emma \\
\hline
\end{tabular} Gotharat Jane Fo Levin-Canger Olga Johnson Rhea Gaill Bhupinder G Md Mason Linda

 \begin{tabular}{|l}
\hline Blass David Marc \\
\hline Sokich Pamela Jill \\
\hline Mandren
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & ヘ & － & ค & ヘ & & ヘ & & ヘ & ヘ &  & łda！！ysueunnगs eue！nf \\
\hline & & & & & & & & & & &  & иец丬ヨ дәәา \\
\hline － & － & － & ค & － & ヘ & & － & ヘ & ค & － &  & ＇s．w \\
\hline － & － & － & － & － & 入 & － & － & & － & へ &  & иәәцІеу еп｜әделе！ \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & － & ヘ & ヘ &  & qeulez fexys \(\gamma\)－ınбow \\
\hline & & & & & & & & & & &  & unıpn⿹ punjəds \({ }^{\text {d }}\) \\
\hline ヘ & へ & ヘ & ヘ & － & ヘ & ヘ & ヘ & & ヘ & ヘ &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  & イe」lSəM \\
\hline & & & & & & & & & & &  & O！шex！o Kuv \\
\hline ヘ & ヘ & － & － & ค & ヘ & ヘ & ヘ & － & － & ค &  & euub uiyoors \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & ewz？femies \\
\hline － & ，へ & － & ，へ & － & － & & へ & － & ヘ & へ &  & นәә！！！！ \\
\hline － & － & － & － & － & & & － & & & へ &  &  \\
\hline & & & & & & & & & & &  & jeuos remed \\
\hline － & － & － & － & － & ヘ & ヘ & ＾ & & ヘ & ヘ &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & － & ヘ & － & － & ヘ &  & esəıәч \\
\hline & & & & & & & & & & &  & pW W นеу дәрssəy \\
\hline & & & & & & & & & & &  & ！еソ әэепем－Кә！ея \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  & PW प UK｜ə＾ヨ ииешयəsseM \\
\hline ， & ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & & ヘ & ヘ &  & pW Ined Mәıpu \\
\hline & & & & & & & & & & &  & मоэs moגsyıeg \\
\hline － & － & － & － & － & － & － & － & － & － & － &  & pW S иоәך s！uen \\
\hline & & & & & & & & & & &  &  \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & mda W U！Mı｜K ¢ \\
\hline & & & & & & & & & & &  & pW गəן uewxyn」 \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & & & ヘ & & ヘ & ヘ &  &  \\
\hline ， & ヘ & ヘ & ヘ & － & & & ヘ & & － & ヘ &  & pW W әб！ed zuемчэ्ड \\
\hline & & & & & & & & & & &  & pW u！̣ew uиәן Кредя \\
\hline － & ヘ & ヘ & － & － & － & & ヘ & & ヘ & － &  & pW snying әu！иәц！e丁 ॥ешs \\
\hline & & & & & & & & & & &  &  \\
\hline ！！＇ \(\mathrm{q}^{\prime}\)＇ & ！＇9＇t & \(!!!p \cdot \varepsilon\) & \％ & ！\(!\)＇e \(\varepsilon\) & ！e＇ & ！P＇z & n！\(\square^{\prime}\)＇z &  & ！！！e＇z & re＇z & КıобәıеЈ ләр！лолd &  \\
\hline \multicolumn{13}{|l|}{słoəlo．d u！¢u！̣ed！o！pred} \\
\hline
\end{tabular}

\section*{NYS Confidentiality－High}

\section*{（เz：al Sdd）Sdd чџеәнכWм}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & ヘ & － & － & － & － & ヘ & & ヘ & － &  & Kqq＊dwəy \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & － &  &  \\
\hline － & － & ヘ & ค & ヘ & － & & － & & ค & － &  &  \\
\hline － & ヘ & ヘ & － & ヘ & ヘ & － & ヘ & ヘ & ヘ & － &  & PW ג¢ sıəqueчo uчor səu！pıoн \\
\hline － & － & ヘ & － & － & － & － & － & ヘ & ヘ & － &  &  \\
\hline ค & ヘ & ヘ & － & ヘ & － & & ヘ & & ヘ & － &  & Id＇Y00う әu！！S！ 1 ¢ \\
\hline － & － & ヘ & － & － & － & － & ヘ & & ヘ & － &  &  \\
\hline － & － & － & － & － & － & － & へ & & ヘ & － &  &  \\
\hline － & － & － & － & － & － & & へ & & － & へ &  & елеqıeg ләреәา \\
\hline ค & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & ～ & ヘ &  & \(\wedge\) ə！uиоg uелецгәәS \\
\hline － & ，へ & － & － & － & － & & ヘ & & ヘ & － &  & pW \(\forall\) preyoly ofon \\
\hline － & － & － & － & － & － & & － & & ヘ & － &  & әэnıg पupusiədooう \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & ヘ & － & － & ค & － & ヘ & ヘ & ヘ & － &  & PW EnH 6u！oryz \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & ค &  &  \\
\hline & & & & & & & & & & &  & semoчд ג¢ әәшеиэW \\
\hline － & － & － & － & － & & & － & & & － &  & pW ичог ！u！｜оみәg \\
\hline & & & & & & & & & & &  & d uәudəts uen！！ıns \\
\hline & & & & & & & & & & &  & PW HOOS Оリヨ uemdd！ 7 \\
\hline & & & & & & & & & & &  & ә\｜әบग！W uemsne\％ \\
\hline － & － & － & － & － & － & & － & － & － & － &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & ¢ ә\｜әuег uosıәу！！M \\
\hline － & － & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & － &  &  \\
\hline － & － & － & － & － & － & & へ & & － & － &  & ＇sw ejeбu＊oursjeg \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline & & & & & & & & & & &  & еכ！ \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ &  &  \\
\hline － & － & － & － & － & － & － & へ & & ヘ & － &  &  \\
\hline － & － & ヘ & － & － & ヘ & & ヘ & & ヘ & － &  & ye．es ！puerew \\
\hline & & & & & & & & & & － &  & еイиепипмупчэ иәәınеw ечобิ \\
\hline ！！＇ q ＇t & ！＇\％＇t & ！！\({ }^{\text {P／} ¢}\) & ¢ & \＃＇e＇\(\varepsilon\) & ！e＇\(\varepsilon\) & ！P＇z & n！\(\square^{\prime}\)＇z & м！＇e＇z & ！！！＇e＇z & ！e＇z & КıобәıеЈ ләр！лолd & əmen ıәр！＾о．d \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכWM}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  & уиekew fıred \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & へ & － & & － & － & － & － &  & иәบアコŋ \\
\hline － & － & － & － & ヘ & － & & － & & － & － &  & exKw ә6e\％ \\
\hline ＾ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ &  & уе！！」 иәәццху \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & ヘ & － & & － & & ヘ & ヘ &  & кор елеqлея чэикт \\
\hline ค & ค & － & ค & ヘ & ヘ & & ヘ & & ヘ & ヘ &  & ıda＇әәө！иеч Киеұ！ия \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ &  &  \\
\hline へ & ヘ & & & ヘ & & & & & ヘ & ヘ &  & ！u！uбәS－zəәәд セ！̣૦ן \\
\hline ヘ & － & － & － & ヘ & － & & ヘ & － & ヘ & ヘ &  & еэวә¢әบ иәәл \\
\hline － & － & へ & 人 & ヘ & 入 & － & へ & ヘ & ヘ & ヘ &  &  \\
\hline へ & － & へ & － & へ & ヘ & & へ & & ヘ & へ &  & әu！dı \(\forall\) uekyәques \\
\hline & & & & & & & & & & &  & ess！｜əW Ouə入ow \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & へ & － & － & － & － & ヘ & ヘ &  &  \\
\hline ค & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & W eunaıg иебฺur） \\
\hline － & － & － & － & へ & － & － & へ & & ヘ & ヘ &  & еу！uヨ әsnoyxәบ \\
\hline － & － & － & － & ヘ & & & － & & & ヘ &  & 6u！¢्र ¢！！əus \\
\hline & & & & & & ヘ & & & & ヘ &  & म！мәН әи！олеว \\
\hline & & & & & & & & & & &  & ｜ə！uea גə！！ \\
\hline － & － & へ & － & ヘ & & & － & & & ヘ &  &  \\
\hline & & & & & & & & & & &  & səpınoך оүәәW \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & & － & & ヘ & ヘ &  &  \\
\hline ヘ & ヘ & へ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ &  & pW uчor Hәqoy әu！！ \\
\hline － & － & － & － & へ & － & － & へ & & ヘ & ヘ &  & expues souno \\
\hline － & － & － & － & ヘ & － & － & － & ヘ & － & ヘ &  & Y expues yeluozu＊ \\
\hline ヘ & へ & ヘ & － & ヘ & & & ヘ & & ～ & ヘ &  & p！neg ouxv uemsnor \\
\hline & & & & & & & & & & &  & unoo入！！ 000 人 \\
\hline & & & & & & & & & & &  & pW צеиイрәг у ！ezıpu＊ \\
\hline ヘ & ヘ & － & ค & ヘ & ヘ & & － & & ヘ & ヘ &  & Іәəuษ temey \\
\hline ！！＇\({ }^{\text {¢ }}\) & ！\({ }^{\prime}\)＇t & ！！！p• \(\varepsilon\) & ¢ & ！！e＇\(¢\) & ¢ & ！p＇z &  & ก！e＇z & ！！！＇マて & ！e＇z &  & әuen дәp！＾01d \\
\hline \multicolumn{13}{|l|}{słoəlo．d u！రu！！ed！o！pued} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}

р!ィед иәчว
Levy Michael I M Sexton Mary Ms. Nandita Singh Do Kamla Deoki-Prasad \begin{tabular}{l} 
Kang Grace Youngeun \\
\hline Jiang Hong \\
\hline
\end{tabular} Smith-Marrone Stephanie King Mary Alice \begin{tabular}{l} 
Mehta Jayesh Ramniklal Md \\
\hline Waxman Dennis Rpa \\
\hline
\end{tabular} \begin{tabular}{l} 
Islam Humayun \\
\hline Mehta Jayesh R
\end{tabular} \begin{tabular}{|l}
\hline Patel Umangi Mukesh Md \\
\hline Weingarten Ros \\
\hline
\end{tabular} \begin{tabular}{l} 
Salerno Joseph A Md \\
\hline Patel Umangi Mukesh Md \\
\hline
\end{tabular} Gjonaj Suzette Theresa Md Guccione Michael Richard Md Osei Clement Md \begin{tabular}{l} 
Goldberg Michael David Md \\
\hline Gupta Rajesh Md \\
\hline
\end{tabular} Kumar Smita Rajeev Md \begin{tabular}{l} 
Herrington Joh \\
\hline Kumar Smita Ra \\
\hline
\end{tabular} Bobrowitz Jeffrey Sharma Parvesh Kumar Md \begin{tabular}{|l}
\hline Nguyen Khanh Huu Md \\
\hline Cerbone Margaret S \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Darwin Buschman Md Pc \\
\hline Nguyen Khanh Huu Md \\
\hline
\end{tabular}




\section*{NYS Confidentiality - High}

Practitioner - Non-Primary Care Provider (PCP)
 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP)
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{(LZ:al Sdd) Sdd чџеәнכWM}
\begin{tabular}{|c|}
\hline щย!|əлヨ zəшоэ-об!!!ues \\
\hline uиイ7 su! 6 ¢! \({ }^{\text {¢ }}\) \\
\hline snuemow puejoy u!yıeר \\
\hline
\end{tabular}

Bucciarelli Pici Maria A Md
\begin{tabular}{l} 
Samuel Schenker O D P C \\
\hline Halata Michael S Md
\end{tabular}
Barst Samuel Md Randolph Audrey L Md \begin{tabular}{|l}
\hline Dong Xiang D Md \\
\hline Lutwak Seymour H Md \\
\hline
\end{tabular} Ackerman-Rapha Rebecca \begin{tabular}{l} 
Banquet Agnes Quiman Md \\
\hline Spano Laura Ann Md \\
\hline
\end{tabular} Berkowitz Jessica F Md Shaffer Chauntel Mrs. Danielle Medi \begin{tabular}{|l|l}
\hline Jones Christie \\
\hline Russo Louis \\
\hline
\end{tabular}
 Audrey Fanning, Rn Deirdre Ronca-B.S. Certified Dietitian-Nutritionist Hammock Tania \begin{tabular}{l} 
Ciabattari Jaimie \\
\hline Malhotra Gaurav \\
\hline
\end{tabular}
Kim Christy Raphael Katia pW KıS!̣ \(\wedge\) ^ג!

\begin{tabular}{l} 
Libura Lidia Maria \\
\hline Brodie Robert \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Manougian Toni \\
\hline Libura Lidia Maria \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Richman Lawrence F Dds \\
\hline Winter-Eisinger Jacquelin Dds \\
\hline Gullen Ann Hayden Pt \\
\hline
\end{tabular} Choi Lisa Khanna Suresh Md Gardiner James Gerard Dpm Zale Gregory Paul Md \begin{tabular}{l} 
Carol Ben Reuben \\
\hline Kiley Michael G \\
\hline
\end{tabular} \begin{tabular}{l} 
Bienenfeld Jay David \\
\hline Pagnani Daniel J Md J \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Mankowitz Scott Md \\
\hline Bienenfeld Jay David \\
\hline
\end{tabular}

 əumen дәp!

Rose Gabriel
Gray Wendy Jo
Calvacca Linda

\begin{tabular}{l} 
Hill Rowena Resnick \\
\hline Oraedu Chinyelu Enuma \\
\hline Ahmad Nauman
\end{tabular}
\begin{tabular}{l} 
Pettit Christine \\
\hline Hill Rowena Res
\end{tabular}
Harris Kelly
\begin{tabular}{|l|}
\hline Kehr Andrew David \\
\hline Sacajiu Galit Meller Md \\
\hline Levitzky Susan E Md \\
\hline Vazquez Soraya E \\
\hline Barsky Emily \\
\hline Haris \\
\hline
\end{tabular}
\begin{tabular}{l} 
Snyder Andrea Madeline Md \\
\hline Kehr Andrew David \\
\hline
\end{tabular} Morgan Barbara

\begin{tabular}{l} 
Benkel Seth A Md \\
\hline Keller Eric P \\
\hline
\end{tabular}
Guo Gary Gang
 Wellington Liu Y Md \(\quad\) Practitioner - Non-Primary Care Provider (PCP)
\begin{tabular}{l} 
Peralta-Rodriguez Anyelina Ms. \\
\hline Khan Khalid M Md \\
\hline
\end{tabular}
Christine Laplante
\begin{tabular}{|l|}
\hline Dayna Tiesi \\
\hline Olwyn Lawren \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Marina Rozovsky \\
\hline Dayna Tiesi \\
\hline
\end{tabular}
Kone Odiya Camara
* Safety Net Providers in Green

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
ine \({ }_{\text {d }}\) ueuing
Venticinque Theresa
Gehringer Christine \begin{tabular}{l} 
Popowitz Daniel \\
\hline Bloom Jillian \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Gordon Matthew Philip \\
\hline Cheng Lucy Yang \\
\hline
\end{tabular} \begin{tabular}{l} 
Guerrieri Claudio Md \\
\hline Gordon Matthew Philip \\
\hline
\end{tabular} Millan－Colon Adalis Maria \begin{tabular}{l} 
Kronenberg Sharon \\
\hline Klein Leah Ann \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Dimase Amy Lee \\
\hline Jose Helma \\
\hline Kronenberg Shar \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Bhatia Rubina Md \\
\hline Bedi Sudha \\
\hline Dimase Amy Lee \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Angara Prasad V \\
\hline Bhatia Rubina Md \\
\hline
\end{tabular} \begin{tabular}{l}
\hline Oiseth Stanley J Md \\
\hline Memboup Adija \\
\hline
\end{tabular}
 Quest Thomas \begin{tabular}{l} 
Scharoun Gina Magali Phd \\
\hline Mcdonald Gail Ann Md \\
\hline Quet \\
\hline
\end{tabular}
 uda \(\ddagger\) ркемон u！yseg
 \begin{tabular}{l} 
Carter－Edwards Mildred G \\
\hline Park Maryann M Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Barschow－Marton Patricia Lynn \\
\hline Tropin Jaimie M \\
\hline
\end{tabular} eyses uosmoul

Practitioner－Non－Primary Care Provider（PCP）



 Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP） \\
\hline
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） \begin{tabular}{|l} 
Practitioner－Non－Primary Care Provider（PCP） \\
\hline Practitioner－Non－Primary Care Provider（PCP） \\
\hline
\end{tabular} Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Practitioner－Non－Primary Care Provider（PCP） Provider Category
\(\square\) く《《 \(<\)
 く《《会 く «
\(<\)
－


 －
 －

\section*{（LZ：al Sdd）Sdd чңеәнОWМ}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & － & － & － & － & － & & － & へ &  & uomolos Kouen \％Yupng \\
\hline － & － & ヘ & － & － & － & － & － & － & ヘ & ～ &  & Kisuly dentag \\
\hline － & － & － & － & － & － & & － & － & － & ， &  & рлемрョ sешочь и！әии！ \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  & чeres 4！？ms \\
\hline & & & & & & & & & & &  & \(\forall\) शоО！ N uospreyo！y \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & ヘ & － & － & － & － & － & & － & － &  & u！！¢ueג】＇zənbze｜ə＾ \\
\hline － & － & － & － & へ & － & へ & ヘ & － & － & へ &  &  \\
\hline － & － & ヘ & － & ヘ & － & － & － & & ヘ & ～ &  & еуоәчО иешәə०） \\
\hline － & ， & － & － & ヘ & － & － & － & & － & ヘ &  & еuщew иәчоэ \\
\hline － & ，へ & － & － & ， & － & & － & & ，＾1 & へ &  & PW depuexajt sunuer \\
\hline － & － & & & － & & & & & ヘ & ～ &  & ииイך иәлеу уи！\(\frac{1}{}\) \\
\hline & & & & & & & & & & &  & eqous ！uemey \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline & & & & & & & & & & &  & әи！әиғеэ лош！еу \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & へ & － & & － & & － & － &  & PW X S！louex，ue！puedeu！urey \\
\hline － & － & ヘ & － & － & & & － & & & ～ &  & exequeg уरzomolod \\
\hline － & ， & － & － & ヘ & － & ヘ & － & － & － & へ &  & pW Kè पe．ıqәa גәәuәds \\
\hline － & － & － & － & － & － & － & － & － & － & へ &  & неэ иeцıen uosuyor \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & － & － & － & － & ヘ &  &  \\
\hline － & へ & － & － & へ & － & へ & － & － & へ & へ &  & м мәдри丬 ө！нецәя \\
\hline － & － & － & － & － & － & － & － & ヘ & － & ～ &  & Криәм Хग！！！بм \\
\hline － & ， & － & － & － & － & － & － & ， & － & ， &  & PW 4！чo－nus siluea orw \\
\hline － & へ & － & － & へ & － & & － & & へ & へ &  & W ue．f uemч \\
\hline － & － & ヘ & － & － & － & － & － & － & － & ヘ &  & E！！wun！nıO eбnunpo \\
\hline & & & & & & & & & & &  & ＇גо әәш！ег оллеш！ \\
\hline － & － & － & － & － & － & － & － & & － & － &  & ＇sw el？ə्र so6ing \\
\hline ！＇ \(\mathrm{C}^{\prime}\) & ！＂＇t & ！！！ \(\mathrm{p} \cdot \varepsilon\) & \％ & \＃＇e＇ & ！ex & ！ P Z & ก！\％ C &  & ！！！e＇z & ！e＇z & Кıобәıеэ дәр！＾олd & ＾0．d \\
\hline \multicolumn{13}{|l|}{} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чłеәнכWM}



 Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
\hline Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) \begin{tabular}{l} 
Practitioner - Non-Primary Care Provider (PCP) \\
Practitioner - Non-Primary Care Provider (PCP) \\
\hline
\end{tabular} Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Practition Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP) Provider Category

\section*{(LZ:al Sdd) Sdd ЧџеәнОWM}
029 fo LG7 ƏDed
                    Lessner Seth Joseph
                    Tambini David E
                    \begin{tabular}{|l|}
\hline Veljacic Louis \\
\hline Tambini David \\
\hline
\end{tabular}
                    Sim Vimala


                    \begin{tabular}{|l|}
\hline Jubinsky Paul Thomas \\
\hline Con Jorge \\
\hline R \\
\hline
\end{tabular}





                    \begin{tabular}{|l}
\hline Adigun Stephanie \\
\hline Winkler Laurie Mrs. \\
\hline Mallapay Anu \\
\hline
\end{tabular}
                    ə!ueydə4S un6! !py
                    \begin{tabular}{l} 
Thorp Stephen Lawrence \\
\hline Agostino Gina Ms. \\
\hline
\end{tabular}
                    \begin{tabular}{l} 
Jouve Natalie \\
\hline Thorp Stephen \\
\hline
\end{tabular}
                    Kwitonda Bernadette N
                    Ribeiro Maureen M
                    Elsawy Osama

                    \(\forall\) мәчйеw !pleu!ey




    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)


    Practitioner - Non-Primary Care Provider (PCP)
    Practitioner - Non-Primary Care Provider (PCP)

                    sңэo!oxd u! 反u!!ed!э! !ued

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & &  & mdd э чъәuиәу्र squoos \\
\hline － & － & － & － & － & － & & － & & ヘ & － &  & PW ue＾ヨ イıg ıanı \\
\hline & & & & & & & & & & &  & пу бuegn\ uosuyor \\
\hline － & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline － & － & － & － & － & － & － & － & － & ヘ & － &  & eo！ssor u！uew \\
\hline & & & & & & & & & & － &  & ə！uew ə！ueydərs o！zn！！a \\
\hline － & － & － & － & － & － & & － & － & － & へ &  & ！｜чеу ฯ！गәW \\
\hline ～ & － & － & － & － & － & & － & & ヘ & － &  & ed！us poos \\
\hline ヘ & － & － & － & － & ， & & へ & & ヘ & － &  & zəıəd ¢！uәp \({ }^{\text {a }}\) \\
\hline － & － & － & － & 슬 & － & & － & & － & － &  & ə！ueydəts ләреg \\
\hline & & & & & & & & & & － &  & uочu！ 3 u！90\％ \\
\hline － & － & － & － & － & － & － & － & & － & － &  & əчæху＇6ınqsu！ \\
\hline & & & & & & & & & & &  & y！пеу иелеуечqе．．d \\
\hline － & － & － & － & － & － & － & － & － & ヘ & － &  & edy elorew sou6̧ əuou6eduoว \\
\hline & & & & & & & & & & &  & әрәイо।О әош७ О！ \\
\hline － & － & － & － & － & － & － & － & － & － & － &  &  \\
\hline & & & & & & & & & & &  & W องแコヨ Кə66n」 \\
\hline － & － & － & － & － & － & － & － & & － & － &  & ！p！oн ॥әриеО \\
\hline － & － & － & － & － & & & へ & & － & へ &  & e！u0s I40\％ \\
\hline & & & & & & － & & & & － &  &  \\
\hline & & & & & & － & & & & － &  & крие＾уәтиә！М \\
\hline － & － & － & － & － & － & & － & & － & － &  & रо¢ ofosed \\
\hline ＾ & － & － & － & － & － & － & － & － & － & ヘ &  & yns－6u0，！ysıez \\
\hline － & － & & & － & & & & & － & － &  & иuә゙э чexoqəa \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  & унеш Кшәлә¢ uniquәsoy \\
\hline & & & & & & & & & & － &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & － &  & әииеог ॥олеэ \\
\hline & & & & & & & & & & &  &  \\
\hline ！\(!\)＇\({ }^{\text {¢ }}\) & ＇ C ＇ & ！！！p＇\(¢\) & ¢ & ！\(\because\)－\(\varepsilon\) & ¢ & ！P＇z &  & A！ere & ！！！e＇z & ！e＇z & Кıобәıе ләр！＾О．」 & rəp！noıd \\
\hline \multicolumn{13}{|l|}{słoo！ord u！6u！ped！o！pued} \\
\hline
\end{tabular}

\section*{（เz：al Sdd）Sdd чџеәнכWм}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & － & － & & & － & & & － & leydsor &  \\
\hline ヘ & ヘ & － & ヘ & － & & & － & & － & － & ｜eutdso &  \\
\hline － & － & － & － & － & & & － & & & － &  &  \\
\hline へ & － & － & － & － & － & － & － & & － & － &  & וI！¢ешхэ！口 \\
\hline & & & & & & & & & & &  & цІәииәу р！ə्¢ \\
\hline － & － & － & － & － & － & & － & － & － & － &  & spa чџелебеия вu！n ıешпу \\
\hline へ & － & － & － & － & － & & － & & － & － &  & ＇pud＇soon！ \\
\hline & & & & & & & & & & &  & лewny u！！！！！¢чә \\
\hline & & & & & & & & & & &  & Allles uoteg \\
\hline & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & & － & & － & － &  & әuo！a əsurew eznos．a \\
\hline & & & & & & & & & & &  & गd PW मәqоу צวәuеs \\
\hline － & － & － & － & － & － & & － & & － & － &  & semoч⿺ Mәрри \\
\hline － & － & － & － & － & － & & － & & － & － &  & әธ！ \\
\hline へ & ， & － & ， & － & － & & － & & － & － &  & zıuny I Mәəpu＊ \\
\hline へ & ， & － & － & － & & & 시 & & & 신 &  &  \\
\hline － & － & － & － & － & － & － & － & & － & － &  & uuכ epu！｜əag ou！qny \\
\hline へ & ， & へ & － & － & － & & － & & － & － &  &  \\
\hline － & － & －ヘ1 & － & － & － & & － & & － & － &  & PW e｜əبqеэ иеәиорйн \\
\hline － & － & － & － & － & － & － & － & & － & － &  & әu！｜ənbor¢ zəp｜e＾ \\
\hline へ & － & へ & － & － & － & & － & & － & へ &  & PW व｜әセцग！W uoıog \\
\hline & & & & & & & & & & &  & PW ヨ गеW әие」 \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline へ & へ & へ & － & － & － & － & － & － & － & へ &  &  \\
\hline － & － & － & － & － & － & － & － & － & ヘ & ～ &  & pW \(\forall\) イ｜rəqu！ \\
\hline － & － & － & － & － & － & － & － & － & － & － &  & PW dәəpues 46u！ \\
\hline － & － & － & － & － & － & － & － & － & － & － &  & pW \(\\) Puiniv Iemueb \(\forall\) \\
\hline － & ， & － & － & － & － & － & － & － & － & へ &  &  \\
\hline & & & & & & & & & & &  & PW sossow uewerneg \\
\hline － & － & － & － & － & － & & － & & － & － &  &  \\
\hline ！！＇ \(\mathrm{q}^{\prime}\) t & ＋＇q＇t & ！！！ \(\mathrm{P}^{\text {¢ }}\) & ！\(\square^{1}\) & ！＂e＇\＆ & \(\stackrel{\square}{\text { ere }}\) & ！P＇z & м！\(¢\) ¢ & м！erz & ！！！＇マ & ＋er & Кıобә！e9 ләр！＾о．」 &  \\
\hline \multicolumn{13}{|l|}{şoo！ord u！bu！ped！} \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline ค & ヘ & ค & ค & ค & ヘ & & ヘ & ヘ & ヘ & ヘ & & วฺแ！ &  \\
\hline ヘ & ヘ & － & ค & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ & & วฺแ！ว &  \\
\hline & & & & & & & & & & & & วฺแ！ & шeגболd ио！̣еп！！！qечәу чeว \\
\hline ヘ & ヘ & － & － & ヘ & ヘ & & ヘ & & ヘ & ヘ & & วฺบ！｜ &  \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ & & วฺบ！ & จu｜uul s．aydots！uy is \\
\hline － & － & － & ค & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ & & วฺบ！｜ &  \\
\hline & & & & & & & & & & & & วบ！｜อ & Kı！！！qes！a puokəg Kı！！！9才 \\
\hline ค & ヘ & ค & － & ค & & & － & & & ヘ & & गบ！｜ &  \\
\hline & & & & & & & & & & & & วฺฺฺ & эu｜u0！！⿺𠃊！！！qечәบу әшиО」 \\
\hline － & － & － & － & － & & & － & & － & － & & วฺบ！ว &  \\
\hline & & & & & & & & & & & & วฺแ｜ว &  \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ & & วฺบ！ &  \\
\hline ヘ & － & ヘ & ค & ヘ & ヘ & & ヘ & & ヘ & ヘ & & วฺบ！｜ & эu｜pu！M \\
\hline & & & & & & & & & & ヘ & & วฺบ！ &  \\
\hline & & & & & & & & & & ヘ & & วฺบ！｜ &  \\
\hline & & & & & & & & & & & & ［eptdsoh &  \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & & ヘ & ヘ & ヘ & ヘ & & ｜extdsoh & み७ Іеэ！рәW Іеио！бәч әбиело \\
\hline & & & & & & & & & & & & ｜eutidsoh & dsoh sudəsor is \\
\hline & & & & & & & & & & & & ｜etudsoh & ขu｜［eب！dsoh イıелјеう \\
\hline & & & & & & & & & & & & ｜extldsoh & ॥емихоэ sәупר IS \\
\hline & & & & & & & & & & & & ｜epldsoh & le！tidsoh Kı！unmmoう Kuoulu is is \\
\hline & & & & & & & & & & & & ｜e＋t｜dsoh & dsoh mmoう sınoэes uog \\
\hline & & & & & & & & & & & & ｜e＋t｜dsoH & urayns dsh ueturemes poob \\
\hline － & － & － & － & ヘ & & ヘ & － & & － & ヘ & & ｜e＋t．dsoH & pue｜yooy leutdsoh yred l！umuns \\
\hline & & & & & & & & & & & & ｜eptdsoh & ｜e！！dsoH әu！！？！pəuәg \\
\hline & & & & & & & & & & & & ｜extdsoh & ｜eఛ！dsoH uołsбu！ \\
\hline & & & & & & & & & & － & & ｜eutidsoh &  \\
\hline － & － & － & － & － & & & － & & － & ヘ & & ｜etudsoh & כoss \(\forall\) dsh Ie！uoməข sdjə૫d \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & － & ヘ & ヘ & & ｜eبt｜dsoh &  \\
\hline & & & & & & & & & & & & ｜eبt｜dsoh &  \\
\hline ヘ & ヘ & ค & ค & ค & ヘ & & － & － & － & ค & & ｜eبt！dsoh &  \\
\hline \(!!{ }^{\prime \prime}\) & ！＇＊＇t & ！！！\(\cdot \boldsymbol{p}\) & ¢ & ！＇e＇\(\varepsilon\) & ！e＇\(¢\) & ！P＇z &  & м！\(\square^{\text {ere }}\) & ！！！＇とて & ！e＇z & Кıобәıеэ ләр！лолd & &  \\
\hline \multicolumn{14}{|l|}{} \\
\hline
\end{tabular}
NYS Confidentiality－High
\begin{tabular}{l} 
Provider-Hamaspik Of Orange County \\
\hline Parsons Child And Family Ctr \\
\hline
\end{tabular}
Provider-Hamaspik Of Orange County Mid-Hudson Association For Persons
Orange County Cerebral Palsy Assoc
Childrens Rehabilitation Cente
Memorial Hsp Cancer Allied
Orange Regional Medical Ctr
\begin{tabular}{|l}
\hline Calvary Hospital Inc \\
\hline St Josephs Hosp \\
\hline
\end{tabular} \begin{tabular}{l} 
St Lukes Cornwall \\
\hline Calvary Hospital Inc \\
\hline
\end{tabular}
St Anthony Community Hospital

 Summit Park Hospital Rockland


 Westchester Med Ctr
Margaretville Hosp
Middletown Comm Health Center
Orange County Health Dept
Greater Hudson Valley Fam HIt, The Sullivan Cy Bd Of Supv Cy Phn

 əuren təp!ио1d

NYS Confidentiality - High
Omrdd/Greystone Programs
Omrdd/Occupations Inc Mh Mr
Omrdd/In Flight Inc
Omrdd/Orange Chap Nysarc-Hv
Opengate, Inc \begin{tabular}{|l}
\hline Resource Ctr/Acc Liv-Ta \\
\hline Orange Co Cp Assoc \\
\hline Omidna \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Omrdd/Rockland Co Chap Nysarc \\
\hline Resource Ctr/Acc Liv-Ta \\
\hline
\end{tabular} Omrdd/West Co Opt Mental Hlth Omrdd/Occupations Mh Mr-Ta \begin{tabular}{|l}
\hline Putnam Family \& Comm Ser Mh \\
\hline Omrdd/Greystone Programs-Hv \\
\hline Omrdar
\end{tabular} Putnam Family \& Comm Ser Mh Mental Hith Assoc Mh \begin{tabular}{l} 
Choice Of New Rochelle Mh \\
\hline Mental Hlth Assoc Mh \\
\hline
\end{tabular}
 Omrdd/Chemlu Dev Dis Ctr Hv Omrdd/Leake And Watts Nyc Msc Omrdd/Leake \& Watts Msc-Hv
Mental Health Association In \begin{tabular}{|l}
\hline Vnsny Community Health Services \\
\hline Mental Hlth Assoc Rocklan Co \\
\hline M \\
\hline
\end{tabular} Deborah Lenore Bolzan Granieri Marcia M \begin{tabular}{l} 
Nysarc Rockland County Chapte \\
\hline Eileen B Miller Pt \\
\hline
\end{tabular} Hawthorne Foundation Inc



\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\section*{}
Orange County Cerebral Palsy Assoc
\begin{tabular}{l} 
Rockland Doh Nursing Div Co \\
\hline Phelps Memorial Hsp Assoc \\
\hline
\end{tabular}
\begin{tabular}{l} 
Sullivan Cnty Pub Hlth Ser \\
\hline Jawonio Inc \\
\hline Rockland Doh Nursing Div Co \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Sullivan Cy Bd Of Supv Cy Phn \\
\hline Sullivan Cnty Pub HIth Ser \\
\hline
\end{tabular} Open Door Family Medical Center \begin{tabular}{l} 
Greystone House Violet Av Ic \\
\hline Ulster Cnty Doh Nurs Div \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Institute For Family Hlth \\
\hline Westchester County Dcmh
\end{tabular} Dutchess Cnty Doh Lthhcp Sullivan County Cmh Mh \begin{tabular}{|l}
\hline Jewish Child Care Assoc Mh \\
\hline Occupations Inc Mh Mr \\
\hline
\end{tabular}
Cah Orange Cnty Doh Div Ph Mid Hudson Valley/Arcs Ai \begin{tabular}{l} 
Rehabilitation Supp Svcs C \\
\hline Mha Of Westchester \\
\hline
\end{tabular} Crystal Run Bayard Lane Icf Astor Home For Children Fbt Omrdd/Abbott House-Ny \begin{tabular}{|l|}
\hline Omrdd/Another Step Inc \\
\hline Omrdd/Abbott House-Lv \\
\hline
\end{tabular} Omrdd/Assoc Ment III Child \begin{tabular}{l} 
Omrdd/Crystal Run Village-Lv \\
\hline Omrdd/Carc Inc \\
\hline Omrd/Assc \\
\hline
\end{tabular} \begin{tabular}{l} 
Omrdd/Delaware Co Nysarc-Br \\
\hline Omrdd/Crystal Run Village-Lv \\
\hline
\end{tabular} Omrdd/Fam Empowerment Council Omrdd/Gateway Community Ind әшen »әр!ло.d

\section*{(เ乙:al Sdd) Sdd чџеәнכWM}


\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\begin{tabular}{|c|}
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline पा⿺廴⿻コ一． \\
\hline  \\
\hline  \\
\hline पा⿺廴⿻コ一． \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline पा⿺廴⿻コ一． \\
\hline  \\
\hline ч„leat İtuəW \\
\hline  \\
\hline  \\
\hline
\end{tabular}
римеа ॥ем
Catholic Charities Community
Zambenedetti Maurizio

Mental HIth Assoc Rocklan Co \begin{tabular}{|l}
\hline Davison Sarah \\
\hline Mcdonald Katherine G \\
\hline
\end{tabular}
 Posada Gerardo A Md Dickstein Steven G Md
\begin{tabular}{|l|}
\hline Frankel Aryeh \\
\hline Rossetti David \\
\hline
\end{tabular}
\begin{tabular}{l} 
Cyvas Edmund \\
\hline Frankel Aryeh \\
\hline
\end{tabular}

\begin{tabular}{l} 
Uister-Greene Arc \\
\hline Miller Ann M Md \\
\hline V \\
\hline
\end{tabular}
\begin{tabular}{l} 
Palmer Kimberly \\
\hline Ulster-Greene Arc \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Maduekwe Nnamdi E Md \\
\hline Palmer Kimberly \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Patel Ashok A Md \\
\hline Murray Brian \\
\hline \\
\hline
\end{tabular}
Schattner Thomas John Phd

\begin{tabular}{|l|}
\hline Grosso Celeste M Md \\
\hline Tillmon Linda \\
\hline
\end{tabular} \begin{tabular}{l}
\hline New Alternatives F Children \\
\hline Grosso Celeste M Md \\
\hline
\end{tabular} \begin{tabular}{l}
\hline Morales Denise \\
\hline Taveras Sandra \\
\hline
\end{tabular}



NYS Confidentiality - High


\section*{(LZ:al Sdd) Sdd чџеәнכพМ}

\section*{}
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|l|}{\multirow[t]{2}{*}{}} \\
\hline  & \\
\hline & e6|O zenbze^ \\
\hline
\end{tabular}
\(\qquad\) Kim Kyungae Rn
Lev Olga Md \begin{tabular}{l} 
Waite Lesie \\
\hline Umali Sofia
\end{tabular}
Cardillo Edward Paul Phd \begin{tabular}{|l}
\hline Kandera John \\
\hline Hihuk \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Ardito Diane A Phd \\
\hline Gries James Robert Phd \\
\hline Zaremba Marlyse L Csw \\
\hline Sharma Parvesh Kumar Md \\
\hline Price Richard L \\
\hline Kandera John \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Salvato Tason Linda \\
\hline Mardito Diane A \\
\hline
\end{tabular} Salvato Tatiana \begin{tabular}{l} 
Dadarwala Aashish Dhansukhlal \\
\hline Aaron Lisa \\
\hline
\end{tabular} Fazzio Lydia Olympia Wang Richard Chris Md \begin{tabular}{|l|}
\hline Northeast Parent Child Societ \\
\hline Norman Janet \\
\hline
\end{tabular} \begin{tabular}{l} 
Lundy Christine Denise \\
\hline Northeast Parent Child Societ \\
\hline
\end{tabular} Bon Secours Community Hospital Schultheis Gary B Munnangi Yugandhar Reddy Md Mental Health Association In \begin{tabular}{|l|}
\hline Rockland Pc \\
\hline Provider Name \\
\hline
\end{tabular} әuen ләр!̣одd
\begin{tabular}{|c|}
\hline чұјеән Іеұuәw \\
\hline  \\
\hline  \\
\hline પұјеән IełuәW \\
\hline  \\
\hline  \\
\hline પІІеәН ІеґuәW \\
\hline  \\
\hline  \\
\hline પұІеән ІеґuәW \\
\hline цұјеән ןе孔uәW \\
\hline  \\
\hline પұјеӛ ןе孔uәW \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline પІІеәН ІеґuәW \\
\hline цұјеән ІеұuәW \\
\hline  \\
\hline  \\
\hline  \\
\hline પұןeər IełuəW \\
\hline पІІеәН IEłuәW \\
\hline  \\
\hline  \\
\hline  \\
\hline цұјеән ІеұuәW \\
\hline чІІеәН ІеıuәW \\
\hline чұјеән ІеұиәW \\
\hline
\end{tabular}

Speranza Michele Lee Phd
 Jocelyn Susan Phd
Mental Hlth Assoc/Dutchess Mh \begin{tabular}{|l|}
\hline Adamczak Julita Rae \\
\hline Ackerman-Rapha Rebecc \\
\hline Mat \\
\hline
\end{tabular}
\begin{tabular}{l} 
Shivashankar Gowramma \\
\hline Ranges Mary E \\
\hline Adamczak Julita Rae \\
\hline
\end{tabular}
\begin{tabular}{l} 
Kessler Carol \\
\hline Sullivan Stephen P \\
\hline
\end{tabular} \begin{tabular}{l} 
Kushnir Seymour Larry Md \\
\hline Hirsch Suzanne Leslie Phd
\end{tabular} \begin{tabular}{|l}
\hline Westchester Co Hlthcare Corp \\
\hline Kushnir Seymour Larry Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Qayyum Abdul Md \\
\hline Win Phone Myint Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Weisstuch Zvi Samuel Md \\
\hline Qayyum Abdul Md \\
\hline
\end{tabular}
Scharoun Gina Magali Phd
Byrne Thomas
Thomas Cheryl A Phd Al-Tariq Quazi Saifullah
Kamthan Mridula \begin{tabular}{|l|}
\hline Berg Brad \\
\hline Al-Tariq Quazi \\
\hline
\end{tabular}
Brodkin Joanne
Edelstein Gary
\begin{tabular}{l} 
Packard Regina \\
\hline Hajal Fady \\
\hline
\end{tabular}

әسеN дəp!^олd

\section*{(LZ:al Sdd) Sdd ЧłеәНОWM}
Schectman Merry
\begin{tabular}{|l|}
\hline Snyder Andrea Madeline Md \\
\hline Smolin Yvette Lynne Md \\
\hline Schectman Merryl \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Northern Westchester Hosp Ctr \\
\hline Asemota Babatunde \\
\hline Snyder Andrea Madeline Md \\
\hline
\end{tabular}
Gomberg Anna Md
Putnam Family \& Comm Ser Mh
\begin{tabular}{l} 
Chandrasekhara Lalitha Md \\
\hline Mainetti Linda \\
\hline
\end{tabular}

Efobi Chukwuemeka K Md
\begin{tabular}{|l|}
\hline Mccullough Gene P \\
\hline Chung Charles II Md \\
\hline
\end{tabular}
Larkin Roland Mcmanus
\begin{tabular}{|l}
\hline Purugganan Romeo Sison Md \\
\hline Draoua Jay D Md \\
\hline
\end{tabular}
\begin{tabular}{|l|l}
\hline Purugganan Romeo Sison Md \\
\hline
\end{tabular}


\begin{tabular}{|l|}
\hline Bender Evan David Md \\
\hline Jewish Child Care Assoc \\
\hline
\end{tabular}
Spater Herman W


Khan Khalid M Md
\begin{tabular}{|l|l|}
\hline Grabowitz Ellen W \\
\hline Dubois Maria Yvone \\
\hline
\end{tabular}




NYS Confidentiality - High
\begin{tabular}{|c|}
\hline чıІеән ІеңuәN \\
\hline  \\
\hline ц|Іеән |еұиə \\
\hline  \\
\hline  \\
\hline  \\
\hline чıІеән Іеұ \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline  \\
\hline чıІеән Іеұ \\
\hline  \\
\hline  \\
\hline чıІеән ІеңuәN \\
\hline  \\
\hline  \\
\hline чıІеән ІеңиәN \\
\hline  \\
\hline  \\
\hline પІІӛ Іе! \\
\hline  \\
\hline чıleӛ Ietuan \\
\hline чıІеән ІеңиәN \\
\hline  \\
\hline  \\
\hline чıІеән Іеұ \\
\hline  \\
\hline чıleӛ Ietuan \\
\hline чıІеән ІеңuәN \\
\hline
\end{tabular}
\begin{tabular}{|c|c|}
\hline પ„Іеән ІеұиәW &  \\
\hline પ„Іеән ІеұиәW & Ue｜t x！｜ə」 \\
\hline પıleән ІеңuәW &  \\
\hline  & pW seforus ！xeg \\
\hline પ„Іеән ІеңuәW & ләриехә｜ヲ иешлә \\
\hline પıгеә ІеұиәW & рıечэ！uosuәı \\
\hline પıleән ІеңuәW & әрем \\
\hline  & PW Iənuew o！pneı zenbze＾ \\
\hline  & PW \(\bigcirc\) ииイү ләици！ \\
\hline  & pW решшечо才 ！e」 цәәа \\
\hline પ„Іеән ІеұиәW & e！uebiew zounw \\
\hline પıleән ІеңuәW & PW Ueपıеиог Hom \\
\hline પıleән ІеңuәW & pW eus pien \\
\hline  &  \\
\hline પılеән ІеңuәW &  \\
\hline  & PW S！ \\
\hline પ„Іеән ІеұиәW & ！pnı！！eu！us \\
\hline  & әпәиел әииол入 әучгsеэ \\
\hline પıleән ІеңuәW &  \\
\hline  &  \\
\hline  & pW e｜əب｜qe9 иеәнорun \\
\hline પıleән ІеңuәW &  \\
\hline પ„Іеән ІеңuәW & 7 ｜oxeo ue！ssodol \\
\hline પıleән ІеңuәW &  \\
\hline પıleән ІеұиәW & PW uәәısen dәәqеу \\
\hline પ„Іеән ІеңuәW &  \\
\hline પılеән ІеңuәW & PW a צrew uembi！ \\
\hline  &  \\
\hline чпеәен ІеұиәW &  \\
\hline  &  \\
\hline  & PW Yuequng uчог ॥әчэ．｜W \\
\hline & amen rep！＾odd \\
\hline
\end{tabular}

\begin{tabular}{lll} 
s \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чңеәнОWМ}

NYS Confidentiality - High




\begin{tabular}{|l|}
\hline Miller Richard G Md \\
\hline Tarle Marc E Md \\
\hline Berman Harvey M Md \\
\hline Di Bianco Joseph T Md \\
\hline
\end{tabular}
\(\qquad\)
 \begin{tabular}{l} 
Rit Jewish Board Goldsmith Ct \\
Lee Mi Hyun Md \\
\hline
\end{tabular} Rtt Jewish Board Linden Hill \begin{tabular}{l} 
Weiler Marc E Phd \\
\hline Rif Childrens Village \\
\hline
\end{tabular}
\begin{tabular}{l} 
Grambau Robert F Md \\
\hline Weiler Marc E Phd \\
\hline
\end{tabular} Lapidus Shirley M \begin{tabular}{|l}
\hline Association/Mentally III Chld \\
\hline Linder Alice Anne Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Sawkar Venkatesh Tulsappa Md \\
Speicher Julia E Md \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Kadesh IVing \\
\hline Malik Muhammad Aslam Md \\
\hline
\end{tabular}
Sullivan Cnty Pub Hlth Ser Lthhcp
Kadesh Inving \begin{tabular}{l} 
Krugley Richarra A Md \\
\hline Zinzuvadia Kishor Natvarlal \\
\hline
\end{tabular} Youchah Joan R Md
Krugley Richard A Md
Chandra Sekhara Muthaiah Md Laviaroum Nabiil Hanna Md


\begin{tabular}{lll} 
\\
\hline
\end{tabular}


\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\section*{}

NYS Confidentiality - High
\begin{tabular}{|l|}
\hline Rosenberg Benjamin \\
\hline Bourgeois-Munoz Elise \\
\hline Reinglass Aimee \\
\hline Reimenschneider Justin \\
\hline
\end{tabular}
\begin{tabular}{|l} 
Downey-Goldwasser Barbara \\
\hline Rosenberg Benjamin \\
\hline
\end{tabular}
\begin{tabular}{l} 
Mcswiggan-Hardin Maureen \\
\hline Downey-Goldwasser Barbara
\end{tabular}
\begin{tabular}{|l|}
\hline Saporito Anna Gabriella Md \\
\hline Frohlich Jonathan \\
\hline Masw \\
\hline
\end{tabular}
Saporito Anna Gabriella Md
Yousef Essam E Md Nieves Dominick Richard
\begin{tabular}{|l|}
\hline Della Rocca Amy \\
\hline Higgins Erin \\
\hline
\end{tabular}
Della Rocca Amy

Standefer James




Chellappa Paul Md
\begin{tabular}{|l}
\hline Schmugler Joan Md \\
\hline Salgunan Nambi Md \\
\hline
\end{tabular}
Greenman Lawrence A Md
\begin{tabular}{|l}
\hline Orange Regional Medical Ctr \\
\hline Kessler Kenneth J Md \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline St Josephs Hosp \\
\hline Orange Regional Medical Ctr \\
\hline
\end{tabular}
Jewish Child Care Assoc Of Ny


\begin{tabular}{|l|l} 
& \\
& Mental Health \\
& Mental Health \\
\hline Mental Health \\
& Mental Health \\
\hline & Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
Mental Health \\
\hline
\end{tabular}
NYS Confidentiality - High


\section*{(LZ:al Sdd) Sdd ЧłјеәНОWM}

Euln unber eswes no609 Martiny Vanessa Lorena Nord Melissa Cohen Rebecca
 Sullivan Alison Elizabeth Suarez Lupita eueyo spuowm!s


 \begin{tabular}{l} 
Latteri-Palamara Christa \\
Robinson Alphonso \\
\hline
\end{tabular} \begin{tabular}{l} 
Heinlein Dara Lyn \\
\hline Latteri-Palamara Christa
\end{tabular} \begin{tabular}{l} 
Ulster Green Nysarc Flatbush Bld 2 \\
\hline Heinlein Dara Lyn
\end{tabular} \begin{tabular}{l} 
Thomson Martha \\
\hline Balint Daniela \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Mcgregor Victor \\
\hline Thomson Martha \\
\hline
\end{tabular} Williams Robert \begin{tabular}{|l|l|}
\hline Essington Sandra \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Jachimczyk Jolanta \\
\hline North Michael \\
\hline
\end{tabular} Lo Bianco Paul \begin{tabular}{|l|l|}
\hline Berman Frances & Mental Health \\
\hline Vega Irma & Mental Health \\
\hline Lo Bianco Paul & Mental Health \\
\hline
\end{tabular}


\footnotetext{
\begin{tabular}{ll} 
Mental Health \\
Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline Mental Health \\
\hline
\end{tabular}
}

(เ乙:al Sdd) Sdd чџеәнכWM
\begin{tabular}{l} 
Lewis Diane \\
\hline Murhy Caitin \\
\hline Shiffman Holly Aleta \\
\hline Klinghoffer Carli Pam \\
\hline
\end{tabular}
 \begin{tabular}{l} 
O41946476oriani Christine \\
\hline Novak Lisa \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Rickenberg Monica \\
\hline 041946476oriani Chris \\
\hline
\end{tabular} Taylor Denise \begin{tabular}{l} 
Spira azipora \\
\hline Rivera Sandy \\
\hline
\end{tabular} \begin{tabular}{|l|l|}
\hline Pantaleoni Richard \\
\hline Sym Tara \\
\hline Sina Tipora \\
\hline
\end{tabular} and Cabisuao Mitchen Cabisudo Mitchell Brown Astin




 \begin{tabular}{l} 
Rehabilitation Support Services Inc \\
\hline Whoriskey Alexandra \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Toney Erena Theodora \\
\hline Sloan Charlotte \\
\hline Rehabilitation Support S \\
\hline
\end{tabular} \begin{tabular}{l} 
Burry Panico Adele \\
\hline Toney Erena Theodora \\
\hline
\end{tabular}


\footnotetext{

}
NYS Confidentiality - High


\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
K90」 1 ．2zulds
\begin{tabular}{l} 
Halstein Danielle \\
\hline Kahan Yael \\
\hline
\end{tabular}
\begin{tabular}{|l|l|l|}
\hline Strano Jennifer \\
\hline Cohen Aviva \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Burns－Wetzel Diana \\
\hline Paporto Laurel \\
\hline
\end{tabular} \begin{tabular}{l} 
Patrick Lisa Marie \\
\hline Burns－Wetzel Dian \\
\hline
\end{tabular} \begin{tabular}{|l|l|}
\hline Cooper Marian \\
\hline Parsons Child A \\
\hline Myers Kenneth \\
\hline P \\
\hline
\end{tabular}
 Gonsky Ruth \begin{tabular}{l} 
Verma Kamlesh \\
\hline Thomson Sasha
\end{tabular}
 Negron Rodriguez Eloisa \begin{tabular}{|l}
\hline Reid Katherine Elisabeth \\
\hline Bhatti Saeed I \\
\hline
\end{tabular} lbrahimi Said \begin{tabular}{l} 
Santiago－Gomez Eveliamargarita \\
\hline Ramsundar Gail \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Mcgraw Edward \\
\hline Cohen Alyson Le \\
\hline Phelan Jane \\
\hline
\end{tabular}逡

 \(\qquad\)

\footnotetext{

}


\section*{（LZ：al Sdd）Sdd ЧџеәнכWM}
 əuи \(\forall\) еגр zue』」 esolou！H Locastro Maria \begin{tabular}{l} 
Yung Pik Sai \\
\hline Freund Dvora
\end{tabular} \begin{tabular}{l} 
Honor Ehg Inc \\
Pell Brian \\
\hline Yung Pik
\end{tabular} \begin{tabular}{l} 
Herbert Keith \\
\hline Honor Ehg Inc
\end{tabular} \begin{tabular}{l} 
Chukwuocha Benjamin \\
Herbert Keith \\
\hline
\end{tabular} Rivera Maribel A
Chukwuocha Ben Roper Virginia Williamson Anna \begin{tabular}{l} 
Tobe Russell Hardin \\
\hline Robinson Elizabeth \\
\hline
\end{tabular} Alvi Kausar Mazo Francisco \begin{tabular}{l} 
Ellison Kim \\
\hline Gonzalez Lynn \\
\hline
\end{tabular} Lifespire Inc James St Icf Sartone Rose \begin{tabular}{|l}
\hline Binder Jemma \\
\hline Bartone Rose \\
\hline
\end{tabular}
 Tappan Jessica
Lieber Shulamis \begin{tabular}{|l}
\hline Danzig Gittel \\
\hline Tappan Jessica \\
\hline
\end{tabular}



\footnotetext{
Mental Health

}
NYS Confidentiality－High
\begin{tabular}{|c|c|c|c|c|c|}
\hline \(88^{8}\) & ， & & \multicolumn{2}{|l|}{} &  \\
\hline 日日 & － & & 日日昍明 & 日日日 &  \\
\hline \({ }^{88}{ }^{8}\) & － & & a \({ }^{\text {a }}\) & d &  \\
\hline 888 & \({ }^{8}\) & & 808日 & 昭 & 8080 \\
\hline 8 & & & 8日明 & \({ }^{\text {d }}\) & － \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכพМ}

\section*{}
\(\qquad\) вuицеу zzuequииеs

Carlson-Pardo Catherine
King Mary Alice Mahmud Syed Abid \begin{tabular}{l} 
Bodenstab Meredith Janel \\
\hline Saha Kajal K \\
\hline Tigenoah Patrick \\
\hline
\end{tabular}

 Anusionwu Reagan Durk Arlene G
 \begin{tabular}{|l|}
\hline Batson Nicholas E \\
\hline Antoniak Sandra K \\
\hline
\end{tabular} \begin{tabular}{l} 
Batson Lisa An \\
\hline Giurca Dan \\
\hline
\end{tabular}

\begin{tabular}{l} 
Dammeyer Denise Lornal \\
\hline Escobar Carolina
\end{tabular}
 \begin{tabular}{l} 
Yetsko Mathew \\
\hline Vernon Jeffrey \\
\hline
\end{tabular}



\section*{(เ乙:al Sdd) Sdd чџеәнכWM}
\begin{tabular}{|l|}
\hline Mckenze Gugh \\
\hline Unger Goldie \\
\hline Horvath David \\
\hline Sanchez Samuel \\
\hline Nanda Nandita \\
\hline Ali Joseph Taria \\
\hline Gray Wendy Jo \\
\hline Leinung Kristen Marie \\
\hline Muccio Dorothy \\
\hline Fentress Kathleen M \\
\hline Harris Kelly \\
\hline Harding Katherine L \\
\hline Bobroff Miriam \\
\hline Wieder Hariot Estelle \\
\hline Zinns Rachel \\
\hline Rafferty Eileen Noellen \\
\hline Gunopawiro Jo Ane \\
\hline Broooke Dunne Johnson \\
\hline Sadler Pablo \\
\hline Crapanzano Sandra \\
\hline
\end{tabular}

 Jewish Child Care Association Of Ne Powell Robert C Mullane William Andrew \begin{tabular}{l} 
Deignan Jodie L \\
\hline Sakla Robin \\
\hline
\end{tabular} \begin{tabular}{l|l} 
Litman Norma S & Mental Health \\
\hline Deignan Jodie L & Mental Heath
\end{tabular} ！qeand eyes

\footnotetext{

}

\section*{（LZ：al Sdd）Sdd чџеәнכWM}

\begin{tabular}{|c|}
\hline чłеә \\
\hline  \\
\hline  \\
\hline \\
\hline \\
\hline чोеән Іеңиәһ \\
\hline \multirow[t]{2}{*}{} \\
\hline \\
\hline  \\
\hline  \\
\hline \\
\hline чोеән Іеңиәһ \\
\hline पІІеән Іетиәи \\
\hline \\
\hline \\
\hline чпеән Іеңиәи \\
\hline  \\
\hline पा1еәН Ietuan \\
\hline  \\
\hline  \\
\hline Чाеән Іеңиәи \\
\hline पाleat Ietuan \\
\hline ән \\
\hline чІеән Іетиәи \\
\hline प|I \\
\hline 砣 \\
\hline - \\
\hline  \\
\hline - \\
\hline \\
\hline \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWM}

NYS Confidentiality - High

\section*{(LZ:al Sdd) Sdd чџеәнכพМ}
St Anthony Community Hospital
dsoH wmoう sınoses uog
 Benedictine Hospital Kingston Hospital Phelps Memorial Hsp Assoc Westchester Med Ctr


 \begin{tabular}{|l}
\hline Sullivan Cnty Pub Hlth Ser Lthho \\
\hline Lexington Ctr For Recovery \\
\hline St Josephs Rehab Center Inc \\
\hline
\end{tabular}
 \begin{tabular}{|l}
\hline Regional Econ Comm Act Prog \\
\hline Innovative Health Systems Inc \\
\hline
\end{tabular} \begin{tabular}{|l|l} 
Sullivan County Cmh Mh & Substance Abuse \\
\hline Regional Econ Comm Act Prog & Substance Abuse \\
\hline
\end{tabular} Dutches Co Dept Mh Arms Acres \begin{tabular}{l} 
Richard C Ward ATC \\
\hline Conifer Park \\
\hline Arm Ans \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Restorative Management Corp \\
\hline Richard C Ward A T C \\
\hline Cone Pak \\
\hline
\end{tabular}
 Cah Rehabilitation Program \begin{tabular}{|l|}
\hline St Christophers Inn Inc \\
\hline Berkshire Farm Center \\
\hline
\end{tabular}
\begin{tabular}{l} 
Catskill Regional Medical Ctr Adhc \\
\hline St Christophers Inn Inc \\
\hline
\end{tabular} Catskill Regional Medical Ctr Adhc Putnam Family \& Comm Ser Mh



New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Medical Arts Sanitarium & Substance Abuse & & & & & & & & & & & \\
\hline St Josephs Hosp & Substance Abuse & & & & & & & & & & & \\
\hline Orange Regional Medical Ctr & Substance Abuse & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) \\
\hline Westchester Medical Center Advanced & Substance Abuse & & & & & & & & & & & \\
\hline Belvedere Health Services LIc & Substance Abuse & & & & & & & & & & & \\
\hline Lexington Center For Recovery & Substance Abuse & \(\checkmark\) & \(\checkmark\) & & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) \\
\hline Lutheran Center Poughkeeps Ad & Nursing Home & & & & & & & & & & & \\
\hline Elant At Newburgh Adhc & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline Ten Broeck Commons Adhc & Nursing Home & & & & & & & & & & & \\
\hline Bethel Nursing \& Rehab Center & Nursing Home & & & & & & & & & & & \\
\hline Northern Manor Geri Ctr Adhc & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline Wingate Of Ulster & Nursing Home & & & & & & & & & & & \\
\hline Schervier Pavilion Snf & Nursing Home & & & & & & & & & & & \\
\hline Elant At Goshen Inc Adhc & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline Mountainside Residential Cc & Nursing Home & & & & & & & & & & & \\
\hline Glen Island Ctr Nrs \& Rehabe & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline Tarrytown Hall Care Ctr & Nursing Home & & & & & & & & & & & \\
\hline Ferncliff Nursing Hm Non Occ & Nursing Home & & & & & & & & & & & \\
\hline Northern Metro Rhcf Non-Occ & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline Elizabeth Seton Pediatric Center & Nursing Home & & & & & & & & & & & \\
\hline Ramapo Manor Ctr Reh \& Nrs & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline St Josephs Place & Nursing Home & & & & & & & & & & & \\
\hline Wartburg Nursing Home & Nursing Home & & & & & & & & & & & \\
\hline Valley View Ctr Nrs Care \& Rehab & Nursing Home & & & & & & & & & & & \\
\hline Waterview Hills Rehab \& Nrs Ctr & Nursing Home & & & & & & & & & & & \\
\hline Schervier Nursing Care Center & Nursing Home & & & & & & & & & & & \\
\hline Summit Park Nursing Care Ctr & Nursing Home & & & & & & & & & & & \\
\hline St Cabrini Nursing Home & Nursing Home & & & & & & & & & & & \\
\hline Elant At Wappingers Falls & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline Regency Extended Care Center & Nursing Home & & & & & & & & & & & \\
\hline Poughkeepise Crossings & Nursing Home & & & & & & & & & & & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Catskill Crossings & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline United Hebrew Geri Ctr Snf & Nursing Home & & & & & & & & & & & \\
\hline Elant At Brandywine & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline Sky View Rehab \& HIth Cr Ctr & Nursing Home & & & & & & & & & & & \\
\hline Victoria Home & Nursing Home & & & & & & & & & & & \\
\hline Cedar Manor Nursing \& Reh Ctr & Nursing Home & & & & & & & & & & & \\
\hline Bethel Nursing Home Inc Co & Nursing Home & & & & & & & & & & & \\
\hline Sullivan Cnty Adult Cc & Nursing Home & & & & & & & & & & & \\
\hline Dutchess Ctr Rehab Healthcare & Nursing Home & & & & & & & & & & & \\
\hline Somers Manor Nursing Home Inc & Nursing Home & & & & & & & & & & & \\
\hline Elant At Fishkill & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline Northern Riverview Hcc Inc & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline Middletown Park Rehab \& Hlth Cr Ctr & Nursing Home & & & & & & & & & & & \\
\hline Montgomery Nursing Home & Nursing Home & & & & & & & & & & & \\
\hline Woodland Pond At New Paltz & Nursing Home & & & & & & & & & & & \\
\hline Hrnc Operating Llc & Nursing Home & & & & & & & & & & & \\
\hline Golden Hill Planning Corp & Nursing Home & \(\checkmark\) & & & & & & & & & & \\
\hline Parkview Operating Co LIc & Nursing Home & & & & & & & & & & & \\
\hline Kennedy Pavilion Rh I Llc & Nursing Home & & & & & & & & & & & \\
\hline Putnam Nursing \& Rehab Ctr & Nursing Home & & & & & & & & & & & \\
\hline The Grove Valhalla Rehab \& Heal Ctr & Nursing Home & & & & & & & & & & & \\
\hline Phelps Memorial Hospital Associatio & Pharmacy & \(\checkmark\) & \(\checkmark\) & & \(\checkmark\) & & & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) \\
\hline Bowden Nancy & Pharmacy & \(\checkmark\) & & & & \(\checkmark\) & & & & & & \\
\hline Med-World Acquisition Corp & Pharmacy & & & & & & & & & & & \\
\hline Pine Plains Pharmacy Inc & Pharmacy & \(\checkmark\) & & & & & & & & & & \\
\hline Margaretville Hosp & Pharmacy & & & & & & & & & & & \\
\hline Westchester Med Ctr & Pharmacy & & & & & & & & & & & \\
\hline Kingston Hospital & Pharmacy & & & & & & & & & & & \\
\hline Benedictine Hospital & Pharmacy & & & & & & & & & & & \\
\hline Summit Park Hospital Rockland & Pharmacy & \(\checkmark\) & \(\checkmark\) & & \(\checkmark\) & \(\checkmark\) & & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) \\
\hline Good Samaritan Hsp Suffern & Pharmacy & & & & & & & & & & & \\
\hline
\end{tabular}

New York State Department Of Health

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Bon Secours Comm Hosp & Pharmacy & & & & & & & & & & & \\
\hline St Anthony Community Hospital & Pharmacy & & & & & & & & & & & \\
\hline St Lukes Cornwall & Pharmacy & & & & & & & & & & & \\
\hline Orange Regional Medical Ctr & Pharmacy & & & & & & & & & & & \\
\hline Memorial Hsp Cancer Allied & Pharmacy & & & & & & & & & & & \\
\hline Resolution Rx Inc & Pharmacy & & & & & & & & & & & \\
\hline Vnsny Community Health Services & Hospice & & & & & & & & & & & \\
\hline Calvary Hha \& Hospice Care & Hospice & & & & & & & & & & & \\
\hline Hospice Care In West/Putnam I & Hospice & & & & & & & & & & & \\
\hline Northern Metro Rhcf Non-Occ & Hospice & \(\checkmark\) & & & & & & & & & & \\
\hline Hospice Of Orange/Sullivan Cn & Hospice & \(\checkmark\) & & & & & & & & & & \\
\hline Hospice Of Dutchess/Ulster Ct & Hospice & \(\checkmark\) & & & & & & & & & & \\
\hline Sullivan Cnty Pub Hlth Ser Lthhcp & Hospice & & & & & & & & & & & \\
\hline Hudson Health Plan Inc & Hospice & & & & & & & & & & & \\
\hline Sullivan Cnty Pub Hlth Ser & Hospice & & & & & & & & & & & \\
\hline Vna Of Hudson Valley & Hospice & & & & & & & & & & & \\
\hline Dominican Sister Family Healt & Hospice & \(\checkmark\) & & & & & & & & & & \\
\hline Phelps Memorial Hsp Assoc & Hospice & \(\checkmark\) & \(\checkmark\) & & \(\checkmark\) & & & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) \\
\hline Good Samaritan Hsp Suffern & Hospice & & & & & & & & & & & \\
\hline Calvary Hospital Inc & Hospice & & & & & & & & & & & \\
\hline Phelps Hospice & Hospice & \(\checkmark\) & \(\checkmark\) & & \(\checkmark\) & & & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) & \(\checkmark\) \\
\hline Phelps Hospice & Hospice & & & & & & & & & & & \\
\hline 9 W. Prospect & Community Based Organizations & & & & & & & & & & & \\
\hline Abbott House & Community Based Organizations & & & & & & & & & & & \\
\hline Access Pt & Community Based Organizations & & & & & & & & & & & \\
\hline Acess-Vr & Community Based Organizations & & & & & & & & & & & \\
\hline Acoulon, Sylvie & Community Based Organizations & & & & & & & & & & & \\
\hline Administrative Offices & Community Based Organizations & & & & & & & & & & & \\
\hline After School Programs & Community Based Organizations & & & & & & & & & & & \\
\hline After-School Program & Community Based Organizations & & & & & & & & & & & \\
\hline Ahmad B. Hadid & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Ahmad Hadid & Community Based Organizations & & & & & & & & & & & \\
\hline Alison Schell & Community Based Organizations & & & & & & & & & & & \\
\hline Alissa Debaun & Community Based Organizations & & & & & & & & & & & \\
\hline Amber Mccarthy & Community Based Organizations & & & & & & & & & & & \\
\hline Analee Figueroa & Community Based Organizations & & & & & & & & & & & \\
\hline Andrus & Community Based Organizations & & & & & & & & & & & \\
\hline Angela Canepa & Community Based Organizations & & & & & & & & & & & \\
\hline Annunziata & Community Based Organizations & & & & & & & & & & & \\
\hline Another Step Inc & Community Based Organizations & & & & & & & & & & & \\
\hline Apartment Program & Community Based Organizations & & & & & & & & & & & \\
\hline Arc Of Rockland, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Assisted Outpatient Treatment & Community Based Organizations & & & & & & & & & & & \\
\hline Aybar, Maribel, Hygienist & Community Based Organizations & & & & & & & & & & & \\
\hline Berkshire Farm & Community Based Organizations & & & & & & & & & & & \\
\hline Birch Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Bon Secours Medical Group & Community Based Organizations & & & & & & & & & & & \\
\hline Boulevard Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Brianne Fegarsky & Community Based Organizations & & & & & & & & & & & \\
\hline Bridges To Health (B2h) (Ocfs) & Community Based Organizations & & & & & & & & & & & \\
\hline C.A.R.C./Keon Center & Community Based Organizations & & & & & & & & & & & \\
\hline Cabrini Apartments & Community Based Organizations & & & & & & & & & & & \\
\hline Cabrini Care At Home & Community Based Organizations & & & & & & & & & & & \\
\hline Cabrini Immigrant Services & Community Based Organizations & & & & & & & & & & & \\
\hline Caitlin Goff & Community Based Organizations & & & & & & & & & & & \\
\hline Caring For Homeless Of Peekskill (Jan Peek House & Community Based Organizations & & & & & & & & & & & \\
\hline Carmel Nutrition Center & Community Based Organizations & & & & & & & & & & & \\
\hline Caroline Cody & Community Based Organizations & & & & & & & & & & & \\
\hline Catskill Hudson Area Health Education Center & Community Based Organizations & & & & & & & & & & & \\
\hline Ccsi & Community Based Organizations & & & & & & & & & & & \\
\hline Chemical Dependency Crisis Center & Community Based Organizations & & & & & & & & & & & \\
\hline Chemlue & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Cheryl Manna & Community Based Organizations & & & & & & & & & & & \\
\hline Children'S Health \& Research Foundation, Inc/Lower Hudson Valley Perinatal Network & Community Based Organizations & & & & & & & & & & & \\
\hline Children'S Services Coordinator & Community Based Organizations & & & & & & & & & & & \\
\hline Childrens Collaborative & Community Based Organizations & & & & & & & & & & & \\
\hline Choice Of New Rochelle, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Christa Lloyd & Community Based Organizations & & & & & & & & & & & \\
\hline Christina Garrison & Community Based Organizations & & & & & & & & & & & \\
\hline Christina Pamphile & Community Based Organizations & & & & & & & & & & & \\
\hline Christopher Court Residence & Community Based Organizations & & & & & & & & & & & \\
\hline Christopher Giaquinta & Community Based Organizations & & & & & & & & & & & \\
\hline Chung & Community Based Organizations & & & & & & & & & & & \\
\hline Claudia Manzel & Community Based Organizations & & & & & & & & & & & \\
\hline Cluster Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Cold Spring Center & Community Based Organizations & & & & & & & & & & & \\
\hline Colonial Manor Supp Apt & Community Based Organizations & & & & & & & & & & & \\
\hline Comfort Keepers & Community Based Organizations & & & & & & & & & & & \\
\hline Community Based Services, Inc & Community Based Organizations & & & & & & & & & & & \\
\hline Community Care Collaborative & Community Based Organizations & & & & & & & & & & & \\
\hline Community Housing Innovations Inc & Community Based Organizations & & & & & & & & & & & \\
\hline Community League & Community Based Organizations & & & & & & & & & & & \\
\hline Community Living Skills- Arkville & Community Based Organizations & & & & & & & & & & & \\
\hline Community Living Skills- Walton & Community Based Organizations & & & & & & & & & & & \\
\hline Compeer Dutchess & Community Based Organizations & & & & & & & & & & & \\
\hline Compeer Orange & Community Based Organizations & & & & & & & & & & & \\
\hline Compeer Rockland & Community Based Organizations & & & & & & & & & & & \\
\hline Compeer Sullivan & Community Based Organizations & & & & & & & & & & & \\
\hline Compeer Ulster & Community Based Organizations & & & & & & & & & & & \\
\hline Compeer Westchester & Community Based Organizations & & & & & & & & & & & \\
\hline Cortlandt Healthcare & Community Based Organizations & & & & & & & & & & & \\
\hline Court Evaluations (Adults \& Children \& Youth) & Community Based Organizations & & & & & & & & & & & \\
\hline Crime Victims Assistance Program & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Cristin Gibson & Community Based Organizations & & & & & & & & & & & \\
\hline Crystal Cepeda & Community Based Organizations & & & & & & & & & & & \\
\hline Curious Cubs Daycare & Community Based Organizations & & & & & & & & & & & \\
\hline Danny Margie & Community Based Organizations & & & & & & & & & & & \\
\hline Daybreak Independent Services Inc & Community Based Organizations & & & & & & & & & & & \\
\hline Deirdre Sferrazza & Community Based Organizations & & & & & & & & & & & \\
\hline Department Of Community \& Family Services Chemical Dependency Assessors & Community Based Organizations & & & & & & & & & & & \\
\hline Devereux Dayhab & Community Based Organizations & & & & & & & & & & & \\
\hline Discharge Planning \& System Advocacy & Community Based Organizations & & & & & & & & & & & \\
\hline Domestic Violence Services & Community Based Organizations & & & & & & & & & & & \\
\hline Donna Mandel & Community Based Organizations & & & & & & & & & & & \\
\hline Dr Nargis Savani & Community Based Organizations & & & & & & & & & & & \\
\hline Dr. Anand V. Patel & Community Based Organizations & & & & & & & & & & & \\
\hline Dr. Glen W. Deluca & Community Based Organizations & & & & & & & & & & & \\
\hline Dr. Henry Sardar & Community Based Organizations & & & & & & & & & & & \\
\hline Dr. Laurence Miller & Community Based Organizations & & & & & & & & & & & \\
\hline Dr.Gaska-Salton & Community Based Organizations & & & & & & & & & & & \\
\hline Dr.Snyder & Community Based Organizations & & & & & & & & & & & \\
\hline Dr.Zupnic & Community Based Organizations & & & & & & & & & & & \\
\hline Dutchess County Department Of Community And Family Services & Community Based Organizations & & & & & & & & & & & \\
\hline Dutchess County Office For The Aging & Community Based Organizations & & & & & & & & & & & \\
\hline Dutchess Supported Housing & Community Based Organizations & & & & & & & & & & & \\
\hline Dutchess Vocational & Community Based Organizations & & & & & & & & & & & \\
\hline Early Childhood Education & Community Based Organizations & & & & & & & & & & & \\
\hline Eileen Rooney-Gondolfo & Community Based Organizations & & & & & & & & & & & \\
\hline Elant At Goshen Adult Home & Community Based Organizations & & & & & & & & & & & \\
\hline Elizabeth Crose & Community Based Organizations & & & & & & & & & & & \\
\hline Emily Silver???????????????????????????????????????? & Community Based Organizations & & & & & & & & & & & \\
\hline Eric Martin & Community Based Organizations & & & & & & & & & & & \\
\hline Erica Covington & Community Based Organizations & & & & & & & & & & & \\
\hline Erin Mack & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Express Pediatrics:Walk In Urgent Care For Children & Community Based Organizations & & & & & & & & & & & \\
\hline Family Education Program & Community Based Organizations & & & & & & & & & & & \\
\hline Family Empowerment Council, Inc. (Affiliate Of Occupations, Inc.) & Community Based Organizations & & & & & & & & & & & \\
\hline Family Service Society Of Yonkers & Community Based Organizations & & & & & & & & & & & \\
\hline Family Services Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Family Services Of Westchester, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Family Ties Of Westchester Admin. Office & Community Based Organizations & & & & & & & & & & & \\
\hline Family Ties Of Westchester Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Field Home-Holy Comforter & Community Based Organizations & & & & & & & & & & & \\
\hline Florence Street Residence & Community Based Organizations & & & & & & & & & & & \\
\hline Forensic Services & Community Based Organizations & & & & & & & & & & & \\
\hline Garage & Community Based Organizations & & & & & & & & & & & \\
\hline Godson Enyia & Community Based Organizations & & & & & & & & & & & \\
\hline Green Chimneys Children Services & Community Based Organizations & & & & & & & & & & & \\
\hline Greenslade & Community Based Organizations & & & & & & & & & & & \\
\hline Greystone Programs Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Halfway House Of Westchester,Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Hamid Moaliem & Community Based Organizations & & & & & & & & & & & \\
\hline Hanson Residence & Community Based Organizations & & & & & & & & & & & \\
\hline Hasbrouck Supported Apts & Community Based Organizations & & & & & & & & & & & \\
\hline Hawthorne Foundation Inc & Community Based Organizations & & & & & & & & & & & \\
\hline Heli Minano & Community Based Organizations & & & & & & & & & & & \\
\hline Helpline & Community Based Organizations & & & & & & & & & & & \\
\hline High School Of Fashion Industries School-Based Health Center & Community Based Organizations & & & & & & & & & & & \\
\hline Highland Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Hillcrest Medical Associates & Community Based Organizations & & & & & & & & & & & \\
\hline Hispanic Resource Center Of Larchmont \& Mamaroneck & Community Based Organizations & & & & & & & & & & & \\
\hline Home \& Community Based Waiver & Community Based Organizations & & & & & & & & & & & \\
\hline Home Based Crisis Invervention & Community Based Organizations & & & & & & & & & & & \\
\hline Hopwa & Community Based Organizations & & & & & & & & & & & \\
\hline Hospitality House & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Housing (Spoa) & Community Based Organizations & & & & & & & & & & & \\
\hline Hudson Information Technology For Community Health, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Hudson Valley Community Services, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Hudson Valley Rehab & Community Based Organizations & & & & & & & & & & & \\
\hline Hull Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Hyde Park Supp Apt & Community Based Organizations & & & & & & & & & & & \\
\hline Hyman, Mark & Community Based Organizations & & & & & & & & & & & \\
\hline In Flight, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Intellectual \& Developmental Disabilities Services Coordinator & Community Based Organizations & & & & & & & & & & & \\
\hline Intensive Case Management & Community Based Organizations & & & & & & & & & & & \\
\hline Ireland Dr. Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Izel Obermeyer & Community Based Organizations & & & & & & & & & & & \\
\hline Jail-Based Mental Hygiene Program & Community Based Organizations & & & & & & & & & & & \\
\hline Jenna Iseman & Community Based Organizations & & & & & & & & & & & \\
\hline Jenna Isker & Community Based Organizations & & & & & & & & & & & \\
\hline Jennifer Highley & Community Based Organizations & & & & & & & & & & & \\
\hline Jennifer Neville & Community Based Organizations & & & & & & & & & & & \\
\hline Jennifer Povill & Community Based Organizations & & & & & & & & & & & \\
\hline Jewish Board Of Family \& Children'S Services & Community Based Organizations & & & & & & & & & & & \\
\hline Jewish Family Service Of Orange County & Community Based Organizations & & & & & & & & & & & \\
\hline Jill Borner & Community Based Organizations & & & & & & & & & & & \\
\hline John Rosenthal & Community Based Organizations & & & & & & & & & & & \\
\hline Joseph Malak, M.D. & Community Based Organizations & & & & & & & & & & & \\
\hline Judy Curcio & Community Based Organizations & & & & & & & & & & & \\
\hline Kallenburg & Community Based Organizations & & & & & & & & & & & \\
\hline Kaplan, Jenny & Community Based Organizations & & & & & & & & & & & \\
\hline Karen Bogerman & Community Based Organizations & & & & & & & & & & & \\
\hline Katharine Zoppo & Community Based Organizations & & & & & & & & & & & \\
\hline Katherine Mahar & Community Based Organizations & & & & & & & & & & & \\
\hline Kaye Daniel-Sayles & Community Based Organizations & & & & & & & & & & & \\
\hline Kayla Dilorenzo & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Keli House & Community Based Organizations & & & & & & & & & & & \\
\hline Kerseman Supportive Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Kevin Bowen & Community Based Organizations & & & & & & & & & & & \\
\hline Kim Omaro & Community Based Organizations & & & & & & & & & & & \\
\hline Kirschner Supervised Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Koehler Senior Center & Community Based Organizations & & & & & & & & & & & \\
\hline Koenig Supervised Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Kristin Gonzalez & Community Based Organizations & & & & & & & & & & & \\
\hline Lawrence, Lisa, Hygienist & Community Based Organizations & & & & & & & & & & & \\
\hline Leah Fallot & Community Based Organizations & & & & & & & & & & & \\
\hline Leake And Watts Services Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Letworth Ddso Hcbs & Community Based Organizations & & & & & & & & & & & \\
\hline Lifting Up Westchester & Community Based Organizations & & & & & & & & & & & \\
\hline Linda Revill & Community Based Organizations & & & & & & & & & & & \\
\hline Lindsey Deible & Community Based Organizations & & & & & & & & & & & \\
\hline Louis Androne & Community Based Organizations & & & & & & & & & & & \\
\hline Lynda Guzman & Community Based Organizations & & & & & & & & & & & \\
\hline Mall , Amanda & Community Based Organizations & & & & & & & & & & & \\
\hline Mandeep Saini & Community Based Organizations & & & & & & & & & & & \\
\hline Manerlvette Bradley-Roberts & Community Based Organizations & & & & & & & & & & & \\
\hline Mara Mendicino & Community Based Organizations & & & & & & & & & & & \\
\hline Maranatha Human Services & Community Based Organizations & & & & & & & & & & & \\
\hline Maria Sharma & Community Based Organizations & & & & & & & & & & & \\
\hline Marisa Bishop & Community Based Organizations & & & & & & & & & & & \\
\hline Maternal Infant Services Network & Community Based Organizations & & & & & & & & & & & \\
\hline Medicaid Service Coordination & Community Based Organizations & & & & & & & & & & & \\
\hline Medical Arts Sanitarium Inc & Community Based Organizations & & & & & & & & & & & \\
\hline Melissa Sandoval & Community Based Organizations & & & & & & & & & & & \\
\hline Melrose Avenue Residence & Community Based Organizations & & & & & & & & & & & \\
\hline Mena & Community Based Organizations & & & & & & & & & & & \\
\hline Mental Health America/B2h & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Mental Health America/Dutchess & Community Based Organizations & & & & & & & & & & & \\
\hline Mental Health America/Trans & Community Based Organizations & & & & & & & & & & & \\
\hline Mental Health Association In Putnam County Inc & Community Based Organizations & & & & & & & & & & & \\
\hline Merone, Judy & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - 24 Hr Helpline & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Adult Family Support & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Compeer & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Family Support Services & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Home To Stay & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Hudson House & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Non-Medicaid Care Coordination & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Omh Non-Licensed Homeless Outreach & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Omh Non-Licensed Supported Housing & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Rehabilitative Social Club & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Supported Employment Services & Community Based Organizations & & & & & & & & & & & \\
\hline Mha/Oc - Vet2vet Peer Support & Community Based Organizations & & & & & & & & & & & \\
\hline Michael Went & Community Based Organizations & & & & & & & & & & & \\
\hline Michelle Clarke & Community Based Organizations & & & & & & & & & & & \\
\hline Michelle Gallo & Community Based Organizations & & & & & & & & & & & \\
\hline Mid-Hudson Addiction Recovery Centers, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Mid-Hudson Association For Person'S With Disabilities, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Miller, Paula, Hygienist & Community Based Organizations & & & & & & & & & & & \\
\hline Mobile Crisis & Community Based Organizations & & & & & & & & & & & \\
\hline Mobile Crisis Intervention Team & Community Based Organizations & & & & & & & & & & & \\
\hline Modell , Gregg & Community Based Organizations & & & & & & & & & & & \\
\hline Molly Johnson & Community Based Organizations & & & & & & & & & & & \\
\hline Mt Vernon Boe & Community Based Organizations & & & & & & & & & & & \\
\hline Mt. Vernon City School District & Community Based Organizations & & & & & & & & & & & \\
\hline Mt. Vernon Ressorce Center, Family Ties Of Westchester & Community Based Organizations & & & & & & & & & & & \\
\hline Nami-Familya Of Rockland County Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Natasha Ramgahan & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline National Council On Alcoholism \& Other Drug Dependencies/Putnam & Community Based Organizations & & & & & & & & & & & \\
\hline Negin Gohari & Community Based Organizations & & & & & & & & & & & \\
\hline Neketa Mcpherson & Community Based Organizations & & & & & & & & & & & \\
\hline New Alternatives For Children & Community Based Organizations & & & & & & & & & & & \\
\hline New Hope Community & Community Based Organizations & & & & & & & & & & & \\
\hline New Hope Manor Cr & Community Based Organizations & & & & & & & & & & & \\
\hline New Hope Manor Ir & Community Based Organizations & & & & & & & & & & & \\
\hline New Rochelle Day Habilitation & Community Based Organizations & & & & & & & & & & & \\
\hline New York Legal Assistance Group - Legalhealth & Community Based Organizations & & & & & & & & & & & \\
\hline New York Medical College & Community Based Organizations & & & & & & & & & & & \\
\hline Newburgh Administrative Center & Community Based Organizations & & & & & & & & & & & \\
\hline Nicola Smith- Np & Community Based Organizations & & & & & & & & & & & \\
\hline Non Secure Placement (Jj, Acs) & Community Based Organizations & & & & & & & & & & & \\
\hline Northeast Parent And Child Society & Community Based Organizations & & & & & & & & & & & \\
\hline Northern Rivers & Community Based Organizations & & & & & & & & & & & \\
\hline Ny Start & Community Based Organizations & & & & & & & & & & & \\
\hline Oasas Shelter Plus Care & Community Based Organizations & & & & & & & & & & & \\
\hline Ob/Gyn And Specialty Care Center Of Kingston & Community Based Organizations & & & & & & & & & & & \\
\hline Occupations, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Omh Supported Housing & Community Based Organizations & & & & & & & & & & & \\
\hline Opengate Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Opwdd Apartments & Community Based Organizations & & & & & & & & & & & \\
\hline Orange County Department Of Mental Health & Community Based Organizations & & & & & & & & & & & \\
\hline Ossining Resource Center, Family Ties Of Westchester & Community Based Organizations & & & & & & & & & & & \\
\hline P.S. 57 James Weldon Johnson School-Based Health Center & Community Based Organizations & & & & & & & & & & & \\
\hline Patricia Dellagrecca & Community Based Organizations & & & & & & & & & & & \\
\hline Paula Richardson & Community Based Organizations & & & & & & & & & & & \\
\hline Paula Stephenson & Community Based Organizations & & & & & & & & & & & \\
\hline Pawling Resource Center & Community Based Organizations & & & & & & & & & & & \\
\hline Peekskill Resource Center, Family Ties Of Westchester & Community Based Organizations & & & & & & & & & & & \\
\hline Phoenix House & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Planned Parenthood Brewster & Community Based Organizations & & & & & & & & & & & \\
\hline Planned Parenthood Mount Vernon & Community Based Organizations & & & & & & & & & & & \\
\hline Planned Parenthood New Rochelle & Community Based Organizations & & & & & & & & & & & \\
\hline Planned Parenthood Spring Valley & Community Based Organizations & & & & & & & & & & & \\
\hline Planned Parenthood White Plains & Community Based Organizations & & & & & & & & & & & \\
\hline Planned Parenthood Yonkers & Community Based Organizations & & & & & & & & & & & \\
\hline Pleasantvale Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Powell , Jessica & Community Based Organizations & & & & & & & & & & & \\
\hline Preadmission Screening & Community Based Organizations & & & & & & & & & & & \\
\hline Prevention Program Coordinator & Community Based Organizations & & & & & & & & & & & \\
\hline Preventive Services & Community Based Organizations & & & & & & & & & & & \\
\hline Probation Mental Health Outreach Program & Community Based Organizations & & & & & & & & & & & \\
\hline Projects To Empower And Organize The Psychiatrically Labeled, Inc. (People, Inc) & Community Based Organizations & & & & & & & & & & & \\
\hline Putnam County Office For Senior Resources & Community Based Organizations & & & & & & & & & & & \\
\hline Putnam Independent Living Services & Community Based Organizations & & & & & & & & & & & \\
\hline Putnam Valley Center & Community Based Organizations & & & & & & & & & & & \\
\hline Quazi Al-Tariq & Community Based Organizations & & & & & & & & & & & \\
\hline Rachel Murran & Community Based Organizations & & & & & & & & & & & \\
\hline Regional Economic Community Action Program Inc & Community Based Organizations & & & & & & & & & & & \\
\hline Rehabilitation Supported Services -- Sullivan County & Community Based Organizations & & & & & & & & & & & \\
\hline Reilly , Lisa & Community Based Organizations & & & & & & & & & & & \\
\hline Residential & Community Based Organizations & & & & & & & & & & & \\
\hline Resource Center For Accessible Living, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Resources For Industry (Rfi) & Community Based Organizations & & & & & & & & & & & \\
\hline Rhinebeck Supported Apt & Community Based Organizations & & & & & & & & & & & \\
\hline Rockland Hospital Guild & Community Based Organizations & & & & & & & & & & & \\
\hline Rockland Independent Living Center & Community Based Organizations & & & & & & & & & & & \\
\hline Rockland Mobile Care, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Rockland Paramedic Services, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Ronald Tomlinson & Community Based Organizations & & & & & & & & & & & \\
\hline Rosangela Alicea & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Rosanne Trendall & Community Based Organizations & & & & & & & & & & & \\
\hline Rosella Pickens & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Health Home Care Management Sd & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Orange Case Management Service Dollars & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Orange Children \& Youth Recreation & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Orange Co. Flex Spending & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Orange Flex Advocacy Services & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Orange Non Medicaid Care Coordination & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Orange Omh Non Licensed Supported Housing & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Orange Vocational & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Sullivan Adult Home Service Dollars & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Sullivan C\&Y Recreation & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Sullivan Crisis Respite & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Sullivan Mica & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Sullivan Non Licensed Supported Housing & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Sullivan Non-Medicaid Care Coordination & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Sullivan Peer Advocacy & Community Based Organizations & & & & & & & & & & & \\
\hline Rss - Transportation & Community Based Organizations & & & & & & & & & & & \\
\hline Ruby Matthew, Np & Community Based Organizations & & & & & & & & & & & \\
\hline Rupco, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Saevanee, Pittawat, Hygienist & Community Based Organizations & & & & & & & & & & & \\
\hline Safie, Tracy, Hygienist & Community Based Organizations & & & & & & & & & & & \\
\hline Sakina Khan & Community Based Organizations & & & & & & & & & & & \\
\hline Samaritan Village & Community Based Organizations & & & & & & & & & & & \\
\hline Samuel Lamb & Community Based Organizations & & & & & & & & & & & \\
\hline Saugerties & Community Based Organizations & & & & & & & & & & & \\
\hline Schwartz, Andrew & Community Based Organizations & & & & & & & & & & & \\
\hline Sheela Carey & Community Based Organizations & & & & & & & & & & & \\
\hline Special Education School Program & Community Based Organizations & & & & & & & & & & & \\
\hline St. Dominic'S Home & Community Based Organizations & & & & & & & & & & & \\
\hline St. Patrick'S Home & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Starbbarack Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Stephanie Mchugh & Community Based Organizations & & & & & & & & & & & \\
\hline Stickle, Melissa & Community Based Organizations & & & & & & & & & & & \\
\hline Student Assistance Services & Community Based Organizations & & & & & & & & & & & \\
\hline Suagerties Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Sue Adams & Community Based Organizations & & & & & & & & & & & \\
\hline Sullivan County Adult Care Center & Community Based Organizations & & & & & & & & & & & \\
\hline Sullivan County Department Of Community Services & Community Based Organizations & & & & & & & & & & & \\
\hline Sullo , Melissa & Community Based Organizations & & & & & & & & & & & \\
\hline Supervised Ira (24) & Community Based Organizations & & & & & & & & & & & \\
\hline Support Services (Transportation \& Maintenance & Community Based Organizations & & & & & & & & & & & \\
\hline Supported Ira (3) & Community Based Organizations & & & & & & & & & & & \\
\hline Supportive Case Management & Community Based Organizations & & & & & & & & & & & \\
\hline Supportive Employment & Community Based Organizations & & & & & & & & & & & \\
\hline Susan Ohanesian & Community Based Organizations & & & & & & & & & & & \\
\hline Sylvester St Supp Apt & Community Based Organizations & & & & & & & & & & & \\
\hline Sylvia Berrios-Spencer & Community Based Organizations & & & & & & & & & & & \\
\hline Taino Towers & Community Based Organizations & & & & & & & & & & & \\
\hline Tarrytown Ymca Housing Lp & Community Based Organizations & & & & & & & & & & & \\
\hline Taylor & Community Based Organizations & & & & & & & & & & & \\
\hline Teevlowitz, Neil & Community Based Organizations & & & & & & & & & & & \\
\hline The Alcohol And Drug Abuse Council Of Delaware Co. Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline The Alcoholism And Drung Abuse Council & Community Based Organizations & & & & & & & & & & & \\
\hline The Association For Mentally III Children Of Westchester, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline The Children'S Village & Community Based Organizations & & & & & & & & & & & \\
\hline The Institute For Family Health Center For Counseling At Aids Service Center & Community Based Organizations & & & & & & & & & & & \\
\hline The Institute For Family Health Center For Counseling At Frisby Avenue & Community Based Organizations & & & & & & & & & & & \\
\hline The Pines At Poughkeepsie,Center For Nursing And Rehabilitation & Community Based Organizations & & & & & & & & & & & \\
\hline The Sullivan County Federation For The Homeless & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}

\title{
New York State Department Of Health
}

\section*{DSRIP Implementation Plan Project}

\section*{WMCHealth PPS (PPS ID:21)}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline \multicolumn{13}{|c|}{Participating in Projects} \\
\hline 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 \\
\hline Theresa Cramer & Community Based Organizations & & & & & & & & & & & \\
\hline Thomas Richter & Community Based Organizations & & & & & & & & & & & \\
\hline Thompson & Community Based Organizations & & & & & & & & & & & \\
\hline Thrive & Community Based Organizations & & & & & & & & & & & \\
\hline Tracy Roberts & Community Based Organizations & & & & & & & & & & & \\
\hline Trauma Team & Community Based Organizations & & & & & & & & & & & \\
\hline Ulster Apts Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Ulster County Department Of Social Services & Community Based Organizations & & & & & & & & & & & \\
\hline Ulster County Health Home / Institute For Family Health & Community Based Organizations & & & & & & & & & & & \\
\hline Ulster Prevention Council & Community Based Organizations & & & & & & & & & & & \\
\hline United Cerebral Palsy Assoc. Of Putnam \& Southern Dutchess & Community Based Organizations & & & & & & & & & & & \\
\hline United Preschool & Community Based Organizations & & & & & & & & & & & \\
\hline Valdez, Dolca, Hygienist & Community Based Organizations & & & & & & & & & & & \\
\hline Valleau, John & Community Based Organizations & & & & & & & & & & & \\
\hline Vanessa Pizarro & Community Based Organizations & & & & & & & & & & & \\
\hline Veronica Zak & Community Based Organizations & & & & & & & & & & & \\
\hline Village Of Haverstaw Dept. Of Youth And Family Services & Community Based Organizations & & & & & & & & & & & \\
\hline Vocational Case Management & Community Based Organizations & & & & & & & & & & & \\
\hline Vocational Rehabilitation - Access-Vr & Community Based Organizations & & & & & & & & & & & \\
\hline Volunteer Counseling Service Of Rockland County & Community Based Organizations & & & & & & & & & & & \\
\hline Volunteers Of America-Greater New York & Community Based Organizations & & & & & & & & & & & \\
\hline Wales Avenue & Community Based Organizations & & & & & & & & & & & \\
\hline Washington Irving Campus School-Based Health Center & Community Based Organizations & & & & & & & & & & & \\
\hline Welch & Community Based Organizations & & & & & & & & & & & \\
\hline Westchester County Department Of Community Mental Health & Community Based Organizations & & & & & & & & & & & \\
\hline Westchester Independent Living Center, Inc. & Community Based Organizations & & & & & & & & & & & \\
\hline Westhab Inc & Community Based Organizations & & & & & & & & & & & \\
\hline White Plains Youth Bureau & Community Based Organizations & & & & & & & & & & & \\
\hline William Castillo & Community Based Organizations & & & & & & & & & & & \\
\hline Wkc Ira & Community Based Organizations & & & & & & & & & & & \\
\hline Yael Malik & Community Based Organizations & & & & & & & & & & & \\
\hline
\end{tabular}
Poonthota Anjana
\begin{tabular}{l} 
Yeon Howard Bok \\
\hline Raphael Katia \\
\hline
\end{tabular}
\begin{tabular}{|l} 
Matthew Pinto Md \\
\hline Jamil Rizqalla Do \\
\hline Yeon Howard Bok \\
\hline
\end{tabular} pw ołu!d Mәyमlew
unipn⿹ punjəds Cespedes Victoria Elena
\begin{tabular}{l} 
Yartey Juliana Ayergo \\
\hline Collins Rebecca \\
\hline
\end{tabular}
Tsoi Kin Ping S
\begin{tabular}{|l}
\hline Crist Rebecca Lynn Cnm \\
\hline Dori Anchin Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Wiencek Vandy \\
\hline Crist Rebecca Lynn \\
\hline
\end{tabular}
Persaud Indrani \begin{tabular}{|l|}
\hline Taher Farah Deeba \\
\hline Toro Jose B Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Islam Mohammad Mahbubul Md \\
\hline Gross Kara J Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Samuel Tai Tack Wong \\
\hline Islam Mohammad Mahbubul Md \\
\hline
\end{tabular}

Beharrie Andrew W Gottlieb Esther
Gottlieb Esther
Tessler Patric
Moccio Lisa Stephanie
Jindal Meenu
Rudnick Jonathan A
\begin{tabular}{|l|}
\hline Yonkers Resource Center, Family Ties Of Westchester \\
\hline Zotica Medina-Weiner \\
\hline Ren \\
\hline
\end{tabular} Yedei Chesed
* Safety Net Providers in Green

\section*{(LZ:al Sdd) Sdd чџеәнכพМ}




\section*{}
\(\qquad\)



 \begin{tabular}{c|c}
0 \\
0 & 0 \\
\(⿳ 亠 口 冋 口\)
\end{tabular} Patuto Jennifer Cnm pW eblo uewts！ \(\begin{array}{r}\text { pW eblo uewus！} \\ \text { pW nर！ey ew } \\ \hline\end{array}\) \begin{tabular}{l} 
Laskowski Igor Md \\
\hline Nifenecker Susan \\
\hline
\end{tabular}
Dr Christopher M Alien Md
Laskowski Igor Md Osband Yardaena Md
 \begin{tabular}{l} 
Hermanto Ulrich Md \\
\hline Giraud Lissette Md \\
\hline Osbad Ya \\
\hline
\end{tabular} Hemmerdinger Steven Arthur Md
 Baribault Heather \begin{tabular}{|l|}
\hline Martinez Ofelia Md \\
\hline Ou Wen Hui Md \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Bekele－Arcuri Zewditu Md \\
\hline Martinez Ofelia Md \\
\hline
\end{tabular}



\section*{（LZ：al Sdd）Sdd чџеәнכWМ}

NYS Confidentiality - High

\section*{(LZ:al Sdd) Sdd чџеәнכWM}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & & & Аә૫ヤО॥丬 & 0व әөə！ \\
\hline & & & & & & － & & & & ヘ & & ィə૫łО IIV &  \\
\hline & & & & & & － & & & & へ & & лә૫ヤО ॥V & イоиел иәрмоя \\
\hline － & － & － & － & － & & & － & & & へ & & дә૫ヤО ॥｜ & иәмоя Кәэел \(\downarrow\) əпиешヨ \\
\hline － & － & － & － & － & － & & － & & － & へ & & дәчłО ॥｜ & pW p！¢sey fepes ！ 4 poר \\
\hline ， & へ & へ & － & － & へ & & － & － & へ & へ & & лә૫ヤО ॥V & ！шәуемпо exuesos \\
\hline ヘ & － & － & － & － & ヘ & － & － & － & ヘ & － & & גә૫ヤ ॥｜甘 & егоәр ！！epoky \\
\hline － & － & － & － & － & へ & － & － & & へ & ヘ & & дәчłО ॥｜ &  \\
\hline ， & ， & － & － & － & へ & & － & － & へ & へ & & ләчヤО ॥V &  \\
\hline ヘ & ヘ & － & － & － & ヘ & & － & & ヘ & － & & лә૫ヤ ॥｜\％ &  \\
\hline ， & ， & － & － & － & ヘ & & － & － & ， & － & & дәчヤ ॥｜\％ &  \\
\hline ， & ， & － & － & － & へ & － & － & へ & へ & へ & & лә૫ヤО ॥V & y әuиә！pp иешәडseM \\
\hline － & － & － & － & － & ヘ & & － & & － & へ & & ләч⿺𠃊 IIV &  \\
\hline & & & & & & & & & & & &  &  \\
\hline － & － & － & － & － & － & － & － & － & － & へ & & ләчłО ॥V & pW d¢ 7 оәmoy uełel！！io \\
\hline & & & & & & & & & & & & дә૫｜॥｜丬 & pW pıeчэ！！！！eч， \\
\hline － & － & － & － & － & － & － & － & － & － & ヘ & & ләчヤО ॥｜ &  \\
\hline ， & ， & － & － & － & へ & － & － & へ & へ & へ & & ләчヤО ॥V &  \\
\hline － & － & － & － & － & & & － & & － & へ & & лә૫1О ІІ丬 & PW uuv enneך oueds \\
\hline & & & & & & & & & & へ & & ләчłО ॥｜ & pW p！\({ }^{\text {a }}\)（ \\
\hline － & － & － & － & － & － & & － & － & － & へ & & лә૫ヤО ॥V &  \\
\hline & & & & & & & & & & & & ләч⿺𠃊 IIV &  \\
\hline & & & & & & & & & & & & лә૫ヤО ॥｜ & edy \(\forall\) S！n l z！ \\
\hline － & － & － & － & － & － & － & － & － & － & へ & & лә૫ヤО ॥V & PW snoxew we！l！\(M\) sewnog \\
\hline & & & & & & & & & & & & дәчłО ॥丬 & ！bpns pueмеу גәрецу \\
\hline & & & & & & & & & & & & лә૫ヤО ॥｜ &  \\
\hline － & － & － & － & － & － & & － & & － & へ & & лә૫ヤО ॥V &  \\
\hline ， & － & － & － & － & ヘ & & － & － & ヘ & へ & & 1ə૫łО ॥｜ & PW uoxe \(\forall\) ueureuor uigny \\
\hline へ & － & － & － & － & & & － & & － & へ & &  &  \\
\hline & & & & & & & & & & & &  & PW a dewv पeчs \\
\hline － & － & － & － & － & & & － & & & － & & ィәч⿺𠃊 IIV &  \\
\hline ！\(\%\)＇\({ }^{\text {＇t }}\) & ！ q ＇t & \(!!!p \cdot \varepsilon\) & ¢ & ！＇ย ¢ & ！er & ！ P ＇z & «！＇¢ & ¢！̣er & ！！！e＇z & ！e＇z &  & & әuren rep！no．d \\
\hline \multicolumn{14}{|l|}{} \\
\hline
\end{tabular}

NYS Confidentiality－High

NYS Confidentiality - High
\begin{tabular}{|l|}
\hline Orange Rehab Occup Inc Day \\
\hline Jawonio Inc Day \\
\hline
\end{tabular}
PW M ənues ә人yеog
\begin{tabular}{|l}
\hline Comm Aid F/Retard Chil Day \\
\hline Ulster Greene Arc Day \\
\hline Rehab Programs Day \\
\hline Gateway Community Ind Day \\
\hline Pileta Lourdes X \\
\hline Jellett Carol X \\
\hline Ruffy X \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Nysarc Dutchess County Day \\
\hline Abbott House Day \\
\hline Co
\end{tabular} \begin{tabular}{|l|}
\hline Byadgi Shalini Md \\
\hline Nysarc Dutchess C \\
\hline
\end{tabular}
\begin{tabular}{l} 
Naqvi Syed Hasan Mahboob Md \\
\hline Mercado Neomi Rpa \\
\hline
\end{tabular}
Pasamba-Rakhlin Bernadette Md
\begin{tabular}{|l|}
\hline Birnbaum Stuart C Dpm \\
\hline Opengate Inc Day \\
\hline
\end{tabular}

\begin{tabular}{l} 
Chirumamilla Sree \\
\hline Samberg Deborah Rabitz Md \\
\hline
\end{tabular}
Sarrai Mona Md
\begin{tabular}{|l|}
\hline All Metro Home Care Services Of New \\
\hline Dong Xiang D Md \\
\hline Sara \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Singh Rajiv Md \\
\hline All Metro Home Cal \\
\hline
\end{tabular}
Kleinman George
\begin{tabular}{l} 
Lominy Marie-Micheline Md \\
\hline Mutnick Andrew \\
\hline
\end{tabular} \begin{tabular}{l} 
Pryjdun Olena Golvatska Md \\
\hline Velez-Lebron Selena Rpa \\
\hline
\end{tabular} Berger Sam H Np әumen rep!nold


\footnotetext{

}

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\section*{}
 NYS Confidentiality - High

\section*{(LZ:al Sdd) Sdd чџеәнכพМ}
\begin{tabular}{|c|c|}
\hline „ә૫ヤО ॥｜ &  \\
\hline дә૫ヤО ॥｜ & PW \(\perp 100 \mathrm{~S} 09 \mid\) S \\
\hline дәчłО ॥｜ & edy \(\lrcorner\) uイxey uospraoy \\
\hline лә૫ヤ ॥｜\％ & PW \(\perp\) ue！｜nr uos｜ə N \\
\hline лә૫10 IIV & dsy oul smed60．dd qeyour \\
\hline дәчłО ॥｜ &  \\
\hline лә૫ヤ ॥｜\％ & pW d ！！uysey ！！Me」 \\
\hline дә૫ヤО ॥｜ & pW expues syoes \\
\hline дәч1О ॥｜ & PW u！uey ueyวlew \\
\hline лә૫ヤ ॥｜\％ & PW pewub p！per \\
\hline дә૫ヤО ॥｜ &  \\
\hline дәчłО ॥｜ &  \\
\hline лә૫ヤ ॥｜\％ &  \\
\hline лә૫1О ІІ丬 & PW ⿹ eu！moy de！ \\
\hline  &  \\
\hline  &  \\
\hline ィә૫ヤО IIV &  \\
\hline  & pW ssoy イә川， \\
\hline 」ə૫łО ॥｜ & ue！！s！uy｜e！uea meyung \\
\hline лә૫ヤ ॥1\％ & PW \(\cap\) шәәеN иешчеу \\
\hline лә૫ヤО ॥｜ & 6ueg রıeŋ ong \\
\hline лә૫ヤ ॥｜\％ & p！nea ш！＞ \\
\hline ィә૫ヤО ॥V & כul pu！M \\
\hline  & PW ১ә૫dols！！ \\
\hline  & \(\forall\) euuog suә6рон \\
\hline лә૫ヤО IIV & PW u！uelueg p！＾ea də凤əW \\
\hline ィә૫ヤО ॥｜ & PW ！！！！！ \\
\hline дə૫ヤО ІІV & pW ueit feuysoy detur \\
\hline ィә૫ヤО ॥V &  \\
\hline дәчłО ॥｜ &  \\
\hline גə૫łО ॥｜ & eqly loxeund \\
\hline &  \\
\hline
\end{tabular}
NYS Confidentiality－High
（LZ：al Sdd）Sdd ЧłеәНОWM
Whyte－Connell Stacey EMa
 \begin{tabular}{|l}
\hline St Dominics Home Goshen lef \\
\hline Trapp Kevin \\
\hline Sodha Samir Md \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Malhotra Sandeep Md \\
\hline Bele Mark Joseph Do \\
\hline St Dominics Home Goshen lof \\
\hline
\end{tabular} \begin{tabular}{l} 
Taylor Gregory Warwick Md \\
\hline Newmeyer Michele E \\
\hline
\end{tabular}
Teets Raymond Lombardi Filomena
 \begin{tabular}{l} 
Chorry Shameela Anisa Md \\
Varma Raja G Md \\
\hline
\end{tabular} Amecemall Mathew Md Jawonio Inc Rsp Chang Benjamin Md \begin{tabular}{l} 
Bryan Duane Anthony Md \\
Bakey William \\
\hline
\end{tabular}


\(\qquad\) \begin{tabular}{l} 
Crystat Run vilage Inc Rsp \\
\hline Jaeger David A Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Ascencio Janice K Ma \\
\hline Crystal Run Village Inc Rsp \\
\hline
\end{tabular} Crystal Run Village Inc Fsr 1 Groves Jill Elizabeth Md \begin{tabular}{l} 
Kirschner－Lanzkowsky Debra \\
\hline Yahr Laura \\
\hline
\end{tabular} Tawil Laurence A Md awen rep！nold


\footnotetext{
1eท！o IIV

1eपн० II
ఎə૫ו० IV
ィキ⿰丬⿱夕寸，IIV


ャモヤ૦ IIV

}
NYS Confidentiality－High

\section*{（LZ：al Sdd）Sdd чџеәнכWM}

\section*{}
 \begin{tabular}{|l|}
\hline Costabile David \\
\hline John Stanley Md \\
\hline
\end{tabular} Naidu Srihari Sriram \begin{tabular}{l} 
Sdtc The Center For Discovery \\
\hline Kwak Charles \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Agarwal Surbhi Md \\
\hline Sdta The \\
\hline
\end{tabular}
 \begin{tabular}{|l|}
\hline Dalwadi Sejal Nagin Md \\
\hline Zhao Qing Hua Md \\
\hline Eap \\
\hline
\end{tabular} \begin{tabular}{l} 
Goldstein Jamee Michele Do \\
\hline Dalwadi Sejal Nagin Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Community Based Ser Inc Nd1 \\
Ley Robert \\
\hline
\end{tabular} Guccione Michael Richard Md \begin{tabular}{l} 
Gries James Robert Phd \\
\hline Mcmullan Megan Anne Md \\
\hline
\end{tabular}


\begin{tabular}{l} 
Bogdanov Assen Petrov Md \\
\hline Amarosa Josephine
\end{tabular}



Hamilton Benit
\begin{tabular}{l} 
Scarlett Lissa Annette Md \\
\hline Fitzsimmons Laura A Rpa \\
\hline
\end{tabular}
\begin{tabular}{l} 
Shah Nilay R Md \\
\hline Nicoll Laura Ann Md \\
\hline
\end{tabular}
Weissman Alicia Marlene Md
Bochenek Joanna Barbara Md
\begin{tabular}{l}
136700962 midelton Gary Todd Md \\
\hline Di Lullo Joseph Matthew Md
\end{tabular}
Bonanno Joseph Md
Deschamps Patricia
\begin{tabular}{|l}
\hline Puthiyamadam Maryrose \\
\hline Knights Jennifer Rpa \\
\hline 年 \\
\hline
\end{tabular}
Brassel James
Balutowski Marek Md
Levi Yaakov E
\begin{tabular}{l} 
Crystal Run Village Inc Nd5 \\
\hline Leen Jeffrey S Md \\
\hline Levi Ya \\
\hline
\end{tabular}
Crystal Run Village Inc Nd5

\begin{tabular}{|l}
\hline Kolanuvada Bangaruraju Md \\
\hline Morales Frank \\
\hline
\end{tabular}


\section*{（Lて： 1 Sdd）Sdd Чł๒әНつWM}
\(\qquad\)
 บขә!! ебеля

\section*{(LZ:al Sdd) Sdd чџеәнכพМ}
\begin{tabular}{|c|c|}
\hline 1е䒑ı｜IV &  \\
\hline  &  \\
\hline  & ¢W แe！l！ \\
\hline  & PW \(\forall\) Ker moisez \\
\hline －ө40114 & PW 勺 ueueh tell．w \\
\hline เөu10 IV & е．ел！！¢ ¢！ \\
\hline  & PW ALEW 00 M \\
\hline  & PW EuMI Sulefix \\
\hline เөリ० ॥ &  \\
\hline  &  \\
\hline เข૫10 IV & PW ！eyquuen useyerd ored \\
\hline  &  \\
\hline  & PW 1．！nपyeg benys \\
\hline  & edy ereo sdil！ \\
\hline  & मеqоч \％\％！ul．d \\
\hline 1e410 IV & иәㅣㅏ पب！ \\
\hline 1ө40 IV & Killod s suefuex \\
\hline  & วul sea．nosey uozuoh men \\
\hline  &  \\
\hline  & PW W ənbluow prefay \\
\hline  & PW s．not P s．los \\
\hline  &  \\
\hline  &  \\
\hline เө૫10 ॥14 & ！Рм \\
\hline  &  \\
\hline  & seley unneus！g \\
\hline เөリ｜IV &  \\
\hline  & чеәг е．ея垉 иешหән \\
\hline เข410 IV & PW W uueneen yred \\
\hline 1セ410 IV &  \\
\hline 1ө૫10 IV & Ileutw eyses ıers \\
\hline & P！ 0 Odd \\
\hline
\end{tabular}
\begin{tabular}{l} 
Cotto Sylvia \\
\hline Martin Eric LMd \\
\hline Husain Syed S Md \\
\hline
\end{tabular}

Busby Alan
\begin{tabular}{|l}
\hline Chao Kuo H Md \\
\hline Busby Alan \\
\hline
\end{tabular}
\begin{tabular}{l} 
Littleton Andrea Wileen Md \\
\hline Chao Kuo H Md \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Ucpa Of Putnam \& So Dutchess \\
\hline Traeger Nadav Md \\
\hline Littleton Andrea Wileen Md \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Asante Baah Md \\
\hline Ucpa Of Putnam \& \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Medwid Steven W Md \\
\hline Cho Michael H Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Empire St Hm Care Ser Lthhcp \\
\hline Weeks Williams David \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Tashman Stuart Matthew Md \\
\hline Empire St Hm Care Ser Lthhc
\end{tabular}

Mazumdar Sumita S Md
Guoping Zhou
\begin{tabular}{|l|}
\hline Ryntz Timothy E Md \\
\hline Krawitz Lawrence E Md \\
\hline Alaie Mazda Dpm \\
\hline Guoping Zhou \\
\hline
\end{tabular}
\begin{tabular}{l} 
Rosenberg Sharon Marie Md \\
\hline Ryntz Timothy E Md \\
\hline Kate \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Henry Lernice L Md \\
\hline Shafran Gail \\
\hline
\end{tabular}


NYS Confidentiality - High
\begin{tabular}{|l|l|}
\hline Jawonio Inc Spt \\
\hline Jawonio Inc Spv \\
\hline Lifespire Inc Spv \\
\hline In Flight Inc Spv \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Occupations Inc Spv \\
\hline Occupations Inc Spt \\
\hline Rehab Programs Inc Spt \\
\hline Multi County Cdc Spt \\
\hline Multi County Cdc Spv \\
\hline Provider Hamaspik Rockld Spv \\
\hline Kipoliongo Lezode Justine Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Mcgoldrick Patricia Engel \\
\hline Opengate Inc Spv \\
\hline
\end{tabular} Argenzio Donna J
\begin{tabular}{|l|}
\hline Goth Melanie Michele Md \\
\hline Cole Karen \\
\hline
\end{tabular} Nysarc Dutchess Cnty Spv Hodges Jason Leroy Md \begin{tabular}{|l|}
\hline Abbott House Ira Spv \\
\hline Viray Alvin K Md \\
\hline Hod \\
\hline
\end{tabular}
Nysarc Inc Orange Cnty Smp

\begin{tabular}{l}
\hline Ginsburg Michael M Dpm \\
\hline Estler Kimberly A Md \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Hulse Geoffrey \\
\hline Nasser Jonathan M \\
\hline Ginsburg Michael M \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Wu Daren \\
\hline Hulse Geoff \\
\hline
\end{tabular} Mcgowan Heather \begin{tabular}{|l|}
\hline Gorlitsky Michele L Md \\
\hline Bekritsky Esther \\
\hline Mag \\
\hline
\end{tabular} Sambataro Simonetta Md Provider Name

\section*{(LZ:al Sdd) Sdd чџеәнכพМ}
New Hope Community Inc Icf
Eschenberg Nancy Anne
زગ ગul Kilunumoo ədoH MəN \begin{tabular}{|l|}
\hline Mathai Riny Md \\
\hline Tatz Gary Md \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Sdtc The Center For Discovery \\
\hline Rosenberg Robert \\
\hline
\end{tabular}

 Bondar Ellen Md \begin{tabular}{|l|}
\hline Creech Charlotte L \\
\hline Cho Caroline \\
\hline
\end{tabular} \begin{tabular}{l} 
Manning Frank A Md \\
\hline Eisen David Jeffrey \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Nanjappa Nirmala Md \\
\hline Manning Frank A Md \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Krumholtz Jason S Md \\
\hline Oberman Eric \\
\hline Naniappa Nirmala Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Bezdicek Petr Md \\
\hline Krumholtz Jason S Md \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Widas Maribeth Rpa-C \\
\hline Bezdicek Petr Md \\
\hline
\end{tabular} Suarez Diane
\begin{tabular}{l} 
Jubinsky Paul Thomas \\
\hline Ronen Tal Md \\
\hline
\end{tabular}
Jubinsky Paul Thomas \begin{tabular}{|l}
\hline Choung Rosa J Md \\
\hline Li Jin Md \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Cardinal Mccloskey School Spv \\
\hline Shinder Neil Md \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Assoc Ment III Child West Spv \\
\hline Cardinal Mccloskey School Spv \\
\hline
\end{tabular} \begin{tabular}{l} 
Gateway Community Ind Spt \\
\hline Crystal Run Village Inc Spv \\
\hline
\end{tabular} Greystone Programs Inc Spv әuen rep!nold

\footnotetext{

}
\begin{tabular}{|c|c|}
\hline  & PW npy Me八 Suəurdy \\
\hline 124.0 IV & dws ouls sume.160.1d qeyəy \\
\hline  &  \\
\hline  & dws गul गep \\
\hline IV & PW poulı uel|eуу әпппй \\
\hline  & pW a uesns fosiew \\
\hline  & PW \(\exists\) ueanew ueforg \\
\hline  & PW шeب! \({ }^{\text {W }}\) Se6өıI! \\
\hline ¢ı0 |l &  \\
\hline 40 ॥ \(\mid\) & dus \(0 . y\) uene.|ns \\
\hline  &  \\
\hline IV & s.uog u!yusione7 \\
\hline \(\forall\) &  \\
\hline 410 IIV &  \\
\hline ¢и० |l| &  \\
\hline ¢iO IV &  \\
\hline 40, IV & dus oul oumemer \\
\hline צ10 IV &  \\
\hline  &  \\
\hline  & PW Ma.put erluley \\
\hline  & oupt amot fuis.in ! auque is \\
\hline  &  \\
\hline  &  \\
\hline relo IV & PW r fered yeus \\
\hline  & W weylow uouolos \\
\hline  &  \\
\hline  & PW euefie ueyes \\
\hline  & PW O Peluy पeys \\
\hline เөリ| IV & PW S Emben पәles \\
\hline  &  \\
\hline  & PW \begin{tabular}{l} 
eupleleo noulo \\
\hline
\end{tabular} \\
\hline & əuren tep! \({ }^{\text {O.d. }}\) \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Jawonio Inc Altman Icf \\
\hline Finnigan Karen Jean Md \\
\hline Fraiman Mitchell Md \\
\hline Mantica Robert P Md \\
\hline Weinstein Zoe Ann \\
\hline Harvey Raymond G Md \\
\hline Ediale Kolo N Md \\
\hline Horng Jack W Md \\
\hline Budrik Nancy Solomon \\
\hline Heublum Rona Rivka Md \\
\hline Jawonio Inc Wesley Icf \\
\hline Karpoff Howard Md \\
\hline Goldberg Randy Md \\
\hline Maria Mazen Md \\
\hline Bethel Nrs \＆Reh Ctr Adhc \\
\hline Beacon Medical Pc \\
\hline Iwai Sei Md \\
\hline Evers Martin Louis Md \\
\hline
\end{tabular}
 Rehmani Muhammad Bd Jd

 Adversario Eden Florendo \begin{tabular}{l} 
Nysarc Inc Dutchess Cnty Smp \\
\hline Delaware Co Chaptr Nysarc Smp
\end{tabular} Nysarc Inc Dutchess Cnty Smp Banikazemi Maryam Md Crystal Run Village Smp \begin{tabular}{|l|}
\hline Krishnan Sankaran Sivarama Md \\
\hline Occupations Inc Smp \\
\hline Crus \\
\hline
\end{tabular} Another Step Inc Smp әuen rəp！＾олd


\begin{tabular}{|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|l|}
\hline
\end{tabular}


\section*{（LZ：al Sdd）Sdd чџеәнכWМ}
\begin{tabular}{|c|}
\hline  \\
\hline  \\
\hline  \\
\hline oq uәudәts रəןuers রqемs \\
\hline  \\
\hline  \\
\hline PW dәәpues цठ́us \\
\hline  \\
\hline edy d pinea ！！soquəa \\
\hline edy ydəsor u！＾әу्र suaxı」 \\
\hline edy ydəso「 preyo！y әu！zang \\
\hline oounew seple＾ \\
\hline че．ояәа exes צכe \\
\hline
\end{tabular}

\begin{tabular}{c|c}
2 & 2 \\
0 & \\
\hline
\end{tabular}
Silverio Carl Md
\begin{tabular}{|l}
\hline Blanchette Howard Md \\
\hline Scaglione Tara \\
\hline Sirerio \\
\hline
\end{tabular}

 Sacajiu Galit Meller Md
\begin{tabular}{l} 
Fam Empowerment Council Hcbs5 \\
\hline Sessions Jessica
\end{tabular} Kim Robin S Md Kozicz Izabela Md \begin{tabular}{l} 
Zelazny Daniel \\
\hline Koestler Jennifer Lyn Md \\
\hline
\end{tabular} \(\qquad\)

 NYS Confidentiality－High



\section*{（LZ：al Sdd）Sdd чџеәнכWМ}


\begin{tabular}{l} 
Juliano John Stephen Md \\
\hline Hou Jian Md \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline A \& T Healthcare LIc \\
\hline Juliano John Stephen Mc \\
\hline Heil \\
\hline
\end{tabular}
Chandy Dipak Md
Galarneau Gerard Jules Md
 \begin{tabular}{|l|}
\hline Northern Westchester Hosp Ctr \\
\hline Giannini Nancy Md \\
\hline
\end{tabular} Harrison David Maxwell Md Putnam Family \& Comm Ser Mh \begin{tabular}{|l}
\hline Kovar Lance Ira Md \\
\hline Kobeckis Elizabeth Carpio \\
\hline
\end{tabular} \begin{tabular}{l} 
Cestari Stephen Todd Do \\
\hline Kovar Lance Ira Md \\
\hline
\end{tabular} Clark Cheryl L Md \begin{tabular}{l} 
Feldman Howard Lee Md \\
\hline Ram Kavitha Tulsi \\
\hline
\end{tabular}

 \begin{tabular}{|l} 
Ida Joseph Richard \\
\hline Oltean Ion Md \\
\hline Pas \\
\hline
\end{tabular}






\section*{(LZ:al Sdd) Sdd чџеәнכพМ}
\begin{tabular}{|c|c|}
\hline 1өй० ॥|v &  \\
\hline  & गul dals reytouv/pp.iw \\
\hline  &  \\
\hline เə૫० || &  \\
\hline เөй ॥| &  \\
\hline  & O кишәг n 7 \\
\hline  & PW 6uopo n 7 \\
\hline  &  \\
\hline גөй ॥|\% &  \\
\hline גөй ІІ &  \\
\hline  &  \\
\hline  &  \\
\hline เөй ॥|\% & LIt, jo oul umoo adoh man \\
\hline  &  \\
\hline  & PW әuleleo NeW әəS \\
\hline  & еdy әәиәу !ә¢р!ия әqәәя \\
\hline גөй ॥V &  \\
\hline גөй ॥t & sumel60.d qeypu/pp.1wo \\
\hline גөй०॥ &  \\
\hline เөท०॥ ॥| & g sqoн оио оииомег \\
\hline גөй ॥| & PW uop depa dipls \\
\hline  & иециеио गeusod \\
\hline  & Id Y0.upd ollissoy \\
\hline  &  \\
\hline  &  \\
\hline גөй ІІ &  \\
\hline גөй IV &  \\
\hline גено IV & Uesns uutuon6.aw \\
\hline เөй ॥|\% &  \\
\hline  &  \\
\hline Јөヤ० ॥| & イın7 0 \\
\hline &  \\
\hline
\end{tabular}

\begin{tabular}{l} 
Mcpadden Marion C Cnm \\
\hline Conde Eileen Cnm \\
\hline
\end{tabular}
 Aronow Wilbert Solomon Md

 Lam Hao
\begin{tabular}{|l|}
\hline Torres-Otero Norberto I Md Pc \\
\hline Tighe John Francis Jr Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Wold Eric Richard \\
\hline Trager Abigail Hope \\
\hline Torres-Otero Norberto \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Lowenkron David Drew Md \\
\hline Wold Eric Richard Md \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Martini Anthony Joseph Md \\
\hline Hom Christine Md \\
\hline Lowenkron David Drew Md \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline A \& T Healthcare Llc Tbi \\
\hline Martini Anthony Joseph Md \\
\hline
\end{tabular} Singh Aalok Ramnaresh Md \begin{tabular}{|l}
\hline Yu Shick Hong Md \\
\hline Wilken Philip David \\
\hline
\end{tabular}
\begin{tabular}{l} 
Luchs Scott Glenn Md \\
\hline Yu Shick Hong Md \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Orange Rehab Occup Inc Hcbs 2 \\
\hline Luchs Scott Glenn Md \\
\hline Yu \\
\hline
\end{tabular}
 Cook Heather Tiffany Md \(\qquad\)



\section*{(LZ:al Sdd) Sdd чџеәнכพМ}
\begin{tabular}{|l}
\hline Oiseth Stanley J Md \\
\hline Gayle Eric George M \\
\hline Ritchin Andrea Ko Md \\
\hline Neretin Nicole \\
\hline
\end{tabular}
 \begin{tabular}{|l}
\hline Habert Marc Md \\
\hline Raschella Nunziata Md \\
\hline
\end{tabular} Ten Broeck Commons Adhc






\begin{tabular}{|l}
\hline Akhter Mohammad \\
\hline Pagan Diane Elizabeth \\
\hline
\end{tabular}
\begin{tabular}{l} 
Kahn Scott \\
\hline Akhter Mohammad \\
\hline
\end{tabular} Zuckerman Deschino Diane Md




\begin{tabular}{|l|}
\hline De Serres Lianne Marie \\
\hline Callahan Brian D \\
\hline Spielvogel David Md \\
\hline
\end{tabular}
 Greco Robert N Md Provider Name


NYS Confidentiality - High
\begin{tabular}{ccccc} 
\\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\section*{}




 Pellegrino Christine M Md \begin{tabular}{|l|}
\hline Kamthan Arvind Gopa \\
\hline Towner Robert A Md \\
\hline
\end{tabular}



 \begin{tabular}{l} 
Gillespie Ginger Md \\
\hline Putnam Arc Hcbs 2 \\
\hline Weintraub Elizabeth C D
\end{tabular}


 Lee Sophia Sun Y Md



 \begin{tabular}{|l|}
\hline Ferrara Lisa A \\
\hline Ross Donald Md \\
\hline Adelio May An
\end{tabular}



\footnotetext{

}

Gupta Rajesh Md
\begin{tabular}{l} 
Mangan Patricia Ann Md \\
\hline Linneman Nancy I Md \\
\hline Walsh Margaret Mary \\
\hline Prine Linda Whisler \\
\hline Johnson Robert Alan Md \\
\hline Delma Dominique Md \\
\hline Cirillo Vincenzo Antonio Md \\
\hline Gupta Rajesh Md \\
\hline
\end{tabular}
Winchester-Penny Sherma Md
Weinberg Jeffrey Mitchell Md
\begin{tabular}{|l|}
\hline Gallousis Francene Moschetti \\
\hline Cohen Cynthia Ceresney Md \\
\hline
\end{tabular}
\begin{tabular}{l|l|l} 
& \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Samuels Daralyn Md \\
\hline Kurtz Linda Joyce Md \\
\hline Hol \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Dorfman Robert P Md \\
\hline Schwartz Clifford Justin Md \\
\hline
\end{tabular}
Patel Mayank
\begin{tabular}{|l|}
\hline Bancroft Hartley S li Md \\
\hline Jawonio \\
\hline Patel Mayank \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Cohen Aaron Howard Md \\
\hline Bancroft Hartley S li Md \\
\hline
\end{tabular}

Northern Manor Geri Ctr Adhc \begin{tabular}{|l|}
\hline Pinto Alan Anthony \\
\hline
\end{tabular} Obremski Christine Ann Lanza \begin{tabular}{|l}
\hline Catskill Regional Medical Ctr Adhc \\
\hline Masch Rachel J Md \\
\hline Os
\end{tabular} Amin Abha R Md

 \begin{tabular}{l} 
Peissman Lynne Beth \\
\hline
\end{tabular}



\section*{NYS Confidentiality - High}

\section*{(LZ:al Sdd) Sdd чłеәнつWM}

\section*{}

                    Yuen Hak Kin


                    Hernandez Marta Consuelo

                    Lerche Adam David Md
                    \begin{tabular}{|l|}
\hline Shapiro Deborah Ann Md \\
\hline Brown Cynthia Eliza Md \\
\hline
\end{tabular}
                    \begin{tabular}{l} 
Nysarc Dutchess County Hcbs \\
\hline Wingate Of Ulster \\
\hline
\end{tabular}
                    \begin{tabular}{l} 
Elimian Andrew A Md \\
\hline Nysarc Dutchess County \\
\hline
\end{tabular}
                    \begin{tabular}{|l|}
\hline Fallick Frederick S Md \\
\hline Josephs Mitchell Aaron Md \\
\hline Elimian Andrew A Md \\
\hline
\end{tabular}
                    \begin{tabular}{|l|}
\hline Shahid Muhammad Amir Md \\
\hline Fallick Frederick S Md \\
\hline
\end{tabular}

                    \begin{tabular}{l} 
Scherr Jennifer Ann Md \\
\hline Khan Zubair Mohammed Md \\
\hline
\end{tabular}
                    Tinger Alfred Md Provider Name
\begin{tabular}{|c|c|}
\hline ィə૫ヤ૦ ॥｜ & PW 4səmey feluy 4y！ued \\
\hline лә૫1О ॥｜ & pW 勺 Kıew eue！ \\
\hline ১ə૫ヤ૦ ॥｜ & we！！IIM sis \\
\hline ィәч！० ॥｜ & \(\forall\) ə\｜əบ！！ N K．noy \\
\hline גә૫ł० ॥｜ &  \\
\hline  & pW sejoup！ \\
\hline ィә૫ヤ० ॥甘 &  \\
\hline ィәчヤО ॥｜ & pw pıexәэ иәләнs рıечэәу \\
\hline dә૫ヤO IV & PW uots6iun！ \\
\hline ィә૫ヤО ॥＊ &  \\
\hline ィәч⿺𠃊॥ &  \\
\hline ләчヤО॥ &  \\
\hline ィә૫ヤО ॥＊ &  \\
\hline ィәчヤО ॥｜ & pW ґəчหәЧS ！иәи！ppew \\
\hline ィәчヤО॥ &  \\
\hline גә૫1О IV & PW әәך d！！！ \\
\hline  & pW решч丬 р！pe\％ \\
\hline ләчヤО॥ &  \\
\hline גә૫｜॥｜丬 &  \\
\hline  &  \\
\hline ләчヤО॥ &  \\
\hline 1ә૫1О ॥｜ &  \\
\hline ıә૫ヤO IV & PW \(\Gamma\) esəəə ¢ ¢！ \\
\hline dә૫ヤ ॥｜ &  \\
\hline ィәч⿺𠃊 ॥｜ &  \\
\hline גə૫ヤO IV & Kısew－İ \＃！ \\
\hline dә૫ヤO IV & pW und lekog \\
\hline 1ә૫ヤО॥ &  \\
\hline ィәчヤО ॥｜ & PW ！！－\％zełunn \\
\hline dә૫ヤ ॥｜ & PW Searpuy uәss．ı \\
\hline גәपІ ॥｜V & PW әsoy exnie7 әılum \\
\hline & әumen ıәp！＾о．d \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}

NYS Confidentiality－High
\begin{tabular}{|c|c|}
\hline גөй ॥｜ &  \\
\hline  & u！ләу uециеиог sfew \\
\hline ג甲Н०｜lv & Jus uo！ned de！nay＞s \\
\hline เөท⿺𠃊｜｜\％ & PW Euuv uepysuazoy \\
\hline  & PW｜luva ueyruor צnuog \\
\hline  &  \\
\hline  & PW Niley elure \\
\hline 1elı0｜l｜ & PW sossow uewerlleg \\
\hline әuı｜｜丬 & PW，ппи \\
\hline 10 IV &  \\
\hline IV & әuном＾обе！ups \\
\hline ｜1｜ 11 &  \\
\hline ｜1\％ &  \\
\hline ｜l｜ 11 &  \\
\hline Ho IIV & PW EuIN Nysnol｜t \\
\hline Ho IIV &  \\
\hline Ho IIV & PW end 人ue9 660y \\
\hline 410 11 & PW esaəข \\
\hline  & PW Buyee eluew pina \\
\hline גघН०｜l｜ &  \\
\hline גөй ॥｜ &  \\
\hline גө५⿺𠃊॥ &  \\
\hline 夫өи० ॥｜ & כul uul s．eydoistuyo is \\
\hline גөท⿺𠃊｜｜\％ & PW \(\forall\) ouplopny sela－oupzen \\
\hline  & uda uardais ənnues ．ıeo \\
\hline  &  \\
\hline ә૫1．IV & PW Yrew aluea zex \\
\hline เөи० ॥｜ &  \\
\hline 夫өи० ॥｜ & PW ¢ ¢ Kuouv вiopuew \\
\hline  & PW \(\forall\) Heyos 18quenow－weren \\
\hline เө૫७०｜｜\％ &  \\
\hline &  \\
\hline
\end{tabular}


\section*{(LZ:al Sdd) Sdd чџеәнכพМ}


NYS Confidentiality - High
\begin{tabular}{|c|}
\hline Harish Md \\
\hline Sherzoy Ali \\
\hline Lantin Jose Antonio R L Md \\
\hline iano Paolo B \\
\hline ck-Shats Maya Md \\
\hline \(J \& P\) Watson Inc \\
\hline Meyer Robert H Md \\
\hline Gordon Emily Linzer Md \\
\hline Jain Diwaker Md \\
\hline Berkshire Farm Center \\
\hline Sayegh Nadem Jamil \\
\hline Wolf Steven Md \\
\hline Avvocato Gloria P N \\
\hline Stewart Jeffrey M Md \\
\hline Dixon Christopher Md \\
\hline Chamberlin Joe Md \\
\hline Nastase Liviu Md \\
\hline Asamenew Markos Md \\
\hline Miller Dean A Md \\
\hline Dixit Drishan Kant Md \\
\hline Child \& Fam Guid Ctr Adict \\
\hline Subhedar Dilip V Md \\
\hline Wilson Amold Brett Md \\
\hline Bar Mordechai Fenikel \\
\hline Higgins Lynn \\
\hline Lifespire Inc \\
\hline Perry Manuel C Md \\
\hline Weiss Jonathan R Md \\
\hline Bentsi-Barnes Augustus \\
\hline Rachlin Katz Susan \\
\hline Karsit Karen S Md \\
\hline
\end{tabular}







\begin{tabular}{|l} 
Lasky Henry Paul Md \\
\hline Silverman Gary Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Mountainside Residential Cc \\
\hline Lasky Henry Paul Md \\
\hline
\end{tabular}
PW d पdəso ० ०כ⿱乛龰
Delbello Damon A Md



NYS Confidentiality－High

\section*{（Lて： Gl Sdd）Sdd ЧłеәНЭWМ}

\section*{}
\[
\begin{array}{|l|}
\hline \\
\hline \text { auren ләр!иолd } \\
\hline
\end{array}
\]
Alam Mehiabeen Md
Lackey Mary Michele
Crystal Run Chestrut Ridge
\begin{tabular}{|l|l|}
\hline Mallick Abida K Md \\
\hline Gluck Gerson Md \\
\hline
\end{tabular}

\begin{tabular}{|l}
\hline Murrohy Pamela Jane Md \\
\hline Maw Myo Md \\
\hline Kitson Kwame A Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Bakas Constantine Md \\
\hline Murphy Pamela Jane Md \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Eisner Yvonne \\
\hline Yusuf Yasmin Md \\
\hline
\end{tabular}
Stringel Gustavo Md
Family Svc Of Westchester
\begin{tabular}{|l|l|}
\hline Ferguson John Francis Md \\
\hline Haque Masood U Md \\
\hline
\end{tabular}



\begin{tabular}{|l}
\hline Goldstein Lawrence Wayne Md \\
\hline Levine Sally M Md \\
\hline
\end{tabular}

Coster Lisha Jean
\begin{tabular}{l} 
Arms Acres \\
\hline Erb Markus \\
\hline
\end{tabular}
Conifer Park
Mumford James M Md


Tun Raymond Aung Md

\section*{(LZ:al Sdd) Sdd чџеәнכพМ}

\section*{}
Schwalb David B Md
Tarrytown Hall Care Ct
\begin{tabular}{l} 
Joseph-Giss Sharon Pauline \\
\hline Hwang Haeyoung Ko \\
\hline
\end{tabular}
\begin{tabular}{l} 
Schwalb Murray David Md \\
\hline Rasch Stuart G Md \\
\hline
\end{tabular}
\begin{tabular}{|l|l|}
\hline Green Roger Daniel Md \\
\hline Schwalb Murray David Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Back Ephraim Md \\
\hline Romano Alicia A Md \\
\hline
\end{tabular} Hale Theodore Mark Md \begin{tabular}{l} 
Sidorowicz Wladyslaw \\
\hline Hetzler Theresa L Md \\
\hline
\end{tabular}


 \begin{tabular}{l} 
Gannon Barbara Luck Md \\
\hline Freyer Cathleen A Rn \\
\hline
\end{tabular} \begin{tabular}{l} 
Valencia Sharon Hubert Dpm \\
\hline A\&T Health Care \\
\hline
\end{tabular}
 \begin{tabular}{|l|}
\hline Cah Orange Cnty Doh Div Phn \\
\hline Glen Island Ctr Nrs \& Rehabe \\
\hline Foto Frank Md \\
\hline
\end{tabular}
 Policastro Anthony J Md \begin{tabular}{l} 
Kleinbaum Herman Bruce Md \\
\hline Lesnewski Ruth F Md \\
\hline Policas And
\end{tabular}
 \begin{tabular}{|l|}
\hline Crystal Run Bayard Lane Icf \\
\hline Samuel Schenker O D P C \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Boyer Joseph Thomas Md \\
\hline Crystal Run Seymour Dr Icf \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Abate Charles James Md \\
\hline Boyer Joseph Thomas Md \\
\hline Cy
\end{tabular}

NYS Confidentiality - High

(LZ:al Sdd) Sdd чłеәнכWM
Plummer Robert L Md.,Facs.,Pc
\begin{tabular}{|l|}
\hline Katz Bernard Joel Md \\
\hline Kozin Arthur M Md \\
\hline Wilkins Robert Md \\
\hline Pi Rol \\
\hline
\end{tabular}
Coombs Kenneth E Dpm
Wartburg Hm Evangelical Churc
\begin{tabular}{|l|}
\hline Fuchs Richard T Md \\
\hline Chu Wico Md \\
\hline
\end{tabular}
\begin{tabular}{l} 
Dutches Co Dept Mh \\
\hline Fuchs Richard T Md \\
\hline
\end{tabular}
Spielsinger Neil Allan Md





\begin{tabular}{|l}
\hline Montecalvo D'Ascanio Marisa A \\
\hline Schwartz Deborah J Md \\
\hline
\end{tabular}


\begin{tabular}{l} 
Costley-Hoke Karen M Md \\
\hline Walker Valerie Y Md
\end{tabular}

PW ue|dey foכets uuremsoy




\begin{tabular}{|l|l|}
\hline Lazar Stephen Dale Md \\
\hline Turer Gary Evan Md \\
\hline Winski Francis V Md \\
\hline Reda Dominick Frank Md \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Trivedi Darshan Ghanshyam \\
\hline Lazar Stephen Dale Md \\
\hline
\end{tabular}
Brudnicki Adele Ruth Md
\begin{tabular}{l} 
Zatz Kenneth Howard Md \\
\hline Gass Alan L \\
\hline Brad \\
\hline
\end{tabular}
Dominican Sisters Family Lthh


\begin{tabular}{l} 
Fletcher Douglas Robert Md \\
\hline Shreedhar Rakesh Md \\
\hline
\end{tabular}
Lafaro Rocco James Md

\begin{tabular}{l} 
Sullivan County Cmh Mh \\
\hline Kumar Smita Rajeev Md \\
\hline
\end{tabular}


\begin{tabular}{|l}
\hline Ferncliff Nursing Hm Non Occ \\
\hline Antoine Michel Md \\
\hline And \\
\hline
\end{tabular}
Moin Syed Mohammed Md
Community Based Srv Henry St
Hibbert Jean Francois Md
\begin{tabular}{|l}
\hline Barenfeld Howard L Md \\
\hline Condro Nancy Ann Dpm \\
\hline
\end{tabular}
Gardiner James Gerard Dpm
\begin{tabular}{|l}
\hline Zemel Anna Rynskaya Md \\
\hline Teubl William Philip Md \\
\hline
\end{tabular}


Provider Name

NYS Confidentiality - High

(LZ:al Sdd) Sdd чџеәнכWМ

\begin{tabular}{|l|}
\hline Innerfield Michael Lee Md \\
\hline St Josephs Place \\
\hline Dibona Marcello Md \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Bernstein Scott Alan Md Pc \\
\hline Innerfield Michael Lee Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Hospice Of Orange/Sullivan Cn \\
\hline Bernstein Scott Alan Md Pc \\
\hline
\end{tabular} Always There Family Home Health Ser \begin{tabular}{|l}
\hline Puccio Carmela A Md \\
\hline Abramowicz Elisabeth Md \\
\hline
\end{tabular}
 Ramapo Manor Ctr Reh \& Nrs


 \begin{tabular}{l} 
Neuendorf James Lee Md \\
\hline Southren David B Md \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Goodman Alan Jay Md \\
\hline Polizzi Gaspare A Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Northern Metro Rhcf Non-Occ \\
\hline Goodman Alan Jay Md \\
\hline
\end{tabular} Delaney Veronica Bridget Md
 \begin{tabular}{l} 
Grantham Christopher Ashby \\
\hline Davis Glenn Adrian Md \\
\hline
\end{tabular} Lehrman Stuart Gene Md
\begin{tabular}{|l|}
\hline Arthur Karen S Md \\
\hline Altura Barry Md \\
\hline Ler \\
\hline
\end{tabular} PW S uexey anyur
pW \(\forall\) 亿por ssoy

 \(\qquad\)
\begin{tabular}{|l}
\hline Klein Stephen Allen \\
\hline Wartburg Nursing Home \\
\hline Delerme Milton Md \\
\hline Chesir Joshua E Md \\
\hline Facelle Thomas L Md \\
\hline Charles Howard Craig \\
\hline Bostwick Howard E Md \\
\hline Tendler Yacov Md \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Seligman Karen Peyser Md \\
\hline Nackenson Marcia Judith Md \\
\hline Tugal \\
\hline
\end{tabular}









Zucker Albert Harry


\begin{tabular}{|l}
\hline Weiss Philip Md \\
\hline Roth Robert M \\
\hline
\end{tabular}


\section*{(LZ:al Sdd) Sdd чџеәнכพМ}
\begin{tabular}{|c|c|}
\hline ఎə૫łО｜｜V & doч૫ł7 wh 6uıs， \\
\hline ఎə૫ヤ૦॥ & PW W 10 ！｜I uosuer \\
\hline  &  \\
\hline  &  \\
\hline  & pW S \(\forall\) पب！pn¢ S！＾etS \\
\hline дә૫ヤ ॥І & pW Kıo6ilu pliquazou \\
\hline ఎə૫ヤ૦ ॥｜ &  \\
\hline ఎә૫ヤО ॥｜ &  \\
\hline дә૫ヤ ॥І & PW uoizueg yo！lores \\
\hline  &  \\
\hline  & PW I צэ®Г иешцง．ə． \\
\hline  & pW nqueg preurag ！！ \\
\hline ఎə૫ヤ૦ ॥｜ & PW S d！！！ud पו！us \\
\hline גәң૦ ॥｜丬 &  \\
\hline дә૫ヤО ॥｜ &  \\
\hline ఎə૫｜О ॥｜ &  \\
\hline  & pW pıempヨ so！＾०qәา \\
\hline  & मеу ！ 7 \\
\hline  & pW ⿹ ssou limer \\
\hline ఎə૫ヤ૦॥ & pw a \\
\hline  & 9 u！pew иәчоэ \\
\hline  & PW uәudərs ґəp才 \\
\hline ఎә૫ヤ ॥｜丬 &  \\
\hline дә૫ヤ ॥І & pW ydosor yued \(\ddagger\) ！｜lesew \\
\hline  &  \\
\hline  & p！¢eg ourv uewsnoh \\
\hline גә૫ヤО ॥｜ &  \\
\hline  & pW uemey iney \\
\hline ఎə૫ヤ૦॥ &  \\
\hline дә૫ヤ ॥І & S ıәри！шләд Іемәл \\
\hline ఎə૫ヤ૦ ॥｜ & PW प पұəәихә्र әәव \\
\hline & ıәр！＾о．dd \\
\hline
\end{tabular}

\begin{tabular}{|c|}
\hline Dozor Alen JMd \\
\hline Benzakein Ralph Dpm \\
\hline Mora Sol Nathan Md \\
\hline Stern Stuart M Dpm \\
\hline Association/Mentally III \\
\hline Carleton Jack Hardy \\
\hline Gill Amarit S Md \\
\hline Ratna A Sabnis Pllc \\
\hline Barst Samuel Md \\
\hline Cabrini Of Westche \\
\hline Del Rowe John Md \\
\hline Distefano Sarina J Md \\
\hline Zupnick Joseph Od \\
\hline Hirsch Cary Md \\
\hline Cantor Richard S Md \\
\hline Anderson John A M \\
\hline Ankolekar Anjali Md \\
\hline Curreri Robert L Md \\
\hline Dicostanzo Lynne M \\
\hline Calamia Vincent Md \\
\hline Tartell Michael G Md \\
\hline Marsh Franklin Jr Md \\
\hline Sawhney Suman Kumar Na \\
\hline Daly Stephen M Md \\
\hline Soltren Rafael Md \\
\hline Rubeo Thomas Joseph Jr \\
\hline Horowitz Jeffrey Scot Md \\
\hline Small Catherine Butkus Md \\
\hline Hellerman James Guy Md \\
\hline Becker Richard H M \\
\hline Berger Barbara J Md \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чџеәнכพМ}
\begin{tabular}{|c|c|}
\hline 1ャท10 IV & PW deypog ory \\
\hline  & PW preueag ！aput dezunw \\
\hline  &  \\
\hline  & uda repad pinea 6ipmzuesoy \\
\hline  & PW W e．pueyus \\
\hline  &  \\
\hline  &  \\
\hline เข૫10 ॥｜ &  \\
\hline  & PW p．nea Ined fireqziles \\
\hline  & PW H әрイíl Heqsslem \\
\hline  &  \\
\hline  & गП PW Sipen yrew \\
\hline  & PW y useker ！pow \\
\hline  & PW y oipoisno elenniog \\
\hline เө૫๐ ॥ &  \\
\hline 1e410 ॥ 17 &  \\
\hline  &  \\
\hline เข૫10 IV & \(\pm\) әәsne」 рәши \(^{\text {¢ }}\) \\
\hline  & udar ¢ צuex \(\ddagger\) оппиене \\
\hline  & PW Euniv snu！uouow \\
\hline  & PW od ueley ！eling \\
\hline เө૫10 ॥1 & PW IImin \\
\hline  &  \\
\hline เข૫10 ॥｜ & PW a renlem andzs \\
\hline  & PW uoura uewill \\
\hline प\％॥v &  \\
\hline 1elı0 ॥ & PW \(\exists\) Heqoy өコ．0usula \\
\hline  & PW Yo®e पdiopuey ueyos \\
\hline  & pW \begin{tabular}{rl} 
erpnejo epesn \\
\hline
\end{tabular} \\
\hline 1240 11 & PW \(\perp\) H0！｜l｜ueupoun \\
\hline เข૫1० IV & PW W पеıояәа иешрә！ \\
\hline & P！\({ }^{\text {add }}\) \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & ヘ & ค & ヘ & － & & － & & ヘ & － & & ィә૫ヤО І｜甘 & PW W Kıeməsoy \(\operatorname{\text {əq！}}\) \\
\hline & & & & & & & & & & & & дә૫1 ІІ甘 & PW Z znpes pewweynw אınypnouว \\
\hline ヘ & ヘ & － & － & － & － & ヘ & － & ヘ & ヘ & － & & дә૫ロ IIV & pW preuоәך ичо \\
\hline & & & & & & & & & & & & ১ə૫ıО ॥｜\({ }^{\text {d }}\) &  \\
\hline & & & & & & & & & & & & дә૫1 ॥І & כ0O uon dsoh yred l！ \\
\hline － & － & － & － & － & － & & － & & － & － & & дә૫1 ІІ甘 & oa \(\Gamma\) uиəן uly｜əg \\
\hline ヘ & ヘ & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & － & & дә૫｜IIV &  \\
\hline － & ヘ & － & － & － & － & & － & & ヘ & － & & дә૫｜ІІ甘 & pW dę＾＾ubu！ \\
\hline & & & & & & & & & & & & дә૫ヤ ІІ甘 & pW \(\forall\) ичог бunjown \\
\hline － & － & － & － & － & － & & － & & － & － & &  &  \\
\hline & & & & & & & & & & & & ১ə૫ıО ॥｜ &  \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ & & ıә૫О ІІ甘 &  \\
\hline － & － & － & － & － & － & & － & － & ヘ & － & & גә૫1О І｜甘 & pW 4seyexd word eldng \\
\hline & & & & & & & & & & & & дә૫1 ॥｜V &  \\
\hline & & & & & & & & & & & & дә૫1 ॥І & mda yıew ueug ssnexis \\
\hline & & & & & & & & & & & & дә૫｜IIV & pW usaıns ！uepueuo \\
\hline － & － & ヘ & － & － & ヘ & ヘ & － & － & ヘ & － & & дә૫｜ІІ甘 & pW d semer səuosıoう \\
\hline ヘ & へ & ヘ & － & － & － & & へ & & ヘ & － & & дә૫ヤ ІІ甘 & pW u！new pıoн！！ \\
\hline － & － & － & － & － & － & & － & & へ & － & & ょə૫1О ॥｜ &  \\
\hline & & & & & & & & & & & & дә૫1 ॥І &  \\
\hline － & － & ヘ & － & － & ヘ & ヘ & ヘ & & ヘ & ヘ & & ১ə૫ヤО ॥｜ &  \\
\hline & & & & & & & & & & & & ১ə૫⿺𠃊 ॥｜ & mida Kelכ projues rauord \\
\hline & & & & & & & & & & & & גә૫｜॥｜甘 & is proxg＾ds peseg Kılunumoう \\
\hline ヘ & － & － & － & － & － & & － & & ヘ & － & & дә૫1 ІІ甘 &  \\
\hline － & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & дә૫10 IIV & PW H dnowKəS צемınา \\
\hline & & & & & & & & & & & & дәџ｜॥｜ &  \\
\hline － & － & － & － & － & － & & へ & & － & － & & גә૫ヤО ॥｜ &  \\
\hline & & & & & & & & & & － & & дə૫ヤO ॥｜ &  \\
\hline － & ค & － & － & － & ヘ & ヘ & ヘ & & ヘ & ヘ & & גә૫｜IIV & PW el｜əg әכe \({ }_{\text {d }}\) \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & дә૫｜ІІ甘 &  \\
\hline ヘ & ค & ヘ & ค & ヘ & ค & ヘ & ヘ & ヘ & ヘ & ค & & дә૫1О II甘 & PW \(\Gamma\) semou \(\perp\) ysny \\
\hline ！！ \(\mathrm{q}^{\prime}\) \％ & ！＇q＇t & ！！ \(\mathrm{p}^{\text {¢ }}\) ¢ & ¢ & ！ \(\mathrm{P}^{\text {e }}\) ¢ & ！e＇\(\varepsilon\) & ！p＇z &  & ก！\(\square^{\text {erez }}\) & ！！！＇z＇z & ！e＇z & Кıобәəеว ләр！＾олd & & əuren dep！nodd \\
\hline \multicolumn{14}{|l|}{şoolo．d．u！Ku！ped！o！need} \\
\hline
\end{tabular}

\section*{NYS Confidentiality－High}

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}
Wune.d. पеч
Westchester Jewish Comm Sadaghiani Hassan Md

 \begin{tabular}{|l|}
\hline Kapoor Satish Chander Md \\
\hline Community Based Srv Lower S \\
\hline Tung Robert Y Md \\
\hline Guidance Center,Inc \\
\hline
\end{tabular}

 \begin{tabular}{l} 
Delorenzo Lawrence J Md \\
\hline Robbins Chester Lewis Md \\
\hline
\end{tabular}
 Hackell Jesse Michael Md
 Barone Luciano Vito Md

 Rosemarin Eve Louise Ancona Richard Carmine Md Novotny Paul L Md Daytop Village,Inc Babu Sateesh C Md Recco Home Care Service Inc Unlimited Care Inc
 St Josephs Rehab Center Inc





\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
\begin{tabular}{|c|c|}
\hline ıә૫ヤ ॥｜ & PW｜əبqеэ uea uews｜әриен \\
\hline ıә૫10 IV &  \\
\hline ıә૫ヤ ॥｜ & PW a me！！！M diseld \\
\hline ıә૫ヤ ॥｜v & pW S unuew dәuled \\
\hline ıә૫10 IV & pW a \\
\hline ıә૫ヤ ॥｜ & כd dnox pew uospnh piw \\
\hline ıә૫10 IIV & pW Ined Mapu甘 souueh \\
\hline ıә૫10 IV & pW \({ }_{\text {d }} \mathrm{z}\) pleuog uniquesoy \\
\hline גә૫｜IIV & PW a uәydəıS oundeus \\
\hline  &  \\
\hline ıә૫10 IV & PW 勺 seloup N oulqueg \\
\hline גә૫｜IIV & рıечग！y פ оиuиed \\
\hline ıә૫｜O IIV &  \\
\hline גә૫ヤ ॥｜｜ &  \\
\hline дә૫｜ІІ丬 & PW 7 צ1ew zumoioh \\
\hline  & PW y łuәшə৩ ouиepue7 \\
\hline ıә૫ヤO IV &  \\
\hline גә૫० IIV & нәqоч Кıен ॥әवпר \\
\hline  &  \\
\hline ıә૫ヤO IV &  \\
\hline  & pW Iəor uneqıəpuew \\
\hline  &  \\
\hline ıә૫10 IV &  \\
\hline גә૫｜IIV &  \\
\hline ıә૫｜O IV &  \\
\hline ıә૫10 IV & PW łuәшəə ！əso \\
\hline גә૫｜IIV &  \\
\hline ১ә૫ヤ ॥｜甘 &  \\
\hline ıә૫10 IV & PW udəsor Iədd \(\forall\) \\
\hline גә૫｜IIV &  \\
\hline ১ә૫｜॥IV & PW 「 buns uyos \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכพМ}
\begin{tabular}{|c|c|}
\hline 1eyı0 IV &  \\
\hline  & PW O uyor uosion \\
\hline  & PW Pioreh i！uea ueyos \\
\hline  &  \\
\hline เөu10 IV & PW ．nчu丬 nepur 7 \\
\hline －өu10 IV & PW \(\forall\) Heqoy epues， \\
\hline เข410 IV & PW \(\forall\) Eleres ！ nea \(^{\text {a }}\) \\
\hline 1elı0｜14 &  \\
\hline 1e410 IV & PO N İч\％：W Y0018 \\
\hline －өリ० ॥1 &  \\
\hline  &  \\
\hline  & somer｜əe．s］ \\
\hline  & PW Ined zuerewod \\
\hline  & PW p．revo！｜lody \\
\hline  &  \\
\hline เөu10 IV &  \\
\hline －ө40 ॥14 & ә૫L＇IH \\
\hline 1elı0 ॥ &  \\
\hline  & イиunoo ditin to don \\
\hline  &  \\
\hline  &  \\
\hline  &  \\
\hline  &  \\
\hline גөи० ॥14 &  \\
\hline เө૫10 ॥14 & \(t\)－I splun әшö solumoa ts \\
\hline  & 10，ג甲צ！！ \\
\hline －өu10 IV & PW I！\({ }^{\text {asns ！！empieua }}\) \\
\hline เข410 IV & PW ple．e9 youdiz \\
\hline －өリ｜IV & PW yeda－əyueg \\
\hline 1e410 IV & PW \(\exists\) uчor dduy \\
\hline  & PW Ker reqoy zumoxren \\
\hline &  \\
\hline
\end{tabular}
 \begin{tabular}{|l}
\hline Schervier Nursing Care Center \\
\hline Summit Park Nursing Care Ctr \\
\hline St Cabrini Nursing Home \\
\hline
\end{tabular} Waterview Hills Rehab \& Nrs Ctr \begin{tabular}{|l}
\hline Velez Domenech Gilberto A Md \\
\hline Hui Raymond C Md \\
\hline
\end{tabular} Rockland Doh Nursing Div Co Dominican Sister Family Healt Vna Of Hudson Valley Visit Nur Svc Westchest
 \begin{tabular}{l} 
Garcia Alfredo Md \\
\hline Lieder Joseph N O D \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Community Resrc Ctr Michelang \\
\hline Garcia Alfredo Md \\
\hline
\end{tabular} Cristofaro Robert Pc Md
Community Resrc Ctr Mic Sanchala Vajubhai T Md \begin{tabular}{|l|}
\hline Middletown Comm Health Center \\
\hline Kubal Keshav Md \\
\hline
\end{tabular} \begin{tabular}{l} 
Julia Dyckman Andrus Memorial, Inc \\
\hline Middletown Comm Health Center \\
\hline
\end{tabular} Guneratne Franklin P E M Landau Leon C Pc Md Goldblum Louis M Do \begin{tabular}{l} 
Yablon Steven B Md \\
\hline Jawonio Inc \\
\hline
\end{tabular} Orlando Christopher A Dpm
 Jacowitz Lawrence S Dpm \begin{tabular}{l} 
Firshein Daniel Dpm \\
\hline Leidner Sheldon D Md \\
\hline
\end{tabular} Baskin Howard F Dpm

\author{
Provider Name
}
NYS Confidentiality - High

\footnotetext{

}

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}


NYS Confidentiality - High
Kathleen Ann Johnson


NYS Confidentiality－High
（LZ：al Sdd）Sdd чłеәнכWM
\begin{tabular}{|c|c|}
\hline دө410 1 & กчว วэ！｜ \\
\hline  & иеу！ \\
\hline  & pW Ueer पdasor ezue7 \\
\hline 410 & у оиuper－seruo \\
\hline ィөч० IV &  \\
\hline  & ¢！zzoulyyus \\
\hline  & عqueurug exun6epuoy \\
\hline ィキท०॥ ॥ & \(\wedge\) әuиео मәшиәя \\
\hline גөи०॥ ॥｜ & PW P xaty uочueys．ag \\
\hline גөи०॥ ॥｜ & әәu！प ssel｜uupy \\
\hline ィキท०॥ ॥ &  \\
\hline ャөท०॥ & әииаинел кеман \\
\hline н⿱䒑䶹๐ ॥＊ & u！uelueg firauesoy \\
\hline प10 ॥｜ & 00 ¢6u！s eupuen \\
\hline प००І & PW equebirw ueboy \\
\hline 1әч⿺𠃊｜丬 & PW Ј पs，بiv eureus \\
\hline 1өч⿺𠃊｜丬 & PW E\｜louqe9 euut oupledes \\
\hline 1өч⿺𠃊І丬 &  \\
\hline  &  \\
\hline  & кә．मәг уеооу \\
\hline  & oq uueyor suen ne｜siom \\
\hline  & eupen onoures \\
\hline ィөи०॥ ॥ & әuer yesfow \\
\hline  & ！uven ！ossno人 \\
\hline  &  \\
\hline  &  \\
\hline  &  \\
\hline өено ॥V &  \\
\hline 1өч⿺𠃊｜丬 &  \\
\hline  & รөнषчО Іореэ \\
\hline  &  \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Colleen Yvette Ohene-Agyei \\
\hline Mir Khawaja S \\
\hline Pathrose Bindu \\
\hline
\end{tabular}


\begin{tabular}{l} 
Leake And Watts Services Inc \\
\hline Schwarcz Monica \\
\hline
\end{tabular} Dutta Tanya Md

Taconic Ddso 55 Sinpatch Icf


 \begin{tabular}{l} 
Amchentsev Alexey Md \\
\hline Raccuia Salvatore V \\
\hline Ahmed Tanveer \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Remenar Lin-Lin Yu-Lin Md \\
\hline Amchentsev Alexey Md \\
\hline
\end{tabular} Amores Edward Daniel Md Fiorianti John Anthony Md Brady Glenn Martin Md Vindya Kuzhikatil Achuthan \begin{tabular}{l} 
Izikson Leonia Md \\
\hline Faskowitz Andrew Jay Do \\
\hline
\end{tabular} Rahi Arash Kıe9 op.sequo 7


\footnotetext{

}
NYS Confidentiality - High


\section*{(เz:al Sdd) Sdd чџеәнכWм}

\section*{}
\begin{tabular}{|c|c|}
\hline ィәч⿺𠃊 ॥｜ &  \\
\hline ィәчヤО ॥｜ & ョ ә！بәпбıеш 廿еу \\
\hline ィəч⿺𠃊 ॥｜ & of Киәчоо W ere」 \\
\hline дә૫ヤО ॥｜ & exysoa ！！9en ！pu！n \\
\hline גә૫ヤО ॥丬 & ецsəイ४ ！nb！pp！ \\
\hline ィәчıО ॥｜ & rıヨ uossew \\
\hline дәч10 IIV & у e！u！beגa ग！＾оу｜әл๐ \\
\hline ィә૫ヤО ॥丬 &  \\
\hline ィәчıО ॥｜ & epluow roodey \\
\hline дәчヤ）॥｜ &  \\
\hline ィәчヤО ॥丬 &  \\
\hline גә૫ヤО IIV & Kollew uen \\
\hline ィәчヤО ॥｜ & 1әл！！ә｜イеэ Криәм \\
\hline ィә૫łО ॥｜ & 0000y exosseg \\
\hline ィәчıО ॥｜ &  \\
\hline дә૫ヤО ॥｜ & ze！y uewury \\
\hline גә૫ヤО ॥丬 & ue｜on el！ous \\
\hline ィə૫⿺𠃊 ॥｜ &  \\
\hline дәчヤ）॥｜ & нәuиәg мәчиеW zumoulso \\
\hline ィәчヤО ॥丬 &  \\
\hline ィəч⿺𠃊 ॥｜ &  \\
\hline  &  \\
\hline ィәчヤО ॥丬 &  \\
\hline  & pW uәәчеч \\
\hline  & dsy \\
\hline ィәчヤО ॥｜ &  \\
\hline גә૫ヤO ॥甘 &  \\
\hline ィәчヤО ॥｜ & иепия дошәрою \\
\hline ィәчłО ॥｜ & leyued меу \\
\hline ィə૫10 IIV & pW дәуец！ЧМ ичбп＾ \\
\hline дә૫ヤО ॥｜ & шебея ецІешея \\
\hline & p！＾олd \\
\hline
\end{tabular}


\footnotetext{
K Subbiah Rajan Sadagopa
\begin{tabular}{|l}
\hline Pacenza Gladys \\
\hline Sellers Carol \\
\hline Heinlein Dara Lyn \\
\hline Fogg Jo \\
\hline K Su \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Norman Otsuka Md \\
\hline Summer Nixon \\
\hline Middletown Park Rehab \& Hlth Cr Ctr \\
\hline Pacenza Gladys \\
\hline Sellers Carol \\
\hline
\end{tabular}
\begin{tabular}{l} 
Ulster Green Nysarc Flatbush BId 2 \\
\hline Childrens Rehabilitation Center \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Jackson Nicole \\
\hline Ulster Green Nys \\
\hline
\end{tabular} Jackson Nicole Williams Christopher
\begin{tabular}{|l|}
\hline Neptune Lindsa \\
\hline Factor Avi \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Patel Nirav \\
\hline Neptune Lindsa \\
\hline
\end{tabular}
\begin{tabular}{l} 
Fattakhov Emma \\
\hline Patel Nirav \\
\hline
\end{tabular}
The Center For Discovery Briarwood Taconic Ddso 50 Cedar Lane Icf \begin{tabular}{l}
\hline The Center For Discovery \\
\hline Islam Humayun \\
\hline
\end{tabular} Michael L Wodka D P M P C \begin{tabular}{|l}
\hline Dave Hema A \\
\hline Kantor Yevgeniy \\
\hline
\end{tabular}

Avezbakiyev Emanuel
\[
\begin{aligned}
& \hline \text { Noor Afza Begum } \\
& \hline \text { Avezbakiyev Emanuel } \\
& \hline
\end{aligned}
\]

Din Sofia R
\begin{tabular}{|l|}
\hline Westchester Medical Center Advanced \\
\hline Zhuravleva Karina Leonidovna \\
\hline
\end{tabular} Shaps Berett Paige Provider Name

}
NYS Confidentiality - High


\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\section*{}
Odunuga Olufunmila
Montgomery Nursing Home
\begin{tabular}{|l}
\hline De La Riva-Velasco Elizabeth Md \\
\hline Levis Rebekka Jo Do \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline D'Souza Marise Dione \\
\hline De La Riva-Velasco Eliz \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Plummer Chictopher Paul \\
\hline Rajveer Sachdev \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Kristina Melchert \\
\hline Plummer Christopher Pau \\
\hline
\end{tabular} Najovits Andrew Joseph \begin{tabular}{|l}
\hline Cah Childrens Rehabilitation Ctr \\
\hline Cohen Evan Phillip Md \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Shah Manan \\
\hline Cah Childrens Reh \\
\hline
\end{tabular} Mattingly Christine \begin{tabular}{|l}
\hline Mitchell Ronald Alvin \\
\hline Epelbaum Oleg \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Hudson Vista Physician Service \\
\hline Mitchell Ronald Alvin \\
\hline
\end{tabular} Andrzej R Jedynak Md Tenney Nancy Lee Cellin Melissa Maria \begin{tabular}{|l}
\hline Bodin Roxana Iuliana Md \\
\hline Park Boma Diana \\
\hline
\end{tabular}

Orange Michael Nam-Sung Doshi Jay Vinay Md Flusberg Milana Chopko Michael



All Other


\section*{(LZ:वl Sdd) Sdd ЧџЕəНОWM}

\section*{}
\begin{tabular}{|c|c|}
\hline ィə૫ヤО ॥｜V &  \\
\hline лә૫ヤ ॥｜\％ &  \\
\hline גә૫｜｜｜V & ！uluma zeren｜ \\
\hline лә૫ヤО ॥｜ & ә！кшәии मошла эพ \\
\hline лә૫ヤ ॥｜\％ &  \\
\hline 1ə૫10 IIV & E！｜əa uejols \\
\hline дә૫ヤО ॥V &  \\
\hline лә૫ヤ ॥｜\％ & euuv equuemes ！ey \\
\hline лә૫1О ІІ丬 &  \\
\hline  & 6unsul u！w \\
\hline лә૫ヤО ІІ & PW \(\times 1\) uourw dә｜Ssəy \\
\hline лә૫ヤ ॥｜\％ & и！шКәм Обен \\
\hline 1ə૫ヤО IIV & иәлеу рхепея \\
\hline лә૫ヤ ॥｜\％ & pw s esti Koı \\
\hline גəاІО IIV &  \\
\hline 1ə૫ヤО IIV & ｜әчгеу иел！｜｜ns \\
\hline лә૫ヤ ॥｜\％ & кшәәр मәшея \\
\hline 1ə૫10 IIV &  \\
\hline дәчłО ॥｜ & eemodres ensoy甘 чемуиет \\
\hline лә૫ヤ ॥｜\％ &  \\
\hline 1ə૫10 IIV & әи！әитеэ лош！иеу \\
\hline  & ssoy ıəneg \\
\hline лә૫ヤ ॥｜\％ & Kı！ \\
\hline 1ə૫10 IIV &  \\
\hline  & е！э！иед иешуедя \\
\hline лә૫ヤ ॥｜\％ & 1ew ！｜｜exeddeo \\
\hline 1ə૫10 IIV & чог иочбиинәН \\
\hline  &  \\
\hline лә૫ヤ ॥｜\％ &  \\
\hline 1ə૫10 IIV & oosejpg sejoupln \\
\hline  & PW ！ 7 uou！ \\
\hline & әuren ıәp！＾о．d \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכพМ}
 \begin{tabular}{l} 
Liberty Resources Psychology Physic \\
\hline Heller Sandra Rosenfeld \\
\hline
\end{tabular}
Kubenik Melissa C
uиイ〒 ә！！e，ィpny
Suderio－Tirone Elaine

\begin{tabular}{l} 
Castillo－Rodriguez Raquel \\
\hline Bennett John \\
\hline
\end{tabular}
Castillo－Rodriguez Raquel
Brennan Jennif
Ronan Sharon
\begin{tabular}{|l|}
\hline Underwood Patricia Lee \(N p\) \\
\hline Petersel Hilary \\
\hline Ron \\
\hline
\end{tabular}
\begin{tabular}{l} 
Nicole R Phillips Pac \\
\hline Underwood Patricia Lee Np \\
\hline Per
\end{tabular}
Lehmann Robert Aaron


Schoolcraft Rachel
\begin{tabular}{l} 
Mathews Tina \\
\hline Levine Susan \\
\hline
\end{tabular}
Bowman Maureen
\begin{tabular}{l} 
Tang Gilbert Hin Lung \\
\hline Kai Masashi \\
\hline Ban \\
\hline
\end{tabular}
Twomey Stephanie F
Berg Jonathan
Pollack Cearlotte
イışuपy dəneg


\section*{（Lて： 1 Sdd）Sdd Чł๒әНОWM}

\section*{}
\begin{tabular}{|c|c|}
\hline  &  \\
\hline  & uospnh ！｜әoう ru！bәу \\
\hline  & uut イəppo peals \\
\hline  & әuer eres ənlut \\
\hline  &  \\
\hline  & गd Sapleossy leuppow sdiul \\
\hline  & әサ：W O¢入 \\
\hline деч⿺𠃊॥ &  \\
\hline  & ue．！！？（1ysuluey \\
\hline  & ери！п вииэ犭о\％ \\
\hline  &  \\
\hline  & чеz！ı1 ¢әиеәW \\
\hline Ho IV & әииイ才 әә！！ишә әzи！əН \\
\hline 1eप10 IV &  \\
\hline 1е䒑⿺𠃊 IV & ериешヲ иезиен \\
\hline  &  \\
\hline леч⿺𠃊॥ & zемеичеия решшечоб ！nbipp！s \\
\hline  & sull｜o W euuog \\
\hline 1eทıo IV &  \\
\hline  &  \\
\hline  & мә．put on！ \\
\hline  & บеल！！！e6 \\
\hline  & Ieut enndy Eientoow \\
\hline  & पdesof rebinqureH \\
\hline  & иеseн реши丬 \\
\hline  & 6бәッ¢ ө！ихา \\
\hline  & s！uueol seln！\({ }_{\text {S } P_{\perp}}\) \\
\hline ขөч⿺𠃊｜\％ & ие！ery 介өа \\
\hline  & \(\forall\) pa／s ulesnh \\
\hline  &  \\
\hline  & ex！ydns uler \\
\hline
\end{tabular}
\begin{tabular}{|c|}
\hline \multirow[t]{2}{*}{ssəoulud nмупчэeyn
W umea zleds} \\
\hline \\
\hline
\end{tabular}
Spatz Dawn M Nici Anthony Joseph Md \begin{tabular}{|l|}
\hline Provider-Hamaspik Of Orange County \\
\hline Paige Melanie K \\
\hline Sc \\
\hline
\end{tabular} Sylvester Julie Ann \begin{tabular}{|l|}
\hline Mehta Dhruti \\
\hline Sy Sheldon \\
\hline
\end{tabular} \begin{tabular}{l} 
Jouve Natalie \\
\hline Mehta Dhruti
\end{tabular}


 Lando Tali Smith-Marrone Stephanie Krasnozhen Tatyana G Ahmad Jowairiyya Sarfraz Jessica H Dworet Md Phd Taconic Ddso 51 Sinpatch Icf \begin{tabular}{l} 
Gateway Community Industries Inc Sp \\
\hline Storer George \\
\hline
\end{tabular} Cardinal Mccloskey School And Home
 Paul Leena


NYS Confidentiality - High

\section*{(Lて: 1 Sdd) Sdd Чł๒әНОWM}

\section*{}
\begin{tabular}{|l}
\hline Karp Sara \\
\hline Nagarwala Faisal Md \\
\hline Akhter Rubina \\
\hline Chon Boeu Mune \\
\hline Klinghoffer Carli Pam \\
\hline Page Dorothy E \\
\hline Pandya Samir Ramesh \\
\hline Semanision Kristen \\
\hline Colon Melanie \\
\hline Lear Loretta A \\
\hline Pinzon Robin Ramos \\
\hline Walsh Jean M \\
\hline Chen Yong \\
\hline Quinlan Christine Sergio \\
\hline Go Ronaldo C Md \\
\hline Suter Maureen Natalie \\
\hline Levine Alanna \\
\hline Cooper Leslie \\
\hline Mcgraw Edward \\
\hline Johnson Catherine \\
\hline Roth Rachel \\
\hline Kapoor Aromma \\
\hline Gilet Anthony \\
\hline Minano Cecilia Md \\
\hline Fiol Luanna Bel \\
\hline Baldwin Barbara B \\
\hline Khaliq Anila \\
\hline Gbaduo Ignatius A \\
\hline Dimase Amy Lee \\
\hline George Bindu Ann \\
\hline Epstein Robin N \\
\hline
\end{tabular}

(LZ:al Sdd) Sdd ЧłеәнכWМ
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & & & ఎə૫ヤ૦ ॥｜ & кчиеээ小 и！и！еу \\
\hline － & － & － & － & － & － & & － & － & － & ～ & & «ә૫๐ ॥｜丬 & S еуәиs｜su！ytem \\
\hline － & － & 슬 & － & － & 슬 & － & 슬 & － & 슬 & ，へ & & ఎə૫ヤ૦ ॥｜ &  \\
\hline & & & & & & & & & & & & ১ә૫७ ॥｜ & サכ \\
\hline － & － & － & － & － & － & ヘ & － & － & － & － & & גә૫ヤ ॥｜V & Młd Jul suo！pednooo \\
\hline ， & － & － & － & ， & － & － & ，시 & － & 슨 & ，へ & & ఎә૫ヤ ॥｜४ & व qоэег ичәา \\
\hline － & － & － & － & － & ヘ & & － & & ヘ & － & & Јә૫० ॥丬 &  \\
\hline ， & － & － & － & ， & － & へ & － & － & － & へ & & גә૫ヤ ॥｜V &  \\
\hline － & － & － & 슨 & － & 슬 & & － & － & － & ，へ & & ఎә૫ヤ૦ ॥｜ & ขurew uluey yoo．png \\
\hline & & & & & & & & & & & & Аә૫ヤ ॥｜ & Киәqш！¢ ¢！ \\
\hline － & － & － & － & － & － & & － & & － & － & & גә૫ヤ ॥｜V &  \\
\hline － & － & － & － & － & & & ，슬 & & 슬 & ， & & ఎә૫७ ॥｜४ & łdS әsnoн Hoqq＊ \\
\hline & & & & & & & & & & & & ఎә૫ヤО ॥｜ & биәчэ биә」 \\
\hline － & － & － & － & － & － & へ & － & － & － & － & & גә૫ヤ ॥｜ &  \\
\hline － & ，へ & － & － & ， & 시 & & ，시 & & ，시 & へ & & дə૫｜О ІІ &  \\
\hline － & － & － & － & － & ヘ & & － & & ヘ & ～ & & Јә૫० ॥V & W әиәиечэ บо！ии \\
\hline ， & ，＾1 & － & － & へ & － & ヘ & へ & － & － & へ & & גә૫ヤ ॥｜V & pW oovoy ossny \\
\hline － & － & － & － & ， & 시 & － & ，へ & － & ，＾1 & へ & & ఎә૫ヤ૦ ॥｜ & 1 yexes Hpzaod \\
\hline ， & － & － & 슬 & ， & 시 & へ & 시 & － & 시 & へ & & Аә૫ヤ ॥｜ &  \\
\hline － & － & － & － & － & － & へ & － & － & － & へ & & גә૫ヤ ॥｜V &  \\
\hline & & & & & & & & & & & & ఎә૫७ ॥｜૪ &  \\
\hline & & & & & & & & & & & & Аә૫ヤ ॥｜ &  \\
\hline － & － & － & － & － & － & & － & － & － & － & & גә૫ヤ ॥｜V & ләzиәך ә！иеW әииеәг \\
\hline － & － & － & － & へ & － & － & ，へ1 & ， & － & へ & & ఎə૫ヤО ॥V & । рәәеS ！печя \\
\hline & & & & & & & & & & & & Јә૫० ॥V & leuedd dewny \\
\hline & & & & & & & & & & & & גә૫ヤ ॥｜V & pW 0 yexes 4！ums \\
\hline － & － & － & － & － & － & & － & － & － & － & & ఎә૫ヤ ॥｜ &  \\
\hline & & & & & & & & & & & & Јә૫० ॥V & イииә¢ пәјерад \\
\hline － & － & － & － & － & － & & － & － & － & － & & גә૫ヤ ॥｜V &  \\
\hline ， & へ & － & － & へ & へ & － & ，へ & ，ヘ & ，へ & へ & & ఎə૫ヤ૦ ॥｜ & шпл иечу \\
\hline － & － & － & － & － & － & － & － & & － & ヘ & & 」ә૫७ ॥｜ & dN вب！！u＊גө！nex \\
\hline ！\(!\)＇\％ & ！ T ＇t & \(!!!p \cdot \varepsilon\) & ¢ & ！ & ¢ \(\varepsilon\) & ！P＇z &  & м！erez & ！！！e＇z & ！e＇z &  & & әuren ıәp！＾о．d \\
\hline \multicolumn{14}{|l|}{słoә！0ıd u！¢u！ped！} \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Loewinger Michael \\
\hline Singh Simarjit \\
\hline Sawhney Manita \\
\hline Rosenblum Jeremy Mark \\
\hline Bonilla Gabriel Antonio \\
\hline Cohen Randy Edward \\
\hline Polishchuk Daniil L \\
\hline Jodorkovsky Daniela \\
\hline Pidkaminetskiy Vasyl \\
\hline
\end{tabular}






 Bamji Natasha D Dobuzinsky Olga Md Conigliaro Rosemarie Lombardi Mc пуему |әецdеу !əsО
 Lazrak-Bertini Kenza \begin{tabular}{l} 
Shiblee Towhid \\
\hline Lucas Tanya \\
\hline
\end{tabular} Shiblee Towhid
 Singh Manoranjan




\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\section*{}

NYS Confidentiality - High

\begin{tabular}{|c|c|}
\hline เеч⿺𠃊॥ &  \\
\hline גөй ॥\％ & 00M 万uno反g 6ue人 \\
\hline  & еичен әупәәя \\
\hline  & u！ 10 O әə7 \\
\hline  & шe！luw ouenas \\
\hline ィәЧ० IV & es！ 7 12尺еч \\
\hline ィә૫⿺𠃊 IV & ｜euew nueaussood \\
\hline גөй॥ ॥｜ &  \\
\hline ャөఛ०॥ & егенпW ！！печ \\
\hline เөч⿺𠃊॥ & иәә．1оу seшоч⿺ \\
\hline เөй ॥｜v & पq9ereys exqog \\
\hline ィөй ॥｜\％ &  \\
\hline  &  \\
\hline  & Jel－SOW Sons paseg umoojppmdo \\
\hline өено IV &  \\
\hline өено ॥V & e！puped．ppeurey \\
\hline  &  \\
\hline पı0 IV & еа．ри＊पuıoor \\
\hline ¢ıO IV &  \\
\hline ャөఛ०॥ &  \\
\hline  & ешәəd poos \\
\hline  &  \\
\hline ¢ıO IIV &  \\
\hline ¢ı0｜l｜ &  \\
\hline  & 1әә．dser 46u \\
\hline ¢\％｜｜1 & pees uṣ｜beo \\
\hline Hol &  \\
\hline ч⿺𠃊 &  \\
\hline גөй॥ ॥｜ & иечә¢ еэ！ueg－ue！n¢ \\
\hline ィөи०॥ ॥ &  \\
\hline เөи०॥ ॥ & 6ио八 әу \\
\hline & rep！oid \\
\hline
\end{tabular}
\begin{tabular}{l} 
Fusco Erin Patricia \\
\hline Hsiung Ahmed Leslie \\
\hline
\end{tabular}
soy uәұеби!əм
Morgan Diane M
Ferrick Aileen Mry
\begin{tabular}{l} 
Garcia Quinones Saribel \\
\hline Dave Amie N
\end{tabular}
Crapella Lise
\begin{tabular}{l} 
Goldstein Lissa Kary \\
\hline Yung Pik Sai \\
\hline Crapella Lise \\
\hline
\end{tabular}

March Anika Jolene
\begin{tabular}{|l|}
\hline Nicolai Angelique L \\
\hline Colaco Antonio A \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Guinan-Clark Heather Elizabeth \\
\hline Nicolai Angelique L \\
\hline
\end{tabular}
\begin{tabular}{l} 
Singh Tarunjit \\
\hline Kaul Rachna \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Keller Marina \\
\hline Singh Tarunjit \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Connelly Jane M \\
\hline Musial Carmela \\
\hline K \\
\hline
\end{tabular}

 Prashad Priya
\begin{tabular}{|l|}
\hline Samaroo Parbhu Dyal \\
\hline Rivera Veronica \\
\hline Prashad Priya \\
\hline
\end{tabular}
\begin{tabular}{l} 
D'Avanzo Anna-Marie \\
\hline Gabriana Nimfa \\
\hline Sanal
\end{tabular}
Gupta Nitin

NYS Confidentiality - High

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
\begin{tabular}{|l}
\hline Riaz Aasma \\
\hline Bufton Kelly Anne \\
\hline Silverman Diana Lee \\
\hline Batson Lisa Ann \\
\hline Elmendorf Suellen \\
\hline Nadeau Pascale \\
\hline Mohammad Asad \\
\hline Gallardo Jade Jenny S \\
\hline Rcal Inc Day／Ch \\
\hline
\end{tabular}



\begin{tabular}{|c|c}
0 \\
\hline\(⿳ 亠 二 口\)
\end{tabular}


Sundaram Vishalakshi

\begin{tabular}{|l|}
\hline Devereux Foundation \\
\hline Marrero－Stein Margot \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Chopra Ashok Chanparkash \\
\hline Devereux Foundation \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Salomon Adrienne A \\
\hline Kang Moonwha \\
\hline
\end{tabular}
Harris Kassem Nemer
Compagnone Agnes Marcia Rpa
Pan Lawrence

 \(\qquad\)


\footnotetext{

}


\section*{（LZ：al Sdd）Sdd чџеәнכWМ}


\(\square\)



\section*{(LZ:al Sdd) Sdd ЧџеәнכWM}


\section*{NYS Confidentiality - High}

\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
\begin{tabular}{|c|c|}
\hline ıə૫ıО ॥｜ & оәך оиешеел \\
\hline  & uew \(\mathrm{n} ⿵\) \\
\hline גә૫1 ॥ IV & u！ue！uәg ！ysu！！！ \\
\hline  & 7 әи！әцъеу би！рлен \\
\hline גә૫ヤ ॥ı & euzn ıemues \\
\hline ıә૫ヤ ॥｜ & ！eчоs ！uepmew \\
\hline ıә૫ヤО IV & u！w onv \\
\hline  &  \\
\hline  & иееші Клпчрмочо \\
\hline ıә૫10 IV & ๑ ¢！ग！｜zowio \\
\hline ıә૫ヤO IV & ue｜t әonגg 6！əмs｜｜ヨ \\
\hline  & 6u！צ\％0入 иечว \\
\hline גә૫ヤO IV &  \\
\hline  &  \\
\hline ıә૫ヤ ॥｜\％ & иәәиег 1se6́apuәд \\
\hline גә૫ヤO IV & кшәәә¢ шәчгеиәW Ккеәา \\
\hline ıә૫ıО ॥｜ & ueor ！ysuldazoso \\
\hline ıә૫｜ІІ丬 & у еиәэ ләмодя \\
\hline ıә૫ヤО IV & ع｜ə6uも queา \\
\hline  &  \\
\hline  &  \\
\hline ıә૫ヤO IIV & әnb！un7 s！uəa \\
\hline ıә૫ヤO IV & 4so！ug ！uey｜ew \\
\hline גә૫ヤ ॥｜\％ &  \\
\hline ıә૫10 IV & e．lıW ！ \\
\hline  & meund ueyneчo \\
\hline גә૫ヤ ॥｜\％ & ！Məys Коу \\
\hline ıә૫ヤO IV &  \\
\hline ıә૫ヤ ॥｜ & emon पemo！ \\
\hline גә૫ヤ ॥｜ & етч6！｜｜ 1 IIeH \\
\hline ıә૫ヤO IV & uиหesoy owip！｜6n5 \\
\hline & \\
\hline
\end{tabular}

\section*{（L乙： Il Sdd）Sdd ЧłеәНЭWM}
\begin{tabular}{|l}
\hline Arraiano Nicole \\
\hline Uribe Wanda \\
\hline Chartier Brian David \\
\hline Jansen Brent M \\
\hline Wieder Harriot Estelle \\
\hline Mora Paola \\
\hline Praino Joseph \\
\hline Grover Monica \\
\hline Panza Julio \\
\hline Cooper Howard \\
\hline Butterick Susan \\
\hline Jackson Arnice \\
\hline Mcgeough Christina Ann \\
\hline Anderson Rita \\
\hline Chapple Beverlyn \\
\hline Levin-Canger Olga \\
\hline Carey Erin Emilia \\
\hline Zakharenko Tatyana \\
\hline David-West Gizelka A \\
\hline Lemke Elizabeth L \\
\hline Thomas Kerone P \\
\hline Ray-Schoenfeld Naomi \\
\hline Rosenbach Ari \\
\hline Bon Secours Charity Hea \\
\hline Anderson Ctr Svcs Clinic \\
\hline Rockland Co Nysarc Ics \\
\hline Simpson-Dunne Jacqueli \\
\hline Tewari Deepali \\
\hline Debelenko Larisa \\
\hline Arnold Richard \\
\hline Pierog Anne \\
\hline
\end{tabular}
Jacobson Jason
Krishna Murali G Miller Rachel Josephine
Chen David Bhana Suleman Vanhoy Christine
 पाnisns ！पeueueweuld






 \begin{tabular}{l} 
Sidorski－Nutt Lori \\
\hline Quezada Oscar \\
\hline
\end{tabular}
 Shah Ravi Surendralal \begin{tabular}{l} 
Fuisz Anthon Richard \\
\hline Aliaga Leticia \\
\hline
\end{tabular}
 Reindl Alisa


әuen rap! !oidd

\section*{（LZ：al Sdd）Sdd чџеәнכพМ}

\begin{tabular}{|c|}
\hline  \\
\hline I ！uo＿u！əısuə入 \\
\hline иешлəэ zən6！upoy \\
\hline enneך ueus！ə \(M\)－ue｜dey \\
\hline  \\
\hline ！！nus emxeus \\
\hline प！ \\
\hline ełəuez zəu！̣uew \\
\hline exपeZ ！ued！＾ \\
\hline черn¢ ıрə！шчэspןo \\
\hline  \\
\hline ¢！！ \\
\hline Кшәəә ио！бuew \\
\hline е｜｜euueप\％ \\
\hline  \\
\hline  \\
\hline 6uo人 en！！\({ }^{\text {ed }}\) \\
\hline uイㅣㅏㄷ Rulew els \\
\hline әи！！s！ич рхемоэ \\
\hline y！пеу иелеуечqе．d \\
\hline еКецчэ ןемлебб์ \\
\hline uu К Куэәд su！əН \\
\hline ә！ueuders әגоэ \\
\hline  \\
\hline ןеО サоччэп！ \\
\hline цs！！ןемs！er \\
\hline  \\
\hline е！ب̇əW nyəus \\
\hline ənbluow eəsı0」 \\
\hline әq0N qooep \\
\hline zeow［exef！nq＊ \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd ЧłјеәНОWM}
\begin{tabular}{|c|c|}
\hline ıə૫ヤО ॥｜ &  \\
\hline  & गu｜EsОч7 peoy yron \\
\hline дәч10 IIV & чdәsor Kuura цбәәイеs \\
\hline ıə૫ヤ૦ ॥｜ & ечииешея еұчәм \\
\hline  & иイичег биәдо \\
\hline 1ə૫ヤO IIV & ә！ииә¢ вun7 \\
\hline ィә૫ヤО ॥丬 &  \\
\hline  & uemfney ess！｜｜ขW yono \\
\hline 1ə૫ヤO IIV & exqəa uәpsera \\
\hline ィә૫ヤО ॥丬 & Криәм жо！！！بм \\
\hline ィәчıО IIV & иイィəлヨ об！！！ues \\
\hline 1ə૫ヤO IIV &  \\
\hline ィәчヤО ॥｜ & e！uew enrew zəurues \\
\hline  & ue！！！！¢ ene［！us \\
\hline 1ə૫ヤO IIV & g uos 1 ｜｜t ulats \\
\hline 1ə૫ヤO IIV & पe．es onnue！｜6ed \\
\hline ィə૫ヤО II甘 &  \\
\hline 1ə૫ヤO IIV & maurew Kqny \\
\hline ィәчヤО IIV & әu！dı uek \\
\hline ィə૫ヤО ॥1才 &  \\
\hline 1ə૫ヤO IIV & 레라 ә！̣oмㄱ \\
\hline ләчłО ॥｜ & иикјеку дәиео \\
\hline ィə૫ヤО ॥1才 & Elu\＃Iney \\
\hline 1ə૫ヤO IIV & ｜әЧэ¢у 6iəquesoy \\
\hline ィә૫ヤО ॥丬 &  \\
\hline  & чбпн पеІ丬 әршәу \\
\hline ィә૫ヤО ॥｜ &  \\
\hline ıə૫ヤ૦ ॥｜ &  \\
\hline  &  \\
\hline 1ə૫ヤO IIV &  \\
\hline ィә૫ヤО ॥丬 & иеч丬ヨ גәәา \\
\hline & әuren ıәp！＾0．d． \\
\hline
\end{tabular}
NYS Confidentiality－High

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}
Finnegan Claudia A
\begin{tabular}{|c|c|c}
0 \\
\\
\\
\\
\hline
\end{tabular}
Selvaraj Dhana Rekha
\begin{tabular}{|l}
\hline Silvestri Erica \\
\hline Selvaraj Dhana Rekha \\
\hline
\end{tabular}
Gilani Aamir Masood

Chaudry Samia Riaz Villavicencio Rosa Boss David Michael \begin{tabular}{|c|c|c}
2 & 0 \\
0 \\
0
\end{tabular}
 Espinoza Andres A \begin{tabular}{l} 
Shrivastava Sneha \\
\hline Sanford Anne \\
\hline
\end{tabular} \begin{tabular}{l} 
Hammonds Roy Gene \\
\hline Shrivastava Sneha
\end{tabular}
 \begin{tabular}{l} 
Worth Sophia \\
\hline West Fay
\end{tabular} \begin{tabular}{l} 
Krumm Claire \\
\hline Worth Sophia \\
\hline
\end{tabular}

 Duquella Gregory Woodlee
 Corinaldi Chalene A \begin{tabular}{l} 
Access Supports For Living Inc Tbi \\
\hline Davis Brittany N \\
\hline C
\end{tabular} \begin{tabular}{l} 
Access Supports For Living Inc Nhtd \\
\hline Access Supports For Living Inc Tbi \\
\hline
\end{tabular} Access Supports For Living Inc



\section*{（LZ： 1 Sdd）Sdd ЧłГеӘНつWM}

\section*{}
uemes ue!qnoч6®入
Francois Karen Tamar
ueuny nu! W Oכe|o 0
Seliquini, Marian

\begin{tabular}{|l|}
\hline Sood Shilpa \\
\hline Lovig Leif \\
\hline Bulman Paul \\
\hline
\end{tabular}







Llosa Guerra Alfonso Eduardo
\begin{tabular}{|l}
\hline Yang Ying \\
\hline Patel Rakesh H \\
\hline
\end{tabular}
Putnam Nursing \& Rehab Ctr

Cassagnol Trucia
Lombardo Melissa Leigh
Gendy Amir Samir Zakhary

\begin{tabular}{|l}
\hline Odume Josephine Nkechi \\
\hline Johnson Nathan Carl
\end{tabular}

Provider Name
əumen


\section*{(LZ:al Sdd) Sdd чңеәнОWМ}



\section*{(LZ:al Sdd) Sdd ЧłеәНОWM}
eyən epea
Rhamdeow Cherril M
Deible Stephanie Jea
Oldfield Kate Marie
Blair Joshua James
Paul Sara Marie
Omrdd／Leake And Watts Nyc Msc
\begin{tabular}{l} 
Lankford Dawud Oma \\
\hline Kaple Ryan Karl \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Scheurer Jennifer \\
\hline Sahai Achal \\
\hline Lawid Dawud O \\
\hline
\end{tabular} \begin{tabular}{|l|l}
\hline Purohit Manish \\
\hline Scheurer Jennifer \\
\hline
\end{tabular}
Ludmerer Zohra
Barasch Samuel Peleg
\begin{tabular}{|l|}
\hline Ervin Brandy Sherray Nicole \\
\hline Kang Grace Youngeun \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Egan Christine Johns \\
\hline Choi Lisa \\
\hline Ervin Brandy
\end{tabular}

Chavez Carey Joseph
Lambson Janna R
Marquis Home Care
\begin{tabular}{l} 
Malik Amer \\
\hline El Zarif Samer \\
\hline
\end{tabular}
Tiwari Purushottom



The Grove Valhalla Rehab \＆Heal Ctr


dorw

NYS Confidentiality－High
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline － & － & － & － & － & － & － & － & － & － & － & \\
\hline － & － & 슬 & － & － & ， & － & － & & － & 슨 & \\
\hline ， & － & － & へ & へ & へ & － & へ & へ & － & － & \\
\hline － & － & － & ， & － & ， & － & ， & － & － & － & \\
\hline － & － & 슬 & － & － & 슬 & － & ヘ & － & － & 슨 & \\
\hline ， & － & － & 人 & へ & へ & － & へ & へ & － & － & \\
\hline － & － & － & － & ヘ & － & － & へ & & － & － & \\
\hline & & & & & & & & & & & \\
\hline & & & & & & & & & & & \\
\hline － & － & － & － & － & － & & ヘ & － & － & － & \\
\hline － & － & － & － & ， & ， & － & へ & へ & － & ， & \\
\hline － & － & － & － & － & － & － & へ & へ & － & － & \\
\hline & & & & & & & & & & & \\
\hline － & － & － & － & － & － & － & － & － & － & － & \\
\hline & & & & & & & & & & & \\
\hline － & － & － & － & － & － & － & － & － & － & － & \\
\hline － & － & － & － & ， & ， & － & へ & へ & － & ， & \\
\hline ， & － & － & － & へ & へ & － & へ & へ & － & へ & \\
\hline ， & － & － & へ & ヘ & ヘ & － & へ & － & － & ヘ & \\
\hline － & － & － & － & ， & ， & － & へ & & － & ， & \\
\hline ， & － & － & － & へ & へ & & へ & － & － & － & \\
\hline － & － & － & － & － & ，へ & － & ヘ & & － & ，へ & \\
\hline & & & & & & & & & & ， & \\
\hline － & － & － & － & － & 入 & & 入 & － & － & ，へ & \\
\hline － & － & ，へ & ， & － & へ & － & へ & － & － & － & \\
\hline － & － & － & － & － & へ & － & へ & へ & － & ， & \\
\hline － & － & － & － & － & へ & － & へ & へ & － & ， & \\
\hline ヘ & － & － & ヘ & ヘ & へ & ヘ & へ & － & ヘ1 & ヘ & \\
\hline － & － & － & － & － & へ & － & へ & へ & － & ， & \\
\hline － & － & － & － & － & & & へ & & － & － & \\
\hline & & & & & & & & & & & \\
\hline ！！＇\(\quad\) t & ！\(\square^{\prime}\)＇t & \(!!!p \cdot \varepsilon\) & ¢ & ！！＇غ & ¢ & ！P＇z & ก！＇ q \％ & м！e＇z & ！！！\(\square^{\text {er }}\) & P＇z &  \\
\hline \multicolumn{12}{|l|}{słoə！0ıd u！¢u！̣ed！} \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכพМ}
\begin{tabular}{|c|c|}
\hline ఎә૫ヤ ॥｜ &  \\
\hline  &  \\
\hline  & ичог ч！equоә¢ иому \\
\hline дә૫ヤ ॥｜ & u！̣uetsuoj paos npei＾ \\
\hline  &  \\
\hline  & s！nา әsor обие．．nиэ \\
\hline  & d！！！¢ мәчџер иорıоэ \\
\hline  & ｜ə！ueg u！uefueg pu！M \\
\hline  & э！วea पdәsor \\
\hline дә૫ヤ ॥｜ &  \\
\hline  & प！！əy uoser גө！̣q \\
\hline  & чәәqеz！！ чеәך чо－биеу \(^{\text {¢ }}\) \\
\hline дә૫ヤ ॥｜ & גewuy ！sieo－lv \\
\hline  & о॥әи！ \\
\hline  & әЈКог II！ H \\
\hline дә૫ヤ ॥｜ & əuew uosイi｜l \(\operatorname{\text {remoly}}\) \\
\hline  & рлемрэ иолеу әууsоэих入 \\
\hline  &  \\
\hline  &  \\
\hline  &  \\
\hline  &  \\
\hline дә૫ヤ ॥｜ &  \\
\hline  & ¢ Equeuns je6unyluoow \\
\hline  & y enysor 6ıəqpiog \\
\hline дә૫ヤ ॥｜ & я عоэəqәу иешмәN \\
\hline  & expues exsnouedors \\
\hline  &  \\
\hline дә૫ヤ ॥｜ & \(\forall\) əls \\
\hline  & O d ue！！！ \\
\hline  &  \\
\hline ఎə૫ヤ૦॥ & киq४ dшәу \\
\hline & ！no．d \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чңеәнОWМ}
\begin{tabular}{|c|c|}
\hline ఎə૫ヤ૦ ॥｜ &  \\
\hline  & еәри甘 иәшıеう zəшо⿹ океше」 \\
\hline גә૫ヤ ॥｜V &  \\
\hline ఎə૫ヤ૦॥甘 &  \\
\hline גә૫ヤ ॥｜V &  \\
\hline גә૫ヤ ॥｜V &  \\
\hline ఎə૫ヤ૦॥甘 & цsext dчәшихлеу \\
\hline ১ə૫ヤО ІІ甘 & еuеu\％e！yөn мощeя \\
\hline גә૫ヤ ॥｜ & sәшег иел suıумен \(^{\text {a }}\) \\
\hline ఎə૫ヤ૦॥甘 &  \\
\hline ১ə૫ヤО ॥V & 7 ¢！б．0әэ иешчги！Н \\
\hline גә૫ヤ ॥ı & Iəq＊әusoouәg \\
\hline дә૫ヤ ॥І & еиul 4 \\
\hline ১ə૫ヤО ІІ甘 & p！＾e］n！¢ \\
\hline גә૫ヤ ॥｜V &  \\
\hline ఎə૫ヤ૦॥甘 &  \\
\hline ১ə૫ヤО ॥V & r！uea toku！s \\
\hline גә૫ヤ ॥｜V &  \\
\hline ১ә૫ヤ ॥І & әәш！ь ичеу \\
\hline ১ə૫ヤО ІІ甘 &  \\
\hline גә૫ヤ ॥｜ & রü นәеуәәds \\
\hline ఎə૫ヤ૦॥甘 & \(6 \mathrm{hn} 7-\mathrm{les} \perp\) ！ \(\mathrm{es}_{\perp}\) \\
\hline גә૫ヤ ॥｜V & ¢！чรәшеา sue＾ヨ \\
\hline גә૫ヤ ॥ı & шәә｜ze \(\perp\) иечи \\
\hline ఎə૫ヤ૦॥甘 &  \\
\hline גә૫ヤ ॥｜V & I！eleg defedd \\
\hline גә૫ヤ ॥ı & eutuz dolsen \\
\hline  &  \\
\hline ১ə૫łО ІІ丬 & ys！unw deuny \\
\hline גә૫ヤ ॥丬 & entus mopersı \\
\hline Јә૫ヤ ॥І & eys，rew eroydas unemies \\
\hline
\end{tabular}






く く く く く く く




＊


\section*{（LZ：al Sdd）Sdd чłеәнОММ}
\begin{tabular}{|c|c|}
\hline ィә૫トО ІІ &  \\
\hline ィә૫ヤО IIV & วu｜＇1！ \\
\hline  &  \\
\hline ィә૫ヤО ॥｜ &  \\
\hline ィә૫ヤО ІІ & aney eluauv eloury \\
\hline лә૫ヤО ॥｜ & eбоке．גd uemp ueljos \\
\hline  & ı0иеW repas \\
\hline ィә૫ヤО IIV &  \\
\hline 1ə૫10 IIV &  \\
\hline  &  \\
\hline дә૫ヤО॥甘 &  \\
\hline 1ə૫10 IIV & Kuoutuv Ined euueh \\
\hline  &  \\
\hline  & eleson ejebo \\
\hline גəاІО IIV & у रə川．， \\
\hline  &  \\
\hline ィә૫ヤО ІІ & ¢！！soy eoseouex \(\ddagger\) uppry－eun7 \\
\hline גəاІО IIV & イәSpu！ 1 ｜әчэеу дәр！ \\
\hline  & dәәриеs ıney \\
\hline  & 6ион бие！！ \\
\hline 1ə૫10 IIV & дney uәəлиеW uessea \\
\hline  &  \\
\hline ィә૫ヤО ІІ &  \\
\hline 1ə૫10 IIV &  \\
\hline  &  \\
\hline  &  \\
\hline 1ə૫10 IIV &  \\
\hline  &  \\
\hline ィә૫ヤО ІІ & Ined ewụ \\
\hline 1ə૫10 IIV &  \\
\hline  &  \\
\hline & p！ \(0.0 d^{\text {d }}\) \\
\hline
\end{tabular}



\section*{NYS Confidentiality - High}

\section*{(LZ:al Sdd) Sdd чџеәнכWM}
Кәшшоэ иәму \begin{tabular}{l} 
Desorene Miller \\
Hasan Khan Mo \\
\hline
\end{tabular} The Devereux Foundation \begin{tabular}{l} 
Sarah Bordi-M.A. Psycholoist \\
\hline Weigel, Amy S. \\
\hline The
\end{tabular} \begin{tabular}{l} 
Phelps Hospice \\
\hline Ross, Lois \\
\hline Sal
\end{tabular} \begin{tabular}{|l}
\hline Waterview Hills Rehab \& Nrs Ctr \\
\hline Phelps Hospice \\
\hline Ross, Les
\end{tabular} Thompson,Elizabeth \begin{tabular}{|l|}
\hline Field Doniel \\
\hline Susan Hahn \\
\hline
\end{tabular} Kalinsky Rachelle \begin{tabular}{l} 
Katie Mctadden-Welch \\
\hline Sarah Deane \\
\hline Kal
\end{tabular} \begin{tabular}{l} 
Institute For Family HIth \\
\hline Katie Mcfadden-Welch
\end{tabular} \begin{tabular}{|l|}
\hline Nurmi, Anna \\
\hline Vcs Inc \\
\hline 保 \\
\hline
\end{tabular} Nurmi, Anna 4!!us әпәио
 Stony Ford Foundation, Inc. (Affiliate Of Occupations, Inc.) \begin{tabular}{l} 
Deluca Glenn Walton \\
\hline Taconic Ddso Clinic \\
\hline
\end{tabular} Visit Nur Svc Westchest The Guidance Center Of Westchester


\(\qquad\)

NYS Confidentiality - High


\section*{(LZ:al Sdd) Sdd чџеәнכWM}

\section*{}
\begin{tabular}{|c|}
\hline рәzपиобәөетй \\
\hline  \\
\hline  \\
\hline рә2.|06ә! \\
\hline рәz!uобөı \\
\hline рәz!иобөө! \\
\hline рәтนиобә \\
\hline  \\
\hline рәтبобөџей \\
\hline рәц!ибөөетй \\
\hline рөгциобәегии \\
\hline  \\
\hline рәzциобәөети \\
\hline  \\
\hline рәдциобәетй \\
\hline рөzน.ибәөетй \\
\hline рөz7.06әəетй \\
\hline 21.10 \\
\hline рәгциобәетй \\
\hline  \\
\hline рәzциобөетй \\
\hline  \\
\hline  \\
\hline рəz,106ə \\
\hline рәz길ำ \\
\hline  \\
\hline рәz니릴 \\
\hline 2zu06өе \\
\hline рөzㄴ.обәөетй \\
\hline рәгциоөәетй \\
\hline zıиобәџеии \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Lopez Wendy \\
\hline Aucoin，Doug \\
\hline Benkwitt Sarah \\
\hline Dubee Edward \\
\hline
\end{tabular}
Lyons－King，Courtney \begin{tabular}{|l}
\hline Phelps Memorial Hospital（Bh Inpatient Rehabilitation） \\
\hline Kira Alinea， Pt \\
\hline
\end{tabular} \begin{tabular}{l} 
Sullivan Cy Bd Of Supv Cy Phn \\
\hline New Horizon Resources Inc \\
\hline
\end{tabular} Dominican Sisters Family Lthh Barr Mitchell \begin{tabular}{|l|}
\hline Vogel，Rachel \\
\hline Saint Joy Julie \\
\hline
\end{tabular} Ferdinand Brits \begin{tabular}{l} 
The Center For Discovery Briarwood \\
\hline Carolyn Creary \\
\hline
\end{tabular} Feins－Travis，Sherri \begin{tabular}{|l}
\hline Community Based Srv Lower Sha \\
\hline Sidlo Alicia \\
\hline
\end{tabular} \begin{tabular}{l} 
Catholic Charities Community \\
\hline Community Based Srv Lower Sha \\
\hline
\end{tabular} \begin{tabular}{l} 
Suzanne S Button \\
\hline Elizabeth Raun \\
\hline Cata \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline St Christophers inn \\
\hline Bruce Nathanson \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Eitan Kilchevsky \\
\hline St Christophers Inn \\
\hline Ben \\
\hline
\end{tabular}
 Dubuisson Anglade



\(\qquad\)


\section*{（L乙：al Sdd）Sdd Чł๒әНつWM}

очоиюоэ Рэ!ишәг
\begin{tabular}{|l|}
\hline Hudson Vista Physician Services \\
\hline Ghvhs Medical Group Pc \\
\hline Jennifer Conforto \\
\hline
\end{tabular}
Holder, Lorraine \begin{tabular}{l}
\hline New Hope Comm Inc Icf 103 \\
\hline Valenti, Michael \\
\hline Hel \\
\hline
\end{tabular} \begin{tabular}{l} 
Community Based Srv Willow Dr \\
\hline New Alternatives F Children \\
\hline New Hope Comm Inc Icf 103 \\
\hline
\end{tabular}


 Throgs Neck Cardiology Pc Javid Harshbarger
 \begin{tabular}{|l}
\hline Agnes Larbi-Aggrey \\
\hline Krausz, Leah \\
\hline Len \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Amanda Lasher \\
\hline Agnes Larbi-Aggrey \\
\hline
\end{tabular}

 Visiting Nurse Association Of The Hudson Valley

 рәz!иобәңгии \(\square\) oueds epu! 1



Uncategorized
 Uncategorized Uncategorized рәz!иобәэюэип рәz!иобәңгэй pəz!uобәəேวun
ч6! - - K!!!!!!uәр!

\section*{(LZ:al Sdd) Sdd ЧџеәнכWM}

\section*{}

Community Home Heath Care Janet Murphy
 \begin{tabular}{l} 
Institute For Family HIth \\
\hline Whitney Garritt \\
\hline
\end{tabular} Resource Medical Services Pc (D.B.A. Arcwell Medical) \begin{tabular}{|l|l|}
\hline Institute For Family Hlth & Uncategorized \\
\hline Resouted \\
\hline
\end{tabular}


 St Josephs Place



 Lyndsey Dussling

 \begin{tabular}{|l|l}
\hline William Eckert & Uncategorized \\
\hline Sirignano, Arnello & Uncategorized \\
\hline
\end{tabular} St Dominics Home Goshen Icf Lilyan Spool Lcsw \begin{tabular}{|l|l|}
\hline Melanie Desrosier & Uncategorized \\
\hline Martin Erin & Uncategorized \\
\hline
\end{tabular} Jewel Khawaja \(\quad\) Uncategorized әшеN дәр!лолд

\section*{(LZ:al Sdd) Sdd чџеәнכWM}
\begin{tabular}{|c|c|}
\hline рәz！ıобәґеэип & ｜əбә！ \\
\hline рәz！ıобәґеэиก & ןә૫๐о¢＇uosu！мәך \\
\hline рәз！ıобәґеэиก & имоля уәлә \\
\hline рәz！！обәґкой & uemıney eyss！ue」 \\
\hline рәz！！oбәıеэиก &  \\
\hline рәz！！обәґ¢эй & KиuәД ә！！n¢ \\
\hline рәz！！обәґைэиก & S！！ex \＃\＃ә \\
\hline рәz！ıобәґкэиก &  \\
\hline рәz！ıобәґеэиก &  \\
\hline рәз！ıобәґеэиก &  \\
\hline  &  \\
\hline рәz！！oбәґеэиก &  \\
\hline рәz！！обәґ¢эй & 6uo ！lew әuuy \\
\hline рәz！！обәґ¢эй & ィәуиәัग्S ןənщes \\
\hline рәz！！обәґ¢эиก &  \\
\hline рәz！！обәґைэиก & Hочэs \(\forall\) K｜｜OH \\
\hline рәz！ıобәґеэиก & ұueגפ ue！ıg \\
\hline рәz！！обәґ¢эй & Киебен еэ！ssə¢ \\
\hline рәz！！обәґеэип & गuu！ \\
\hline рәz！！обәґеэиก &  \\
\hline рәz！！обәґைэиก &  \\
\hline рәz！！обәґァэип & we！！！＇wunıquəəə！ \\
\hline рәz！！обәґ¢эй & प！！us Кәдщə \\
\hline рәz！̣обәґ¢эй & ＇q uәләıS＇山əю \\
\hline рәz！！обәґைэиก & s！uow eypmeys \\
\hline рәz！！обәґைэиก & s！ıog＇onseo \\
\hline рәz！ıобәґеэuп & प！！ \\
\hline рәz！！обәґ¢эй &  \\
\hline  &  \\
\hline рәz！！обәґеэиก &  \\
\hline рәz！！обәə¢эиก &  \\
\hline & əmen dep！＾0．d \\
\hline
\end{tabular}
нбим кәиь

\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & & & рәz！ıобәґеэип &  \\
\hline & & & & & & & & & & & & рәz！ıобәґеวиก & ع！əие \(\perp\) nuәy \\
\hline ヘ & － & － & － & － & ヘ & & ヘ & & ヘ & ヘ & & рәz！ıобәґеэй & u！y｜ヨ euuod \\
\hline － & － & － & － & 入 & へ & － & － & & － & へ & & рәz！ıобәґеэиก &  \\
\hline & & & & & & & & & & & & рәz！иобәıеэй & ｜eł！！dsoH uols反u！ \\
\hline － & － & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ & & рәz！ıобәғеэип &  \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & ヘ & － & & ヘ & ヘ & & рәz！ıобәґеวиก & ess！！ \(\mathrm{l}_{\text {¢ oxeduy }}\) \\
\hline & & & & & & & & & & － & &  &  \\
\hline & & & & & & & & & & & & рәz！ıобәґеэип & Y！le，d Iepuow \\
\hline － & － & － & － & ヘ & ヘ & & ヘ & & ヘ & ヘ & & рәz！！обәґеэиก & ॥омеう әu！eноㄱ \\
\hline ヘ & － & ヘ & － & ヘ & ヘ & & ヘ & & ヘ & ヘ & & рәz！ıобәґеэип & әqon sejouગ！ \\
\hline & & & & & & & & & & & & рәz！ıобәґеэй &  \\
\hline － & － & － & － & － & － & & － & & － & － & & рәz！обәıеэй &  \\
\hline － & － & － & － & － & － & & ヘ & & － & へ & & рәz！иобәıеэй & sәmer イэex＿ \\
\hline & & & & & & & & & & & &  &  \\
\hline & & & & & & & & & & & & рәz！ıобәґеэип &  \\
\hline － & － & － & － & － & － & － & － & － & － & － & & рәz！ıобə¢эй & P！！em 1omozl］ \\
\hline & & & & & & & & & & & & рәz！ıобәґеวиก & dW deरिoy loods \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ & & рәz！ıобәəеэuก & ериешヲ дә„ецS \\
\hline & & & & & & & & & & & & рәz！ıобәґеэип & eu！uәd＇snıeze7 \\
\hline & & & & & & & & & & & & рәz！иобәґеэй & e！！əag zenbse＾ \\
\hline & & & & & & & & & & & & рәz！обәıеэй & әэко¢＇иешиәด \\
\hline － & － & － & － & － & － & － & － & － & － & ～ & & рәz！иобәıеэй &  \\
\hline & & & & & & & & & & & & рәz！иобә！еэй & dw pinea yoons \\
\hline & & & & & & & & & & & & рәz！ıобә！еэип &  \\
\hline & & & & & & & & & & & & рәz！ıобәеэиก & ＇а дәәоу suәмо \\
\hline － & － & － & － & ค & ヘ & & ヘ & ヘ & ヘ & － & & рәz！иобәџеэй &  \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & рәz！ıобәґеэиก &  \\
\hline へ & － & ヘ & － & ヘ & ヘ & ヘ & ヘ & & ヘ & ヘ & & рәz！иобәґеэй & охe\｜｜0＾पexes \\
\hline － & － & － & － & へ & へ & へ & ヘ & & ヘ & へ & & рәz！иобәə & suәmo yexes \\
\hline － & － & － & ค & － & － & － & － & & － & － & & рәz！иобәцэй & म！पМ UолечS \\
\hline ！！＇ q ＇t & ！＇＇t & \(!!!\cdot \mathrm{p} \cdot \underline{1}\) & \％ & ！ & ¢ \(\cdot\) ¢ & ！P＇z & n！ \(\mathrm{C}^{\prime}\)＇z &  & ！！！e＇z & ！e＇z &  & &  \\
\hline & & & & & & & & & & & & & \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd чџеәнכWМ}
\begin{tabular}{|c|c|}
\hline  & Kıuew ！！pion \({ }^{\text {do }}\) \\
\hline  & uossüu4 e6imp \\
\hline рәz．иобәетии & गul 6u！！ \(710 \pm\) suoddns sseov＊पeכ \\
\hline рәz！uобәегun &  \\
\hline рәz！иобәџей & ә！пг иәрмоव \\
\hline рәz！uобәџей & ueis erequeg \\
\hline paz，uo6apeun &  \\
\hline рәz！uобәегй & ¢ ериеш才＇enboenəя \\
\hline рәz！иобәегип &  \\
\hline рәz！0бәәези & 126．ə9（1）\！ \\
\hline рәz！0бәәеги & әиеу Кчएеу \\
\hline рәz！uобəセeun &  \\
\hline рәz！uоәəセeun &  \\
\hline рәz！иобәегun & уәеиәэ эпечэ \\
\hline рөz！uобаџей & ！uold Kureo \\
\hline рәz！иобәџей &  \\
\hline рәz！иобә！еой &  \\
\hline рөz！بобәəей &  \\
\hline рәz！иобөегй &  \\
\hline  & elon7 ©oulueng \\
\hline  & गd puepyoou \\
\hline рәz！0бәәеги &  \\
\hline рәz！uобәегй & ж1elo ufiores \\
\hline рәz！иобәегй &  \\
\hline рәz！иобәџеии &  \\
\hline рәz！иобәџеии &  \\
\hline рәz！иобәџей & El？OUS Elsoov \\
\hline рәz！uобәəеun &  \\
\hline  & р．меа вииен \\
\hline рәz！uобәюгun &  \\
\hline  & чеә7＇sıss！ew \\
\hline & 1әp！no．d \\
\hline
\end{tabular}


\section*{（LZ：al Sdd）Sdd ЧłеәНОWM}
\begin{tabular}{|l|}
\hline Leslie Farnil \\
\hline Saint Francis Hospital \\
\hline Giordano \\
\hline Mcguigan Christina \\
\hline Hotchkiss Juanita \\
\hline Terri Schoenfeld \\
\hline Letchworth Dc Harriman Icf \\
\hline Linda Filipowicz \\
\hline Jawonio Inc Altman Icf \\
\hline
\end{tabular}

\begin{tabular}{|l}
\hline Orange Cnty Dept Mental Healt \\
\hline Ucp Ulster Hillcrest Hse Icf
\end{tabular}

 Wingate Of Ulster
Colleen Dunderdale
Addicts Rehabilitation Center Fund, Inc \begin{tabular}{|l}
\hline Rachel Jessup \\
\hline Wright \\
\hline
\end{tabular} Korotkin, Bernard Susan Sherwood
\begin{tabular}{|l|}
\hline Open Door Family Medical Center Inc \\
\hline Kelli West \\
\hline
\end{tabular} \begin{tabular}{l|l} 
Anderson, Kathleen & Uncategorized \\
\hline & Uncategorized
\end{tabular} \begin{tabular}{|l|l} 
Omrdd/Hudson Valley Ddso & Uncategorized \\
\hline Anden & Uncated \\
\hline
\end{tabular} Phelps Memorial Hospital Associatio Julia Dyckman Andrus Memorial, Inc \begin{tabular}{l} 
Dr. Jessica Zaks \\
\hline Benedictine Hospi \\
\hline Intan
\end{tabular} Elizabeth Taronji Provider Name әшen дәр!лолd

\section*{(LZ:al Sdd) Sdd чџеәнОWM}


\section*{}
Orange County Department Of Mental Health Greystone House Violet Av Icf
Schmaler Jennie
\begin{tabular}{|l|}
\hline Stephanie Nodzo \\
\hline Dr. Tracy Pantig \\
\hline Sct \\
\hline
\end{tabular}
Terry Bynes
\begin{tabular}{|l|}
\hline Mandel, Leah \\
\hline Eileen Vickery \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Jaime S Marcellin \\
\hline Mandel, Leah \\
\hline
\end{tabular}

 Taconic Ddso Clinic - Omrdd Trmt All Metro Home Care Services Of New
\begin{tabular}{|l}
\hline Hospice Of Orange/Sullivan Cn \\
\hline Mental Hlth Assoc Rocklan Co \\
\hline
\end{tabular}
Moranz Lisa Mrs.
\begin{tabular}{|l}
\hline Shelby, Anastasia D. \\
\hline Devito Gina Ms. \\
\hline
\end{tabular}
Lisa Paskoff
\begin{tabular}{l} 
Childrens Rehabilitation \\
\hline Laurel Sharp \\
\hline
\end{tabular}



 Cp Of Westchester Lincoln Ave Icf



* Safety Net Providers in Green
 рәz!июбәұеэй
NYS Confidentiality - High


\section*{(LZ:al Sdd) Sdd чџеәнכWМ}
\begin{tabular}{|c|c|}
\hline paz!uobaıeun &  \\
\hline рәтبобәөетй & LOL ¢, jo jul umoo adoh Men \\
\hline рәзبиобәегй &  \\
\hline регциобэетй &  \\
\hline  & s|onəy पiə \\
\hline  & q90g eupsuy \\
\hline ¢г!ибәөгои & पdoso--uәg uout \\
\hline  &  \\
\hline рәz!uобәıе) & प12982:!] yo!updz!] \\
\hline рәz!uобәıгои &  \\
\hline рәzبиобә! &  \\
\hline  & 1әриечо \\
\hline pez!uobaıeun & P!|esor uussoy \\
\hline  & \#100 E.|n¢ \\
\hline  &  \\
\hline  & шe.!n' 'zey \\
\hline  & seynuew eupew \\
\hline  & ชпп \(\perp\) घөбии \\
\hline рөгциобәерии &  \\
\hline  &  \\
\hline рәz!иобө!гой & s.a6uoo ory Kiuo puelypoy \\
\hline рәтبобәөетй &  \\
\hline  &  \\
\hline редциобәетй & [uәs:uva] lod!|ud reqoy \\
\hline  & ueyns dsh uelyeures poov \\
\hline  &  \\
\hline  & әшон 리윗 \\
\hline рәz!uобө!eวun & ueyns dsh uelurues poov \\
\hline рәдциобөетй &  \\
\hline рәұциобәерии &  \\
\hline  & иәәигеу имодя \\
\hline &  \\
\hline \multicolumn{2}{|l|}{} \\
\hline
\end{tabular}
\begin{tabular}{|c|c|}
\hline рәz!иобәегй &  \\
\hline рәzциобәегй &  \\
\hline рәzциобөөей &  \\
\hline рәz!иобәегй &  \\
\hline рәz!иобәөей & 1efi.an rujea \\
\hline рәz!иобәөей &  \\
\hline рәz!иобәџгй & slaura uәму \\
\hline рәz!иобаџей & иоsuag әuшupp \\
\hline рәz!иобөеой & zeyoues rullqes \\
\hline рәz!иобөегй &  \\
\hline рәz!иобәџей &  \\
\hline рәz!иобәегип & S.WW ¢or rabulssog \\
\hline рәz!иобәегй & !!odeuag-zanbzele^ ^s! 7 \\
\hline рәz!иобәөей &  \\
\hline рәz!иобәөей &  \\
\hline рәz!иобәөей & uoloo oos, \\
\hline рәz!иобәөей & 6uryz oed \\
\hline рәz!иобәџгй &  \\
\hline рәz!0баөеой & оориоля икциеу \\
\hline рәz!иобәеги &  \\
\hline рәzциобәџей &  \\
\hline рәz!иоөәегй & эир \\
\hline рәzциобәегй &  \\
\hline рәz!иобөөей & eun!se \(\perp\) euny \\
\hline рәz!иобәегй & p.qaumea uepyog \\
\hline рәz!иобәөей &  \\
\hline рәz!иобәөей & бичихән ери! 7 \\
\hline рәz!иобәөей & 1eरew uoser \\
\hline рәz!иобәөгй & |auta-イıreven ent \\
\hline рәz!иобәегй & Od כopould leapen ly \\
\hline рәz!иобаной & рıeppots requr \\
\hline & noud \\
\hline
\end{tabular}

NYS Confidentiality－High
\begin{tabular}{|c|}
\hline рәz！иобәґеวй \\
\hline рәz！uобə！eoun \\
\hline рәz！иобәґеой \\
\hline рәz！иобәңетй \\
\hline рәz！！obəteoun \\
\hline рәz！иобәəетй \\
\hline рәz！иобәңетй \\
\hline рәz！иобәґеวй \\
\hline рәz！иобәґеой \\
\hline рәд！иобәңетй \\
\hline рәz！иобәəеวй \\
\hline рәz！иобәґелй \\
\hline рәz！иобәґеวй \\
\hline рәz！иобәґеวй \\
\hline рәz！иобәəетй \\
\hline рәz！иобәңетй \\
\hline рәz！иобәґетй \\
\hline рәz！иобәґелй \\
\hline рә̨！иобәңетй \\
\hline рәz！иобәəеวй \\
\hline рәz！иобәґетй \\
\hline рәд！иобәңетй \\
\hline рәz！иобәəеวй \\
\hline рәz！иобәґелй \\
\hline рәz！иобәңетй \\
\hline рәz！иобәґеวй \\
\hline рәz！иобәґеой \\
\hline рәz！иобәңетй \\
\hline рәz！иобәґеวй \\
\hline  \\
\hline рә̨！обәңеวй \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Marla Mullen \\
\hline Devereux Foundation \\
\hline Iva Jenkins \\
\hline
\end{tabular}
\begin{tabular}{|l}
\hline Westchester Jewish Comm Srvs \\
\hline Deborah Walton \\
\hline
\end{tabular}
\begin{tabular}{l} 
Northern Manor Geri Ctr Adhc \\
\hline Westchester Jewish Comm Srvs \\
\hline
\end{tabular}

Bruno Elizabeth \begin{tabular}{|l|}
\hline Aileen Moncion，Ot \\
\hline Julianna Green \\
\hline
\end{tabular}

 \begin{tabular}{|l}
\hline Ucp Ulster Yankee Folly Icf \\
\hline Stacey Roberts \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Benedictine Hospital \\
\hline Arms Acres \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Bon Secours Charity Health System I \\
\hline Askew－Walker Pamela \\
\hline Bendine \\
\hline
\end{tabular} Yesenia Fuentes Amorese Gault Christopher Ryan \begin{tabular}{|l|l|}
\hline Esther Moskovitz & Uncategorized \\
\hline Gault Christopher Ryan & Uncategorized \\
\hline
\end{tabular} \begin{tabular}{|l|l} 
Dianne Dessanti & Uncategorized \\
\hline Esther Moskovitz & Uncategorized \\
\hline
\end{tabular} Cort Theresa Maureen Sullivan Cnty Pub／Hm Adhc
 әuen ләр！лолd
＊Safety Net Providers in Green

\section*{（Lz：al Sdd）Sdd чІІеәнכพм}
- כu| esoll peoy quon

 Jennifer Vidalon Cah Orange Cnty Cpa \begin{tabular}{l} 
Jawonio Inc Fisher Icf \\
\hline Residential Treatment
\end{tabular} Dr. Kenny Schwartz \begin{tabular}{|l|l|}
\hline Sayed Amer Dr. & Uncategorized \\
\hline Scurti Victoria & Uncategorized \\
\hline
\end{tabular} Vannorstrand Jo-Ann Mrs. \begin{tabular}{l} 
Devereux Foundation \\
\hline Cynthia Payne, Rn \\
\hline
\end{tabular} \begin{tabular}{l} 
Ronald Baker \\
\hline Devereux Foundation
\end{tabular} Laguerre \begin{tabular}{|l}
\hline Kathleen Moloney \\
\hline Chris Pulakos \\
\hline
\end{tabular} \begin{tabular}{l} 
Stefanie Blanco \\
\hline Kathleen Moloney
\end{tabular} Elayne Helfgott Leah Brennan, Ot Cah Orange Cnty Doh Div Phn
Leah Brennan, Ot \begin{tabular}{|l|l} 
Institute For Family HIth & Uncategorized
\end{tabular}
 \begin{tabular}{l} 
Jewish Child Care Assoc Of Ny \\
Malka Babani \\
\hline
\end{tabular} \begin{tabular}{l} 
Open Door Family Medical Center Inc \\
Jewish Child Care Assoc Of Ny \\
\hline
\end{tabular} Childrens Phys Westchester LI Lisa Beam Provider Name әسеN ләр!лолd Uncategorized



\section*{(LZ:al Sdd) Sdd чңеәнОWМ}

\section*{}
\begin{tabular}{|c|c|}
\hline рәz！иобәщеэип & LOع fㅣ כul umoう ədoh mən \\
\hline рәz！иобәщеэй &  \\
\hline рәz！иобәэеэй & （כ！！pe！ \\
\hline рәz！иобәөгии & dıoJ uop！！！！nbov puom－pəw \\
\hline рәz！иобәщеэй & ssne．ns ןoxej \\
\hline рәz！иобәъеэй & 7 Sesja＇Kouen \\
\hline рәz！иобәэеэип &  \\
\hline рәz！иобәъеэй &  \\
\hline рәz！иобәэеэип &  \\
\hline рәz！иобәэеэип & эu｜әu！dsə！ 7 \\
\hline рәz！иобәщеэй & еs！̣ uosyoupuer \\
\hline рәz！иобәъеэй & esodea ewiv \\
\hline рәzبобәэеэип &  \\
\hline рәz！иобәщеэй & иәрә」 sewoч⿺ \\
\hline рәz！иобәэеэй & иош！s Іэчэ¢у \\
\hline рәz！иобәэеэип &  \\
\hline рәz！иобәщеэй & oo \(\perp\) ue＾ \\
\hline рәz！иобәъеэй &  \\
\hline рәz！иобәэеэип &  \\
\hline рәz！иобәңеэй &  \\
\hline рәz！иобәъеэй &  \\
\hline рәz！иобәңеэип &  \\
\hline рәz！иобәщеэй & чessepen uemion \\
\hline рәz！иобәъеэй & ө！ฺеу диәлед \\
\hline рәzبобәэеэип & еие॥ иәчоว \\
\hline рәz！иобәщеэй & ouluew dәəəd \\
\hline рәz！иобәэеэй & ц！иeW әэ！иеd \\
\hline рәz！иобәэеэип & uosdmoч⿺ әsodəu｜¢＾ \\
\hline рәz！иобәщеэй & s．in ourew－expues eiores \\
\hline рәz！иобәъеэй &  \\
\hline рәz！иобәщеэй & ॥®า ¢чธฺ！əา \\
\hline & әure \({ }^{\text {dep！no．dd }}\) \\
\hline
\end{tabular}
\begin{tabular}{|l|l|}
\hline Caliin Welch \\
\hline Sarah Rosenthal \\
\hline Nighman-Power Tina \\
\hline Bennett Bonnie Mrs. \\
\hline
\end{tabular}
 St Cabrini Nursing Home Adhc Orange Cnty Rehab-Occupations Vnsny Community Health Services Hospice Care In West/Putnam I \begin{tabular}{l} 
Hubbard Mariama P \\
\hline Silverman, Hope \\
\hline
\end{tabular} pəz!ıобәəеэип \(\quad\) s euиeн ‘әә!еу Sims Yvette H \begin{tabular}{l} 
D'Oris Adamson \\
\hline Cole \\
\hline
\end{tabular} \begin{tabular}{|l|l|}
\hline April Haight & Uncategorized \\
\hline D'Oris Adamson & Uncategorized \\
\hline
\end{tabular} Gerald Imperial Rogers Diana Woodworth, Mhc Jesus Cuzo \begin{tabular}{|l}
\hline The Wartburg Home Of The Evangelical Lutheran Church, Inc. \\
\hline Elant At Newburgh Adhc \\
\hline
\end{tabular} Hospice Of Dutchess/Ulster Ct \begin{tabular}{|l}
\hline Angelika Belcher \\
\hline The Children'S Village \\
\hline
\end{tabular} \begin{tabular}{l} 
Fallsburg Pediatrics Pc \\
\hline Mason, Mark \\
\hline Angre \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Early Intervention \\
\hline Fallsburg Pediatric \\
\hline
\end{tabular}

* Safety Net Providers in Green
\begin{tabular}{|l|}
\hline \\
\hline \\
\hline
\end{tabular} Uncategorized


\section*{(LZ:al Sdd) Sdd чџеәнכWM}

NYS Confidentiality - High
Amanda Tumbarello
Jewish Child Care Association Of Ne \begin{tabular}{|l}
\hline Mary Alice Edwards \\
\hline Cindy Scullion \\
\hline
\end{tabular}
\begin{tabular}{l} 
Lexington Center For Recovery \\
\hline Coons，Amanda \\
\hline
\end{tabular} Dr．Nora Ruiz \begin{tabular}{l} 
Human Dev Ser Westchester Mh \\
\hline Michael Goldblatt \\
\hline
\end{tabular} Elizabeth Seton Pediatric Center Hospitality House

 Kennedy Pavilion Rh I Llc Katherine Linnan \begin{tabular}{|l}
\hline Occupations，Inc．Medicaid Transportation \\
\hline Belvedere Health Services Llc \\
\hline Colleen Bailey \\
\hline Ka \\
\hline
\end{tabular} Occupations，Inc．／Medicaid Transportation \begin{tabular}{|l|l|}
\hline John P．Brady，Dds \\
\hline Opengate Inc \\
\hline
\end{tabular} Maria V Aranibar










\section*{（LZ：al Sdd）Sdd чџеәнכWM}

\section*{}
Orange County Heath Dept
\begin{tabular}{l} 
Marchant, Karen \\
Cah Orange C Cty Doh Div Phn \\
\hline Orange County Health Dept
\end{tabular}

\begin{tabular}{l} 
Cassaro, Carol \\
\hline Catania Martha Mrs. \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Taconic Ddso 55 Sinpatch lcf \\
\hline Passaro, Carol \\
\hline Pal \\
\hline
\end{tabular} \begin{tabular}{l} 
Geossman,Wiliam \\
\hline Berkshire Farm Center \\
\hline Taconic Ddso 55 Sinpatch lcf \\
\hline
\end{tabular} \begin{tabular}{l} 
St Anthony Community Hospital \\
\hline Grossman, William \\
\hline
\end{tabular} Westonester Med Ctr \begin{tabular}{l} 
Mark Portnoy \\
\hline Sewon Kim \\
\hline
\end{tabular} Stephanie Olear
 \begin{tabular}{l} 
Liberty Resources Psychology Physic \\
\hline Paula Henriquez \\
\hline
\end{tabular} Joyce Bellish
United Hebrew Geriatric Center
Zoya Shir \begin{tabular}{l} 
Resolution Rx Inc \\
\hline United Hebrew Geri
\end{tabular} Janine Arceri Sandra Abitbol \begin{tabular}{|l|l|}
\hline Joyce Varkey & Uncategorized \\
\hline
\end{tabular}

 \begin{tabular}{|l|l|}
\hline Lisa Reitibauer \\
\hline Ryan Herp \\
\hline
\end{tabular}


\begin{tabular}{|c|}
\hline рәz!иобаџгй \\
\hline рәz!иоөәегй \\
\hline рәz!иобәегй \\
\hline рәz!иобәегй \\
\hline рәz!иобәегй \\
\hline рәz!иобәегй \\
\hline рәz!иобәегй \\
\hline рәz!иоөәегй \\
\hline  \\
\hline рәг!ибәөгэи \\
\hline рәz!иобәегй \\
\hline рәz!иобәөей \\
\hline рәz!ıобаџеги \\
\hline рәz!u0¢өе \\
\hline بобәер \\
\hline 106əәeoun \\
\hline рәz!иобөөей \\
\hline рәz!иоөөей \\
\hline рәz!иобәəей \\
\hline рәz!иобәегй \\
\hline рәz!иобәегй \\
\hline рәz!иобәегй \\
\hline рәz!иобәегй \\
\hline рәz!иобәегй \\
\hline рәz!иобәе \\
\hline рәz!иобәөей \\
\hline рәz!иобәөеии \\
\hline рәz!иобәегй \\
\hline рәz!иобәегй \\
\hline рәz!иобәегй \\
\hline
\end{tabular}
NYS Confidentiality - High
\begin{tabular}{llll} 
\\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd чןеәнכWМ}

NYS Confidentiality - High

\section*{(LZ:al Sdd) Sdd чџеәнכพМ}
\begin{tabular}{|c|c|}
\hline  &  \\
\hline  & dsoh wmoo s.nooes uog \\
\hline  & 1auuea ə!|sจา \\
\hline  & Heн eysiew \\
\hline рөz7.06әөетй & surpy पe.oqәa \\
\hline  &  \\
\hline рәдииоәәетй & ง6u|ssoo |lystieo \\
\hline  & saıจ suır \\
\hline  & ounea ¢! \(_{\text {! }}\) \\
\hline рәzгиобәөетй & netd әэЈuer \\
\hline рәт!иобәџгй & опиомег \\
\hline рөz기햐етй &  \\
\hline  & งกy\%M әэung \\
\hline  & иоииен еu!s!ury \\
\hline  &  \\
\hline  &  \\
\hline  &  \\
\hline  &  \\
\hline рәтиобөөей & 190-2mot souluog is \\
\hline  & еи!бөу "||әмәs \\
\hline рәzนиобәөетй & unurulues suy leapew \\
\hline  & киеч) \\
\hline  & хоэ <4ү0.00 \\
\hline  &  \\
\hline рәzциобәегй &  \\
\hline  & 10 'moqueg euxy \\
\hline рөz7.06әөетй &  \\
\hline рөz깅̈른 & ld 'onplesej uane \\
\hline редтиобәетй &  \\
\hline рәдииобәегй &  \\
\hline рөzциобәөетй &  \\
\hline &  \\
\hline
\end{tabular}
\begin{tabular}{|l|l|}
\hline Rhoda Charles \\
\hline Kevin Parrington \\
\hline Patricia Hampel \\
\hline Lauren Spallina \\
\hline Arielle Weinberger \\
\hline Kristina Peckins \\
\hline
\end{tabular}
Orange Community Services \begin{tabular}{l} 
Taconic Ddso (Clinic) \\
\hline Wendy Knott \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Blythedale Childrens Hospital \\
\hline Dale Figueroa Lmsw \\
\hline Summit Park Hosp Non Occ \\
\hline
\end{tabular} \begin{tabular}{l} 
Lombardo Joseph \\
\hline Dr. A K Chaudhury \\
\hline
\end{tabular} \begin{tabular}{l} 
Ramsahai Mohani \\
\hline Lombardo Joseph \\
\hline
\end{tabular} Jenene Knowles Donald Johnson \begin{tabular}{l} 
Milagros Torres, Ot \\
\hline Galla Theresa \\
\hline D \\
\hline
\end{tabular} \begin{tabular}{l} 
Carousel Childrens' Services \\
\hline Milagros Torres, Ot \\
\hline
\end{tabular} Taconic Ddso (Clinic) \begin{tabular}{|l}
\hline Grammatico Susan \\
\hline Jamie Jarvis \\
\hline
\end{tabular} \begin{tabular}{l} 
Lutheran Center Poughkeeps Ad \\
\hline Grammatico Susan
\end{tabular}
 Lauren Maurer Tomaselli Danielle Nicole
 рәz!иобәңетй प!! Provider Name

NYS Confidentiality - High


\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\section*{}
\begin{tabular}{|c|c|}
\hline рәz！uобәıеэй & sedded somer \\
\hline рәz！иобәпеэип &  \\
\hline рәz！иобәъеэй & sәэ！ләड ч！eән \\
\hline рәz！иобәңеэй & 100ч0 \％צeig uear \\
\hline рәz！иобәпеэип & ๆา әеэчпеән \(\perp 8 \forall\) \\
\hline рәz！uобәıеэй &  \\
\hline рәz！uобәıеэй & odn！！podej Kuuous \\
\hline рәz！иобәпеэип & әรәчбп．е＾әәи！ 7 \\
\hline рәz！иобәщелип &  \\
\hline рәz！иобәөтип & еддлоэ poy \\
\hline рәz！иобәпелип & z！بо иечег \\
\hline рәz！uобәæ听 & мsw7＇＇ı！n¢＇u！nnow \\
\hline рәz！иобәөтип & иешрр！ \\
\hline рәz！иобәпелип & ॥әчว뀌 exne \\
\hline рәz！иобәщелип & zed euela \\
\hline рәz！иобәңеэй &  \\
\hline рәzبобәәелип & प๒eqssoy uesns \\
\hline рәz！иобәъеэй & uo．pu＊К｜нәqu！ \\
\hline рәz！иобәөтип & иеия！！snıəN \\
\hline рәz！иобәпелип & че\｜lepq＊！uebues \\
\hline рәz！uобәıеэй &  \\
\hline рәz！иобәщтип & prell！\(\square^{*}\) uuイ7 \\
\hline рәz！иобәөелип &  \\
\hline рәz！иобәңеэип &  \\
\hline рәz！иобәщтип & Кӫə入्र «ıеW \\
\hline рәz！иобәпелип & sצ0！¢pu！ 7 \\
\hline рәz！uобәъеэй & 6u！ssew p！nea \\
\hline рәz！иобәөтип & әечग！｜とәЈ！｜ \\
\hline рәzبобәәелип &  \\
\hline рәz！иобәъеэй & иелон イә！！ey \\
\hline рәz！иобәщтй & dureyoneəg \\
\hline & әwen ıәp！＾0．d． \\
\hline
\end{tabular}

（LZ：al Sdd）Sdd ЧџеәНОWM
\begin{tabular}{|l|}
\hline Michael Camargo \\
\hline Bowman Angela \\
\hline Wendolyn Selby \\
\hline Richard Brondsky \\
\hline Preschool Program \\
\hline
\end{tabular}
\(\qquad\) \begin{tabular}{l} 
Premier Nursing Services \\
\hline Phelps Memorial Hsp Assoc
\end{tabular} Sdtc－Ctr F／Discovery Sage Icf \begin{tabular}{l} 
St Dominics Home－A Icf \\
\hline Mccartney Tara Ms． \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Social Service Provider Rid 16911 \\
\hline Teitelbaum，Hal Md \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Tanisha Castellanos \\
\hline Rachel Lewis
\end{tabular} \begin{tabular}{l} 
Fleeta Burgess－Okolie \\
\hline Miller，Judy \\
\hline
\end{tabular} \begin{tabular}{l} 
Sdtc－Ctr F／Discovery Thyme \\
\hline Fleeta Burgess－Okolie
\end{tabular} Association／Mentally III Chld Memorial Hsp Cancer Allied Public Health \begin{tabular}{l} 
Maria Ann Lambardi \\
\hline Casimiro Clyde \\
\hline
\end{tabular} Mary Lerouge Amanda Krulle \begin{tabular}{|l|l}
\hline Robin Kaplan & Uncategorized \\
\hline Raizy Indig & Uncategorized \\
\hline
\end{tabular}
 \begin{tabular}{ll} 
& ！uoןeppew epuoчу \\
әuen dәp！＾odd \\
\hline
\end{tabular}

\section*{（LZ：al Sdd）Sdd ЧłеәНОWM}
\begin{tabular}{|l|}
\hline Jasmine Velez \\
\hline Angela Blake \\
\hline Joshua Stracuzz \\
\hline Young, Roger \\
\hline
\end{tabular}
Frances Ferrante
Institute For Family Hlth
\begin{tabular}{l} 
Deena Moger \\
\hline Institute For Family HIth
\end{tabular}
Stella Kim Miss Crmc Callicoon Campus Orange County Cerebral Palsy Assoc Robin Goldstein
 Search For Change Inc \begin{tabular}{l} 
Orange Cnty Dept Mental Healt \\
\hline Margaretville Hosp
\end{tabular}


 \begin{tabular}{|l}
\hline City Medical Of Upper East Side,PIIc \\
\hline Bhinder Jasijt Dr. \\
\hline
\end{tabular}
Stefanie Formato Anthony Zuccaro Gina Matthews \begin{tabular}{|l|l|}
\hline Vicki Koenig \\
\hline Gentile Robert \\
\hline
\end{tabular} Somers Manor Nursing Home Inc Cashell Christine Akasofu Masae Ess!|əW ə|eteN
\begin{tabular}{|c|}
\hline  \\
\hline рәz!иобәңгой \\
\hline рәz!иобәґелй \\
\hline рәz!иобәңгой \\
\hline рәz!иобәңеой \\
\hline рәz!иобә!ети \\
\hline рәz!!обәңеวй \\
\hline рәz!uóəıe \\
\hline рәт!ıобәґе \\
\hline pəzب00 \\
\hline рәz!ıобәəฺэи \\
\hline рәz!иобәңетй \\
\hline рәz!иобәґеэй \\
\hline рәz!!обәџеэй \\
\hline рәz!иобә!еวй \\
\hline рәz!иобәңеой \\
\hline рәz!иобәңеэй \\
\hline рәz!иобәңеэй \\
\hline рәz!иобәңегй \\
\hline рәz!иобәңелй \\
\hline рәz!иобәңелй \\
\hline  \\
\hline рәzبобәңелй \\
\hline рәz!иобәңеэй \\
\hline рəz!иобәə \\
\hline рәz!иобәңелй \\
\hline рәz!иобәъеэип \\
\hline рәz!иобәөгии \\
\hline рәz!иобәңелй \\
\hline рәz!иобәэеэип \\
\hline рәд!иобәџей \\
\hline
\end{tabular}

\section*{(LZ:al Sdd) Sdd ЧџеәНОWM}

\begin{tabular}{|l|}
\hline Jacqueline Flaherty－Petty \\
\hline John Duch \\
\hline 853 School \\
\hline Musacchio－Acito Michele \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Rilc Inc Semp \\
\hline Jacqueline Flahe \\
\hline
\end{tabular} \begin{tabular}{|l|}
\hline Hawthorne Cedar Knolls Rtc \\
\hline Wilson，Paul，Pa \\
\hline R \\
\hline
\end{tabular} Anne Marie Finneran

 \begin{tabular}{|l}
\hline Pine Plains Pharmacy Inc \\
\hline Rockland Mobile Care，Inc． \\
\hline
\end{tabular} \begin{tabular}{l} 
Sarah N Goldbrenner \\
\hline Yakubov Yuri \\
\hline
\end{tabular} Jawonio Inc \begin{tabular}{l} 
Bridgeback－For Mvp Only \\
\hline Rashmi George \\
\hline
\end{tabular}
 \begin{tabular}{|l|}
\hline Kathy Rider \\
\hline Jennifer Munz \\
\hline Run \\
\hline
\end{tabular} \begin{tabular}{l} 
Michele Bertelle \\
\hline Kathy Rider \\
\hline
\end{tabular}

\begin{tabular}{l} 
Alicea Rosangela Mrs． \\
\hline Pierce，Melissa \\
\hline
\end{tabular} Regina Reilly Hamnett Gavin


\section*{（LZ：al Sdd）Sdd ЧłеәНОWM}

NYS Confidentiality - High


\section*{(LZ:al Sdd) Sdd чџеәнכพМ}

\section*{}

\begin{tabular}{|l|}
\hline Annetta E Scott \\
\hline Susanne Labarbera \\
\hline Brittany Beispel \\
\hline Sangeeta Ahuja \\
\hline Guga \\
\hline
\end{tabular} \begin{tabular}{l} 
Maher, Matthew J. \\
\hline Annetta E Scott \\
\hline
\end{tabular} \begin{tabular}{l} 
Maria E Jacobson \\
Adler Gila \\
\hline
\end{tabular} Michael Mcdonnell Annette Graffeo Catharine Tyler
\begin{tabular}{|l}
\hline Family Empowerment Council, Inc. \\
\hline Douglas Peck \\
\hline
\end{tabular}
\begin{tabular}{|l|}
\hline Jewish Child Care Assoc \\
\hline Carl Frazier \\
\hline F \\
\hline
\end{tabular} \begin{tabular}{|l|l}
\hline Wilbert Powell & Uncategorized \\
\hline Jewish Child Care Assoc & Uncategorized \\
\hline
\end{tabular} \begin{tabular}{l} 
Rosenberg, Rivkah \\
\hline Diane Stafford \\
\hline
\end{tabular}
Andrew Fruhschein
 Karen Decher Cah Childrens Rehabilitation Ctr Yap Abigail \begin{tabular}{l} 
Dutches Co Dept Mh \\
\hline Mid Hudson Valley/Ar \\
\hline
\end{tabular} Amy Robinson Beallias John \begin{tabular}{|l|l|}
\hline Karen Buttacovoli & Uncategorized \\
\hline Jennifer Tomlinson & Uncategorized \\
\hline
\end{tabular} \begin{tabular}{|l|l}
\hline Amy Kass & Uncategorized \\
\hline Ka & \\
\hline
\end{tabular} auren גәр!иолd

\footnotetext{

}


\section*{(Lて: 1 Sdd) Sdd Чł๒әНОWM}

NYS Confidentiality - High



\section*{(LZ:al Sdd) Sdd чңеәнОWМ}
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|c|c|c|c|}
\hline & & & & & & & & & & & & pez！uобәıеэй &  \\
\hline へ & － & & & － & & & & & ヘ & － & & pez！uобәıеэй & дәмоя \\
\hline － & － & － & － & － & － & － & ค & － & － & － & & рәz！иобәґைэй & оуэечว イəu૪ \\
\hline & & & & & & & & & & & & рәz！！обәґетй &  \\
\hline へ & ヘ & ヘ & ヘ & － & ヘ & & ヘ & & ヘ & ヘ & & рәz！ıобәıеэй & uejuna eכэəqəy \\
\hline & & & & & & & & & & & & pez！ıобәıеэй &  \\
\hline & & & & & & & & & & & & рәz！иобәґеэй & dN＇әzәуемл ецъеб女 \\
\hline ヘ & ヘ & － & ヘ & ค & ヘ & ค & ค & & ค & ค & & рәz！иобәңャэип & प！！us e！peys \\
\hline & & & & & & & & & & & & рәz！ıобәıеэй & иәләа в！pıеqшоך \\
\hline & & & & & & & & & & － & & рәz！иобәıеэй &  \\
\hline ヘ & － & － & － & － & － & & へ & & ヘ & － & & pez！uобәıеэй & eo！ssor ıəmuns－ıəg \\
\hline ヘ & － & － & － & － & & & － & & へ & － & & рәz！иобәґைэй & गu｜әsnoh \＃оq9＊ \\
\hline へ & ヘ & － & ヘ & ヘ & － & & ヘ & & ヘ & へ & & рәz！иобәґャэип & पse〕 צэبроч \\
\hline へ & ヘ & － & 人 & へ & へ & & ヘ & & ヘ & ヘ & & pez！uобәıеэй &  \\
\hline へ & － & － & － & － & － & － & へ & & ヘ & － & & pez！ıобәıеэй & sбuu！umn पب！əy \\
\hline ヘ & － & － & － & － & & & ヘ & & ヘ & ヘ & & pez！uобәıеэй &  \\
\hline ヘ & ヘ & ヘ & ヘ & ヘ & ヘ & & ヘ & & ヘ & ヘ & & рәz！иобәңャэип & ките＞SII！： \\
\hline へ & ヘ & － & ヘ & － & ヘ & & ヘ & & ヘ & ヘ & & рәz！иобәıеэй & eq！ys әu！̣snr \\
\hline & & & & & & & & & & & & рәz！иобәıеэй & \％ \\
\hline & & & & & & & & & & － & & pez！uобәıеэй & ィә！！иәг＇ләбеля \\
\hline & & & & & & & & & & & & рәz！иобәґைэй &  \\
\hline － & － & － & － & － & － & － & － & － & － & － & & рәz！！обәıеэй & иәqıеэ еиом। \\
\hline & & & & & & & & & & & & pez！uобәıеэй &  \\
\hline － & － & － & － & － & － & － & － & & － & － & & pez！ıобәıеэй & sıəбоy Кәллен \\
\hline ヘ & － & － & － & ヘ & & & ヘ & & ヘ & ～ & & рәz！иобәıеэй & пәмој еsəəə」 \\
\hline ヘ & － & － & ヘ & ヘ & － & & ヘ & & ヘ & ヘ & & рәz！иобәґャэиก & səл ¢ \(_{\text {erequeg }}\) \\
\hline & & & & & & & & & & & & рәz！иобәıеэй & p！＾e］Els！ıy \\
\hline & & & & & & & & & & & & рәz！иобәıеэй &  \\
\hline ヘ & － & － & － & － & － & － & へ & & ヘ & － & & pez！uобәıеэй &  \\
\hline － & － & － & － & － & － & － & － & － & － & － & & рәz！иобәґைэй &  \\
\hline － & － & － & ค & － & － & － & ヘ & & へ & － & & рәz！！обәґеэй & ssəpeno uoureys \\
\hline ！！＇\％ & ＇q＇t & \(!!!p \cdot \varepsilon\) & ¢ & ！！e＇\(\varepsilon\) & － \(\mathrm{e}^{1}\) & ！ P ＇z & ＾！\(\square^{\prime}\)＇ & ＾！＇e＇z & \(!!!{ }^{\text {erez }}\) & ＇e＇z & КıобәıеЈ ләр！лолd & &  \\
\hline \multicolumn{14}{|l|}{} \\
\hline
\end{tabular}
Mha Of Westchester \begin{tabular}{|l}
\hline Mittenberg Robert Mr. \\
\hline Kathleen Vanderploeg \\
\hline Michelle Mctague \\
\hline Mccrink Kathleen Ann \\
\hline Hastings Jacquelyn Jo \\
\hline Benedictine Hospital \\
\hline Elant At Brandywine \\
\hline Sdtc-Ctr F/Discovery Parsley \\
\hline Westchester Med Ctr \\
\hline Probst, Dawn, Rn,Cde \\
\hline St Josephs Hosp \\
\hline Mierzejewski Robyn \\
\hline Vna Of Hudson Valley \\
\hline St Dominics Home Units 1-4 \\
\hline
\end{tabular} \begin{tabular}{|l}
\hline Rehabilitation Supp Svcs C \\
\hline Wendy Fiol \\
\hline
\end{tabular}

 \begin{tabular}{|l}
\hline Westchester County Dcmh \\
\hline Davis, Ray \\
\hline Uc, \\
\hline
\end{tabular}
 \begin{tabular}{l} 
Sulivan Cnty Pub Hith Ser Ltthncp \\
\hline Westchester Medical Center
\end{tabular}
 Northern Westchester Hosp Ctr Orange Regional Medical Ctr



\begin{tabular}{|c|}
\hline рәz!иобәңеэй \\
\hline рәzи!обәџеэй \\
\hline рәz!иобәıеэй \\
\hline рәz!иобәџеэй \\
\hline рәz!иобәџеэй \\
\hline рәz!иобәңеэй \\
\hline рәz!uобәıеэй \\
\hline рәz!иобәщеэй \\
\hline рәz!uобәıеэй \\
\hline рәz!иобәıеэй \\
\hline рәzبобәөеэип \\
\hline рәz!иобәıеэй \\
\hline рәz!иобәөеэй \\
\hline рәzبобәөеэй \\
\hline рәz!иобәıеэй \\
\hline рәz!иобәџеэй \\
\hline рәz!иобәңеэип \\
\hline рәzبобәәелип \\
\hline рәz!иобәıеэй \\
\hline рәz!иобәңеэип \\
\hline рәzبобәәелип \\
\hline рәz!uобәıеэй \\
\hline рәz!иобә¢гй \\
\hline рәz!иобәңелип \\
\hline рәz!uобәıеэй \\
\hline рәz!иобә¢гй \\
\hline рәz!иобәңгоип \\
\hline рәz!иобәıеэй \\
\hline рәz!иобәңеэй \\
\hline рәz!иобәңеэип \\
\hline рәz!иобәџеэй \\
\hline
\end{tabular} NYS Confidentiality - High

\section*{(L乙: 1 Sdd) Sdd Чł๒әНつWM}

\section*{}
\begin{tabular}{|l}
\hline Epstein Susan \\
\hline Dr. Lawrence Faltz \\
\hline Integra Parners, Llc \\
\hline Unlimited Care lnc \\
\hline Seymour, Arlene \\
\hline Kristy Champignon \\
\hline
\end{tabular}
Fayez Al
\begin{tabular}{|l|}
\hline Savita R Ramdhanie \\
\hline Jason Bailor \\
\hline Fayez Ali \\
\hline
\end{tabular}
 \begin{tabular}{|l|l|}
\hline Gary Kogan \\
\hline Christina Klotz \\
\hline Marilyn Rollins \\
\hline
\end{tabular} Tina Schroff-B.S. Rehab Counselor \begin{tabular}{|l|}
\hline Poughkeepise Crossings \\
\hline Carmela Senese, Ot \\
\hline
\end{tabular} Robert F. Bundy Crystal Run Healthcare Llp Kinney Kimberly \begin{tabular}{l} 
Milmore Barbara \\
\hline Schuck Devora
\end{tabular} Samuel Marie Barbara Lessard
\begin{tabular}{l} 
Institute For Family Hlth \\
\hline Lynn Darr \\
\hline
\end{tabular} Kim Tessin Eloise Ward



\begin{tabular}{|c|}
\hline рәz! \\
\hline рәz!иобәегй \\
\hline рә2.106ә \\
\hline рәz! 106 \\
\hline ред7иобә \\
\hline рәz!иобаө \\
\hline 1069! \\
\hline 106aıe \\
\hline 10691 er \\
\hline рәдиобәәег \\
\hline рәz!иобөеой \\
\hline рәz,106әерей \\
\hline  \\
\hline  \\
\hline рәг!иобәәеии \\
\hline  \\
\hline рөгциобөетй \\
\hline рөz!uобәегй \\
\hline рzz!u06ө! \\
\hline рәтиобөегй \\
\hline рәz!иоәəетй \\
\hline рәz!иобәегй \\
\hline рәт!иобөетй \\
\hline paziuearem \\
\hline  \\
\hline pə \\
\hline paz.u06 \\
\hline рәz.106ө \\
\hline  \\
\hline 106өер \\
\hline  \\
\hline
\end{tabular}
NYS Confidentiality - High


\section*{(LZ:al Sdd) Sdd чџеәнכWM}

NYS Confidentiality - High
NYS Confidentiality - High


\section*{(LZ:al Sdd) Sdd чџеәнכWМ}

\section*{Delivery System Reform Incentive Payment Project}

\section*{DSRIP Implementation Plan Project}

WMCHealth PPS (PPS ID:21)
Current File Uploads
\begin{tabular}{|l|l|l|l|l|}
\hline \multicolumn{1}{|c|}{ User ID } & \multicolumn{1}{c|}{ File Type } & \multicolumn{1}{c|}{ File Name } & \multicolumn{1}{c|}{ Upload Date } \\
\hline nbajaj & Other & \begin{tabular}{l} 
21_DY4Q2_PPP_OTH_Expected_Number_of_Crisis_Intervention_Programs_Established_2 \\
\(4111 . x\) Dsx
\end{tabular} & Crisis Intervention Programs \\
\hline
\end{tabular}

Narrative Text :```


[^0]:    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.

