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## **DSRIP Implementation Plan Project**

## **Better Health for Northeast New York (PPS ID:1)**

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**Better Health for Northeast New York (PPS ID:1)** 

#### **Quarterly Report - Implementation Plan for Better Health for Northeast New York**

Year and Quarter: DY4, Q4 Quarterly Report Status: Adjudicated

#### **Status By Section**

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

#### **Status By Project**

Project ID	Project Title	Status		
<u>2.a.i</u>	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed		
<u>2.a.iii</u>	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			
<u>2.a.v</u>	Create a medical village/alternative housing using existing nursing home infrastructure	Completed		
<u>2.b.iii</u>	ED care triage for at-risk populations	Completed		
<u>2.d.i</u>	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	Completed		
<u>3.a.i</u>	Integration of primary care and behavioral health services	Completed		
<u>3.a.ii</u>	Behavioral health community crisis stabilization services	Completed		
<u>3.b.i</u>	Evidence-based strategies for disease management in high risk/affected populations (adult only)	Completed		
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management	Completed		
<u>4.b.i</u>	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed		
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	Completed		



**DSRIP Implementation Plan Project** 

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**Better Health for Northeast New York (PPS ID:1)** 

#### Section 01 – Budget

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

#### Instructions:

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

Budget Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	21,214,482	22,609,606	36,560,845	32,375,473	21,214,482	133,974,888
Cost of Project Implementation & Administration	9,549,730	6,784,488	9,137,087	4,855,250	1,697,730	32,024,285
Cost of Project Implementation	4,250,137	3,015,678	4,067,943	1,095,631	1,004,774	13,434,163
Cost of Administration	5,299,593	3,768,810	5,069,144	3,759,619	692,956	18,590,122
Revenue Loss	228,293	4,749,142	9,502,571	8,415,767	4,880,973	27,776,746
Internal PPS Provider Bonus Payments	4,244,324	5,653,740	10,964,505	11,328,917	8,488,649	40,680,135
Cost of non-covered services	3,183,243	3,392,244	5,482,252	4,855,250	3,183,243	20,096,232
Other	2,115,907	2,255,143	3,667,442	3,243,088	2,115,907	13,397,487
Contingency	2,115,907	2,255,143	3,667,442	3,243,088	2,115,907	13,397,487
Total Expenditures	19,321,497	22,834,757	38,753,857	32,698,272	20,366,502	133,974,885
Undistributed Revenue	1,892,985	0	0	0	847,980	3

#### **Current File Uploads**

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

#### **Narrative Text:**

Review Status	IA Formal Comments
Pass & Ongoing	



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

**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	Total Waiver	Undistributed	Undistributed	
Revenue DY4	Revenue	Revenue YTD	Revenue Total	
32,375,473	133,974,888	16,958,268	95,016,667	

Budget Items	DY4 Q4 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	1,819,295	19,209,557	-832,954	-17.16%	12,814,728	40.02%
Cost of Project Implementation	1,375,314					
Cost of Administration	443,981					
Revenue Loss	0	0	8,415,767	100.00%	27,776,746	100.00%
Internal PPS Provider Bonus Payments	824,646	19,262,169	1,699,323	15.00%	21,417,966	52.65%
Cost of non-covered services	4,498	334,556	4,755,843	97.95%	19,761,676	98.34%
Other	0	151,939	3,243,088	100.00%	13,245,548	98.87%
Contingency	0					
Total Expenditures	2,648,439	38,958,221				

#### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Other	1_DY4Q4_BDGT_MDL12_OTH_Cummulative_Bucket_Report_as_of_DY4Q4_ 25218.pdf	Cumulative Bucket Report as of DY4Q4	04/26/2019 01:13 PM

#### Narrative Text:

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



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**Better Health for Northeast New York (PPS ID:1)** 

The above table is accurate for current reporting quarters. Corrected cumulative figures are included in a document that has been uploaded and provided to the IA.

Review Status	IA Formal Comments
Pass & Ongoing	



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### **DSRIP Implementation Plan Project**

# **Better Health for Northeast New York (PPS ID:1)**

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	21,214,482	22,609,606	36,560,845	32,375,473	21,214,482	133,974,888
Practitioner - Primary Care Provider (PCP)	2,828,146	2,695,323	4,373,658	3,630,404	2,322,630	15,850,161
Practitioner - Non-Primary Care Provider (PCP)	1,080,373	1,135,888	1,910,482	1,714,050	1,155,614	6,996,407
Hospital	3,551,331	7,549,122	13,991,344	12,166,110	7,331,802	44,589,709
Clinic	2,177,469	2,441,846	4,185,348	3,700,613	2,444,257	14,949,533
Case Management / Health Home	2,393,551	2,295,196	3,726,856	3,107,184	1,992,548	13,515,335
Mental Health	1,910,273	1,869,964	3,062,329	2,599,840	1,689,116	11,131,522
Substance Abuse	1,543,718	1,489,622	2,397,813	1,996,612	1,272,400	8,700,165
Nursing Home	628,291	610,034	969,093	803,646	506,722	3,517,786
Pharmacy	58,649	60,855	106,322	96,516	66,674	389,016
Hospice	0	0	0	0	0	0
Community Based Organizations	1,309,123	1,246,202	1,972,522	1,610,545	1,005,703	7,144,095
All Other	0	0	0	0	0	0
Uncategorized						0
Home and Community Based Services						0
PPS PMO	1,846,829	1,447,058	2,045,484	1,266,495	585,293	7,191,159
Total Funds Distributed	19,327,753	22,841,110	38,741,251	32,692,015	20,372,759	133,974,888
Undistributed Revenue	1,886,729	0	0	0	841,723	0

#### **Current File Uploads**

		-		
User ID	File Type	File Name	File Description	Upload Date

No Records Found

#### **Narrative Text:**



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**Better Health for Northeast New York (PPS ID:1)** 

Review Status	IA Formal Comments
Pass & Ongoing	



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**Better Health for Northeast New York (PPS ID:1)** 

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

#### Instructions:

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

#### **Benchmarks**

Waiver	Total Waiver	Undistributed	Undistributed		
Revenue DY4	Revenue	Revenue YTD	Revenue Total		
32,375,473.00	133,974,888.00	21,623,453.91			

		Percentage of Safety Net							ļ	Percent :	Spent By	y Project	t					
Funds Flow Items	DY4 Q4 Quarterly Amount -	Funds - DY4 Q4	Safety Net Funds	Safety Net Funds Percentage	Total Amount Disbursed to Date (DY1-	isbursed to	Projects Selected By PPS								DY Adjusted	Cumulative Difference		
	Update	Quarterly Amount - Update	Flowed YTD	YTD	DY5)	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii	Difference	Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	517,563	0	0	0	0	0	0	0	0	0	0	0	3,630,404	15,332,598
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	1,714,050	6,996,407
Hospital	0	0.00%	0	0.00%	3,270,800.45	0	0	0	0	0	0	0	0	0	0	0	12,166,110	41,318,908.55
Clinic	0	0.00%	0	0.00%	200,696	0	0	0	0	0	0	0	0	0	0	0	3,700,613	14,748,837
Case Management / Health Home	0	0.00%	0	0.00%	269,638	0	0	0	0	0	0	0	0	0	0	0	3,107,184	13,245,697
Mental Health	0	0.00%	0	0.00%	548,100.83	0	0	0	0	0	0	0	0	0	0	0	2,599,840	10,583,421.17
Substance Abuse	0	0.00%	0	0.00%	55,057	0	0	0	0	0	0	0	0	0	0	0	1,996,612	8,645,108
Nursing Home	0	0.00%	0	0.00%	53,893	0	0	0	0	0	0	0	0	0	0	0	803,646	3,463,893
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	96,516	389,016
Hospice	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	0	0.00%	0	0.00%	83,099	0	0	0	0	0	0	0	0	0	0	0	1,610,545	7,060,996
All Other	0	0.00%	0	0.00%	1,840,794	0	0	0	0	0	0	0	0	0	0	0	0	0
Uncategorized	0	0.00%	0	0.00%	94,145	0	0	0	0	0	0	0	0	0	0	0	0	0
Home and Community Based Services	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Providers	0	0.00%	0	0.00%	58,996													
PPS PMO	1,823,792.86	100.00%	10,752,019.09	100.00%	24,825,759.66			·									0	0
Total	1,823,792.86	100.00%	10,752,019.09	100.00%	31,818,541.94													



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#### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date						
mcintyc	Templates	1_DY4Q4_BDGT_MDL14_TEMPL_PIT-R_Template_Albany_Medical_Center_DY4Q4_25229. xlsx	PIT-R Template_Albany Medical Center DY4Q4	04/26/2019 01:30 PM						

#### Narrative Text :

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

Review Status	IA Formal Comments
Pass & Ongoing	



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**Better Health for Northeast New York (PPS ID:1)** 

#### \* Safety Net Providers in Green

Provider Name Provider Category  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)	<b>DY4Q4 0</b> 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



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#### \* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider								
Provider Name	Provider Category	DY4Q4						
	0							
Ny Senior Statewide Senior Action Council, Inc.	Additional Providers	Approved	0					
Capital District Center For Independence	Additional Providers	Approved	0					
Catskill Hudson Ahec	Additional Providers	Approved	0					
The Altamont Program	Additional Providers	Approved	0					



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

**IPQR Module 1.5 - Prescribed Milestones** 

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH PPS Board will appoint a finance committee including financially competent representation from a cross section of the PPS.	Completed	AMCH PPS Board will appoint a finance committee including financially competent representation from a cross section of the PPS.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. The finance committee will review the budget developed during the planning stages to ensure DY1 budget is appropriate for the needs of the provider network.	Completed	2. The finance committee will review the budget developed during the planning stages to ensure DY1 budget is appropriate for the needs of the provider network.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. The finance committee will develop a set of Guiding Principles that will govern the funds flow, budget, and distribution plan. These guiding principles will be approved by the PAC Executive Committee, and the AMC PPS Board.	Completed	3. The finance committee will develop a set of Guiding Principles that will govern the funds flow, budget, and distribution plan. These guiding principles will be approved by the PAC Executive Committee, and the AMC PPS Board.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. The PMO will develop a timeline to guide the work of the Finance Committee.	Completed	4. The PMO will develop a timeline to guide the work of the Finance Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Consistent with the timeline and the guiding principles approved by the PPS Board, the finance committee will develop project specific funds flow models prior to the distribution of funds to the PPS Providers.	Completed	5. Consistent with the timeline and the guiding principles approved by the PPS Board, the finance committee will develop project specific funds flow models prior to the distribution of funds to the PPS Providers.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	6. The PPS Board will approve each project specific funds	09/01/2015	12/30/2015	09/01/2015	12/30/2015	12/31/2015	DY1 Q3	



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## **Better Health for Northeast New York (PPS ID:1)**

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
6. The PPS Board will approve each project specific funds flow model, as well as plans for the budgeted cost of services determined to be centralized either through the PPS PMO or specific vendors such as IT Solutions with broad application across multiple projects and throughout the PPS.		flow model, as well as plans for the budgeted cost of services determined to be centralized either through the PPS PMO or specific vendors such as IT Solutions with broad application across multiple projects and throughout the PPS.							
Task 7. The Finance Committee will review and update the budget at least quarterly and as needed.	Completed	7. The Finance Committee will review and update the budget at least quarterly and as needed.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. The PPS PMO will communicate the funds flow budget and distribution plan as well as any changes to the budget and plan to the PPS at the monthly PPS meetings and through other means.	Completed	8. The PPS PMO will communicate the funds flow budget and distribution plan as well as any changes to the budget and plan to the PPS at the monthly PPS meetings and through other means.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

### **IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

#### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
		71			

No Records Found

#### **Prescribed Milestones Narrative Text**

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



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#### **Milestone Review Status**

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



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**Better Health for Northeast New York (PPS ID:1)** 

**IPQR Module 1.6 - PPS Defined Milestones** 

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	
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#### **PPS Defined Milestones Current File Uploads**

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Milestone Name	User ID	File Type	File Name	Description	Upload Date

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#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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**DSRIP Implementation Plan Project** 

### **Better Health for Northeast New York (PPS ID:1)**

**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	661,373.20	661,373.20	661,373.20	661,373.20	661,373.20	3,306,866
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	661,373.20	661,373.20	661,373.20	661,373.20	661,373.20	3,306,866

#### **Current File Uploads**

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**DSRIP Implementation Plan Project** 

### **Better Health for Northeast New York (PPS ID:1)**

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

#### Instructions:

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

#### **Benchmarks**

Non-Waiver Revenue DY4	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
661,373.20	3,306,866	661,373.20	3,306,866

Budget Items	DY4 Q4 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	0	0	0		0	
Administration	0					
Implementation	0					
Revenue Loss	0	0	0		0	
Internal PPS Provider Bonus Payments	0	0	0		0	
Cost of non-covered services	0	0	0		0	
Other	0	0	0		0	
Total Expenditures	0	0				

#### **Current File Uploads**

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#### **Narrative Text:**



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**Better Health for Northeast New York (PPS ID:1)** 

Review Status	IA Formal Comments
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### **DSRIP Implementation Plan Project**

## **Better Health for Northeast New York (PPS ID:1)**

**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	661,373.20	661,373.20	661,373.20	661,373.20	661,373.20	3,306,866
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	661,373.20	661,373.20	661,373.20	661,373.20	661,373.20	3,306,866

#### **Current File Uploads**

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	User ID	File Type	File Name	File Description	Upload Date

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### **DSRIP Implementation Plan Project**

### **Better Health for Northeast New York (PPS ID:1)**

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

#### Instructions:

Please include updates on flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated.

Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

#### **Benchmarks**

Non-Waiver Revenue DY4	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total	
661,373.20	3,306,866.00	661,373.20	3,306,866.00	

Funds Flow Items	DY4 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY4 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	0	0.00%	0	0.00%	0	0	0
Clinic	0	0.00%	0	0.00%	0	0	0
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0.00%	0	0.00%	0	0	0
Substance Abuse	0	0.00%	0	0.00%	0	0	0
Nursing Home	0	0.00%	0	0.00%	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	0	0.00%	0	0.00%	0	0	0
All Other	0	0.00%	0	0.00%	0	0	0
Uncategorized	0	0.00%	0	0.00%	0	0	0
Home and Community Based Services	0	0.00%	0	0.00%	0	0	0
Additional Providers	0	0.00%	0	0.00%	0	_	



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### **Better Health for Northeast New York (PPS ID:1)**

Funds Flow Items	DY4 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY4 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
PPS PMO	0	0.00%	0	0.00%	0	0	0
Total	0		0		0		

#### **Current File Uploads**

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

#### Narrative Text :

Review Status	IA Formal Comments
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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

#### \* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider					
Provider Name	Provider Category	DY4Q4			
Practitioner - Prin	Practitioner - Primary Care Provider (PCP)				
	Practitioner - Primary Care Provider (PCP)	0			
Practitioner - Non-P	rimary Care Provider (PCP)	0			
	Practitioner - Non-Primary Care Provider (PCP)	0			
I	Hospital	0			
	Hospital	0			
	Clinic	0			
	Clinic	0			
Case Manage	ement / Health Home	0			
	Case Management / Health Home	0			
Me	Mental Health				
	Mental Health	0			
Subs	Substance Abuse				
	Substance Abuse	0			
Nur	rsing Home	0			
	Nursing Home	0			
P	harmacy	0			
	Pharmacy	0			
	Hospice	0			
	Hospice	0			
Community I	Based Organizations	0			
	Community Based Organizations	0			
,	All Other	0			
	All Other	0			
Und	Uncategorized				
	Uncategorized	0			
Home and Com	munity Based Services	0			
	Home and Community Based Services	0			



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**Better Health for Northeast New York (PPS ID:1)** 

#### \* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider									
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY4Q4						
A		0							
	Additional Providers		0						



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**Better Health for Northeast New York (PPS ID:1)** 

**IPQR Module 1.11 - IA Monitoring** 

Instructions:



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

**Section 02 – Governance** 

**IPQR Module 2.1 - Prescribed Milestones** 

#### Instructions:

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV	
Milestone #1 Finalize governance structure and sub- committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES	
Task  1. The AMCH Board of Governors (AMCH Board), as the Board of the PPS Lead, will approve the members of the AMCH Executive Steering Committee (PPS Board), which will report to the AMCH Board. The PPS Board will approve the charters for the standing committees for the AMCH PPS. The PAC Executive Committee will approve the PAC's operating guidelines and principles.	Completed	1. The AMCH Board of Governors (AMCH Board), as the Board of the PPS Lead, will approve the members of the AMCH Executive Steering Committee (PPS Board), which will report to the AMCH Board. The PPS Board will approve the charters for the standing committees for the AMCH PPS. The PAC Executive Committee will approve the PAC's operating guidelines and principles.  The Collaborative Contracting model is currently in place where each partner participating in the PPS will have a contract with the AMCH PPS stipulating the roles and responsibilities. As the Lead Entity, AMCH retains ultimate decision making authority and is the contract partner for the State and the partners represented in the PAC. Thus, governance is coordinated and carried out through the joint efforts of AMCH and the PAC through a clearly defined committee structure.  The PPS may evolve to a Delegated Model where the partners join together and delegate key responsibilities for PPS Governance to a newly created legal entity (NewCo) where the governing structure of Newco would directly oversee all aspects of Finance, Clinical, IT, and compliance governance with accountability to an Executive Governance Body representative of the partners. (If the PPS evolves to a	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2		



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# **DSRIP Implementation Plan Project**

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		Delegated Model and there is a later-formed Newco, the governing body of Newco will assume responsibility for implementation of these identified steps outlined by AMCH in this implementation plan.)							
Task 2. AMCH will ensure adequacy of regional and key stakeholder participation.	Completed	2. AMCH will ensure adequacy of regional and key stakeholder participation and will create a list of nominees to serve as elected members of the PAC's Executive Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Election of members of PAC Executive Committee.	Completed	3. With the approval of the PPS Board and the voting members of the PAC, the PAC will elect members to the PAC Executive Committee in a manner that reflects a balance of the types of providers and geographic regions in the PPS. The PAC Executive Committee will elect its own chair who will provide leadership and help coordinate the activities of the committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Establishment of subcommittees.	Completed	4. The PAC Executive Committee will seek representation of a diverse group of participating providers, with necessary expertise for the AMCH PPS committees that will oversee PPS activities. The following Committees will be established; Clinical and Quality Affairs, Finance, Audit and Compliance, Technology and Data Management, Consumer and Community Affairs, Cultural Competency and Health Literacy and the Workforce Coordinating Council. The Chair of each of the committees also serves on the PAC Executive Committee as a non-voting member. The PPS Board will approve the charters and members for each Committee, based on recommendations of the PAC Executive Committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task  2. The Clinical and Quality Affairs Committee may elect to create sub-committees for the projects selected.	Completed	2. The Clinical and Quality Affairs Committee may elect to create sub-committees for the projects selected. Since there are interdependencies between projects, the Committee may elect to manage all of the projects as a single committee with support from AMCH's Project Management Office (PMO). The	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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**DSRIP Implementation Plan Project** 

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		PMO will also play an important role in managing and integrating clinical and quality issues in support of the mission of this committee. The Clinical and Quality Affairs Committee will be populated by licensed medical personnel and other individuals with expertise in data analytics and quality improvement, representatives of the geographic area served and the participating providers, and will have oversight responsibility for provider engagement, clinical protocol development, identification or development of quality metrics and performance incentives and standards, initial assessment of quality performance by PPS providers and the PPS, including review of RCE data, quality management and reporting, and related clinical activities. Its membership will include clinicians participating in the PPS's selected projects. It will report its findings and recommendations for adoption of quality metrics, performance incentives and standards and quality reporting to the PPS Board.							
Task 3. The Clinical and Quality Affairs Committee will develop detailed work plans for each project by identifying action steps needed, resources required and timelines for completion, etc.	Completed	3. The Clinical and Quality Affairs Committee will develop detailed work plans for each project by identifying action steps needed, resources required and timelines for completion, etc. Particular emphasis will be placed on operational and/or procedural changes required at clinical sites to integrate care management protocols, data collection, and quality improvement using PDSA cycles. Work plans will be provided to the PPS Board for review and approval.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task  4. Working with our PPS partner organizations and potentially also in collaboration with other neighboring PPSs, the Clinical and Quality Affairs Committee will identify or develop best practice guidelines and evidence-based protocols for all projects, where necessary and appropriate and recommend such protocols and guidelines to the PPS Board for adoption.	Completed	4. Working with our PPS partner organizations and potentially also in collaboration with other neighboring PPSs, the Clinical and Quality Affairs Committee will identify or develop best practice guidelines and evidence-based protocols for all projects, where necessary and appropriate and recommend such protocols and guidelines to the PPS Board for adoption. The Clinical and Quality Affairs Committee will work closely with the governing boards and medical staff of the PPS partner organizations to encourage and facilitate the adoption of these PPS guidelines and protocols by participating provider organizations.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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**DSRIP Implementation Plan Project** 

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. With the support of the PMO, the Chair of the Clinical and Quality Affairs Committee will develop the charge for any sub-committees and a calendar of meetings of the committees as warranted.	Completed	5. With the support of the PMO, the Chair of the Clinical and Quality Affairs Committee will develop the charge for any subcommittees and a calendar of meetings of the committees as warranted. Meetings will be based on a frequency needed to accomplish the work plan and goals of the committee and will allow for both web-based and face-to-face participation.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. The Clinical and Quality Affairs Committee, in collaboration with the PAC Executive Committee and the other 6 committees as necessary, will develop and implement methods to capture baseline information as well as on-going data to support metric evaluation and milestone reporting for each project over the duration of DSRIP.	Completed	6. The Clinical and Quality Affairs Committee, in collaboration with the PAC Executive Committee and the other 6 committees as necessary, will develop and implement methods to capture baseline information as well as on-going data to support metric evaluation and milestone reporting for each project over the duration of DSRIP. The Clinical and Quality Affairs Committee will develop dashboards of quality data for purposes of governance oversight and reporting to the PPS and AMCH Board.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<ul><li>Task</li><li>7. Draft workplans and best practice guidelines</li><li>for each subcommittee will be finalized and</li><li>approved by the CQAC.</li></ul>	On Hold	7. Draft workplans and best practice guidelines for each subcommittee will be finalized and approved by the CQAC.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task  1. The PAC will adopt a detailed charge for the Clinical and Quality Affairs Committee.	Completed	The PAC will adopt a detailed charge for the Clinical and Quality Affairs Committee, which will be submitted for review and approval to the full PAC membership and the PPS Board.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task  1. The PAC's Charter and operating policies and procedures (PAC Governing Documents) required to efficiently organize and operate the PAC with a clearly defined governance structure will be finalized by the PAC Executive Committee and approved by the PPS Board.	Completed	The PAC's Charter and operating policies and procedures (PAC Governing Documents) required to efficiently organize and operate the PAC with a clearly defined governance structure will be finalized by the PAC Executive Committee and approved by the PPS Board.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Following PPS Board approval of the governance structure, committee charters for PPS Committees and the PAC Governance Documents, the PAC Executive Committee will	Completed	2. Following PPS Board approval of the governance structure, committee charters for PPS Committees and the PAC Governance Documents, the PAC Executive Committee will adopt policies and procedures needed to effectively manage, through a shared governance structure, the activities of the	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



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**DSRIP Implementation Plan Project** 

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		participating provider network, including financial							
		management, compliance, data collection, reporting and							
adopt policies and procedures needed to		analysis and other activities required in the implementation							
effectively manage, through a shared		plan. Policies and procedures relating to financial							
governance structure.		management, compliance, data reporting and collection and							
go romanos en actaros		other key areas of implementation will be submitted for review							
		and approval to the respective governance committee and the							
		PPS Board.							
Task		The PAC Executive Committee will develop dispute							
3. The PAC Executive Committee will develop	Completed	resolution procedures that will be reviewed and approved by	07/01/2015	09/30/2015	07/01/2015	5 09/30/2015	09/30/2015	DY1 Q2	
dispute resolution procedures.		the PPS Board.							
		The PAC will adopt policies and procedures to address							
Task		non-or under-performing partner organizations, which will be		1					
4. The PAC will adopt policies and procedures to		approved by the PPS Board. Contracts with PPS							
address non-or under-performing partner	Completed	participating partners and project protocols will clearly	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
organizations, which will be approved by the PPS	Completed	articulate expectations of participation in the PPS and	0770172010	00/00/2010	07/01/2010	00/00/2010	00/00/2010	DITEL	
Board.		obligations in all critical areas, as well as consequences							
		associated with under- or non-performance, per the scope of							
		services and required elements of participation in the PPS.							
		5. The Audit and Compliance Committee will adopt a Code of							
		Conduct and Compliance Plan and policies (Compliance							
Task		Documents) that will incorporate the required elements of a							
5. The Audit and Compliance Committee will		compliance program in accordance with NYS Social Services							
adopt a Code of Conduct and Compliance Plan	Completed	Law Section 363-d, and will require all PPS partner	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
and policies (Compliance Documents).		organizations and individual participating providers to adhere							
		to the requirements of the PPS Compliance Program. The							
		Compliance Documents will be submitted to the PPS Board							
		and the AMCH Board of Governors for review and approval.							
Milestone #4		This milestone must be completed by 12/31/2015.							
Establish governance structure reporting and	Completed	Governance and committee structure document, including	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
monitoring processes	Completed.	description of two-way reporting processes and governance	. 0, 0 ., 20 . 0	, .,,	. 0, 0 ., 20 . 0	,,	, 0 ., _ 0 . 0	2	0
		monitoring processes.							
Task		The PAC Executive Committee will generate data							
The PAC Executive Committee will generate	Completed	reporting templates to the PAC for two-way feedback and	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
data reporting templates to the PAC for two-way	, , , , , , , , , , , , , , , , , , , ,	monitoring processes with reporting of all data regarding PPS			,,		12/31/2013		
feedback and monitoring processes with		and partner organization performance to the respective							



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**DSRIP Implementation Plan Project** 

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
reporting of all data regarding PPS and partner organization performance to the respective governance committee and to the PPS Board.		governance committee and to the PPS Board.							
Task 2. The PAC Executive Committee, in consultation with other PAC Committees, as necessary, and with assistance from the PMO, will develop dashboard reporting for each project. Dashboards will be used for improvement and accountability to communicate information to PPS providers, CBOs, and to governance.	Completed	2. The PAC Executive Committee, in consultation with other PAC Committees, as necessary, and with assistance from the PMO, will develop dashboard reporting for each project. Dashboards will be used for improvement and accountability to communicate information to PPS providers, CBOs, and to governance.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. The dashboard reports will use key project metrics to assess work-stream progress consistent with the details in this implementation plan. These metrics will include clinical, financial, human resource, information management, training and other essential variables of performance.	Completed	3. The dashboard reports will use key project metrics to assess work-stream progress consistent with the details in this implementation plan. These metrics will include clinical, financial, human resource, information management, training and other essential variables of performance.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH will develop tools for collecting and reporting data from all participating providers.	Completed	AMCH will develop tools for collecting and reporting data from all participating providers.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. AMCH will require all participating providers including CBOs to use the tools developed for collecting and reporting data.	Completed	5. AMCH will require all participating providers including CBOs to use the tools developed for collecting and reporting data.	12/15/2015	12/31/2015	12/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO
Task 1. AMCH PPS PMO will utilize the Community Needs Assessment (CNA) and other sources, to identify hot spot areas across the 5 county service area to be included in the Community Engagment Plan (CEP). This plan will require the	Completed	1. AMCH PPS PMO will utilize the Community Needs Assessment (CNA) and other sources, to identify hot spot areas across the 5 county service area to be included in the Community Engagment Plan (CEP). This plan will require the PMO to conduct specific community engagement activities such as health forums, focus groups and other health related	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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# **DSRIP Implementation Plan Project**

Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
	community events as may be necessary.							
Completed	2. AMCH PPS PMO will collaborate with the Consumer and Community Affairs Committee (CCAC) and public and non-provider organizations to identify high visibility locations where community engagement activities would be beneficial. A master calendar will be developed each quarter identifying various engagement activities. This calendar will be made available to the PAC and the public through AMCH's web portal in subsequent quarters.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Completed	3. As part of the Community Engagement Plan (CEP), the AMCH PPS PMO will develop a communication plan utilizing print, electronic, and voice modalities to enhance collaboration and communication among and between public and non-provider organizations and other stakeholders to establish open and transparent two-way communication.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Completed	4. Under the direction of the CCAC, actively participate in COReSTAT and other community revitalization efforts to communicate what the PPS is doing and coordinate ongoing outreach activities to encourage participation.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Completed	5. Under the direction of the CCAC, continue to recruit and engage consumer and community participation in activities consistent with the approved community engagement plan.  6. AMCH RRS RMO will present the CER to the RAC.	05/01/2015	09/30/2015	05/01/2015		09/30/2015	DY1 Q2	
	Completed	community events as may be necessary.  2. AMCH PPS PMO will collaborate with the Consumer and Community Affairs Committee (CCAC) and public and non-provider organizations to identify high visibility locations where community engagement activities would be beneficial. A master calendar will be developed each quarter identifying various engagement activities. This calendar will be made available to the PAC and the public through AMCH's web portal in subsequent quarters.  Completed  3. As part of the Community Engagement Plan (CEP), the AMCH PPS PMO will develop a communication plan utilizing print, electronic, and voice modalities to enhance collaboration and communication among and between public and non-provider organizations and other stakeholders to establish open and transparent two-way communication.  Completed  4. Under the direction of the CCAC, actively participate in COReSTAT and other community revitalization efforts to communicate what the PPS is doing and coordinate ongoing outreach activities to encourage participation.  5. Under the direction of the CCAC, continue to recruit and engage consumer and community participation in activities consistent with the approved community engagement plan.	Completed  2. AMCH PPS PMO will collaborate with the Consumer and Community Affairs Committee (CCAC) and public and non-provider organizations to identify high visibility locations where community engagement activities would be beneficial. A master calendar will be developed each quarter identifying various engagement activities. This calendar will be made available to the PAC and the public through AMCH's web portal in subsequent quarters.  3. 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Completed  Completed  Completed  A mater calendar will be developed each quarter identifying various engagement activities. This calendar will be made available to the PAC and the public through AMCH's web portal in subsequent quarters.  Completed  Completed  A mater calendar will develop a communication plan utilizing print, electronic, and voice modalities to enhance collaboration and communication among and between public and non-provider organizations and other stakeholders to establish open and transparent two-way communication.  Completed  4. Under the direction of the CCAC, actively participate in COReSTAT and other community revitalization efforts to communicate what the PPS is doing and coordinate ongoing outreach activities to encourage participation.  Completed  5. Under the direction of the CCAC, continue to recruit and engage consumer and community participation in activities consistent with the approved community engagement plan.	community events as may be necessary.  2. 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Status Description Original Start Date End Date End Date End Date End Date End Date End Date Page and Quarter End Date Start Date End Date Start Date End Date Start Date End Date Start Date End Date Page and Quarter Start Date End Date Start Date End Date Start Date End Date Page and Quarter Start Date End Date Start Date End Date Start Date End Date Start Date End Date Page and Quarter End Date Start Date Start Date Start Date End Date Start Date Start Date Start Date Start Date Start Date End Date Start Date



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**DSRIP Implementation Plan Project** 

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
6. AMCH PPS PMO will present the CEP to the PAC Executive Committee for final approval.		Executive Committee for final approval.							
Milestone #6 Finalize partnership agreements or contracts with CBOs	Completed	Signed CBO partnership agreements or contracts.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Develop and execute partnership agreements with key CBOs in strategic locations throughout the 5 county service area.	Completed	1. Under the direction of the Consumer and Community Affairs Committee, develop and execute, partnership agreements with key CBOs in strategic locations throughout the 5 county service area.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Continue targeted outreach to strategic CBO partners to encourage active engagement and participation in the committees of the PAC.	Completed	2. Under the direction of the Consumer and Community Affairs Committee, continue targeted outreach to strategic CBO partners to encourage active engagement and participation in the committees of the PAC.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Completed	Agency Coordination Plan.	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task  1. The PMO will develop an agency coordination plan in collaboration with the CCAC, WCC, and CQAC. This plan will identify explicit ways that State and Local Public Sector agencies will be engaged in the activities of DSRIP as it continues to evolve. The coordination plan will be presented to the PAC Executive Committee for approval.	Completed	The PMO will develop an agency coordination plan in collaboration with the CCAC, WCC, and CQAC. This plan will identify explicit ways that State and Local Public Sector agencies will be engaged in the activities of DSRIP as it continues to evolve. The coordination plan will be presented to the PAC Executive Committee for approval.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Consistent with the approved coordination plan, the PMO will recruit participants from the various public sector agencies in coordination with municipal authorities, COReSTAT and SHIP.	Completed	2. Consistent with the approved coordination plan, the PMO will recruit participants from the various public sector agencies in coordination with municipal authorities, COReSTAT and SHIP.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. The PAC Executive Committee will develop an action plan for coordinating public sector agency	Completed	3. The PAC Executive Committee will develop an action plan for coordinating public sector agency activities with the detailed coordination plan of the PPS for discussion, review,	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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**DSRIP Implementation Plan Project** 

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
activities with the detailed coordination plan of the PPS for discussion, review, and adoption by the Agencies and Municipal Authorities, as necessary and appropriate. Meetings and communication will be documented as evidence of involvement and active participation of all key stakeholders.		and adoption by the Agencies and Municipal Authorities, as necessary and appropriate. Meetings and communication will be documented as evidence of involvement and active participation of all key stakeholders.							
Milestone #8 Finalize workforce communication and engagement plan	Completed	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e. g. workforce transformation committee).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task  1. The PMO will complete an assessment of key stakeholder groups to evaluate their current commitment and the level of commitment required from them for projects to succeed.	Completed	The PMO will complete an assessment of key stakeholder groups to evaluate their current commitment and the level of commitment required from them for projects to succeed. This assessment will be conducted as a survey.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The PMO will analyze the communication needs and required key messages by audience group, as well as the available communication channels that can be utilized for stakeholder engagement.	Completed	2. The PMO will analyze the communication needs and required key messages by audience group, as well as the available communication channels that can be utilized for stakeholder engagement. This will build on the initial communication plan developed by the PAC in November 2014.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. The PMO in collaboration with the Workforce Coordinating Council which includes labor, worker, and other key partner representation, will develop a strategy to communicate and engage the workforce.	Completed	3. The PMO in collaboration with the Workforce Coordinating Council which includes labor, worker, and other key partner representation, will develop a strategy to communicate and engage the workforce. This strategy will establish the vision, objectives and guiding principles as a means to engage key stakeholders, signed off by the PAC Executive Committee.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. The PMO and Workforce Coordinating Council will develop a communication and engagement plan.	Completed	4. The PMO and Workforce Coordinating Council will develop a communication and engagement plan, which will include objectives, principles, target audience, channel, barriers and risks, milestones, and effectiveness measurements. The communication and engagement plan will be approved by the PAC's Executive Committee.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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.							
Task The five county regional area served by our PPS includes many CBOs. There is a rich history of community mobilization and empowerment, with grass roots organizations emerging to address the myriad of social, economic and other issues faced in our communities. Some, like Equinox, the AIDS Council of NENY and the Trinity Alliance of the Capital Region, Inc. are large and sophisticated, with numerous services at various sites. Others, like the Albany Damien Center and Caregivers Inc., are small with more limited services and focus. We have a catalogue of existing CBOs that was generated by our community needs assessment. In addition, many other CBOs have joined our PPS, and additional providers will be recruited and encouraged to participate. As the detailed implementation plan roles out and we continue to have community forums and focus groups, we will identify additional community stakeholders with whom we may contract. We recognize that these organizations have a unique ability to reach the uninsured and high utilizing Medicaid beneficiaries in ways that the bigger health institutions cannot. We expect to enter into contracts with Equinox, Alliance for Positive Health, Catholic Charities, the Interfaith Partnership for the Homeless, Senior Services of Albany and several others not yet identified. These organizations will be critical to several of our projects, including 2.d.i., 2.a.iii, 2.b.iii, and 3. a.ii. This process will evolve as we move	Completed	The five county regional area served by our PPS includes many CBOs. There is a rich history of community mobilization and empowerment, with grass roots organizations emerging to address the myriad of social, economic and other issues faced in our communities. Some, like Equinox, the AIDS Council of NENY and the Trinity Alliance of the Capital Region, Inc. are large and sophisticated, with numerous services at various sites. Others, like the Albany Damien Center and Caregivers Inc., are small with more limited services and focus. We have a catalogue of existing CBOs that was generated by our community needs assessment. In addition, many other CBOs have joined our PPS, and additional providers will be recruited and encouraged to participate. As the detailed implementation plan roles out and we continue to have community forums and focus groups, we will identify additional community stakeholders with whom we may contract. We recognize that these organizations have a unique ability to reach the uninsured and high utilizing Medicaid beneficiaries in ways that the bigger health institutions cannot. We expect to enter into contracts with Equinox, Alliance for Positive Health, Catholic Charities, the Interfaith Partnership for the Homeless, Senior Services of Albany and several others not yet identified. These organizations will be critical to several of our projects, including 2.d.i., 2.a.iii, 2.b.iii, and 3.a.ii. This process will evolve as we move through stages of implementation and our detailed project work plans. We expect that most contracts will be executed by DY2, Q4.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	



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**DSRIP Implementation Plan Project** 

## **Better Health for Northeast New York (PPS ID:1)**

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
through stages of implementation and our									
detailed project work plans. We expect that most									
contracts will be executed by DY2, 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	Please state if there have been any changes during this reporting quarter.
Finalize governance structure and sub-committee structure	supporting documentation as necessary.	Please state yes or no in the corresponding narrative box.
Finalize bylaws and policies or Committee Guidelines where	If there have been changes, please describe those changes and upload any	Please state if there have been any changes during this reporting quarter.
applicable	supporting documentation as necessary.	Please state yes or no in the corresponding narrative box.

#### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES1_TEMPL_GOVER NANCE_Meeting_Schedule_Template_10.1.18- 3.31.19_25460.xlsx	GOVERNANCE Meeting Schedule Template 10.1.18-3.31.19	04/29/2019 01:51 PM
structure	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES1_TEMPL_Govern ance_Committee_Template_10.1.18-3.31.19    _25459.xlsx	Governance Committee Template 10.1.18-3.31.19	04/29/2019 01:49 PM
Establish a clinical governance structure, including clinical quality committees for each	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES2_TEMPL_Meeting _Schedule_Template_10.1.2018-3.31.2019_25462. xlsx	Meeting Schedule Template 10.1.2018-3.31.2019	04/29/2019 01:59 PM
DSRIP project	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES2_TEMPL_Clinical _Governance_Committee_Template_10.1.2018- 3.31.2019_25461.xlsx	Clinical Governance Committee Template 10.1.2018-3.31.2019	04/29/2019 01:55 PM
Establish governance structure reporting and monitoring processes	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES4_TEMPL_BHNNY _Hixny_04262019_25463.pdf	BHNNY_Hixny_04262019	04/29/2019 02:51 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES5_TEMPL_Commu nity_Engagement_Template-102018- 032019_25464.xlsx	Community Engagement Template-102018- 032019	04/29/2019 02:55 PM
Finalize partnership agreements or contracts with	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES6_TEMPL_CBO_te	CBO template Governance M6 09302018-	04/29/2019 02:59 PM

#### NYS Confidentiality – High



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### **Better Health for Northeast New York (PPS ID:1)**

#### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
CBOs			mplate_Governance_M6_09302018- 04012019_25465.xlsx	04012019	
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.)	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES7_TEMPL_Govern ance_MS_7_DSRIP_Public_Sector_Agency_Templ ate_9.30.2018-4.1.2019_25466.xlsx	Governance MS 7 DSRIP Public Sector Agency Template 9.30.2018-4.1.2019	04/29/2019 03:04 PM
	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES8_TEMPL_DRAFT _BHNNY_Board_Minutes_4.19.19_25473.pdf	DRAFT BHNNY Board Minutes 4.19.19	04/29/2019 03:45 PM
Finalize workforce communication and	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES8_TEMPL_Meeting _Schedule_TemplateWorkforce _DY4Q3Q4_25472.xlsx	Meeting Schedule Template- Workforce - DY4Q3Q4	04/29/2019 03:44 PM
engagement plan	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES8_TEMPL_Copy_o f_Workforce_Committee_Roster_2019_25471.xlsx	Copy of Workforce Committee Roster 2019	04/29/2019 03:44 PM
	mcintyc	Templates	1_DY4Q4_GOV_MDL21_PRES8_TEMPL_2018_ WF_Committee_Roster_Board_Letter_25470.docx	2018 WF Committee Roster Board Letter	04/29/2019 03:43 PM

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



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**DSRIP Implementation Plan Project** 

### **Better Health for Northeast New York (PPS ID:1)**

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



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

**IPQR Module 2.2 - PPS Defined Milestones** 

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Midpoint Recommendation Response	Completed	Midpoint Recommendation Response	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2

#### **PPS Defined Milestones Current File Uploads**

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

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	
Midpoint Recommendation Response	



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

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

#### Instructions:

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

There will be challenges in governance as we move forward. One challenge will be to determine whether AMCH pursues creating a new legal entity to assume legal authority for the organization, management and operation of the PPS as the Lead Entity. There may be advantages to AMCH in pursuing this strategy. We continue to follow a collaborative contracting model at present. Our PPS is smaller in comparison with others, and there are advantages to having one ultimate organizational decision-maker, AMCH, in charge of the most significant issues. With that said, the PAC's Executive Committee and the PPS Board have clearly delineated roles and responsibilities to achieve shared governance. Second, we continue to be surprised at the lack of knowledge within certain health or health-related organizations and CBOs about DSRIP. Too many remain disengaged because they are not aware of what the project is attempting to do. More work needs to be done by the PPS and the NYSDOH to get the word out about the significance of what we are all trying to do to transform the health care system. The third risk relates to perception. Some of our current participating organizations are not going to be funded by DSRIP monies. They may have a marginal role and may not be involved in any specific project, with the probable exception of 2.a.i. When funding decisions get made and contracts executed, they are likely to become disengaged. We will continue to educate them and the community about their role, even if unfunded, in helping to integrate the care delivery system and transform payment mechanisms to value based arrangements. A fourth risk relates to non-safety net provider payment caps. As we transform and integrate care, more outpatient providers will become involved, who do not meet the safety net definition. We will continue to work to address this so that the 5% cap does not become a barrier to successful governance and community engagement. A fifth risk relates to dispute resolution. To address this and minimize potential conflict, we will lay out a transparent and fair process for dispute resolution. A sixth risk relates to overall adequacy of funding. Our small PPS size works against us in terms of fixed overhead and administrative expense. We still need to fund all of the key activities in the Project Management Office (PMO) required to manage the entire endeavor. However, as a percentage of the total award, our administrative expense is likely to be higher than others, due to their economies of scale. The challenge this creates is that we may not be adequately resourced to either manage the PPS and the 11 projects we are undertaking or we will not have adequate funding to do key things required to successfully implement all project activities. We are working to address this through a conservative approach to staffing, but this creates other risks and challenges if it ends up being under-resourced. We will be prudent in our fiscal stewardship of these taxpayer funds. Finally, we recognize that the success of our governance requires voluntary engagement of individuals and organizations who do not have time to do everything that may be asked of them. This is a particular concern with our PCPs, psychiatrists and other licensed providers. We need their engagement, leadership and input. Gaining the cooperation of providers to invest in developing key capabilities will require a governance process which generates trust through open and active engagement, development of multi-directional communications processes, and opportunities for provider and public comment on major developments and initiatives. We will mitigate our risks through effective communication, community engagement, transparent decision making, targeted approaches to enlist CBOs in the process and a fair process to distribute funds and resolve disputes.

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions:



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#### **Better Health for Northeast New York (PPS ID:1)**

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

The interdependencies of each element and each project in this endeavor are significant. The overall value to the PAC and the transformation of care is both positive and synergistic. The downside, however, is that the interrelationships of each component creates dependencies that require everything succeed and that this success be based on a sequential plan that requires strict adherence to deadlines. The most important initial component relates to staffing. Successful implementation efforts and governance will be extremely dependent on staffing the PMO with motivated, high energy staff committed to the success of the entire project. It will take time to recruit and then train and orient professional staff to manage the complex affairs of the PAC, on behalf of the lead institution, AMCH or a later-formed Newco. It is hard to identify which of several other components are the next priority, since many happen at the same time. At a minimum, effective management and development of a comprehensive fiscal and IT strategy that are integrally linked to the success of the governance structure and model are necessary. Paying individuals and organizations via contract will ensure engagement and participation. Developing the IT strategy requires careful consideration of accurate data collection and reporting capabilities as well as the PMO's capacity to analyze complex data from disparate sources. Populating the 7 committees of the PAC to provide the expertise needed for informed decision making is an essential next step. Each of these areas need to be operating effectively to facilitate effective PPS governance. Open and transparent decision-making will be essential to developing and maintaining the trust and engagement of participating providers, and the community at large. Maintaining strong relationships with workforce stakeholders is important to system transformation. Practitioner engagement and leadership is critical to not only the development of and compliance with clinical care protocols, but with achieving levels of coordination and collaboration required to eliminate avoidable service utilization. The lead institution, the participating providers, the NYSDOH and the community at large all need to trust the governance structure and PPS leadership team to do the right thing. This trust must be earned. We remain committed, by consistent demonstration of our efforts, to earn this trust.



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

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### **Better Health for Northeast New York (PPS ID:1)**

#### **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
AMCH Board	AMCH Board	Appoint members of PPS Board, review reports and findings of PPS Board; approve PPS Code of Conduct and Compliance Plan.
BHNNY Board	BHNNY Board	Establish governance committees; approve committee charters and members; review committee recommendations and reports; approval of PAC charter and operating principles.
PAC Executive Committee	BHNNY key stakeholders and nominated sub-committee chairs , Project Management Office, and Legal Counsel	Development and approval of PAC Charter and Operating Principles, Committee charters, and PPS Policies; funding and staff resources.
Major Hospital Partners	Columbia Memorial Hospital, Saratoga Hospital and Albany Medical Center Hospital	Members of PAC Committees; staff support.
Physician organizations and large practices	CapitalCare Medical Group, LLC., Community Care Physicians, PC., AMC Faculty Practice, Planned Parenthood, etc.	Members for Board and PAC Committees, Care Management Protocols.
ACOs, Health Homes	Montefiore Medical Center, Regional Health Homes	Disease, Case and Care Management Protocols and Procedures.
Major CBOs and/or Social Service Agencies	Equinox, Catholic Charities, et.al.	PPS Committee members, program information, liaisons.
Behavioral Health Providers	Capital District Psychiatric Center, The Addictions Care Center of Albany, Inc., Conifer Park, Catholic Charities, Equinox, Northern Rivers, Albany Medical Center Faculty Practice, etc.	Behavioral Health Engagement and Participation
Key advisors, counselors, attorneys, consultants	Albany Medical Center Legal Counsel, Bond, Schoeneck and King, LLC, Cicero and Rinaldi, LLC; Montefiore Medical Center as an ASO	Drafts governance documents, provider agreements, policies and procedures, etc.



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### **DSRIP Implementation Plan Project**

### **Better Health for Northeast New York (PPS ID:1)**

#### 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		
Albany Medical Center Hospital: Dr. S. Frisch, Dr. D. McKenna, Dr. K. Manjunath, G. Hickman, F. Spreer-Albert	Lead Applicant and Equity Contributor, Leadership Participant.  Under the leadership of AMCH, the PMO will conduct the business of the lead applicant for all deliverables required by organizational milestones and metrics as identified in the work plan. As the largest institutional Medicaid provider, and one of the largest safety-net providers in the PPS, AMCH will also play an active role in terms of project implementation and work stream development across the project period.	Funding, leadership personnel, committee chairs, PAC Executive Committee participant.
Albany Medical College Faculty Physicians Group: Dr. F. Venditti, Dr. R. Blinkhorn, Dr. D. Clark,, Dr. V. Balkoski, Dr. J. Rosenberger, Dr. P. Sorum, Dr. J. Desemone, J. Quinlan, C. Selke, P. Hildreth, G. Sleeper, M. Weygant	Physician Leadership will actively engage in clinical integration, training, protocol development, IT infrastructure, and fiscal planning to further the aims of integration and financial payment reform across the network. As one of the largest Primary Care providers for both adult and pediatric patients, as well as the region's only medical college, the faculty physician's group will play an important role in care integration and PCMH by providing training to students, residents, and fellows in the new model of care.	Funding, leadership personnel, committee chairs, PAC Executive Committee participant.
Albany Medical College - Education and Training: Dr. H Pohl, Dr. I. Allard, Dr. J. Bartfield, Dr. V. Verdile, Dr. E. Higgins, D. Guyett	The College will assist with the development of content, evaluative criteria, and electronic access to learning modules to assist the PMO with workforce development and other activities required by DSRIP implementation. The College will also assist the PPS in obtaining CME credits as an engagement tool as necessary and appropriate.	Leadership personnel, Workforce and Cultural Competency and Health Literacy Committees.
Columbia Memorial: J. Caruthers, W. Van Slyke, Dr. G. Davis, B. Ratfield, B. Mahoney	As a key stakeholder, this hospital will play an important sub- regional role in terms of leadership development, clinical integration, fiscal planning, IT development, practitioner engagement, quality improvement, and workforce. Columbia Memorial will serve as a regional hub for Columbia and Greene counties and will coordinate and integrate service providers within the Southern regional hub.	Leadership personnel, committee members, PAC Executive Committee.
Saratoga Hospital: A. Carbone, Dr. J. LaPlante, J.	As a key stakeholder, this hospital will play an important sub-	Leadership personnel, committee members, PAC Executive



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Mangona, D. Jones, J. Methven, G. Foster	regional role in terms of leadership development, clinical integration, fiscal planning, IT development, practitioner engagement, quality improvement, and workforce. Saratoga Hospital will serve as a regional hub for Saratoga and Warren counties and will coordinate and integrate service providers within the Northern regional hub.	Committee.
Contracted CBOs	Participating CBOs will be actively engaged in the development of strategies to involve consumers, assistance with community engagement, coordination of outreach efforts, and communication. CBOs may also participate in PAM assessments, treatment plan development and management, and identification of local needs consistent with the terms and conditions of the waiver.	Leadership personnel, Consumer and Community Engagement Committee leadership/membership.
Numerous Primary Care and Behavioral Health Organizations	These participating organizations will be critical stakeholders to engage in integration and transformation at the site level. They will provide feedback and input to the CQAC to ensure provider participation, quality improvement and accuracy and completeness of data reporting.	Leadership personnel, PAC member, Clinical and Quality Affairs membership.
External Stakeholders		
Public Health and Social Services Agencies; Dr. E. Whalen	As public agencies, these participating organizations will assist with public health and community needs assessments, prevention planning, workforce issues, and other strategies consistent with their mission. County-run agencies will also be actively engaged in various projects, as well as helping to communicate across the county the action steps and deliverables required for successful implementation. Those agencies who offer specific services, e.g. mental health counseling, will also participate in CQAC activities and other deliverables as warranted.	Educate the community about DSRIP, the importance of prevention, and how to access care.
Medicaid Beneficiaries	Participate in their own care and provide feedback	Through surveys and other means, provide feedback.
NYSDOH	Provide oversight, direction, and data	Provide ongoing feedback regarding deliverables and data necessary for reporting purposes.



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#### **DSRIP Implementation Plan Project**

Better Health for Northeast New York (PPS ID:1)

#### IPQR Module 2.7 - IT Expectations

#### Instructions:

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

It is expected that the Clinical and Quality Affairs Committee will approve and oversee implementation of methods to capture baseline data and support the systematic capturing of data related to metric evaluation and milestone reporting required for each project over the five years of the program. Otherwise, progress reporting for governance initially has limited dependence on having essential IT infrastructure in place. Unlike other components of this implementation plan that cannot move forward or even measure success without IT, governance is different. Our reporting requires documentation of decision-making, approval of plans, governance documents and other related items. It is largely a process driven activity that is not dependent on clinical and other data to demonstrate success or failure, at least in DY1. It is not critical for the effective initial activities of the PAC, the committees or the PPS Board that the IT infrastructure is in place in the first few quarters. In fact, it will not happen that way sequentially. Governing bodies must be fully engaged prior to full implementation of our IT infrastructure. Governance must decide, based on the feedback from the committees, the NYSDOH and others, exactly what investments, from the limited pool of funds available, need to be made to create the IT infrastructure. The PMO will purchase project management software that will assist in required areas of reporting and project management and analysis, but this is only the initial phase of IT infrastructure development and does not have clinical implications.

#### **IPQR Module 2.8 - Progress Reporting**

#### Instructions:

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

Much of the reporting required for evaluation of the success of our efforts at governance will be documented via written materials, like meeting minutes, approved governance documents, operating policies and procedures and guidelines and all of our various approved plans, like our Consumer and Community Engagement Plan. We will also continue to record our web-based meetings and will provide materials that were presented, lists of registered attendees and action steps, if any, resulting from the question and answer sessions included in each monthly update. To assist the community and to demonstrate our transparency, each of these documents or recorded sessions will be available on our public domain website for review and comment. To the extent possible, we will also provide documented summaries of meetings between our PPS and the overlapping PPSs to demonstrate our efforts to collaborate and cooperate on various initiatives.

**IPQR Module 2.9 - IA Monitoring** 

Instructions:



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

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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

Section 03 – Financial Stability

**IPQR Module 3.1 - Prescribed Milestones** 

#### Instructions:

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. AMCH's PAC Executive Committee will recommend members for appointment to the Finance Committee to AMCH Executive Steering Committee (PPS Board).	Completed	1. AMCH's PAC Executive Committee will work with PPS membership of the PAC to identify appropriate members of the Finance committee to ensure appropriate capability, geographic representation and a broad provider representation from across the PPS. The PAC Executive Committee will recommend members for appointment to the Finance Committee to AMCH Executive Steering Committee (PPS Board).	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. AMCH PPS's Finance committee will develop a Committee charter.	Completed	2. AMCH PPS's Finance committee will develop a Committee charter to be presented to the AMCH PAC Executive Committee and the PPS Board for review and approval.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. The PAC Finance Committee will define clear fiscal responsibilities for management of DSRIP funds and PPS financial operations.	Completed	3. Reporting up to the PPS Board and AMCH's DSRIP Project Management Office (PMO), the PAC Finance Committee will define clear fiscal responsibilities for management of DSRIP funds and PPS financial operations, including budget and funds flow preparation, fund disbursement, financial reporting by AMCH PPS to DOH and from partners to AMCH PPS, and internal controls. These deliverables will be reviewed and approved by PPS Board, the PAC Executive Committee and the voting members of the PAC.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. The PPS Board will approve the charter for	Completed	4. The PPS Board will approve the charter for the Finance	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
the Finance Committee of the PPS.		Committee of the PPS. The Finance Committee will develop financial budgeting and reporting processes working with other PAC committees, providers and PMO leadership.							
Task 5. AMCH PPS's Finance Committee will recommend financial budgeting, management and reporting structures to the PPS Board, ensuring that funds are appropriately segregated, managed and utilized in a manner that is consistent with the goals and objectives of DSRIP.	Completed	5. AMCH PPS's Finance Committee will recommend financial budgeting, management and reporting structures to the PPS Board, ensuring that funds are appropriately segregated, managed and utilized in a manner that is consistent with the goals and objectives of DSRIP.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. The PAC Executive Committee approves budgeting and reporting structure, and recommends the structure for approval by the PPS AMC Board.	Completed	6. The PAC Executive Committee approves budgeting and reporting structure, and recommends the structure for approval by the PPS AMC Board.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task  1. AMCH PPS Finance Committee will identify appropriate financial metrics and conduct a survey to identify financially fragile members of the PPS.	Completed	AMCH PPS Finance Committee will identify appropriate financial metrics and conduct a survey to identify financially fragile members of the PPS.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH PPS PMO, along with the Finance Committee, will complete and update the original financial assessment from the project planning	Completed	2. AMCH PPS PMO, along with the Finance Committee, will complete and update the original financial assessment from the project planning phase. A key component of this assessment will be to identify partners experiencing financial	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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phase. A key component of this assessment will be to identify partners experiencing financial distress that are essential to DSRIP Project success.		distress that are essential to DSRIP Project success.							
Task 3. AMCH PPS Finance Committee will identify necessary steps, such as evaluation of staffing, cash on hand, debt ratio, operating margin, and current ratio, as well as other financial indicators, to help identify financially fragile organizations.  To the extent feasible, the PPS will assist financially fragile organizations to regain sound financial status by offering technical support or other guidance as deemed appropriate by the committee and approved by the AMCH PAC Executive Committee. Meetings with key leaders and decision makers will be facilitated to discuss the findings. A plan will be crafted to help transition said organizations' financial status. Key benchmarks, financial models, and goals will be provided, as well as financial coaching, training, and other resources as necessary.	Completed	3. AMCH PPS Finance Committee will identify necessary steps, such as evaluation of staffing, cash on hand, debt ratio, operating margin, and current ratio, as well as other financial indicators, to help identify financially fragile organizations. To the extent feasible, the PPS will assist financially fragile organizations to regain sound financial status by offering technical support or other guidance as deemed appropriate by the committee and approved by the AMCH PAC Executive Committee. Meetings with key leaders and decision makers will be facilitated to discuss the findings. A plan will be crafted to help transition said organizations' financial status. Key benchmarks, financial models, and goals will be provided, as well as financial coaching, training, and other resources as necessary.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task  4. AMCH PPS Finance Committee will develop an ongoing monitoring process to assess at risk providers, including periodic assessments of key financial ratios. This plan will be communicated to providers through the PMO as appropriate.	Completed	4. AMCH PPS Finance Committee will develop an ongoing monitoring process to assess at risk providers, including periodic assessments of key financial ratios. This plan will be communicated to providers through the PMO as appropriate.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task  1. AMCH PPS Audit and Compliance Committee in collaboration with the PPS compliance officer and legal council, will develop a Code of Conduct and Compliance Plan that encompass the required compliance elements set forth in NYS	Completed	1. AMCH PPS Audit and Compliance Committee in collaboration with the PPS compliance officer and legal council, will develop a Code of Conduct and Compliance Plan that encompass the required compliance elements set forth in NYS Social Services Compliance Law 363-d as applied to the PPS.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Social Services Compliance Law 363-d as applied to the PPS.									
Task 2. AMCH PPS Audit and Compliance Committee will present the Code of Conduct and Compliance Plan to the PPS Board for review and approval.	Completed	2. AMCH PPS Audit and Compliance Committee will present the Code of Conduct and Compliance Plan to the PPS Board for review and approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. PPS Board reviews and adopts the Code of Conduct and Compliance Plan; the AMCH Board of Governors reviews and adopts the Code of Conduct and Compliance Plan. The Board approved Code of Conduct and Compliance Plan are disseminated to the PAC.	Completed	3. PPS Board reviews and adopts the Code of Conduct and Compliance Plan; the AMCH Board of Governors reviews and adopts the Code of Conduct and Compliance Plan. The Board approved Code of Conduct and Compliance Plan are disseminated to the PAC.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. PMO staff in collaboration with the WCC will develop a Compliance Plan and Code of Conduct training strategy for the PPS.	Completed	4. PMO staff in collaboration with the WCC will develop a Compliance Plan and Code of Conduct training strategy for the PPS.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. AMCH PPS continues implementation operation of the Compliance Program. AMCH PPS Executive Director completes OMIG's required certification for Compliance Program.	Completed	5. AMCH PPS continues implementation operation of the Compliance Program. AMCH PPS Executive Director completes OMIG's required certification for Compliance Program.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Completed	Administer VBP activity survey to network	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	YES
Task  1. AMCH's PMO staff in collaboration with the Finance Committee will gather baseline Medicaid aggregate revenue data and methods of reimbursement to determine fee for service and value based payment streams existing in the PPS.	Completed	AMCH's PMO staff in collaboration with the Finance     Committee will gather baseline Medicaid aggregate revenue     data and methods of reimbursement to determine fee for     service and value based payment streams existing in the     PPS.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH's PMO staff and Finance Committee will develop and disseminate educational materials.	Completed	2. AMCH's PMO staff and Finance Committee will develop and disseminate educational materials as part of a broader communication strategy for the PPS network including information to be shared with providers.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 3. AMCH's PMO will assess network readiness to transform to VBP.	Completed	3. AMCH's PMO will assess network readiness to transform to VBP.	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH PPS will survey providers regarding their VBP contracts.	Completed	4. AMCH PPS will survey providers regarding their VBP contracts and if they have any, what are their compensation modalities. Survey information will be presented to the Finance Committee and the PAC Executive Committee.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. AMCH PPS Finance Committee will analyze revenue data related to VBP and develop a draft report for AMCH Executive Steering Committee to review and comment.	Completed	5. AMCH PPS Finance Committee will analyze revenue data related to VBP and develop a draft report for AMCH Executive Steering Committee to review and comment.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. AMCH PPS Finance Committee will finalize a revenue assessment report and submit to AMCH Executive Steering Committee for approval.	Completed	6. AMCH PPS Finance Committee will finalize a revenue assessment report and submit to AMCH Executive Steering Committee for approval.	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. AMCH PAC Executive Committee will approve the report and communicate results to PPS providers.	Completed	7. AMCH PAC Executive Committee will approve the report and communicate results to PPS providers.	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Completed	Submit VBP support implementation plan	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	YES
Task  1. AMCH PMO will establish a VBP workgroup to develop a plan starting with prioritization of potential opportunities and providers for value based arrangements.	Completed	1. AMCH PMO will establish a VBP workgroup to develop a plan starting with prioritization of potential opportunities and providers for value based arrangements. Workgroup participants will include AMCH executive leadership, finance committee chair, audit and compliance committee chair, PMO executive director, participating providers and other members as appropriate.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. AMCH PPS's PMO and AMC Integrated Delivery System Director will engage Medicaid Managed Care Organizations in dialogue on value based payment methodologies.	Completed	2. AMCH PPS's PMO and AMC Integrated Delivery System Director will engage Medicaid Managed Care Organizations in dialogue on value based payment methodologies. Meetings will be held on a monthly basis during DY1 and DY2.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. AMCH PPS's PMO will identify VBP	Completed	3. AMCH PPS's PMO will identify VBP accelerators and challenges within AMCH PPS related to implementation of the	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
accelerators and challenges within AMCH PPS related to implementation of the VBP models including existing ACO's and MCO models, shared savings arrangements, IT structure requirements and contracting complexities.		VBP models including existing ACO's and MCO models, shared savings arrangements, IT structure requirements and contracting complexities.							
Task  4. AMCH PPS will align providers and projects where VBP accelerators or challenges exist to develop timelines for VBP implementation.	Completed	4. AMCH PPS will align providers and projects where VBP accelerators or challenges exist to develop timelines for VBP implementation.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5. AMCH PPS's VBP Workgroup will assess all data and development of VBP timeline with MCO's, AMCH Finance Committee, PMO staff, and the PPS.	Completed	5. AMCH PPS's VBP Workgroup will assess all data and development of VBP timeline with MCO's, AMCH Finance Committee, PMO staff, and the PPS.	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 6. AMCH PPS VBP Workgroup will complete a draft plan for VBP adoption for review and approval by the Finance Committee.	Completed	AMCH PPS VBP Workgroup will complete a draft plan for VBP adoption for review and approval by the Finance Committee.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
<ul><li>Task</li><li>7. AMCH PPS VBP Workgroup will prepare draft plan for presentation to PPS Board and MCO's.</li></ul>	Completed	7. AMCH PPS VBP Workgroup will prepare a draft plan for presentation to the PPS Board and MCO's.	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 8. PPS Board and MCO's agree upon and approve the plan towards achieving 90% value-based payments across network by year 5 of the waiver. PPS Board approves the VBP plan.	Completed	8. PPS Board and MCO's agree upon and approve the plan towards achieving 90% value-based payments across network by year 5 of the waiver. PPS Board approves the VBP plan.	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 1New: Review Value Based Needs Assessment results to identify priority topics among PPS Partners	Completed	1New: Review Value Based Needs Assessment results to identify priority topics among PPS Partners	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task 2New: Identify topic experts for presentation of each topic in collaboration with overlapping PPSs to ensure a streamlined approach	Completed	2New: Identify topic experts for presentation of each topic in collaboration with overlapping PPSs to ensure a streamlined approach	04/27/2017	06/30/2017	04/27/2017	06/30/2017	06/30/2017	DY3 Q1	
Task 3New: Identify steps to create Pre and Post Test materials, as appropriate for each session	Completed	3New: Identify steps to create Pre and Post Test materials, as appropriate for each session	05/05/2017	06/30/2017	05/05/2017	06/30/2017	06/30/2017	DY3 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 4New: Identify steps to provide analytic reports and resources specifically focused on fostering relationships amongst providers across the network	Completed	4New: Identify steps to provide analytic reports and resources specifically focused on fostering relationships amongst providers across the network	06/01/2017	06/30/2017	06/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task 5New: Identify steps to regularly collect feedback on emerging trends, challenges and issues with the transition to VBP among participating providers	Completed	5New: Identify steps to regularly collect feedback on emerging trends, challenges and issues with the transition to VBP among participating providers	06/01/2017	06/30/2017	06/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Completed	Initial Milestone Completion: Submit VBP education/training schedule Ongoing Reporting: Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports	04/20/2017	06/30/2017	04/20/2017	06/30/2017	06/30/2017	DY3 Q1	YES
Task 1: Collaborate with overlapping PPS' to establish education schedule and topics, by provider type, to ensure a streamlined process for all participating providers	Completed	Collaborate with overlapping PPS' to establish education schedule and topics, by provider type, to ensure a streamlined process for all participating providers	04/27/2017	06/30/2017	04/27/2017	06/30/2017	06/30/2017	DY3 Q1	
Task 2: Utilize GNYHA VBP Curriculum guide and participate in PPS-wide collaboration meetings to ensure a streamlined implementation process across NYS	Completed	2: Utilize GNYHA VBP Curriculum guide and participate in PPS-wide collaboration meetings to ensure a streamlined implementation process across NYS	04/20/2017	06/30/2017	04/20/2017	06/30/2017	06/30/2017	DY3 Q1	
Task 3: Begin steps to identify topic experts for presentation of each topic, by provider type, as outlined in the Education Schedule	Completed	3: Begin steps to identify topic experts for presentation of each topic, by provider type, as outlined in the Education Schedule	06/01/2017	06/30/2017	06/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task 4: Develop schedule to implement VBP education sessions, by provider type through DY5.	Completed	4: Develop schedule to implement VBP education sessions, by provider type through DY5.	06/01/2017	06/30/2017	06/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Milestone #7 Provide appropriate information to partners and MCOs to encourage and support data sharing agreements between the providing partners and	Completed	Provide appropriate information to partners and MCOs to encourage and support data sharing agreements between the providing partners and the MCOs	09/01/2017	09/30/2018	09/01/2017	09/30/2018	09/30/2018	DY4 Q2	YES



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
the MCOs									
Task     1. Provide education to the partners on how and where to access data resources on partner performance measures	Completed	Provide education to the partners on how and where to access data resources on partner performance measures	09/01/2017	09/30/2018	09/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task 2. Develop a Quality Measures crosswalk for the performance measures identified by DSRIP and the VBP arrangements' measures	Completed	Develop a Quality Measures crosswalk for the performance measures identified by DSRIP and the VBP arrangements' measures	09/30/2017	03/31/2018	09/30/2017	03/31/2018	03/31/2018	DY3 Q4	
Task 3. Produce a provider report card generated by the quality measures	Completed	Produce a provider report card generated by the quality measures	07/01/2018	09/30/2018	07/01/2018	09/30/2018	09/30/2018	DY4 Q2	
Task 4. Provide partners access to data that will link them to other service providers to improve care delivery	Completed	Provide partners access to data that will link them to other service providers to improve care delivery	07/01/2018	09/30/2018	07/01/2018	09/30/2018	09/30/2018	DY4 Q2	
Milestone #8 Engage Community-based Organizations to increase patient engagement and literacy to promote VBP collaboration among CBOs and participating provider organizations	Completed	Engage Community-based Organizations to increase patient engagement and literacy to promote VBP collaboration among CBOs and participating provider organizations	09/01/2017	09/30/2018	09/01/2017	09/30/2018	09/30/2018	DY4 Q2	YES
Task 1. Provide technical assistance to develop partnerships between the VBP contractors in Level 2 and 3 arrangements and Tier 1 CBOs	Completed	Provide technical assistance to develop partnerships between the VBP contractors in Level 2 and 3 arrangements and Tier 1 CBOs	09/01/2017	09/30/2018	09/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task 2. Provide technical assistance to the VBP contractors in Level 2 and 3 arrangements to implement social determinants of health interventions	Completed	Provide technical assistance to the VBP contractors in Level 2 and 3 arrangements to implement social determinants of health interventions	09/01/2017	09/30/2018	09/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task 3. Collaborate with the Workforce Coordinating Council and the Community Engagement, Cultural Responsiveness and Health Literacy Committee to assist partners with providing the tools and education to consumers on VBP	Completed	3. Collaborate with the Workforce Coordinating Council and the Community Engagement, Cultural Responsiveness and Health Literacy Committee to assist partners with providing the tools and education to consumers on VBP	09/01/2017	09/30/2018	09/01/2017	09/30/2018	09/30/2018	DY4 Q2	
Task	Completed	4. Utilize BHNNY Cares for referrals of CBO services and	07/01/2018	09/30/2018	07/01/2018	09/30/2018	09/30/2018	DY4 Q2	



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### **Better Health for Northeast New York (PPS ID:1)**

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Utilize BHNNY Cares for referrals of CBO services and resources		resources							
Task 5. Collaborate with overlapping PPS' to establish a catalog of community resources to be utilized by the patient population	Completed	5. Collaborate with overlapping PPS' to establish a catalog of community resources to be utilized by the patient population	07/01/2018	09/30/2018	07/01/2018	09/30/2018	09/30/2018	DY4 Q2	

#### **IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description		
Finalize PPS finance structure, including reporting structure	If there have been changes, please describe those changes and upload any	Please state if there have been any changes during this reporting quarter.		
Finalize FF3 linance structure, including reporting structure	supporting documentation as necessary.	Please state yes or no in the corresponding narrative box.		

#### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mcintyc	Meeting Materials	1_DY4Q4_FS_MDL31_PRES1_MM_DRAFT_BHN NY_Board_Minutes_4.19.19_25257.pdf	DRAFT BHNNY Board Minutes 4.19.19	04/26/2019 02:44 PM
Finalize PPS finance structure, including reporting structure	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES1_TEMPL_Meeting_ Schedule_Template_25256.xlsx	Meeting Schedule Template	04/26/2019 02:44 PM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES1_TEMPL_BHNNY_ Finance_Committee_Roster_April2019_25255.xlsx	BHNNY Finance Committee Roster April2019	04/26/2019 02:43 PM
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	mcintyc	Documentation/Certific ation	1_DY4Q4_FS_MDL31_PRES3_DOC_NYS_OMIG _Compliance_Certification_25258.pdf	Fwd NYS OMIG Compliance Certification (SSL)	04/26/2019 02:51 PM
Develop a Value Based Payments Needs Assessment ("VNA")	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES4_TEMPL_BHNNY_ FinSust_Milestone_4_CBO_VBP_Session_3_Evalu ation_&_Feedback_25263.pdf	BHNNY FinSust Milestone 4 CBO_VBP Session 3 Evaluation & Feedback	04/26/2019 02:54 PM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES4_TEMPL_BHNNY_ FinSust_Milestone_4_CBO_VBP_Session_2_Evalu ation_&_Feedback_25262.pdf	BHNNY FinSust Milestone 4 CBO_VBP Session 2 Evaluation & Feedback	04/26/2019 02:54 PM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES4_TEMPL_BHNNY_ FinSust_Milestone_4_CBO_VBP_Session_1_Evalu ation_&_Feedback_25261.pdf	BHNNY FinSust Milestone 4 CBO_VBP Session 1 Evaluation & Feedback	04/26/2019 02:53 PM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES4_TEMPL_BHNNY_	BHNNY FinSust Milestone 4 CBO_VBP Cohort	04/26/2019 02:53 PM



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## **Better Health for Northeast New York (PPS ID:1)**

#### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			FinSust_Milestone_4_CBO_VBP_Cohort_Report_F inal_25260.pdf	Report Final	
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES4_TEMPL_BHNNY_ FinSust_Milestone_4_CBO_VBP_3.20.19 _Volume_to_Value_Evaluation_Summary_25259. pdf	BHNNY FinSust Milestone 4 CBO_VBP 3.20.19 Volume to Value_Evaluation Summary	04/26/2019 02:52 PM
Develop an implementation plan geared towards	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES5_TEMPL_BHNNY_ FinSust_Milestone_5_VBP4_Agenda_March2019_ 25267.pdf	BHNNY FinSust Milestone 5 VBP4 Agenda_March2019	04/26/2019 03:05 PM
addressing the needs identified within your VNA	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES5_TEMPL_BHNNY_ FinSust_Milestone_5_CBO_VBP_Training_Guide_ 25266.pdf	BHNNY FinSust Milestone 5 CBO_VBP Training Guide	04/26/2019 03:04 PM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES6_TEMPL_Training_ Schedule_Template_VBP_F_M6_04222019_25304 .xlsx	Training Schedule Template_VBP F M6 04222019	04/26/2019 03:36 PM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES6_TEMPL_BHNNY_ FinSust_Milestone_6_VBP4_Registration_25303. pdf	BHNNY FinSust Milestone 6 VBP4 Registration	04/26/2019 03:36 PM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES6_TEMPL_BHNNY_ FinSust_Milestone_6_VBP4_Agenda_March2019_ 25302.pdf	BHNNY FinSust Milestone 6 VBP4 Agenda_March2019	04/26/2019 03:35 PM
Develop partner engagement schedule for	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES6_TEMPL_BHNNY_ FinSust_Milestone_6_CBO_VBP_Training_Guide_ 25301.pdf	BHNNY FinSust Milestone 6 CBO_VBP Training Guide	04/26/2019 03:35 PM
partners for VBP education and training	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES6_TEMPL_BHNNY_ FinSust_Milestone_6_CBO_VBP_Session_3_Final _deck_25300.pdf	BHNNY FinSust Milestone 6 CBO_VBP Session 3 Final deck	04/26/2019 03:34 PM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES6_TEMPL_BHNNY_ FinSust_Milestone_6_CBO_VBP_Session_2_Final _deck_25299.pdf	BHNNY FinSust Milestone 6 CBO_VBP Session 2 Final deck	04/26/2019 03:33 PM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES6_TEMPL_BHNNY_ FinSust_Milestone_6_CBO_VBP_Session_1_Final _deck_25298.pdf	BHNNY FinSust Milestone 6 CBO_VBP Session 1 Final deck	04/26/2019 03:33 PM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES6_TEMPL_BHNNY_ FinSust_Milestone_6_CBO_VBP_Program_Webin ar_Deck_25297.pdf	BHNNY FinSust Milestone 6 CBO_VBP Program_Webinar_Deck	04/26/2019 03:32 PM



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#### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mcintyc Templates		1_DY4Q4_FS_MDL31_PRES7_TEMPL_Meeting_ Schedule_Template_F_M7_04222019_25368.xlsx	Meeting Schedule Template F M7 04222019	04/29/2019 09:56 AM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES7_TEMPL_BHNNY_ FinSust_Milestone_7_VBP4_Registration_25367. pdf	BHNNY FinSust Milestone 7 VBP4 Registration	04/29/2019 09:55 AM
Provide appropriate information to partners and	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES7_TEMPL_BHNNY_ FinSust_Milestone_7_VBP4_Crosswalk_25365.pdf	BHNNY FinSust Milestone 7 VBP4 Crosswalk	04/29/2019 09:53 AM
MCOs to encourage and support data sharing agreements between the providing partners and the MCOs	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES7_TEMPL_BHNNY_ FinSust_Milestone_7_VBP4_Agenda_March2019_ 25362.pdf	BHNNY FinSust Milestone 7 VBP4 Agenda_March2019	04/29/2019 09:51 AM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES7_TEMPL_BHNNY_ FinSust_Milestone_7_VBP_TCGP_Measures_Xwal k_25361.pdf	BHNNY FinSust Milestone 7 VBP TCGP Measures_Xwalk	04/29/2019 09:51 AM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES7_TEMPL_BHNNY_ FinSust_Milestone_7_CBO_VBP_Training_Guide_ 25360.pdf	BHNNY FinSust Milestone 7 CBO_VBP Training Guide	04/29/2019 09:50 AM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES8_TEMPL_BHNNY_ Milestone_8_Overview_update_25376.docx	BHNNY Milestone 8 Overview update	04/29/2019 10:03 AM
Engage Community based Organizations to	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES8_TEMPL_BHNNY_ FinSust_Milestone_8_VBP4_Registration_25375. pdf	BHNNY FinSust Milestone 8 VBP4 Registration	04/29/2019 10:02 AM
Engage Community-based Organizations to increase patient engagement and literacy to promote VBP collaboration among CBOs and	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES8_TEMPL_BHNNY_ FinSust_Milestone_8_VBP4_Agenda_March2019_ 25374.pdf	BHNNY FinSust Milestone 8 VBP4 Agenda_March2019	04/29/2019 10:02 AM
participating provider organizations	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES8_TEMPL_BHNNY_ FinSust_Milestone_8_CBO_VBP_Training_Guide_ 25372.pdf	BHNNY FinSust Milestone 8 CBO_VBP Training Guide	04/29/2019 10:02 AM
	mcintyc	Templates	1_DY4Q4_FS_MDL31_PRES8_TEMPL_Meeting_ Schedule_Template_F_M8_04222019_25371.xlsx	Meeting Schedule Template F M8 04222019	04/29/2019 10:01 AM

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	yes
Perform network financial health current state assessment and	
develop financial sustainability strategy to address key issues.	



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## **Better Health for Northeast New York (PPS ID:1)**

Prescribed willestones narrative Text				
Milestone Name	Narrative Text			
Finalize Compliance Plan consistent with New York State Social Services Law 363-d				
Develop a Value Based Payments Needs Assessment ("VNA")	SPRING VBP SYMPOSIUM: BHNNY has developed a communication and education strategy to engage providers in developing strategic engagements to enhance the quality and outcome of service to our communities. In collaboration with the Alliance for Better Health and AHI, BHNNY presented its Spring VBP symposium on March 20, 2019 titled Volume to Value: Creative Funding Opportunities in Payment Arrangements. More than 67 Providers attended this informational Program. Representation from our partner network included physician practices, hospitals, MCO's and CBOs. Attendees were pleased to see the participation of MCO's and other providers engaged in established value based arrangements as session panelist, moderators, session facilitators and presenters. The contributions of these individuals and their orgs allowed for extensive discussion, insight and sharing of strategy related to VBP. To measure the value of the program, a post-session attendee survey was conducted to assess the participants understanding of the seminar content, the quality of the presentation, the applicability to their org and its helpfulness in developing their VBP strategies and operational readiness strategy. Uploaded with the BHNNY document for M4 is a copy of the post-session attendee survey results.  CBO VBP LEARNING SERIES: THE BHNNY CBO VBP Learning Series launched September 28, 2018, with facilitation through May 31, 2019 is a "deep dive" into VBP for CBOs. Our program was developed based on the collective needs and input gathered during individual and group meetings held with our Partner CBOs over a period of three months (July-September 2018). During such meetings BHNNY documented each of the concerns, questions and/or areas of needed development expressed by our CBOs. Topics such as change management, understanding VBP strategy, how to develop a mission statement and value proposition, understanding VBP contracting process and contract content, identifying and evaluating appropriate VBP financial arrangements, understanding the correlat			
Develop an implementation plan geared towards addressing the needs identified within your VNA	SPRING VBP SYMPOSIUM: BHNNY has developed a communication and education strategy to engage providers in developing strategic engagements to enhance the quality and outcome of service to our communities. In collaboration with the Alliance for Better Health and AHI, BHNNY presented its Spring VBP symposium on March 20, 2019 titled Volume to Value: Creative Funding Opportunities in Payment Arrangements. More than 67 Providers attended this informational Program. Representation from our partner network included physician practices, hospitals, MCO's and CBOs. Attendees were pleased to see the participation of MCO's and other providers engaged in established value based arrangements as session panelist, moderators, session facilitators and presenters. The contributions of these individuals and their organizations allowed for extensive discussion, insight and sharing of strategy related to VBP.			



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### **Better Health for Northeast New York (PPS ID:1)**

Milestone Name	Narrative Text
	CBO VBP LEARNING SERIES: THE BHNNY CBO VBP Learning Series launched September 28, 2018, with facilitation through May 31, 2019 is a "deep dive" into VBP for CBOs. Our program was developed based on the collective needs and input gathered during individual and group meetings held with our Partner CBOs over a period of three months (July-September 2018). During such meetings BHNNY documented each of the concerns, questions and/or areas of needed development expressed by our CBOs. Topics such as change management, understanding VBP strategy, how to develop a mission statement and value proposition, understanding VBP contracting process and contract content, identifying and evaluating appropriate VBP financial arrangements, understanding the correlation of quality & performance measurement, understanding and identifying the need for data collection and the process of data analysis were noted. This input provided the foundation of the program as the curriculum was developed. Through a variety of structured activities and educational events, the partnering CBOs have been exposed to the world of value-based payment, have secured a greater understand the value proposition that they bring to the table, and have developed actionable work plans that will be "pitched" to key industry leads on May 31, 2019. The BHNNY CBO VBP Learning Series has emphasized collaboration amongst participating CBOs and efficient use of resources to adapt to the changing health world, moving from fee-for-service to true, value-based care. Today the series has been comprised of 20 CBOs with an program attendance of more than 80 individuals per session. Attendees were pleased to see the participation of three MCO's (CDPHP, MVP & UHC) throughout the series as the contributions of these organizations allowed for extensive discussion, insight and sharing of strategy related to VBP. Uploaded with this BHNNY document for Milestone is a copy of the Series Agenda and Program Guide.
	SPRING VBP SYMPOSIUM: BHNNY has developed a communication and education strategy to engage providers in developing strategic engagements to enhance the quality and outcome of service to our communities. In collaboration with the Alliance for Better Health and AHI, BHNNY presented its Spring VBP symposium on March 20, 2019 titled Volume to Value: Creative Funding Opportunities in Payment Arrangements. More than 67 Providers attended this informational Program. Representation from our partner network included physician practices, hospitals, MCO's and CBOs. Attendees were pleased to see the participation of MCO's and other providers engaged in established value based arrangements as session panelist, moderators, session facilitators and presenters. The contributions of these individuals and their organizations allowed for extensive discussion, insight and sharing of strategy related to VBP. Uploaded with the BHNNY document for task 6 is a copy of the program agenda, attendee/participant list and Training Tool Template.
Develop partner engagement schedule for partners for VBP education and training	CBO VBP LEARNING SERIES: THE BHNNY CBO VBP Learning Series launched September 28, 2018, with facilitation through May 31, 2019 is a "deep dive" into VBP for CBOs. Our program was developed based on the collective needs and input gathered during individual and group meetings held with our Partner CBOs over a period of three months (July-September 2018). During such meetings BHNNY documented each of the concerns, questions and/or areas of needed development expressed by our CBOs. Topics such as change management, understanding VBP strategy, how to develop a mission statement and value proposition, understanding VBP contracting process and contract content, identifying and evaluating appropriate VBP financial arrangements, understanding the correlation of quality & performance measurement, understanding and identifying the need for data collection and the process of data analysis were noted. This input provided the foundation of the program as the curriculum was developed. In addition, a formal pre-audit assessment was completed by each Participation CBO to assess their particular needs and areas for growth. Through a variety of structured activities and educational events, the partnering CBOs have been exposed to the world of value-based payment, have secured a greater understand the value proposition that they bring to the table, and have developed actionable work plans that will be "pitched" to key industry leads on May 31, 2019. The BHNNY CBO VBP Learning Series has emphasized collaboration amongst participating CBOs and efficient use of resources to adapt to the changing health world, moving from fee-for-service to true, value-based care. Today the series has been comprised of 20 CBOs with an program attendance of more than 80 individuals per session. Attendees were pleased to see the participation of three MCO's (CDPHP, MVP & UHC) throughout the series as the contributions of these organizations allowed for extensive discussion, insight and sharing of
Provide appropriate information to partners and MCOs to	strategy related to VBP. Uploaded with this BHNNY document for task 6 is a copy of the Series Agenda and Program Guide, initial kick-off series Webinar materials, the series presentations of the January 10, 2019, February 7, 2019 and March 7, 2019 programs and Training Tool Template.  SPRING VBP SYMPOSIUM: BHNNY has developed a communication and education strategy to engage providers in developing strategic engagements to



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Milestone Name	Narrative Text
	enhance the quality and outcome of service to our communities. In collaboration with the Alliance for Better Health and AHI, BHNNY presented its Spring VBP symposium on March 20, 2019 titled Volume to Value: Creative Funding Opportunities in Payment Arrangements. More than 67 Providers attended this informational Program. Representation from our partner network included physician practices, hospitals, MCO's and CBOs. Attendees were pleased to see the participation of MCO's and other providers engaged in established value based arrangements as session panelist, moderators, session facilitators and presenters. The contributions of these individuals and their orgs allowed for extensive discussion, insight and sharing of strategy related to VBP. Of note, in our latest program we provided all attendees with a copy of a Total PCP VBP Measures Guideline (crosswalk) which demonstrated the commonality of quality measures and desired outcome among various payers. This tool was received with great appreciation and acknowledgement of the required outcomes necessary in negotiating VBP arrangements. Uploaded with the BHNNY document for task 7 is a copy of the program agenda, Provider attendance/participation list and Total PCP VBP Measures Guideline (crosswalk).  CBO VBP LEARNING SERIES: THE BHNNY CBO VBP Learning Series launched September 28, 2018, with facilitation through May 31, 2019 is a "deep dive" into VBP for CBOs. Our program was developed based on the collective needs and input gathered during individual and group meetings held with our Partner
encourage and support data sharing agreements between the providing partners and the MCOs	CBOs over a period of three months (July-September 2018). During such meetings BHNNY documented each of the concerns, questions and/or areas of needed development expressed by our CBOs. Topics such as change management, understanding VBP strategy, how to develop a mission statement and value proposition, understanding VBP contracting process and contract content, identifying and evaluating appropriate VBP financial arrangements, understanding the correlation of quality & performance measurement, understanding and identifying the need for data collection and the process of data analysis were noted. This input provided the foundation of the program as the curriculum was developed.  Through a variety of presentations, structured activities, educational events and collaborative ACTION Team discussions, the partnering CBOs have been exposed to the world of value-based payment, have secured a greater understanding of the value proposition that they bring to the table, and have developed actionable work plans that will be "pitched" to key industry leads on May 31, 2019.
	The BHNNY CBO VBP Learning Series has emphasized collaboration amongst participating CBOs and efficient use of resources to adapt to the changing health world, moving from fee-for-service to true, value-based care. Today the series has been comprised of 20 CBOs with a program attendance of more than 80 individuals per session. Attendees were pleased to see the participation of three MCO's (CDPHP, MVP & UHC) throughout the series as the contributions of these orgs allowed for extensive discussion, insight and sharing of strategy related to VBP. Of note, in our latest program we provided all attendees with a copy of a Total PCP VBP Measures Guideline (crosswalk) which demonstrated the commonality of quality measures and desired outcome among various payers. This tool was received with great appreciation and acknowledgement of the required outcomes necessary in negotiating VBP arrangements. Uploaded with this BHNNY document for task 7 is a copy of the Series Agenda and Program Guide, attendance/participation list and Total PCP VBP Measures Guidelines (crosswalk).
Engage Community-based Organizations to increase patient engagement and literacy to promote VBP collaboration among CBOs and participating provider organizations	SPRING VBP SYMPOSIUM: BHNNY has developed a communication and education strategy to engage providers in developing strategic engagements to enhance the quality and outcome of service to our communities. In collaboration with the Alliance for Better Health and AHI, BHNNY presented its Spring VBP symposium on March 20, 2019 titled Volume to Value: Creative Funding Opportunities in Payment Arrangements. More than 67 Providers attended this informational Program. Representation from our partner network included physician practices, hospitals, MCO's and CBOs. Attendees were pleased to see the participation of MCO's and other providers engaged in established value based arrangements as session panelist, moderators, session facilitators and presenters. The contributions of these individuals and their organizations allowed for extensive discussion, insight and sharing of strategy related to VBP. Uploaded with the BHNNY document for task 8 is a copy of the program agenda and Provider attendance/participation list.  CBO VBP LEARNING SERIES: THE BHNNY CBO VBP Learning Series launched September 28, 2018, with facilitation through May 31, 2019 is a "deep dive"



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### **Better Health for Northeast New York (PPS ID:1)**

#### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text					
	into VBP for CBOs. Our program was developed based on the collective needs and input gathered during individual and group meetings held with our Partner CBOs over a period of three months (July-September 2018). During such meetings BHNNY documented each of the concerns, questions and/or areas of needed development expressed by our CBOs. Topics such as change management, understanding VBP strategy, how to develop a mission statement and value proposition, understanding VBP contracting process and contract content, identifying and evaluating appropriate VBP financial arrangements, understanding the correlation of quality & performance measurement, understanding and identifying the need for data collection and the process of data analysis were noted. This input provided the foundation of the program as the curriculum was developed. In addition, a formal pre-audit assessment was completed by each Participation CBO to assess their particular needs and areas for growth.  Through a variety of structured activities and educational events, the partnering CBOs have been exposed to the world of value-based payment, have secured a greater understand the value proposition that they bring to the table, and have developed actionable work plans that will be "pitched" to key industry leads on May 31, 2019. The BHNNY CBO VBP Learning Series has emphasized collaboration amongst participating CBOs and efficient use of resources to adapt to the changing health world, moving from fee-for-service to true, value-based care. Today the series has been comprised of 20 CBOs with an program attendance of more than 80 individuals per session. Attendees were pleased to see the participation of three MCO's (CDPHP, MVP & UHC) throughout the series as the contributions of these organizations allowed for extensive discussion, insight and sharing of strategy related to VBP. Uploaded with this BHNNY document for task 8 is a copy of the Series Agenda and Program Guide and attendance/participation list.					
	BHNNY is providing numerous trainings and resources to VBP Champions across the network. We have updated the role of these champions to ensure education materials are being brought back to their organizations from the cross-PPS training symposiums, the CBP VBP Learning Series and even educational materials that they have gathered by attending sessions beyond the BHNNY requirements.					

#### **Milestone Review Status**

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



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**Better Health for Northeast New York (PPS ID:1)** 

**IPQR Module 3.2 - PPS Defined Milestones** 

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

#### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text

No Records Found



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**Better Health for Northeast New York (PPS ID:1)** 

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

#### Instructions:

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

There are many challenges to implementing the organizational strategies required for the financial sustainability work stream that could impact AMCH PPS' efforts to assess and monitor the financial health of the PPS and achieve the outcome measure targets. Implementation of the financial reporting systems needed to monitor the financial stability of the network is key among these risks. Education, communication and eventual buy in from the AMCH PPS providers into the overall goals of DSRIP and the financial structure in place is another key risk factor that will require mitigation. The success of the AMCH PPS in achieving the selected project goals as well as the overall DSRIP Goals is dependent upon current reporting and communication of significant data across the PPS. The IT integration and support needed to collect and analyze the finances and flow of funds is critical to the success of this work stream. The Technology and Data Management Committee is tasked with the development of an integrated IT system to not only support the financial work stream, but the project data and reporting functions needed to reach full integration. There will be a significant need for capital investment that will be critical in the mitigation of this risk. One of the largest risks is the move from a fee for service payment system to a value based payment system in collaboration with the providers and the MCO's. This collaboration will be difficult as both the PPS and the MCO's have a financial interest in the outcomes, and prior to DSRIP, much of that process has been competitive and not collaborative. In addition, providers currently negotiate payments with MCO's individually, but under DSRIP, it is anticipated that negotiations for VBP's with Medicaid MCO's may involve the PPS at some level, although providers in the AMCH PPS will remain free to contract independently with Medicaid MCOs. There will be major hurdles to overcome to effect the change. Also, many of the MCO's currently provide many of the quality improvement functions that the PPS will need to put in place to meet the goals and objectives of DSRIP. To avoid duplication, the PPS will work collaboratively with MCOs for effective resource utilization. These changes will take time and require efficient communication and support from the DOH. To mitigate these risks the PPS will utilize two strategies. First, engagement of PPS providers in the transformation of the payment system through well thought out strategies effectively disseminated. Second, the PPS will develop comprehensive IT integration to facilitate and support payment transformation.

#### 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.)

The financial sustainability work stream is dependent on the IT Systems & Processes work stream. For example, financial decisions from readiness to risk assumption are predicated upon accurate and complete financial data from participating institutions. The success of the financial sustainability work stream is intricately linked to the performance reporting and practitioner engagement work streams. It is not sufficient to have financial data, there must also be active engagement from practitioners and organizational leadership. The financial sustainability work stream is dependent upon governance. The transition to VBP payment arrangements will require strong leadership from the governance structures of the



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AMCH PPS to lead the transformation of the payment system. The PPS Board and PPS committees, as the guiding bodies of the PPS, must provide an effective, engaged governance process to establish the roles and responsibilities of all committees and participating providers. The financial sustainability work stream is dependent upon a workforce committed to successful transformation to a sustainable business model. All other work streams are dependent upon financial sustainability to ensure their success rather than financial sustainability having major dependencies on those work streams.



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#### **IPQR Module 3.5 - Roles and Responsibilities**

#### Instructions:

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

Role	Name of person / organization (if known at this stage)	e) Key deliverables / responsibilities				
AMCH Board of Directors, PMO Chief Executive Officer	Louis Filhour, PhD	Manage project efforts to transform payment models across the delivery system.				
Chair, Finance Committee	Frances Spreer-Albert	Manage the affairs of the finance committee including the development of the financial plan.				
AMCH Compliance Officer	Noel Hogan	Certify PPS compliance plan to the Department of Health.				
Vice President, Integrated Delivery Systems	Joan Martin	Monthly engagement with MCOs.				
PPS Chief Financial Officer	Christine M. Waller	Manage PPS financial operations, planning and analysis, including budget and funds flow development, financial reporting and tracking, and PPS financial performance.				
Contracted Behavioral Health Provider Organizations	Capital District Psychiatric Center, The Addictions Care Center of Albany, Inc., Conifer Park, Catholic Charities, Equinox, Northern Rivers, Albany Medical Center Faculty Practice	Behavioral Health Engagement and participation				



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**IPQR Module 3.6 - Key Stakeholders** 

#### Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities				
Internal Stakeholders						
Albany Medical Center Hospital	Active participation	Willing participation in new payment models.				
Albany Medical College Faculty Physicians Group	Active participation	Willing participation in new payment models.				
Participating PPS Providers	Active participation	Willing participation in new payment models.				
Workers	Supportive role	Willing participation in new payment models.				
External Stakeholders						
NYSDOH	Payment	Payments will follow waiver requirements, milestone reporting and metrics per executed contracts.				
Local agencies serving Medicaid Population	Engagement	Engage consumers in behavioral modification.				
CBOs, as necessary	Community engagement	Educate and participate as necessary to ensure financial sustainability.				
MCOs	Active participation	Willing participation in new payment models.				
Patients	Engagement in care	Responsible use of medical resources.				



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**IPQR Module 3.7 - IT Expectations** 

#### Instructions:

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

Financial budgeting and reporting is critical in monitoring and maintaining the financial stability of the PPS and its providers. The development of a shared IT infrastructure across the PPS is a major pillar that needs to be built and supported in order for the PPS to be successful, including the accumulation of financial data. This integration of IT will also allow for the reporting of needed financial and budget information across the PPS in an efficient and expedient manner, allowing the financial sustainability to be monitored as well as the flow of DSRIP funding among budget categories, projects and providers. The IT system will include reports, and audit trail information for the finances of the PPS. This will allow the PPS to meet future audit and reporting requirements by the DOH, CMS, and OMIG.

#### IPQR Module 3.8 - Progress Reporting

#### Instructions:

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

AMCH PPS will align its financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP projects. The PMO will be responsible for monitoring progress against project requirements and process measures at a provider level. This information will be shared with the Finance Committee of the AMCH PPS for review and input, and reports will be generated and shared with the PPS Board for review, approval and guidance to the PPS. The success of the financial work stream will be measured by the timeliness of the reporting as set forth in the plan, the accuracy of these reports both internally and to the DOH, the development and implementation of proactive steps to determine financial sustainability, PPS assistance to promote the financial stability of partners, and the communication of this reporting to the partners and community in a timely fashion.

#### **IPQR Module 3.9 - IA Monitoring**

Instructions:



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#### **Section 04 – Cultural Competency & Health Literacy**

**IPQR Module 4.1 - Prescribed Milestones** 

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: Identify priority groups experiencing health disparities (based on your CNA and other analyses); Identify key factors to improve access to quality primary, behavioral health, and preventive health care Define plans for two-way communication with the population and community groups through specific community forums Identify assessments and tools to assist patients with selfmanagement of conditions (considering cultural, linguistic and literacy factors); and Identify community-based interventions to reduce health disparities and improve outcomes.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task  1. AMCH PPS will create a Cultural Competency & Health Literacy Committee (CCHLC) that will include consumer, provider and CBO representation. The CCHLC will follow The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) to establish system-wide guidelines. Building on the comprehensive CNA and survey activities, the CCHLC will approve of developed targeted approaches that address	Completed	1. AMCH PPS will create a Cultural Competency & Health Literacy Committee (CCHLC) that will include consumer, provider and CBO representation. The CCHLC will follow The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) to establish system-wide guidelines. Building on the comprehensive CNA and survey activities, the CCHLC will approve of developed targeted approaches that address cultural norms and mores, health burden of selected chronic diseases, the role of religious and other community supportive	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
cultural norms and mores, health burden of selected chronic diseases, the role of religious and other community supportive services, environmental factors and selected psycho-social issues. The guidelines approved by the CCHLC will be reviewed and approved by the PAC's Clinical and Quality Affairs Committee and the Executive Committee.		services, environmental factors and selected psycho-social issues. The guidelines approved by the CCHLC will be reviewed and approved by the PAC's Clinical and Quality Affairs Committee and the Executive Committee.							
Task 2. In collaboration with high needs community neighborhoods identified in the comprehensive CNA completed in November 2014, AMCH PPS will seek additional community input and will continue to analyze data to identify hot spots where health disparities are the most prevalent. This will allow us to create a framework for identifying areas with the highest need and to target our limited resources in a coordinated approach to address disparities in care that are linked to race, ethnicity, gender, sexual orientation and/or disability.	Completed	2. In collaboration with high needs community neighborhoods identified in the comprehensive CNA completed in November 2014, AMCH PPS will seek additional community input and will continue to analyze data to identify hot spots where health disparities are the most prevalent. This will allow us to create a framework for identifying areas with the highest need and to target our limited resources in a coordinated approach to address disparities in care that are linked to race, ethnicity, gender, sexual orientation and/or disability.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task  3. CCHLC will conduct an assessment of the competency of PPS Provider staff to provide services that are culturally and linguistically appropriate for those they serve. This assessment will be based on a survey of participating providers, input from our consumer and community affairs committee and various community stakeholders, including appropriate CBOs. It will identify where gaps exist and will be informed by material obtained from number 1, above. We will specifically identify the linguistic capabilities at each participating provider site. This assessment will be used to identify providers where cultural competency could be improved. The assessment will identify	Completed	3. CCHLC will conduct an assessment of the competency of PPS Provider staff to provide services that are culturally and linguistically appropriate for those they serve. This assessment will be based on a survey of participating providers, input from our consumer and community affairs committee and various community stakeholders, including appropriate CBOs. It will identify where gaps exist and will be informed by material obtained from number 1, above. We will specifically identify the linguistic capabilities at each participating provider site. This assessment will be used to identify providers where cultural competency could be improved. The assessment will identify accessibility of appropriate linguistic services and CBO availability to provide these services.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
accessibility of appropriate linguistic services and CBO availability to provide these services.									
Task  4. Building on successful approaches developed by the NYSDOH's AIDS Institute, the CCHLC will approve of customized health literacy tools to assist all participating providers with assessment, engagement, coordination, individualized patient assistance and integration with CBOs and other appropriate partners. The assessment will include patient self-assessment as well as a teach-back approach. Patients with low literacy and/or comprehension will be supported with patient or community navigators. Patient engagement and education materials will be provided in languages that are appropriate, and at a reading level consistent with the patient's ability to comprehend. When this is not feasible, other methods will be employed to engage the patient to be a partner in their care. These tools will be reviewed by the Consumer and Community Affairs Committee and field tested to ensure wide-spread adoption across the disparate geographic area in the PPS.	Completed	4. Building on successful approaches developed by the NYSDOH's AIDS Institute, the CCHLC will approve of customized health literacy tools to assist all participating providers with assessment, engagement, coordination, individualized patient assistance and integration with CBOs and other appropriate partners. The assessment will include patient self-assessment as well as a teach-back approach. Patients with low literacy and/or comprehension will be supported with patient or community navigators. Patient engagement and education materials will be provided in languages that are appropriate, and at a reading level consistent with the patient's ability to comprehend. When this is not feasible, other methods will be employed to engage the patient to be a partner in their care. These tools will be reviewed by the Consumer and Community Affairs Committee and field tested to ensure wide-spread adoption across the disparate geographic area in the PPS.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
5. The CCHLC will approve the development of patient and provider materials utilizing outside experts, best practice guidelines and evidence - based approaches. A variety of materials, including web-based learning and other technologies, will be field tested and reviewed with key stakeholders in the community, the Consumer and Community Affairs Committee, AMC's Center for Learning and Development, the PAC's Executive Committee and the PPS. This approach will also be coordinated with various managed care organizations to improve	Completed	5. The CCHLC will approve the development of patient and provider materials utilizing outside experts, best practice guidelines and evidence -based approaches. A variety of materials, including web-based learning and other technologies, will be field tested and reviewed with key stakeholders in the community, the Consumer and Community Affairs Committee, AMC's Center for Learning and Development, the PAC's Executive Committee and the PPS. This approach will also be coordinated with various managed care organizations to improve material development and dissemination.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
material development and dissemination.									
Task 6. The CCHLC will work with all participating providers to improve health literacy of our target population. Recognizing that health literacy is more complicated than an assessment of literacy level, various approaches to improve patient comprehension of operating hours, how to access services, including transportation and other identified potential barriers, as well as how and when to communicate with members of their care team, will be developed and disseminated.	Completed	6. The CCHLC will work with all participating providers to improve health literacy of our target population. Recognizing that health literacy is more complicated than an assessment of literacy level, various approaches to improve patient comprehension of operating hours, how to access services, including transportation and other identified potential barriers, as well as how and when to communicate with members of their care team, will be developed and disseminated.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. The CCHLC, along with the clinical and administrative leadership of the Project Management Office, will develop multiple strategies to effectively communicate with all providers in the PPS. Organizations participating in the PPS will be required, via contract, to be actively engaged in assessing and improving the cultural competency of their staff. Annual training will be provided by the AMCH PPS regarding knowledge, skills and abilities required to address and improve cultural competence.	Completed	7. The CCHLC, along with the clinical and administrative leadership of the Project Management Office, will develop multiple strategies to effectively communicate with all providers in the PPS. Organizations participating in the PPS will be required, via contract, to be actively engaged in assessing and improving the cultural competency of their staff. Annual training will be provided by the AMCH PPS regarding knowledge, skills and abilities required to address and improve cultural competence.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
ask  The PPS's Project Management Office, in collaboration with the CCHLC, will develop netrics to evaluate and monitor the impact of the iPS's cultural competency / health literacy nitiatives. Based on the initial survey completed in DY1, Q2, which will establish baseline neasures, additional qualitative and quantitative neasures will be collected across the entire PPS of evaluate progress.  8. The PPS's Project Management Office, in collaboration with the CCHLC, will develop metrics to evaluate and monitor the impact of the PPS's cultural competency / health literacy initiatives. Based on the initial survey completed in DY1, Q2, which will establish baseline measures, additional qualitative and quantitative measures will be collected across the entire PPS to evaluate progress.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3			
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities	Completed	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include:	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
(beyond the availability of language-appropriate material).		Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches							
Task  1. In collaboration with our PPS's Workforce Coordinating Council, AMC's Center for Learning and Development and based on surveys, the health disparity hot spot list, and other assessments, the CCHLC will approve the use of developed evidence-based cultural competency and health literacy trainings using multiple teaching methods, including web-based approaches, group learning sessions, role play, etc. to engage providers based on the highest identified priority needs. Curricula will be customized for different types of target audiences (e.g. pediatricians vs. CBOs serving adults) and will be refreshed to meet annual updates and training needs of new staff.	Completed	1. In collaboration with our PPS's Workforce Coordinating Council, AMC's Center for Learning and Development and based on surveys, the health disparity hot spot list, and other assessments, the CCHLC will approve the use of developed evidence-based cultural competency and health literacy trainings using multiple teaching methods, including webbased approaches, group learning sessions, role play, etc. to engage providers based on the highest identified priority needs. Curricula will be customized for different types of target audiences (e.g. pediatricians vs. CBOs serving adults) and will be refreshed to meet annual updates and training needs of new staff.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2. The Medical College, AMCH PMO and the CCHLC will finalize a system for web based and in-person trainings to be easily available to participating providers. This system will allow for tracking progress towards completion as well as evaluation of CCHL skill development.	On Hold	2. The Medical College, AMCH PMO and the CCHLC will finalize a system for web based and in-person trainings to be easily available to participating providers. This system will allow for tracking progress towards completion as well as evaluation of CCHL skill development.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. The CCHLC will work with organizational partners in our PPS to identify and engage key leaders in each organization who can be enlisted as champions to encourage active participation from all providers in cultural competency awareness and take proactive steps to address challenges posed by those who resist change or	Completed	3. The CCHLC will work with organizational partners in our PPS to identify and engage key leaders in each organization who can be enlisted as champions to encourage active participation from all providers in cultural competency awareness and take proactive steps to address challenges posed by those who resist change or refuse to be engaged. As an added incentive to encourage licensed providers to participate in training, AMCH PPS will provide continuing	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
refuse to be engaged. As an added incentive to encourage licensed providers to participate in training, AMCH PPS will provide continuing education credits, where appropriate.		education credits, where appropriate.							
Task  4. The CCHLC will approve the use of customized curricula to meet the varying needs for staff training and development around cultural competency issues. Building on existing curricula and expert trainers employed by AMC who offer this training throughout the region, AMCH PPS will develop an evidence based approach for training interventions that are effective in improving cultural competency. Inperson and web-based training will include criteria to evaluate the success of the training, both in terms of the participants evaluation of the session, and a pre- and post-test evaluation to assess knowledge learned. AMCH PMO will monitor the completion of trainings by all engaged providers, and will provide documentation on completion rates of annual assessments for reporting purposes.	On Hold	4. The CCHLC will approve the use of customized curricula to meet the varying needs for staff training and development around cultural competency issues. Building on existing curricula and expert trainers employed by AMC who offer this training throughout the region, AMCH PPS will develop an evidence based approach for training interventions that are effective in improving cultural competency. In-person and web-based training will include criteria to evaluate the success of the training, both in terms of the participants evaluation of the session, and a pre- and post-test evaluation to assess knowledge learned. AMCH PMO will monitor the completion of trainings by all engaged providers, and will provide documentation on completion rates of annual assessments for reporting purposes.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Based on the evaluations generated from step 4, as well as information collected in the CNA, the CCHLC will approve of on going training that can be focused on targeted providers who require further skill development to obtain the necessary competencies to provide care that is culturally and linguistically appropriate. Most of this training will be delivered on site in small groups, based on the identified needs from the pre- and post-test evaluations as well as specific requests from providers who want to improve their skills in this area.	Completed	5. Based on the evaluations generated from step 4, as well as information collected in the CNA, the CCHLC will approve of on going training that can be focused on targeted providers who require further skill development to obtain the necessary competencies to provide care that is culturally and linguistically appropriate. Most of this training will be delivered on site in small groups, based on the identified needs from the pre- and post-test evaluations as well as specific requests from providers who want to improve their skills in this area.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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#### **IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

#### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	mcintyc	Meeting Materials	1_DY4Q4_CCHL_MDL41_PRES1_MM_DRAFT_B HNNY_Board_Minutes_12.19.18_24950.pdf	BHNNY Board Minutes 12.19.18	04/24/2019 10:25 AM
Finalize cultural competency / health literacy	mcintyc	1_DY4Q4_CCHL_MDL41_PRES1_TEMPL_2018_ 2018 CECRHLC Committee Roster Undate		<u> </u>	04/24/2019 10:18 AM
Finalize cultural competency / health literacy strategy.	mcintyc	Templates	1_DY4Q4_CCHL_MDL41_PRES1_TEMPL_Copy_ of_CECRHLC_Roster_20181204_24943.xlsx	Copy of CECRHLC Roster 20181204	04/24/2019 10:18 AM
	mcintyc	Templates	1_DY4Q4_CCHL_MDL41_PRES1_TEMPL_CCHL _MS1_Meeting_Schedule_Template_CCHL_033119_ 24941.xlsx	CCHL MS. 1 Meeting Schedule Template CCHL 033119	04/24/2019 10:17 AM
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	mcintyc	Templates	1_DY4Q4_CCHL_MDL41_PRES2_TEMPL_CCHL _MS2_Training_Schedule_Template_CCHL_0423201 9_24952.xlsx	CCHL MS. 2 Training Schedule Template CCHL 04232019	04/24/2019 10:25 AM

#### **Prescribed Milestones Narrative Text**

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

#### **Milestone Review Status**

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



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**IPQR Module 4.2 - PPS Defined Milestones** 

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Midpoint Recommendation Response	Completed	Midpoint Recommendation Response	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2

#### **PPS Defined Milestones Current File Uploads**

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

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Midpoint Recommendation Response	



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

#### Instructions:

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

There are both challenges and risks involved in the implementation strategy presented in this section. Staff simply do not have the time to participate in face to face training, even though it is necessary to keep them current and improve the competencies they need to provide high quality and culturally and linguistically appropriate care. A second challenge relates to perception. Many providers mistakenly believe that their patients comprehend complex health information, when research proves this is not true. This leads to poor medication adherence, poor rates of retention in care, increased utilization of services that could be avoided and generally poor health outcomes. A third challenge relates to a failure of some service providers to provide culturally and linguistically appropriate care. In general, this occurs for three related reasons: there are very small percentages of patients at most of the suburban and rural sites who are not English speaking which creates disincentives from a business perspective to invest in appropriate services; there is a lack of licensed providers who are bi-lingual; and there are ingrained prejudices and biases based on incorrect assumptions and stereotypes. This negatively impacts many patients and leads to health disparities based on race, ethnicity, sexual orientation and disability. The final and perhaps biggest challenge relates to difficulties in obtaining buy-in. Without a firm commitment from all participating organizations to agree to the need for change, our implementation strategy may not succeed.

To address the lack of time for face to face training, AMCH PMO will make training available via our web portal. This will give us the ability to track who completes the online modules as well as their pre- and post-test scores, which will assist us with evaluation. On site training will still be readily available, but this alternative addresses the lack of time many providers have. Changing perceptions will not be easy. This will be addressed through the training as well as through communication channels to all participating providers. In terms of a failure to provide culturally and linguistically appropriate services, the primary approach to mitigating this risk will be the cultural competency and health literacy training described above. Finally, in terms of organizational and provider "buy-in" AMCH PMO will utilize three approaches. First, we will include requirements in each performance contract that cultural competency and health literacy required training of all staff must occur and be documented no later than year-end. Second, we will identify "champions" in each participating organization who will play an important role in mitigating this risk by helping providers adopt the guidelines promulgated by the CCHLC. Third, over and above the contractual requirements, we will provide incentives to organizations who complete the training early.

#### **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.)

AMC's cultural competency and health literacy strategy is interdependent with all work streams. Most obvious is its relationship to workforce issues, including staff training, development, recruitment and retention. AMCH PMO will clarify this in the workforce section of this plan. It is also directly linked to contractual issues, funds flow, incentivized payments, clinical and quality affairs, provider and community relations and engagement, consumer affairs and IT systems, including data collection, reporting and analysis. AMC's Project Management Office will oversee



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the activities and provide direction and support to the CCHLC. The Executive Committee of the PAC will provide additional coordination to help ensure member buy-in and commitments necessary to meet domain one milestones. However, there is an additional interdependency that is important to the collaborative regional approach we are pursuing. AMCH PPS will be collaborating with the Alliance for Better Health Care (AFBHC) PPS and the Adirondack Health Institute (AHI) PPS on many of these strategic issues. AMCH PMO is pursuing a strategy of collaboration with these PPSs to make the most efficient use of our limited resources, provide coordinated training and skills development and make it easier for our shared organizational partners to complete requirements once as opposed to three times. This requires careful planning between the three PPSs, which is something that we are currently actively engaged in. It does not mean that identical strategies to address cultural competency and health literacy issues will be created; however, it does mean that training and skills development will be coordinated to avoid duplication.



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**IPQR Module 4.5 - Roles and Responsibilities** 

#### Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
BHNNY Board	BHNNY Board	Approve health literacy/ cultural competency strategy.
BHNNY Community Engagement, Cultural Responsiveness and Health Literacy Committee	Tandra LaGrone, Executive Director- In Our Own Voices	Manage the direction and output of CCHL and Community Engagement initiatives; oversee implementation of the BHNNY Cultural Competency / Health Literacy Strategy.
AMCH Faculty Physicians Group	David Guyett, Director of Training	Lead the development of the PPS's cultural competency training & education program.
BHNNY Project Management Office	Louis Filhour	Lead the development and implementation of the PPS's health literacy campaign.
AMCH's Executive Board Sponsor	Ferdinand Venditti, MD, Executive Vice President	Liaison between the Executive body and the CCHLC.



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☑ IPQR Module 4.6 - Key Stakeholders

#### Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Participating PPS providers	Recipients of educational programs	Commit to and undertake cultural competency transformation.
Contracted CBOs including faith-based organizations	Provide assistance in the development and execution of the work stream	Subject matter expert & patient liaison.
External Stakeholders		
Patients & Families	Recipient of improved services; contributor to design of cultural competency / health literacy initiatives through consultation	Feedback on consultations.
Adirondack Health Institute and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.



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**IPQR Module 4.7 - IT Expectations** 

#### Instructions:

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

For the DY1 implementation, we will not have shared IT infrastructure in place across the PPS. However, we will have a web portal that all providers can connect to for web-based learning and pre- and post-test evaluation purposes. For all on site training, data will be collected manually in terms of attendees, course evaluations etc. Initial surveys of community needs will be sent and submitted electronically using current technology and software. By DY2, these processes will be replaced with interoperable IT systems across our network. This will be necessary for our workforce strategy and will require participating providers to use project management software currently being evaluated. Analyzing Salient data and completing risk stratification will allow us to share demographic information about patients across our provider network. AMCH's PMO will then use this information to track the service usage of our priority patient groups (including avoidable admissions, emergency department visits, primary care access, etc.). As care management protocols are developed and rolled out, we will have additional information available in terms of patients' cultural, religious and personal preferences. Sharing this information between providers will allow them to deliver culturally and linguistically appropriate services, and to understand the wider trends in the members utilizing their services. It will also allow our finance committee and PAC executive committee to shift resources, via incentives and other strategies, to participating providers who need to improve skill sets to address DSRIP goals. Finally, patient surveys and focus groups will provide important information needed for us to assess satisfaction and needs identified in terms of our CCHLC strategies. This information will be entered into databases and will be shared with all participating providers, the DOH and the public.

#### **IPQR Module 4.8 - Progress Reporting**

#### Instructions:

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

As noted above, DY1 will be a year of transition in terms of progress reporting. We will not have interoperable systems in place for every participating provider by year-end. We will, however, have project management software available as well as software to mine claims data to generate all domain one milestones required for reporting purposes. As we build our IT capabilities and capacity in DY1, we will be increasingly able to assess changes in health disparities between different sub-populations. We will continue to be engaged with AFBHC and AHI in terms of joint efforts to update community needs. We will also continue to collaborate and coordinate with the local SHIP-funded group, Healthy Capital District Initiative, to complete updates to identified community needs and the community plan.

Improvements in the health literacy of our attributed population will support our achievement of targets for reductions in avoidable emergency visits/ admissions.

Specifically, the metrics we will use to monitor the success of our strategies to improve the health literacy of our target populations will be:
- Avoidable ED and inpatient utilization associated with cultural & socio-demographic groups. This should facilitate our ability to evaluate the impact of our CCHLC strategy on the way these groups are accessing and using healthcare services.



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- Uptake of practitioner cultural competency training, as captured by post-test evaluation of completed trainings and provider surveys to assess adequacy and utility of training.
- Patient involvement in community engagement initiatives, including focus groups, community forums and consumer affairs.

  Success will also be measured by the completion and documentation of the following items: CCHLC meeting minutes and agendas, a finalized health disparity hot spot list, finalized and approved survey for participating providers to assess current skills and knowledge around cultural competency and health literacy, finalized educational materials, trainings and tools for both patients and providers, and the finalized assessment with pre and post test to be completed by all engaged participating providers, as necessary and appropriate. AMCH PMO and the CCHLC will monitor completion rates for annual assessments among providers, and will identify those who need continued skill development trainings.

  Documentation of trainings completed will be available and will be published to the PMO website and shared as a dashboard indicator. Over time, we will be able to track competency skills among participating providers to determine if education provided has achieved the goal of this committee by improved annual scores on their assessments.

**IPQR Module 4.9 - IA Monitoring** 

Instructions:



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#### Section 05 – IT Systems and Processes

**IPQR Module 5.1 - Prescribed Milestones** 

#### Instructions:

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task  1. AMCH Executive Steering Committee (PPS Board) will establish an IT governance body; per the operating guidelines the Technology and Data Management committee (TDMC) will be formed and populated.	Completed	AMCH Executive Steering Committee (PPS Board) will establish an IT governance body; per the operating guidelines the Technology and Data Management committee (TDMC) will be formed and populated.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task  2. AMCH PMO will engage HIXNY and other relevant QEs in assessing information technology capabilities of network providers in data exchange.	Completed	2. AMCH PMO will engage HIXNY and other relevant QEs in assessing information technology capabilities of network providers in data exchange.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. AMCH PMO with the input from the TDMC, will develop a survey to assess the current state of the IT landscape within the PPS. This will include EHR utilization, connectivity, hardware and software infrastructure, security safeguards, staffing expertise, and analytic abilities.	Completed	3. AMCH PMO with the input from the TDMC, will develop a survey to assess the current state of the IT landscape within the PPS. This will include EHR utilization, connectivity, hardware and software infrastructure, security safeguards, staffing expertise, and analytic abilities.	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. AMCH PMO and the TDMC, will review and analyze results of the survey and the	Completed	4. AMCH PMO and the TDMC, will review and analyze results of the survey and the assessment undertaken with the QEs to identify gaps including readiness for data sharing and	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
assessment undertaken with the QEs to identify gaps including readiness for data sharing and the implementation of interoperable IT platform(s). These results will constitute the current state assessment and be communicated to the PPS Executive Committee of the PAC, to the PPS Board, and to the PPS providers, and highlight implications of the results.		the implementation of interoperable IT platform(s). These results will constitute the current state assessment and be communicated to the PPS Executive Committee of the PAC, to the PPS Board, and to the PPS providers, and highlight implications of the results.							
Milestone #2 Develop an IT Change Management Strategy.	Completed	IT change management strategy, signed off by PPS Board. The strategy should include: Your approach to governance of the change process; A communication plan to manage communication and involvement of all stakeholders, including users; An education and training plan; An impact / risk assessment for the entire IT change process; and Defined workflows for authorizing and implementing IT changes	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task  1. The AMCH PMO will define the roles and responsibilities of the TDMC to include development of an IT change management strategy. Once complete the strategy will be approved by the Executive Committee of the PAC and the PPS Board.	Completed	The AMCH PMO will define the roles and responsibilities of the TDMC to include development of an IT change management strategy. Once complete the strategy will be approved by the Executive Committee of the PAC and the PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<ul><li>Task</li><li>2. AMCH's TDMC will engage key stakeholders including end users through surveys and other means to identify training needs across the PPS.</li></ul>	Completed	2. AMCH's TDMC will engage key stakeholders including end users through surveys and other means to identify training needs across the PPS.	05/01/2015	12/31/2015	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Based on the identified training needs, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training as IT changes occur.	Completed	3. Based on the identified training needs, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training as IT changes occur.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. AMCH PMO will facilitate change management through effective communication strategies such as conference calls, meetings,	Completed	4. AMCH PMO will facilitate change management through effective communication strategies such as conference calls, meetings, targeted training, and one-on-one communication with key stakeholders.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
targeted training, and one-on-one communication with key stakeholders.									
Task 5. Using the available surveys, gap analysis, and other information, the TDMC will develop a thorough impact/risk assessment for the IT change process needed to implement an effective IT change management strategy.	Completed	5. Using the available surveys, gap analysis, and other information, the TDMC will develop a thorough impact/risk assessment for the IT change process needed to implement an effective IT change management strategy.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. The AMCH PMO and the TDMC will work with key stakeholders to define the needed workflows and processes for authorizing and implementing IT changes across the PPS.	Completed	6. The AMCH PMO and the TDMC will work with key stakeholders to define the needed workflows and processes for authorizing and implementing IT changes across the PPS.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. TDMC will develop a monthly monitoring protocol to ensure the success of the IT change management process.	Completed	7. TDMC will develop a monthly monitoring protocol to ensure the success of the IT change management process.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8. TDMC will present the change management strategy to the Executive Committee of the PAC and PPS Board for approval prior to dissemination and implementation.	Completed	8. TDMC will present the change management strategy to the Executive Committee of the PAC and PPS Board for approval prior to dissemination and implementation.	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 9. The TDMC and PMO will make the approved IT Change Management Strategy available to the PPS stakeholders including users.	Completed	9. The TDMC and PMO will make the approved IT Change Management Strategy available to the PPS stakeholders including users.	03/30/2016	03/31/2016	03/30/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network  Complete		Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include:  A governance framework with overarching rules of the road for interoperability and clinical data sharing;  A training plan to support the successful implementation of new platforms and processes; and  Technical standards and implementation guidance for sharing and using a common clinical data set  Detailed plans for establishing data exchange agreements between all providers within the PPS, including care	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task  1. The TDMC will define the IT current state ncluding network capability for clinical data sharing and system interoperability in alignment with each of the eleven projects.  To be sharied and the purpose of this sharing).  1. The TDMC will define the IT current state include capability for clinical data sharing and system interests in alignment with each of the eleven projects.			06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Concurrently with step 3 of the previous milestone, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training to support new IT platforms and processes	with step 3 of the previous  TDMC will collaborate with the force-training vendor to develop a required training to support new  2. Concurrently with step 3 of the previous milestone, the TDMC will collaborate with the WCC and workforce-training vendor to develop a plan to conduct required training to support new IT platforms and processes.			12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. The TDMC will work with the Clinical and Quality Affairs committee to define and establish technical standards and implementation guidelines for the use of a common clinical data set based on Domain 1-3 requirements for each of the eleven projects.	Completed	3. The TDMC will work with the Clinical and Quality Affairs committee to define and establish technical standards and implementation guidelines for the use of a common clinical data set based on Domain 1-3 requirements for each of the eleven projects.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task  4. The AMCH PPS PMO will develop contractual language regarding the obligation to seek patient consent to data exchange, as legally required, and agreement by providers to use technical, IT, and clinical data set standards to achieve care coordination and meet project implementation goals. This language will include DEAA compliance, security protections for PHI, and appropriate PHI access for entities such as CBOs. This language will be included in contracts with all providers including CBOs.	Completed	4. The AMCH PPS PMO will develop contractual language regarding the obligation to seek patient consent to data exchange, as legally required, and agreement by providers to use technical, IT, and clinical data set standards to achieve care coordination and meet project implementation goals. This language will include DEAA compliance, security protections for PHI, and appropriate PHI access for entities such as CBOs. This language will be included in contracts with all providers including CBOs.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. The TDMC and PMO will evaluate participating provider business continuity plans, data privacy controls, and transition plans for	Completed	5. The TDMC and PMO will evaluate participating provider business continuity plans, data privacy controls, and transition plans for data integration and connectivity to ensure standards are met and maintained across the PPS.	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
data integration and connectivity to ensure standards are met and maintained across the PPS.									
Task 6. The TDMC will present the final roadmap to the Executive Committee of the PAC for review and approval.	Completed	6. The TDMC will present the final roadmap to the Executive Committee of the PAC for review and approval.	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #4  Develop a specific plan for engaging attributed members in Qualifying Entities	Completed	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH PMO in collaboration with HIXNY will identify the baseline number and percentage of attributed patients who have provided consent for HIXNY data sharing, as well as participating providers in the PPS network connected to HIXNY.	Completed	AMCH PMO in collaboration with HIXNY will identify the baseline number and percentage of attributed patients who have provided consent for HIXNY data sharing, as well as participating providers in the PPS network connected to HIXNY.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task  2. AMCH PMO will create a PDSA plan for attributed patient engagement that will utilize community navigators and actively engaged CBOs for outreach and educational purposes. This plan will outline strategies for engaging, educating, and facilitating the completion of HIXNY consent forms by the attributed population.	Completed	2. AMCH PMO will create a PDSA plan for attributed patient engagement that will utilize community navigators and actively engaged CBOs for outreach and educational purposes. This plan will outline strategies for engaging, educating, and facilitating the completion of HIXNY consent forms by the attributed population.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. AMCH PMO in collaboration with the CCHLC will utilize the Community Needs Assessment and other relevant data sources to identify and target patient communities that are culturally and linguistically isolated. A pilot CBO location will be selected to implement the PDSA action plan based on the above findings.	Completed	3. AMCH PMO in collaboration with the CCHLC will utilize the Community Needs Assessment and other relevant data sources to identify and target patient communities that are culturally and linguistically isolated. A pilot CBO location will be selected to implement the PDSA action plan based on the above findings.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Based on the success of the above mentioned PDSA plan, the AMCH PMO will finalize a PPS-	Completed	4. Based on the success of the above mentioned PDSA plan, the AMCH PMO will finalize a PPS-wide plan, including participating providers as well as CBOs, to engage all	04/20/2016	06/30/2016	04/20/2016	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
wide plan, including participating providers as well as CBOs, to engage all attributed members who have not yet completed a HIXNY consent form identified in previous steps.		attributed members who have not yet completed a HIXNY consent form identified in previous steps.							
Task 5.This plan will be presented to the Executive Committee of the PAC and the PPS Board for review and approval.	Completed	5.This plan will be presented to the Executive Committee of the PAC and the PPS Board for review and approval.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: Analysis of information security risks and design of controls to mitigate risks Plans for ongoing security testing and controls to be rolled out throughout network.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task     1. The AMCH PMO will collect current data security protocols as well as confidentiality plans of key stakeholder organizations.	Completed	The AMCH PMO will collect current data security protocols as well as confidentiality plans of key stakeholder organizations.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The AMCH PMO will enlist the expertise of TDMC participants for best practice sharing in order to align data security plan priorities as necessary.	Completed	The AMCH PMO will enlist the expertise of TDMC participants for best practice sharing in order to align data security plan priorities as necessary.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. AMCH PMO in collaboration with the TDMC, will assess PPS-wide security risks and controls including: information owner, information collection systems, user roles, identity assurance levels for each user and transactions they can perform, documentation of potential consequences for failures, identify assurance impact levels, and sign off.	Completed	3. AMCH PMO in collaboration with the TDMC, will assess PPS-wide security risks and controls including: information owner, information collection systems, user roles, identity assurance levels for each user and transactions they can perform, documentation of potential consequences for failures, identify assurance impact levels, and sign off.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. The TDMC will establish and create a centralized data security plan and confidentiality plan to comply with the DEAA and addendum and other state and federal policies, regulations and requirements as they pertain to data	Completed	4. The TDMC will establish and create a centralized data security plan and confidentiality plan to comply with the DEAA and addendum and other state and federal policies, regulations and requirements as they pertain to data security, and confidentiality of protected patient information. This will include security testing protocols, controls and standards to	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
security, and confidentiality of protected patient information. This will include security testing protocols, controls and standards to mitigate risks for ongoing data security throughout the PPS IT infrastructure. Compliance with policies and procedures will be monitored on an ongoing basis.		mitigate risks for ongoing data security throughout the PPS IT infrastructure. Compliance with policies and procedures will be monitored on an ongoing basis.							
Task 5. AMCH PMO will seek approval of the security policies, assessment and data security and confidentiality plan by the Executive Committee of the PAC; approval of the security and confidentiality plan by the PPS Board.	Completed	5. AMCH PMO will seek approval of the security policies, assessment and data security and confidentiality plan by the Executive Committee of the PAC; approval of the security and confidentiality plan by the PPS Board.	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	

#### **IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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).	mcintyc	Templates	1_DY4Q4_IT_MDL51_PRES1_TEMPL_BHNNY_M eeting_Schedule_Template- TDMC_and_EHR_DY4Q4_25393.xlsx	BHNNY Meeting Schedule Template-TDMC and EHR DY4Q4	04/29/2019 10:32 AM
	mcintyc	Meeting Materials	1_DY4Q4_IT_MDL51_PRES2_MM_DRAFT_BHN NY_Board_Minutes_4.19.19_25396.pdf	DRAFT BHNNY Board Minutes 4.19.19	04/29/2019 10:35 AM
Develop an IT Change Management Strategy.	mcintyc	Templates	1_DY4Q4_IT_MDL51_PRES2_TEMPL_BHNNY_M eeting_Schedule_Template- TDMC_and_EHR_DY4Q4_25395.xlsx	BHNNY Meeting Schedule Template-TDMC and EHR DY4Q4	04/29/2019 10:34 AM
	mcintyc	Templates	1_DY4Q4_IT_MDL51_PRES2_TEMPL_AMCH_PP S_DSRIP_IT_Change_Management_Strategy _V2_Final_25394.pdf	AMCH PPS DSRIP IT Change Management Strategy - V2 Final	04/29/2019 10:34 AM



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#### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	mcintyc	Templates	1_DY4Q4_IT_MDL51_PRES3_TEMPL_BHNNY_M eeting_Schedule_Template- TDMC_and_EHR_DY4Q4_25400.xlsx	BHNNY Meeting Schedule Template-TDMC and EHR DY4Q4	04/29/2019 10:38 AM

#### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across	
network, identifying any critical gaps, including readiness for	
data sharing and the implementation of interoperable IT	
platform(s).	
Develop an IT Change Management Strategy.	Better Health for Northeast New York (BHNNY) has updated their IT Change Management Strategy to align with the recently updated Albany Medical Change
Develop an 11 Change Management Strategy.	Management strategy. The updated Strategy was unanimously approved by the BHNNY Board on 4.19.2019.
Develop roadmap to achieving clinical data sharing and	
interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in	
Qualifying Entities	
	Better Health for Northeast New York (BHNNY) submitted the Controls Attestation Form and was approved for production status on May 28, 2018. BHNNY is
Develop a data security and confidentiality plan.	submitting, via secure HCS, the 2019 Annual attestation and POA&M on 4/30/2019, re-attesting compliance BHNNY's compliance with security controls required
	for Data Consuming Entities (DCEs). This submission was approved by the BHNNY Board 4.19.2019.

#### **Milestone Review Status**

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



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**IPQR Module 5.2 - PPS Defined Milestones** 

#### Instructions:

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

									DSRIP
Milestone/Task Name	Status	Description	Original	Original Original	I Start Date	End Date	Quarter	Reporting	
	Milestone/Task Name	Status	Description	Start Date	End Date	nd Date	ale Ellu Dale	End Date	Year and
									Quarter

No Records Found

#### **PPS Defined Milestones Current File Uploads**

Milestone Name	l User ID I	File Type	File Name	Description	Upload Date
	0005	, , , ,	1 110 1141110	2000р	opiouu buto

No Records Found

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text

No Records Found



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**Better Health for Northeast New York (PPS ID:1)** 

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

#### Instructions:

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

There are several risks to implementation within the IT system and process domain.

The sheer number of different vendors, systems, EHRs, protocols, and policies already in place that will need to evolve into one interoperable system will be a challenge. Overlapping PPSs and the complex current state of IT infrastructure will add to the difficulties of creating a centralized IT platform utilized by partnering providers. Extraordinary efforts will need to be made to mitigate these risks and integrate the disparate systems to achieve the goals of DSRIP. Mitigation strategies include leadership buy-in, adequate resourcing, and innovative technological solutions. AMCH PPS has ensured that leadership is engaged at the highest levels of the AMCH structure which will provide authoritative insight into the changes, systems and policies that are involved. IT collaboration with AHI and AFBHC through the ongoing efforts of the KPMG led TOM pilot project may mitigate this risk. Capital funds have also been requested to develop comprehensive technological solutions that will address these risks. The failure to fund these capital projects will place these mitigation strategies in jeopardy.

The AMCH PPS is concerned about the integrity of the data that will be provided from the MAPP System and Salient Interactive Miner. A risk exists regarding the sufficiency of the data that will be provided. AMCH will engage participating providers to assist them in making sure that data in all systems they are responsible for is as accurate and complete as possible.

Another risk that exists is the ability of the State to provide sufficient data in a timely manner. Data is the driver that allows organizations to identify the needed interventions. The State's addition of higher levels of security further restricts the PPS ability to use the data effectively to meet the goals of DSRIP. Without this data, PPS organizations will be restricted in their ability to risk stratify patient level data which can negatively impact projects that will depend on this data for implementation. To mitigate this risk, AMCH PPS will continue to pursue alternative IT solutions outside of the realm of NYS DOH provided data, which will facilitate risk stratification and other data analytics as needed for project implementation. The current structure and capability of HIXNY to provide data in a useful manner across the spectrum of providers is unclear. The unknown ability of the SHIN-NY to provide a working solution complicates this risk. To mitigate this risk AMCH PPS will work with HIXNY to identify capacity limitations and other potential barriers to timely and meaningful sharing of patient level data to actively engaged patients and participating providers.

Data security is always a risk. Our PPS will engage IT experts from across the PPS both internally and externally to develop PPS security safeguards and policies to mitigate the risk to make sure that available data is shared in an appropriate way with the minimum necessary data being moved through the system.

Each project relies on a successful IT strategy. Failure to provide a comprehensive IT structure capable of supporting PCMH development, care plan sharing, and population health management will impact the ability to achieve the outcome measure targets. Leadership buy-in, adequate staffing, equipment, application architecture, and capital funding all provide mitigation strategies.

#### **IPQR Module 5.4 - Major Dependencies on Organizational Workstreams**

#### Instructions:

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



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The IT work steam is dependent on numerous other work streams including; clinical integration, financial sustainability, practitioner engagement, cultural competency and health literacy, workforce, governance, and population health. Clinical integration is the catalyst between the IT work stream and the project implementation activity required at a provider level. This would also include the ways in which practitioners are engaged in providing IT needs and identifying gaps across the PPS Clinical integration is dependent upon IT for evaluation, connectivity, data exchange, reporting, care coordination, and quality improvement. Another interdependency between IT and clinical integration will be the need for clinicians to be engaged and provide sufficient feedback for IT to develop a system that will be widely adopted by clinicians across a broad spectrum of providers and provider types.

Financial sustainability has a mutual dependency on IT in that future funding relies upon IT solutions for milestone and metric reporting as well. IT is dependent on finance for the resources required to develop integrated system-wide solutions. IT also influences the roadmap to VBP ensuring sustainability for the endeavor. Finally implementation of the data security and confidentiality plan will mitigate risks to PHI exchanged throughout the PPS. IT security will be included in the IT Security Plan generated by the Financial Sustainability work stream.

IT solutions may be customized to meet member needs.

IT is dependent upon the workforce strategy work stream. As new technologies are developed and implemented, the WCC will work closely with our workforce vendor to ensure appropriate and timely training for all provider types utilizing these systems.

IT is dependent upon the Governance work stream. IT depends upon governance for review, approval, and authority to implement its strategic plan.

Population health is dependent upon IT for data gathering, reporting, and analysis at a dashboard level across the PPS. This information will routinely inform the PPS as it transforms the health of the communities it serves.



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## **Better Health for Northeast New York (PPS ID:1)**

**IPQR Module 5.5 - Roles and Responsibilities** 

#### Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
BHNNY PMO IT Contact	Susan Kopp	Liaison between IT Representatives of member organizations.
AMCH Security Officer	Kris Kusche	AMCH gatekeeper and Director of Data Security.
Privacy Officer	Noel Hogan	AMCH Compliance Officer.
AMC EVP CIO & Technology and Data Management Committee Chair	George Hickman	IT Strategic Development.
AMC VP Information Services	Azmat Ahmad	Implementation of PPS IT Strategy.
Director of IS, Columbia Memorial Hospital	Bonnie Ratliff	Oversight of PPS IT Strategy.
BHNNY Chief Medical Officer	Kallanna Manjunath, MD	Clinical integration of IT strategy; HIXNY vice chair board member.
BHNNY Technology & Data Management Committee	Lead IT representation from Albany Medical Center Hospital, Columbia Memorial Hospital, Saratoga Hospital, Center for Disability Services & Center for Excellence in Aging & Community Wellness	Oversight of PPS IT Strategy and implementation.
BHNNY Board and PAC Executive Committee	BHNNY Board and PAC Executives	Review and approve IT change management strategy; PPS plan for engaging members in QEs; and data security and confidentiality plan.



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**☑** IPQR Module 5.6 - Key Stakeholders

#### Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
BHNNY	Identify and manage resources	Executable Strategy and IT infrastructure.
Participating PPS Providers	Provide insight regarding IT needs	Organizational buy-in; implement IT strategy and roadmap.
External Stakeholders		
Alliance for Better Health Care PPS	Collaborator	Collaborative efforts; IT TOM Pilot facilitated by KPMG.
Adirondack Health Institute PPS	Collaborator	Collaborative efforts; IT TOM Pilot facilitated by KPMG.
HIXNY	Collaborator & Vendor	Effective, secure health information exchange in support of DSRIP goals.
Health Catalyst	Vendor	Care management, interoperability, population health & data analytics to support VBP.



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**IPQR Module 5.7 - Progress Reporting** 

#### Instructions:

Instructions:

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

AMCH PPS will use project management reporting and communication tools to monitor the progress towards project specific goals. This project reporting may include: tracking of the IT strategic plan including workforce alignment and training; IT change strategy, and IT budget, documentation of process and workflow demonstrating implementation of EHR across all partners; MU and PCMH level 3- tracking; documentation of patient engagement/ communication system; evidence of use of telemedicine or other remote monitoring services; evidence of implementation of specific workflows. This organizational work stream will be considered successful as it reaches the milestones established in the work plan. Further success will be measured as the IT infrastructure grows and rolls out to meet the needs of the PPS. Further milestones and measures of success will be defined as the project evolves.

**IPQR Module 5.8 - IA Monitoring** 



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#### **Section 06 – Performance Reporting**

**IPQR Module 6.1 - Prescribed Milestones** 

#### Instructions:

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Completed	Performance reporting and communications strategy, signed off by PPS Board. This should include: The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; Your plans for the creation and use of clinical quality & performance dashboards Your approach to Rapid Cycle Evaluation	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task  1. AMCH PMO will establish a clinical point of contact as well as a project management point of contact (PMO) responsible for communicating to participating providers regarding specific patient pathways.	Completed	AMCH PMO will establish a clinical point of contact as well as a project management point of contact (PMO) responsible for communicating to participating providers regarding specific patient pathways.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AMCH PMO will perform a detailed gap analysis of State-provided data via the MAPP tool to determine additional data elements necessary for quarterly reporting.	Completed	2. AMCH PMO will perform a detailed gap analysis of State- provided data via the MAPP tool to determine additional data elements necessary for quarterly reporting.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. AMCH PMO will ensure data security and privacy through contracting, business associate agreements, and data use agreements from all participating providers. We will ensure partner awareness of HIPAA Privacy/ Security Rules and Regulations.	Completed	3. AMCH PMO will ensure data security and privacy through contracting, business associate agreements, and data use agreements from all participating providers. We will ensure partner awareness of HIPAA Privacy/ Security Rules and Regulations.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. AMCH PMO will define processes to provide	Completed	4. AMCH PMO will define processes to provide access to state provided Medicaid confidential data to PPS Providers	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
access to state provided Medicaid confidential data to PPS Providers and organizations, and will establish and implement policies and procedures as required by the DEAA Agreement and addendums.		and organizations, and will establish and implement policies and procedures as required by the DEAA Agreement and addendums.							
Task 5. Utilizing commercially available project management software and MAPP tool reporting, AMCH PMO will define and develop PPS-wide performance reporting systems for both clinical and project specific indicators based on standardized care practices and other required Domain 1 metrics.	Completed	5. Utilizing commercially available project management software and MAPP tool reporting, AMCH PMO will define and develop PPS-wide performance reporting systems for both clinical and project specific indicators based on standardized care practices and other required Domain 1 metrics.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. AMCH PMO will establish reporting structures for both claims-based and non-claims based metrics.	Completed	AMCH PMO will establish reporting structures for both claims-based and non-claims based metrics.	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. AMCH PMO will integrate and utilize Salient Interactive Miner, State DSRIP Dashboards, MAPP, and internal PPS-wide performance reporting systems to create dashboards for distribution to the AMCH Executive Steering Committee (PPS Board) and other AMCH PPS governance committees, the PPS, its providers and the public.	Completed	7. AMCH PMO will integrate and utilize Salient Interactive Miner, State DSRIP Dashboards, MAPP, and internal PPS-wide performance reporting systems to create dashboards for distribution to the AMCH Executive Steering Committee (PPS Board) and other AMCH PPS governance committees, the PPS, its providers and the public.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Completed	Finalized performance reporting training program.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH PMO will conduct a complete analysis of PPS organizations to determine training needs on topics such as clinical quality, performance reporting, data for quality improvement, and others as needed. They will then work with partner groups, professional groups and identified leaders from each area of expertise to	Completed	1. AMCH PMO will conduct a complete analysis of PPS organizations to determine training needs on topics such as clinical quality, performance reporting, data for quality improvement, and others as needed. They will then work with partner groups, professional groups and identified leaders from each area of expertise to help establish appropriate metrics.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
help establish appropriate metrics.									
Task 2. AMCH PMO will develop training materials that address identified needs specifically related to standardized clinical quality measures across PPS.	Completed	2. AMCH PMO will develop training materials that address identified needs specifically related to standardized clinical quality measures across PPS.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. AMCH PMO will identify best practices and highlight success stories by presenting them at our quarterly face-to-face PAC meetings to encourage adoption by other providers.	Completed	3. AMCH PMO will identify best practices and highlight success stories by presenting them at our quarterly face-to-face PAC meetings to encourage adoption by other providers.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task  4. AMCH PMO will roll-out training based on identified metrics to key champion providers.  These champions will be compensated for training other PPS Providers.	Completed	AMCH PMO will roll-out training based on identified metrics to key champion providers. These champions will be compensated for training other PPS Providers.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. AMCH PMO will evaluate re-training needs and frequency of future trainings based on Workforce Coordinating Council recommendations.	Completed	5. AMCH PMO will evaluate re-training needs and frequency of future trainings based on Workforce Coordinating Council recommendations.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	

## **IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
Wilestolle Name	IA IIIsti uctions	Quarterly Opuate Description

No Records Found

### **Prescribed Milestones Current File Uploads**

	·				
Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish reporting structure for PPS-wide performance reporting and communication.	mcintyc	Templates	1_DY4Q4_PR_MDL61_PRES1_TEMPL_BHNNY_ Performance_M1_Reporting_Structure_FINAL_254 47.pdf	BHNNY Performance M1 Reporting Structure FINAL	04/29/2019 01:15 PM
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	mcintyc	Templates	1_DY4Q4_PR_MDL61_PRES2_TEMPL_FINALPer formance_Reporting_MS2_Training_Schedule_254 48.xlsx	FINALPerformance Reporting MS2 Training Schedule	04/29/2019 01:15 PM



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#### **Prescribed Milestones Narrative Text**

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

#### **Milestone Review Status**

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



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**☑** IPQR Module 6.2 - PPS Defined Milestones

#### Instructions:

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

								DSRIP
Miles ( and Table Manage	Status	Description	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	<b>End Date</b>	Start Date	End Date	End Date	Year and
								Quarter

No Records Found

#### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



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### **DSRIP Implementation Plan Project**

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

#### Instructions:

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

The AMCH PPS has a wide variety of E.H.R. systems as well as a range of HIXNY connectivity. This leads to a unique challenge of implementation to bring all participating organizations up to the same level of readiness to best prepare for performance reporting and training when necessary. Performance report training will need to concurrently run with standardization of clinical protocols. If providers are not fully engaged in the process, they can quickly fall behind and put multiple organizations at risk of not meeting performance goals. Our Clinical and Quality Affairs Committee and PAC Executive Committee will be the critical bodies for overseeing these activities and advancing engagement and on time performance throughout the span of DSRIP. AMCH PPS will also design and rely upon bonus payments based on quality performance and reporting to prompt provider participation, consistent with all regulatory requirements.

An additional risk is related to the lack of data for performance reporting purposes. To mitigate this risk we will provide patient level data to relevant providers. We may also utilize the MAPP tool and other resources to ensure data metrics are available on a quarterly basis. If data is still incomplete or inaccurate due to issues beyond our control, this risks success across the entire PPS network. To mitigate this, we will attempt to create alternative sources of accurate and timely data for performance reporting purposes.

#### **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.)

Our success with Performance Reporting has a significant reliance on IT Systems and Processes, the Executive PAC, as well as our Clinical Performance Team. Clinical performance measures and guidelines will be an important factor in streamlining best practices while meeting important reporting milestones. Our IT infrastructure is also critical to success. While leveraging State provided data, we will also need to incorporate our own IT Systems and protocols across the entire PPS for reporting success. Performance reporting will rely on a streamlined reporting process across the PPS and the availability of data at the patient level. AMCH PPS Security and Privacy Officers will disseminate security and privacy policies and procedures and undertake training and awareness efforts to prompt compliance to protect the confidentiality of shared data. Compliance will also be reinforced by provisions in the partner agreement. PPS organizations will be efficiently trained in data reporting, data management, data privacy, as well as clinical guidelines and protocols. The Executive PAC will review and approve monthly dashboard reports and assess outliers in need of further training.



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#### **IPQR Module 6.5 - Roles and Responsibilities**

#### Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
BHNNY Board	Ferdinand Venditti, MD, Executive Vice President	Oversee performance reporting and performance in PPS projects; approve performance reporting and communications strategies.
BHNNY Project Management Office	Louis Filhour PhD, RN	Responsible for oversight and implementation of all 11 projects. This includes performance reporting structure, training, and implementation.
Clinical and Quality Affairs Committee	Kallanna Manjunath, MD	Develop or review and approve quality dashboards, and review RCE data and analysis.
Clinical Quality Team Lead	James Desemone, MD	Responsible for identifying or developing standardized clinical protocols and working with project committees and partners to implement protocols across the entire PPS.
Technology & Data Management Committee Chair	George Hickman- TDMC Chair	Provide support, expertise and management for TDMC. Facilitate and support IT implementation and steps to advance IT strategy, data reporting and data sharing to achieve DSRIP goals; facilitate and oversee updates to all IT systems and support overall IT infrastructure.
Financial Committee Lead	Finance Committee Chair - Fran Albert Spreer	Oversee development and implementation of processes and standards for financial performance reporting across the PPS as well as analysis of financial performance.
BHNNY Chief Medical Officer	Kallanna Manjunath, MD	Lead process to develop or forge consensus on and implement standardized clinical care practices to align with reporting requirements and measurement objectives.
Data Analytic Team	PMO	Dashboard, quarterly, milestone and progress reporting for PPS network.
AMCH Compliance Officer	Noel Hogan, PhED CPA	Promote compliance with federal and state privacy laws and oversee implementation of PPS privacy policies for PPS projects and data sharing; implement DEAA privacy requirements; oversee training in data management and data privacy.
AMCH Security Officer	Kris Kusche	Promote implementation of PPS security policies across the provider network in relation to data exchange through HIXNY and other IT platforms used or developed for medical information data exchange.



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**IPQR Module 6.6 - Key Stakeholders** 

#### Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
IT Department	Reporting and IT System maintenance	Overall tech support, IT infrastructure maintenance/ troubleshooting, installation and upgrades as necessary.
BHNNY Project Management Office (PMO)	Provide leadership and direction for all performance reporting functions	Generate reports for internal and external purposes as required.
AMC Compliance Department	Development and implementation of the comprehensive compliance plan	Develop standardized contract language and monitor provider performance in relation to requirements of the code of conduct.
Finance Department	Overall reporting and monitoring responsibility for ensuring that funds are disbursed consistent with financial policies	Monthly financial reports, desk audit eligibility expense control, payroll distribution, documentation for audit and AP/AR.
BHNNY Board	Review and approve performance reporting	Approve performance reporting and communication strategies.
Participating PPS Providers	Ensure proper reporting at the provider level	Generate monthly reports and related PHI as required by project implementation, protocols, and metrics, governance oversight, and contract; communicate data as needed within their own organizations for improvement.
AMCH Executive Steering Committee	Set policy, approve performance reporting and communication strategy, provide liaison to AMC BOD, and oversee activities of the PMO	Approve performance reporting and communication strategies.
Executive (Project Advisory Committee) PAC	Policy-making group and decision-making body	Responsibility to accept or request revision of clinical standards of care, reporting structures, as well as recognize best practices within the PPS.
External Stakeholders		
NYSDOH	Ensure Medicaid claims data is reported accurately and in a timely manner consistent with regulatory reporting requirements	Quality data for the PPS to analyze at the patient level in real time.



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**Better Health for Northeast New York (PPS ID:1)** 

**IPQR Module 6.7 - IT Expectations** 

#### Instructions:

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

Initially we will need to utilize existing IT infrastructures within our PPS, including but not limited to, E.H.R. systems, Care Management software, and population health registries, as well as Salient Interactive Miner, DSRIP Dashboards, and the MAPP tool for performance reporting purposes. We will utilize state provided templates to facilitate early DSRIP reporting. Our IT team will work closely with our Clinical and Quality Affairs Committee to help streamline reporting needs and ultimately implement and utilize a robust reporting system across the entire PPS. We will also leverage IT support staff to ensure any technical glitches or vital data errors are addressed in real time to avoid delays in reporting. Ultimately we understand the importance of one comprehensive system in order to streamline reporting across the entire PPS Network. We will work within the MAPP CIO Steering Committee in order to move this process forward and to help create a single point of data across our network. We will establish and maintain an AMCH DSRIP Support IT Team to address any questions from partnering providers once this system is in place. We will also utilize commercially available software for project management activities including the creation of progress reports for internal and external purposes.

#### **IPQR Module 6.8 - Progress Reporting**

#### Instructions:

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

AMCH's PPS will collect performance data electronically from all participating providers on a quarterly basis to measure provider performance. AMCH will be assisted by project management software for this purpose. Evaluations will be administered prior to project implementation along with definitive project goals, and producing a gap-analysis which will be used to evaluate success of project performance. Additional documentation related to training programs will be provided to demonstrate up-take of training and completion rates. Success of this metric will be measured by the total number of participants that receive training or re-training. Timely reporting, as set forth in the plan, will be used as an achievement indicator in this organization work stream. We will also monitor access and usage of state-provided data by PPS providers and organizations as evidence that the providers are utilizing the data as a baseline for their gap-analysis upon approval of the PPSs data security plan by the NYSDOH. Specific gaps that are identified in the project plans will be monitored on an ongoing basis and reported on at least quarterly. To assist the community and to demonstrate transparency, documents and recorded sessions will be available on our public domain website for review. To the extent possible, we will also provide documented summaries of meetings between our PPS and the overlapping PPSs to demonstrate our efforts to collaborate and cooperate on various initiatives.

**IPQR Module 6.9 - IA Monitoring** 

Instructions:



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## **Section 07 – Practitioner Engagement**

**IPQR Module 7.1 - Prescribed Milestones** 

### Instructions:

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	Practitioner communication and engagement plan. This should include: Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure The development of standard performance reports to professional groupsThe identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task  1. Appoint AMCH PPS 'Practitioner Champions'	Completed	1. Appoint AMCH PPS 'Practitioner Champions' to represent:     o Key professional groups (physicians, nurses, behavioral health specialists, community health workers etc.)     o Geographic areas (Albany, Saratoga, Warren, Columbia, and Greene Counties)     o This group will represent the interests and views of practitioners to the PAC Executive Committee and represent the Executive Committee's views to the various communities of practitioners. The Practitioner Champions will take an active role in the design and implementation of new clinical systems required for providing effective patient care and achieving positive health outcomes. The Champions of the practitioner groups will sit on the Clinical and Quality Affairs Committee and will be the leads for their respective professional peer groups.	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Clinical and Quality Affairs Committee will develop a draft communication and engagement	Completed	Clinical and Quality Affairs Committee will develop a draft communication and engagement plan, including:	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
plan.		o Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication. o Processes for managing grievances transparently, rapidly and effectively. o High-level approach to the use of learning collaborative. o Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices.							
Task 3. As part of the development of the plan, a consultation process will be established with Practitioner Champions regarding a communication/engagement strategy and their role in the DSRIP transformative process.	Completed	3. As part of the development of the plan, a consultation process will be established with Practitioner Champions regarding a communication/engagement strategy and their role in the DSRIP transformative process.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task  4. Build out practitioner support services designed to help practitioners and healthcare organizations evaluate their operations in anticipation of needed changes.	Completed	4. Build out practitioner support services designed to help practitioners and healthcare organizations evaluate their operations in anticipation of needed changes.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<ul><li>Task</li><li>5. Present finalized practitioner communication and engagement plan to the PAC Executive Committee and the PAC for approval.</li></ul>	Completed	5. Present finalized practitioner communication and engagement plan to the PAC Executive Committee and the PAC for approval.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task  1. Working in collaboration with the clinical and administrative leadership at participating organizations, identify "Practitioner Champions" at each organization and professional group.  These identified Champions will be "appointed" based on contractual execution with funded participating provider organizations.	Completed	Working in collaboration with the clinical and administrative leadership at participating organizations, identify "Practitioner Champions" at each organization and professional group. These identified Champions will be "appointed" based on contractual execution with funded participating provider organizations.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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# **DSRIP Implementation Plan Project**

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task  2. Educate Practitioner Champions and organizational leadership on core goals of DSRIP, potential benefits of participation, AMCH PPS project objectives and quality improvement initiatives. Other potential elements of the training program include; achieving the IHI Triple AIM, improving patient care experience, improving population health, reducing per capita costs, and developing patient-centered care delivery models. Finally the education module will address DSRIP project delivery components including VBP, case management, and clinical integration.	Completed	2. Educate Practitioner Champions and organizational leadership on core goals of DSRIP, potential benefits of participation, AMCH PPS project objectives and quality improvement initiatives. Other potential elements of the training program include; achieving the IHI Triple AIM, improving patient care experience, improving population health, reducing per capita costs, and developing patient-centered care delivery models. Finally the education module will address DSRIP project delivery components including VBP, case management, and clinical integration.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Leverage Practitioner Champions in collaboration with the Workforce Coordinating Council to identify the educational needs of practitioners and staff and develop an appropriate training/education plan. This plan will include core goals, financial expectations and transformation, clinic operational assessment and efficiency, action steps for the 11 DSRIP projects, clinical accountability, and performance data reporting and evaluation.	Completed	3. Leverage Practitioner Champions in collaboration with the Workforce Coordinating Council to identify the educational needs of practitioners and staff and develop an appropriate training/education plan. This plan will include core goals, financial expectations and transformation, clinic operational assessment and efficiency, action steps for the 11 DSRIP projects, clinical accountability, and performance data reporting and evaluation.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Identify one organization to pilot the training module utilizing the PDSA approach to test the effectiveness of the training plan.	Completed	4. Identify one organization to pilot the training module utilizing the PDSA approach to test the effectiveness of the training plan.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. The PAC Executive Committee will approve a final training plan to engage practitioners across the PPS in understanding the key goals and deliverables of DSRIP over its 5 year duration.	Completed	5. The PAC Executive Committee will approve a final training plan to engage practitioners across the PPS in understanding the key goals and deliverables of DSRIP over its 5 year duration.	10/30/2015	12/31/2015	10/30/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Encourage practitioner organizations to share PPS objectives with their consumers and solicit feedback.	Completed	6. Encourage practitioner organizations to share PPS objectives with their consumers and solicit feedback.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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# **DSRIP Implementation Plan Project**

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 7. Make appropriate modifications to the plan and train additional practitioners and staff providing care at remaining participating practitioner organizations.	Completed	7. Make appropriate modifications to the plan and train additional practitioners and staff providing care at remaining participating practitioner organizations.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Implement a PDSA approach to obtain necessary feedback from the participants and make appropriate changes to the training model.	Completed	8. Implement a PDSA approach to obtain necessary feedback from the participants and make appropriate changes to the training model.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task  9. Submit quarterly report to CQAC with the information on the description of the training programs delivered, participant-level data, participant feedback and proposed changes to the plan and training outcomes.	Completed	9. Submit quarterly report to CQAC with the information on the description of the training programs delivered, participant-level data, participant feedback and proposed changes to the plan and training outcomes.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	

### **IA Instructions / Quarterly Update**

Milostono Namo	IA Instructions	Quarterly Undate Description
Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop Practitioners communication and engagement plan.	mcintyc	Templates	1_DY4Q4_PRCENG_MDL71_PRES1_TEMPL_Me eting_Schedule_Template_10.1.2018-3.31.2019 _24731.xlsx	Meeting Schedule Template 10.1.2018-3.31.2019	04/22/2019 12:43 PM
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.	mcintyc	Templates	1_DY4Q4_PRCENG_MDL71_PRES2_TEMPL_Tra ining_Schedule_TemplatePract_Eng_10. 1.2018-3.31.2019_24732.xlsx	Training Schedule Template - Pract Eng 10.1.2018-3.31.2019	04/22/2019 12:43 PM



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**Better Health for Northeast New York (PPS ID:1)** 

### **Prescribed Milestones Narrative Text**

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

### **Milestone Review Status**

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



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**Better Health for Northeast New York (PPS ID:1)** 

**IPQR Module 7.2 - PPS Defined Milestones** 

### Instructions:

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

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

No Records Found

### **PPS Defined Milestones Current File Uploads**

Milestone Name	l User ID I	File Type	File Name	Description	Upload Date
	0005	, , , ,	1 110 1141110	2000р	opiouu buto

No Records Found

### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



### **DSRIP Implementation Plan Project**

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### **Better Health for Northeast New York (PPS ID:1)**

📨 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.

The primary risk to the implementation of the practitioner engagement strategy is the practitioners' ability to take an active role in the design and development of the strategy. Factors that may hinder their participation include availability of protected time away from direct patient care, lack of needed institutional support for their engagement, unwillingness to change their practice pattern and previous experience with the local healthcare initiatives. To mitigate the risk, we will:

- Engage appropriate key stakeholders from senior clinical and administrative leadership to get their buy-in, commitment and identify interested Practitioner Champions from their organizations to participate in the implementation of the strategy.
- Structure training programs to meet the needs of the practitioners working in small and large practices.
- · Work to align financial incentives available to the practices with their ability and willingness to assist the PPS with the implementation of this strategy.
- · Provide free continuing education credit for course completion consistent with standards as an incentive to providers.
- Provide support, both technical and financial, to assist with the transition to value based purchasing.
- Serve as a link to facilitate coordination and collaboration between CBOs and providers at the practice and hospital level

The second risk is our partners' ability to develop ongoing trainings within their practices and organizations to orient and train new staff when they are recruited to support the initiatives. Our Workforce Transformation Strategy involves significant redeployment and recruitment of new staff who will need to be trained on their role in the redesigned model of care. The approach will ensure that the core behaviors and practices of our DSRIP program remain embedded within organizations. To mitigate this risk, we will:

- In collaboration with the Workforce Coordinating Council, utilize Practitioner Champions to identify staff who will be involved in a 'train the trainer' approach as part of the training and education program.
- Develop electronic and printed training materials that will continue to engage practitioners and staff in the DSRIP program.

The third risk is the potential for resistance to changes in clinical pathways and new ways of working. Managing this risk is the core role of the 'Practitioner Champions' including key specialists who are part of our PPS. Key elements of our approach to addressing this issue include:

- Evidence-based change in all of our communications about the overarching DSRIP program, the specific projects and initiatives we are undertaking, we will articulate the evidence base case studies of similar successful initiatives. We believe this will be particularly powerful when the case studies are from New York State, so we intend to use the MRT Innovation exchange (MIX) platform to identify examples of best practice.
- · University at Albany School of Public Health will evaluate practitioner engagement strategies to help identify what works best in adopting new ways of working and overcoming cultural resistance.

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams



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**Better Health for Northeast New York (PPS ID:1)** 

### Instructions:

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

This work stream is interdependent with nearly every other work stream; however, the biggest interdependency is with clinical integration.

- All affected practitioners must be engaged in the DSRIP process in order for them to value and support the clinical integration of our PPS. To ensure coordinated efforts in these two areas, some of the core elements of our approach to practitioner engagement and clinical integration, including the development of professional peer groups and teams, play a central role in the implementation of the practitioner engagement strategy.
- The role of the Practitioner Champions is central to our plans for practitioner engagement. It is important that they are able to play the role we intend them to play in the governance structure advocating to the Executive Body on behalf of the practitioners they represent and communicating information back down to those practitioners effectively. To this end, our practitioner engagement is dependent on an effective governance structure and processes.
- Our plans for practitioner engagement depend on effective, rapid and easy-to-access communications tools. We intend to use the MIX platform to facilitate communication and best practice sharing between practitioners working in different provider organizations.
- The success of practitioner engagement depends on timely and accurate information and is therefore linked to our strategies in information and data management, which include reports on trainings completed, pre and post test evaluations and the formal adoption of best practice guidelines, etc.
- Practitioner engagement is also linked to appropriate incentives such as freeing up time for training and other purposes by compensating organizations for lost revenue and improved performance.
- In collaboration with neighboring PPSs and with the workforce training and development strategy, practitioner engagement is dependent upon successful training of the workforce.



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### **IPQR Module 7.5 - Roles and Responsibilities**

### Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities			
Clinical and Quality Affairs Committee	Committee members	Develop clinical communication and practitioner engagement plan.			
BHNNY Chief Medical Officer	Kallanna Manjunath, MD	Clinical and Quality plan development: Practitioner engagement, staff training, and care management protocols.			
BHNNY Project Management Office (PMO)	Louis Filhour PhD, RN	Responsible for oversight and implementation of all 11 projects.  Facilitate the implementation of the operational objectives of the practitioner engagement plan.			
Practitioner Steering Committee	Practitioner champions representing participating organizations	Take an active role in practitioner engagement and staff buy-in at participating organizations.			
BHNNY Clinical Director	Tara Foster, RN, MS	Facilitate implementation of the clinical objectives of the practitioner engagement plan and act as a liaison between clinical support staff and Clinical and Quality Affairs committee.			
BHNNY BH Clinical Director	Brendon Smith, PhD.	Facilitate engagement of PPS Behavioral health practitioners and act as a liaison between BH practitioners and Clinical and Quality Affairs committee.			
Behavioral Health Providers	Victoria Balkoski, MD	Facilitate Behavioral Health Provider engagement and integration on behalf of the AMC Faculty Practice and affiliated BH providers across the network.			
Workforce Coordinating Council	John Delgrosso	Work in collaboration with workforce vendor to develop and provide training.			
PAC Executive Committee and PAC	PAC Executive Committee	Review and approve the clinical communication and engagement plan.			



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**☑** IPQR Module 7.6 - Key Stakeholders

### Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders	,	
Ferdinand Venditti, MD, Executive Vice President	Executive Steering Committee Leadership	Project oversight and risk remediation.
James Desemone, MD	Director of Quality Improvement	Manage efforts of the quality subcommittee under the direction of the DSRIP Medical Director.
Victoria Balkoski, MD	Leadership within the Department of Psychiatry and across affiliated BH providers	Active engagement of key physician staff in the Department of Psychiatry and affiliated providers.
All BHNNY Practitioners	Participants	Engage in AMCH PPS projects, action plans and deliverables.
Community-Based BHNNY Behavioral Health Providers	Participants	Engage in AMCH PPS projects, action plans and deliverables.
Medical Directors or designees from PPS Member organizations	Site champions for practitioner engagement	Engage providers at their institutions in transformational efforts.
External Stakeholders		
HIXNY	RHIO	Promote and enhance interconnectivity across PPS practitioner organizations.
Professional Organizations (MSSNY, NYSNA, etc.)	Outreach	Promote DSRIP goals and objectives.
Labor Unions	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce.
Healthy Capital District Initiative (HCDI)	Coordinate training needs with PHIP and SHIP	Coordinated curriculum and training schedule.
Adirondack Health Institute and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.
Patients and Families	Recipient of improved services	Feedback on access to clinical services
Workforce training Vendor	Coordinating development of training plan	Provision of training including evaluation of outcomes.



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**IPQR Module 7.7 - IT Expectations** 

#### Instructions:

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

- Easy, accessible communication platforms to support communication between practitioners will be important for engaging them in DSRIP and for the sharing of best practice. This is true both within the AMCH PPS and between PPSs. We intend to develop a specific AMCH PPS portal on the MIX platform, potentially with sub-groups for various professional groups and for practitioners interested in specific projects.
- The ability for providers to share clinical information easily will also be important, not just for the improvements in clinical integration but also for the ongoing buy-in of individual practitioners. Therefore, it is important that the IT infrastructure, developed by the AMCH PPS IT Transformation Group, is in place quickly and developed with the input of Practitioner Champions.
- Improved IT infrastructure will also be important for the delivery of our practitioner engagement education and training materials. Our interactive provider map will give us insight into the provider organizations / sites where this will be a challenge.
- Successful electronic connections between provider groups will support practitioner engagement activities.

### **IPQR Module 7.8 - Progress Reporting**

#### Instructions:

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

- The roll-out and attendance at the practitioner engagement programs will be an indicator of the reach of our practitioner engagement plan. We have set the target of delivering education & training face-to-face at 65% of provider organizations in our network and we will use this metric to monitor the progress of this work stream.
- In addition, we will monitor the attendance at practitioner training events. The design of these programs (DY1, Q4) will involve specific targets being set for the number of attendees per training, as well as questionnaires pre and post testing designed to assess impact (designed in collaboration with our Workforce Coordinating Council). Our Practitioner Champions will be responsible for generating interest and involvement in these training programs
- The use of our practitioner discussion forums on the MIX platform will be another indicator of the level of engagement of practitioners in the DSRIP program. The group representatives will report regularly to the Clinical & Quality Affairs Committee on the level of engagement (and coordination and integration) they see amongst the group they represent.
- The PPS will conduct annual surveys of provider satisfaction using standardized survey instruments through the National Research Corporation.
- Finally, practitioner engagement will be reported electronically based on the use of SAKAI which will capture time spent in module completion including pre and post test scores as surrogate measures.



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IPQR Module 7.9 - IA Monitoring Instructions :



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## **DSRIP Implementation Plan Project**

**Better Health for Northeast New York (PPS ID:1)** 

Section 08 – Population Health Management

**IPQR Module 8.1 - Prescribed Milestones** 

### Instructions:

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	Completed	Population health roadmap, signed off by PPS Board, including: The IT infrastructure required to support a population health management approach Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizationsDefined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task  1. AMCH PPS will conduct a detailed survey of participating providers to assess available data sets and registries. This survey will be used to evaluate potential disparities in care, quality indicators, patient demographics, and social determinants of health.	Completed	AMCH PPS will conduct a detailed survey of participating providers to assess available data sets and registries. This survey will be used to evaluate potential disparities in care, quality indicators, patient demographics, and social determinants of health.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Based on available data sets, AMCH PPS will create the framework for a population health dashboard for public reporting purposes. This framework will be reviewed and approved by the PAC Executive Committee.	Completed	2. Based on available data sets, AMCH PPS will create the framework for a population health dashboard for public reporting purposes. This framework will be reviewed and approved by the PAC Executive Committee.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. AMCH PPS will collaborate with overlapping PPSs to create a detailed plan to maintain the regional comprehensive CNA. Updates to the CNA will be released as circumstances dictate.	Completed	3. AMCH PPS will collaborate with overlapping PPSs to create a detailed plan to maintain the regional comprehensive CNA. Updates to the CNA will be released as circumstances dictate.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	4. Based on the approved dashboard framework, AMCH PMO	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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# **DSRIP Implementation Plan Project**

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. Based on the approved dashboard framework, AMCH PMO will update the dashboard quarterly for the PPS and the public. This dashboard will be available electronically.		will update the dashboard quarterly for the PPS and the public. This dashboard will be available electronically.							
Task 5. AMCH PPS will establish a regional learning collaborative for PCMH certification training and technical support to assure all safety net provider sites are 2014 Level 3 certified by end of DY3.	Completed	5. AMCH PPS will establish a regional learning collaborative for PCMH certification training and technical support to assure all safety net provider sites are 2014 Level 3 certified by end of DY3.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6. AMCH PMO will define hotspot areas based on current CNA data. Hotspots will create targeted areas for PPS resource deployment including workforce.	Completed	6. AMCH PMO will define hotspot areas based on current CNA data. Hotspots will create targeted areas for PPS resource deployment including workforce.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. AMCH PPS's Clinical and Quality Affairs Committee will establish Population Health goals that reflect the State of New York Prevention Agenda (PHIP, SHIP, CHIP etc.) and address disparities in care.	Completed	7. AMCH PPS's Clinical and Quality Affairs Committee will establish Population Health goals that reflect the State of New York Prevention Agenda (PHIP, SHIP, CHIP etc.) and address disparities in care.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. AMCH PPS Consumer and Community Affairs Committee and Cultural Competency and Health Literacy Committee will jointly finalize the population health roadmap. It will be presented to the PAC Executive Committee and to the AMCH Executive Steering Committee (PPS Board).	Completed	8. AMCH PPS Consumer and Community Affairs Committee and Cultural Competency and Health Literacy Committee will jointly finalize the population health roadmap. It will be presented to the PAC Executive Committee and to the AMCH Executive Steering Committee (PPS Board).	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	Completed	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.	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. AMCH Clinical and Quality Affairs Committee will report data for hospital bed utilization, ED visits, and overall bed utilization across the PPS, with particular emphasis on nursing home bed	Completed	AMCH Clinical and Quality Affairs Committee will report data for hospital bed utilization, ED visits, and overall bed utilization across the PPS, with particular emphasis on nursing home bed utilization (2.a.v).	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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# **DSRIP Implementation Plan Project**

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
utilization (2.a.v).									
Task 2. AMCH PMO will publish dashboard reports based on bed utilization.	Completed	AMCH PMO will publish dashboard reports based on bed utilization.	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Dashboards will provide guidance to participating Hospitals, Emergency Departments, and Skilled Nursing Facilities to provide decision support to drive strategies to accomplish the goals of DSRIP.	Completed	3. Dashboards will provide guidance to participating Hospitals, Emergency Departments, and Skilled Nursing Facilities to provide decision support to drive strategies to accomplish the goals of DSRIP.	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task  4. AMCH PMO and Clinical and Quality Affairs Committee will convene to address results form dashboard reports with the goal of beginning to discuss bed-reduction techniques applicable to provider organizations.	Completed	4. AMCH PMO and Clinical and Quality Affairs Committee will convene to address results form dashboard reports with the goal of beginning to discuss bed-reduction techniques applicable to provider organizations.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Meet with applicable organizational leadership to identify excess bed capacity and initiate internal process for decertification of selected beds across the PPS.	Completed	5. Meet with applicable organizational leadership to identify excess bed capacity and initiate internal process for decertification of selected beds across the PPS.	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Assist with submission of CONs as necessary to complete bed decertification.	Completed	Assist with submission of CONs as necessary to complete bed decertification.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. In collaboration with Skilled Nursing Facilities and as part of Project 2.a.v, AMCH PMO will identify potential beds available for decertification.	Completed	7. In collaboration with Skilled Nursing Facilities and as part of Project 2.a.v, AMCH PMO will identify potential beds available for decertification.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. AMCH PMO will finalize a bed reduction plan focused on achieving results in Project 2.a.v and present this plan to the PAC Executive Committee and to the PPS Board for approval.	Completed	8. AMCH PMO will finalize a bed reduction plan focused on achieving results in Project 2.a.v and present this plan to the PAC Executive Committee and to the PPS Board for approval.	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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### **IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
		,

No Records Found

### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop population health management roadmap.	mcintyc	Templates	1_DY4Q4_PHM_MDL81_PRES1_TEMPL_Meeting _Schedule_Template_Population_Health_Mileston e_1_DY4Q4_24729.xlsx	Meeting Schedule Template Population Health Milestone 1 DY4Q4	04/22/2019 12:41 PM
Finalize PPS-wide bed reduction plan.	mcintyc	Templates	1_DY4Q4_PHM_MDL81_PRES2_TEMPL_Populati on_Health_MS2_Mtg_Sched_Template_DY4Q4_2 4730.xlsx	Population Health MS2 Mtg Sched Template DY4Q4	04/22/2019 12:42 PM

### **Prescribed Milestones Narrative Text**

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

### **Milestone Review Status**

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



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**Better Health for Northeast New York (PPS ID:1)** 

**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.

								DSRIP
Miles ( and Table Manage	Status	Description	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and
								Quarter

No Records Found

### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



### **DSRIP Implementation Plan Project**

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**Better Health for Northeast New York (PPS ID:1)** 

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

#### Instructions:

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

The first risk to implementation is related to the availability of data. Community needs assessment data is a major source of population health information within the PPS service region. This data is complex and can take time to collect and analyze. To mitigate this risk, we will take a structured approach to data collection and analysis involving appropriate stakeholders. Data will be standardized for presentation to project teams and stakeholders. MAPP tool data as well as other sources may lag and will not be available in real-time. The second risk to implementation is that skilled nursing facilities will not commit to bed decertification and the resulting change in their business model. To mitigate this risk, we will incentivize these providers using DSRIP funds as a transitional tool. Perhaps the most significant risk to implementation of the bed reduction milestone is the lack of capital funding. To mitigate this risk, we will continue to support capital funding requests needed for site renovations.

### **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.)

The population health work stream is dependent upon the following work streams: Financial Sustainability, Governance, IT Systems and Processes, Workforce, Practitioner Engagement, and Cultural Competency & Health Literacy. This work stream is dependent on Financial Sustainability in several ways: Incentive payments to motivate changes in business models, financial support for participation in the PCMH learning collaborative, transformation of the payment model to a Value Based approach. Governance dependencies revolve primarily around approval of final work products. IT Systems and Processes have numerous dependencies because measurement of population health changes are data and system dependent. Redeployment and retraining of nursing home staff due to bed reductions will create a dependency with the Workforce work stream. This work stream is dependent upon actively engaged practitioners and organizations at key locations including nursing homes. The Cultural Competency and Health Literacy work stream will rely on the output of this work stream to guide their efforts in addressing health disparities.



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### **IPQR Module 8.5 - Roles and Responsibilities**

### Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical and Quality Affairs Committee	Kallanna Manjunath, MD	Oversee development of population health roadmap and goals; oversee development or identification and implementation of standardized clinical protocols across the entire PPS network.
Nursing Home Administrators	Various	Identification and decertification of beds (2.a.v.) and identification of space for medical village or other alternate use.
AMC VP Information Services	Azmat Ahmad	Coordination of IT integration for population health data collection and reporting.
BHNNY Project Management Office	Louis Filhour, PhD, RN	Oversight and implementation of all 11 projects. This includes performance reporting structure, training, and implementation. Responsible for identifying areas of focus, and directing team efforts.
BHNNY PAC Executive Committee	Elected representatives	Approve clinical protocols, reporting structures, bed reduction plan, and communication to PPS. The Executive PAC committee will review and approve population health dashboard data as appropriate.
BHNNY Board	BHNNY Board	Approve population health roadmap and bed reduction plan.



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**☑** IPQR Module 8.6 - Key Stakeholders

### Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
BHNNY Project Management Office	Project management and oversight on behalf of AMCH	Dashboard reporting, milestone reporting, coordination of incentive payments and leadership activities to complete the Population health roadmap.
AMCH Executive Steering Committee	Commit resources, set policy, direct efforts of the PMO, and provide institutional leadership for internal activities	Approve the roadmap prior to review and approval by the Executive committee of the PAC and the PPS Board.
AMC IT Department	Coordinate IT systems development, reporting systems, and data security. Work with identified vendors to establish population health monitoring IT infrastructure	Integrated systems for monitoring and reporting of population health measures.
Skilled Nursing Facilities	Identify excess bed capacity for decertification and retrofitting	Updated Certificate of Need
External Stakeholders		
Healthy Capital District Initiative (HCDI)	Assist with updating and maintaining the Community Needs Assessment	Updated CNA
MCOs	Provide technical and data analytic assistance in the development of population health strategies.	Population health strategies



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**IPQR Module 8.7 - IT Expectations** 

#### Instructions:

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

Population Health Management is data driven and highly dependent on IT. We will conduct a detailed survey of participating providers to assess available data sets and registries. This survey will be used to evaluate potential disparities in care, quality indicators, patient demographics, and social determinants of health. Community health indicators, available from state, federal and various foundation sources will be utilized to provide baseline measures and longitudinal monitoring of these indicators over the term of the project. Current IT infrastructure does not support robust population health management, monitoring or reporting. IT systems will need to be developed to support population health management activities, including the creation of dashboards. These dashboards will also include Community Needs Assessment data where relevant. Data will be updated on an ongoing basis and be available across the PPS. This IT infrastructure will be a significant endeavor but will ultimately be necessary for success.

PCMH certification requires use of an E.H.R. All safety net providers will need to implement an E.H.R system within their organization and ensure it meets all Meaningful Use requirements. The PCMH learning collaborative will facilitate this change. AMC's IT staff or the identified vendor will provide support as required.

External IT resources such as HIXNY and SHIN-NY will play a significant role in the development of a sustainable population health IT infrastructure.

### **IPQR Module 8.8 - Progress Reporting**

#### Instructions:

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

The two primary work streams associated with population health are the monitoring of the health of the population and the reduction in beds available (specifically nursing home beds for Project 2.a.v). The ability to measure, monitor and report on the health of the population in a consistent, longitudinal way will define success for the first part of this work stream. Positive changes in baseline measures of population health will indicate success in the domain 3 and 4 projects. The PMO will develop population health tools and reports and closely monitor contracting with MCOs. In addition, data provided by the NYSDOH regarding Domain 4 metrics, will be utilized and analyzed longitudinally to determine success of population health initiatives. Further clarification of action steps regarding domain 4 is provided in the project implementation plans for Projects 4.b. i and 4.b.ii.

The second workstream will be measured based on approval of one or more CONs that will result in decertification of SNF beds. The required administrative steps consistent with the CON process will be followed, tracked and reported as indicators of progress during DY2-3. Reporting of these workstream activities will be shared with the PAC and will be available to the public via the PMO's public web portal.



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IPQR Module 8.9 - IA Monitoring
Instructions:



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Section 09 – Clinical Integration

**IPQR Module 9.1 - Prescribed Milestones** 

### Instructions:

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration Identify other potential mechanisms to be used for driving clinical integration		12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task  1. Assess internal capabilities to perform a comprehensive clinical integration (CI) needs assessment. If necessary select a vendor to complete the assessment.	Completed	Assess internal capabilities to perform a comprehensive clinical integration (CI) needs assessment. If necessary select a vendor to complete the assessment.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Select a validated CI needs assessment tool for review and approval by Clinical and Quality Affairs committee.	Completed	Select a validated CI needs assessment tool for review and approval by Clinical and Quality Affairs committee.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Obtain approval by Clinical and Quality Affairs committee.	Completed	3. Obtain approval by Clinical and Quality Affairs committee.	10/20/2015	12/31/2015	10/20/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Generate a list of potential participating practitioner organizations for distribution of approved tool.	Completed	Generate a list of potential participating practitioner organizations for distribution of approved tool.	10/20/2015	12/31/2015	10/20/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	5. Develop a process for distribution and implementation of	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
5. Develop a process for distribution and implementation of needs assessment tool.		needs assessment tool.							
Task 6. Distribute CI needs assessment.	Completed	6. Distribute CI needs assessment.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Collect, aggregate and analyze responses to identify providers' requirements for clinical integration, gaps and CI focus areas.	Completed	7. Collect, aggregate and analyze responses to identify providers' requirements for clinical integration, gaps and CI focus areas.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Analyze and identify key data points for shared access and the key interfaces that will have an impact on clinical integration.	Completed	8. Analyze and identify key data points for shared access and the key interfaces that will have an impact on clinical integration.	12/01/2015	12/31/2015	12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: Clinical and other info for sharing Data sharing systems and interoperability A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination Training for operations staff on care coordination and communication tools	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task  1. Perform a current state assessment of participating practitioner organizations' integration capabilities, technology capabilities, care management and care coordination capabilities, quality programs and cultural readiness.	Completed	Perform a current state assessment of participating practitioner organizations' integration capabilities, technology capabilities, care management and care coordination capabilities, quality programs and cultural readiness.	11/01/2015	01/31/2016	11/01/2015	01/31/2016	03/31/2016	DY1 Q4	
Task  2. Based on Clinical Integration(CI) needs assessment, current state assessment, and AMCH PPS projects, develop a draft CI strategy that includes many perspectives including patient populations, practitioners, PPS partners,	Completed	2. Based on Clinical Integration(CI) needs assessment, current state assessment, and AMCH PPS projects, develop a draft CI strategy that includes many perspectives including patient populations, practitioners, PPS partners, processes, assessments and care plan protocols, care transitions, technology and data.	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
processes, assessments and care plan protocols, care transitions, technology and data.									
Task									
3. Working with representatives from participating organizations, develop a component of the CI strategy that outlines the implementation plan with special focus on care transitions including hospital admission and discharge coordination, care transitions, care coordination and communication among primary care and behavioral health practitioners.	Completed	3. Working with representatives from participating organizations, develop a component of the CI strategy that outlines the implementation plan with special focus on care transitions including hospital admission and discharge coordination, care transitions, care coordination and communication among primary care and behavioral health practitioners.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. As a component of the strategy, working with Technology and Data Management Committee (TDMC) outline, test and verify clinical data sharing process for all relevant clinical interfaces.	Completed	4. As a component of the strategy, working with Technology and Data Management Committee (TDMC) outline, test and verify clinical data sharing process for all relevant clinical interfaces.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Establish clinical data sharing process.	Completed	5. Establish clinical data sharing process.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Develop training criteria for participating practitioners across different clinical settings (Incl. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination.	Completed	6. Develop training criteria for participating practitioners across different clinical settings (Incl. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Develop training criteria for nursing and operations staff on care coordination and communication tools.	Completed	7. Develop training criteria for nursing and operations staff on care coordination and communication tools.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Develop protocols for hospital admission and discharge coordination to assure timely and effective care transition.	Completed	8. Develop protocols for hospital admission and discharge coordination to assure timely and effective care transition.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task  9. Develop protocols for care transitions, care coordination and communication among participating primary care and behavioral health practitioners.	Completed	9. Develop protocols for care transitions, care coordination and communication among participating primary care and behavioral health practitioners.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	10. Present draft CI strategy to the Clinical and Quality Affairs	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name Status		Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
10. Present draft CI strategy to the Clinical and Quality Affairs committee for review and approval.		committee for review and approval.							
Task 11. Obtain approval of clinical integration strategy by Clinical and Quality Affairs committee.	Completed	11. Obtain approval of clinical integration strategy by Clinical and Quality Affairs committee.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task  12. Roll-out plan for CI implementation across participating practitioner organizations in one of the regions within AMCH PPS utilizing the PDSA framework.	Completed	12. Roll-out plan for CI implementation across participating practitioner organizations in one of the regions within AMCH PPS utilizing the PDSA framework.	03/01/2016	04/30/2016	03/01/2016	04/30/2016	06/30/2016	DY2 Q1	
Task 13. Evaluate the outcomes from the initial roll- out, modify plan if necessary and roll-out to other regions.	Completed	13. Evaluate the outcomes from the initial roll-out, modify plan if necessary and roll-out to other regions.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 14. Measure and submit quarterly reports to CQA committee on participation rates, training topics and progress on implementation.	Completed	14. Measure and submit quarterly reports to CQA committee on participation rates, training topics and progress on implementation.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

## **IA Instructions / Quarterly Update**

Milestone Name IA Instructions Quarterly Update Description
---

No Records Found

### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform a clinical integration 'needs assessment'.	mcintyc	Templates	1_DY4Q4_CI_MDL91_PRES1_TEMPL_Clinical_Int egration_Organizations_to_be_Integrated_10. 1.2018-3.31.2019_24727.xlsx	Clinical Integration Organizations to be Integrated 10.1.2018-3.31.2019	04/22/2019 12:39 PM
renomi a dimical integration freeds assessment.	mcintyc	Templates	1_DY4Q4_CI_MDL91_PRES1_TEMPL_Clinical_Int egration_Meeting_Schedule_10.1.2018-3.31.2019 _24726.xlsx	Clinical Integration Meeting Schedule 10.1.2018-3.31.2019	04/22/2019 12:38 PM



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### **Prescribed Milestones Current File Uploads**

Milestone Name User ID		File Type	File Name	Description	Upload Date	
	Develop a Clinical Integration strategy.	mcintyc	Templates	1_DY4Q4_CI_MDL91_PRES2_TEMPL_CI_Trainin g_Template_10.1.2018-3.31.2019_24728.xlsx	CI Training Template 10.1.2018-3.31.2019	04/22/2019 12:40 PM

### **Prescribed Milestones Narrative Text**

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

### **Milestone Review Status**

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



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**IPQR Module 9.2 - PPS Defined Milestones** 

### Instructions:

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

								DSRIP
Miles ( and Table Manage	Status	Deceriation	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and
								Quarter

No Records Found

### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text

No Records Found



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### **Better Health for Northeast New York (PPS ID:1)**

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

#### Instructions:

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

A primary risk for clinical integration will be ineffective participation of practitioners and leaders of health care organizations. Currently most practitioners and health systems function as silos and have not changed their systems due to current payment systems, or market share dominance. Without their active participation in our efforts to redesign the delivery system, we will face substantial hurdles in implementing clinical integration strategies effectively. Strong linkages to Level 3 PCMH PCP sites are essential to the success of clinical integration. Inability of the primary care practices to achieve this recognition will create additional hurdles. The current culture among practitioners is a barrier to integration of physical and BH care services. The current lack of integration compromises the care of individuals with mental health and chemical dependency disorders and chronic medical ailments. To mitigate these risks, we will:

- -Create teams, led by practicing clinician stakeholders that will be responsible to the CQAC for developing clear lines of accountability and communication between relevant groups, and the development of clinical pathways using evidence-based standards of care and monitoring of clinical performance.
- -With a dedicated team of experts, AMCH PPS will coach and support other primary care practitioners through the process of obtaining recognition as a Level 3 PCMH.
- -Provide training and encourage a cultural shift across organizational boundaries to create a more collaborative, patient centered approach whereby primary care practitioners are more attentive to behavioral health disorders.
- -Assist our partners with the transition towards value based payments and away from traditional payment models.

A second risk to clinical integration is the reliance on new IT and communications infrastructure which is needed to support communication between practitioners and between organizations. The IT and data sharing survey that we carried out prior to our DSRIP application revealed that the partners within our PPS are at differing levels of IT capabilities and are on differing platforms, creating risks to integration. The current lack of infrastructure and reimbursement to support telemedicine prevents implementation as well as readiness of providers to be part of the initiative. Existing IT infrastructure is inadequate to support a region-wide interoperable system, and a comprehensive patient registry. Rolling out new tools for data sharing while trying to establish new lines of communication to coordinate care will be a complex challenge. To mitigate these risks, we will:

- -Involve practitioners from our participating partners in the redesign and implementation of clinical IT and data sharing systems.
- -Integrate a member of the TDMC into the team to develop our clinical integration strategy.
- -Utilize a realistic model of IT expansion to allow all organization types to share in connectivity.
- -Develop and implement a system-wide IT solution to facilitate real-time data exchange for effective care management including structured EHR templates.

A third risk is the inability of regional MCOs to reimburse adequately for proposed changes to the delivery system. Their current authorization requirements are not aligned with implementation of clinical pathways and care coordination initiatives. Active engagement in VBP will be difficult to achieve without practitioner engagement and clinical integration. To mitigate these risks, we will:

- -Engage MCOs to evolve the payment structure to a value based system as well as provide educational materials to our participating providers.
- -Examine clinical pathways and workflows to identify authorizations and procedures required by MCOs and their impact on service delivery.
- -Discuss a streamlined process for care bundles with the MCOs to minimize unnecessary authorizations.



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**IPQR Module 9.4 - Major Dependencies on Organizational Workstreams** 

#### Instructions:

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

Clinical integration is dependent on the following work streams: Governance, Finance, Workforce, IT, and Practitioner Engagement. These work streams are linked together and supportive of each other. This integration creates processes that are sequential across the various work streams, creating management challenges. Clinical integration is dependent on Governance for the review and approval of the clinical integration strategic plan among other elements. Clinical Integration is dependent upon Finance to establish appropriate incentives for engagement (providers/ organizations/ MCOs) and project implementation. Clinical integration is dependent upon workforce in two ways: first, to address training needs workforce will provide the necessary skill development required, and second, the necessary staffing to meet demand across clinical settings. Clinical integration is dependent upon IT for evaluation, connectivity, data exchange, reporting, care coordination, and quality improvement. Clinical integration is dependent upon practitioner engagement without which the work stream cannot succeed. Clinically integrating AMCH PPS's diverse set of practitioners will require the input, insight, and engagement of all involved. All affected practitioners must be engaged in the DSRIP process in order for them to value – and support – the clinical integration of our PPS. To ensure coordinated efforts in these two areas, some of the core elements of our approach to clinical integration and practitioner engagement – including the development of professional peer groups and teams– also play a central role in the delivery of our clinical integration strategy. To support the development of NCQA-certified Level 3 PCMH primary care practices, the Population Health and the Performance Reporting work streams will need to align with the clinical integration and practitioner engagement strategies.

If the transformation towards a clinically integrated system is viewed by practitioners as increasing the administrative burden involved in managing care for their patients, we will not be able to create a sustainable shift in practice. An important factor in facilitating greater clinical integration will, therefore, be freeing up the time required for individual practitioners to engage in multi-disciplinary care planning. Our IT systems and processes will need to be designed and implemented (a) with the goal of reducing administrative processes from their current levels and (b) with the input of clinical end users.



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### **IPQR Module 9.5 - Roles and Responsibilities**

### Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical and Quality Affairs Committee	Committee members	Oversight and approval of CI Strategy and CI work plan.
BHNNY Chief Medical Officer	Kallanna Manjunath, MD	Leadership, member of Sr. Management Team, Chief Medical Officer
Practitioner Steering Committee	Practitioner champions representing participating organizations	Take an active role in practitioner engagement, clinical integration and staff buy-in at participating organizations.
BHNNY Project Management Office	Louis Filhour, PhD, RN	Responsible for oversight and implementation of all 11 projects.  Facilitate the implementation of the operational objectives of the CI Strategy
BHNNY Clinical Director	Tara Foster, RN, MS	DSRIP wide assistance with adoption of care management protocols
BHNNY BH Clinical Director	Brendon Smith, PhD	DSRIP wide assistance with behavioral health integration, etc.
BHNNY PMO IT Contact	Susan Kopp	Liaison between IT Representatives of member organizations.
Executive Sponsor	Ferdinand Venditti, MD Executive Vice President	Assistance with work stream integration, PPS relations and clinical engagement.
AHI and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.



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**☑** IPQR Module 9.6 - Key Stakeholders

### Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities		
Internal Stakeholders				
Kallanna Manjunath, MD	BHNNY Chief Medical Officer and Chair, Clinical and Quality Committee	Leadership and direction of the Clinical and Quality Affairs Committee, assisting with plans, strategies and protocols, as needed		
James Desemone, MD	Albany Medical College's Director of Quality, Faculty Physicians Group	Leadership efforts for clinical quality improvement at internal and external sites		
Ferdinand Venditti, MD Executive Vice President	President, AMC Faculty Physicians Group	Executive Steering Committee leadership, obtaining PCP "buy-in"		
AMC Faculty Practice and Affiliated Partners	Medical Director of multiple organizations	Committee participation, clinical leadership across provider sites		
Community-Based AMCH PPS Behavioral Health Providers	Participants	Engage in AMCH PPS projects, action plans and deliverables.		
Department of Psychiatry	Behavioral Health Leadership	Active engagement in clinical integration of primary and behavioral health		
Providers	Medical Director of multiple organizations	Committee Participation, clinical leadership across provider sites		
External Stakeholders				
Accreditation and Certification Agencies	Various	Provide guidelines for accreditation and certification		
HIXNY	RHIO	Promote and enhance interconnectivity across PPS practitioner organizations		
Professional Organizations (MSSNY, NYSNA, etc.)	Outreach	Promote DSRIP goals and objectives		
1199 SEIU, NYSNA, and CSEA	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce		
Healthy Capital District Initiative (HCDI)	Coordinate training needs with PHIP and SHIP	Coordinated curriculum and training schedule		
Adirondack Health Institute and The Alliance for Better Healthcare PPSs	As neighboring PPSs, collaborate regarding identification of training needs as well as the dissemination of materials	Coordination of training deliverables.		
Workforce training Vendor	Coordinating development of training plan	Provision of training including evaluation of outcomes		
External Membership of Clinical and Quality Affairs Committee	Various	Actively engaged in the development of work stream deliverables		



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**IPQR Module 9.7 - IT Expectations** 

#### Instructions:

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

Effective clinical integration will require relevant information to be readily accessible for all providers across the patient care spectrum. For some providers this will mean integration into new or expanded clinical data systems. Effective clinical integration will rely heavily on the coordinated use of patient registries and other IT tools. A core element of our clinical integration needs assessment will be identifying whether new, expanded or other data-sharing systems are required. The collaboration between AMCH's PPS Technology and Data Management Committee, the Clinical and Quality Affairs Committee, and the provider stakeholders will be important in ensuring that our plans for developing IT infrastructure across the PPS support better clinical integration. Real time data sharing capability may be the most important thing to ensure in DY1 and DY2, since fully operational IT systems may not be feasible, affordable or able to be built and implemented quickly.

Achieving the buy-in of our participating providers for new technologies will depend on AMCH PPS to provide compelling justification for the use of the new technologies. Realizing partners within our PPS are at differing levels of IT capabilities and are on differing platforms will create a challenge to integration. We will utilize a multi-stage model of IT expansion to allow all organization types to share in connectivity at a realistic rate. This includes:

- 1. Developing manual reporting via excel or other State provided templates for MAPP tool utilization. A PMO purchased project management software tool will ease the burden of this task.
- 2. EHR adoption by all safety net primary care providers prior to the end of DY3.
- 3. Adoption of toolkits produced by the Target Operating Model project, led by KPMG, for IT functionality across the PPS.
- 4. Utilization of claim based analytic resources for risk stratification to deploy resources and develop provider performance metrics.
- 5. Develop care planning/ care coordination functionality across the broad spectrum of performing providers.

### ☑ IPQR Module 9.8 - Progress Reporting

#### Instructions:

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

The Clinical and Quality Affairs (CQA) committee will receive quarterly progress reports aligned with the phases of implementation of CI Strategy. The first quarterly report will include:

- A validated CI needs assessment tool approved by the CQA committee
- · Aggregated results of the CI needs assessment survey
- Progress towards completion of a clinical IT needs assessment
- · An approved CI Strategy document

Subsequent quarterly reports may include, but not be limited to:

- Updates on training activities
- Progress towards implementation of CI action plans



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- · Progress towards full implementation of the IT infrastructure development for interoperability
- Information obtained from surveys of participating practitioners and patient groups.

The success of clinical integration will be demonstrated by completion of the PMO quarterly progress reports as a surrogate measure. Justification for use of these reports as surrogate measures is based on accurate and timely data provided by participating providers.

AMCH PPS has purchased and will utilize performance logic for overall project tracking and reporting.

**IPQR Module 9.9 - IA Monitoring:** 

Instructions:



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### Section 10 – General Project Reporting

**IPQR Module 10.1 - Overall approach to implementation** 

#### Instructions:

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

The successful implementation of AMCH PPS's eleven DSRIP projects will require the following:

- 1) The creation of a collaborative and transparent reporting system across all participating providers.
- 2) Executive management and clinical leadership, which are diverse and representative across the region, will be responsible for the implementation of the projects.
- 3) A plan that engages, incentives, and educates providers and the community through the creation of regional hubs.
- 4) The collaboration of AMCH PPS TDMC and CQA and provider stakeholders to ensure development of a sustainable, affordable and realistic plan for regional connectivity by building upon existing platforms and develop short term solutions that will evolve to long term sustainable technology interfaces. Retrieving accurate and timely data from the DOH will be vital to the success of this project.
- 5) Culturally appropriate training designed to educate individuals and organizations about the goals and strategies of each DSRIP project.
- 6) A financial plan that is fair, transparent and sustainable. Many projects will require significant capital investment. Delays in the CRFP program have hampered the ability of some projects to move forward. Failure to receive funding will jeopardize the success of some projects. The PMO is responsible for meeting the overall timelines and deliverables and the day to day management of activities associated with the eleven DSRIP projects. AMCH recognizes the importance of shared governance as it relates to the success of the individual projects. To accomplish this, AMCH will focus on transparency, clear communication, and collaboration across the entire PPS. The PMO will share information such as best practices and performance benchmarks to ensure that project goals are achieved.

Another component that will drive the success of the eleven DSRIP projects is the creation of a shared information technology infrastructure as well as data analytics. Interoperability must be created to transfer data among providers.

AMCH PPS has developed a Workforce Coordinating Council to assess the capabilities of the DSRIP workforce and provide training and education where needed. Training will be provided to new hires and current employees to meet the needs of project specific milestones. Provider and community engagement is a key factor contributing to the success of the DSRIP initiative. Since the AMCH PPS is comprised of a diverse mix of hospitals, providers, and community based organizations, AMCH PPS will ensure that all parties are engaged in the process through the efforts of our committees.

AMCH PPS will operate within a budget and funds flow model that evolves to meet the needs of the PPS in order to achieve the goals and objectives of DSRIP.

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

Instructions:



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

The AMCH PPS goal is to develop strategies that allow projects with similar milestones to work interdependently creating effective and efficient work streams. Several projects require care coordination. It will be efficient to standardize care coordination protocols.

AMCH PPS comprises a five county area that includes; Albany, Columbia, Greene, Saratoga, and Warren Counties. To avoid redundancies and to allow for seamless coordination of care throughout the PPS, the development plan will include three geographic hubs, and within those hubs creating project specific groupings allowing for more focused effort. Recognizing the regional diversity, the three hubs are: Hub 1: Warren and Saratoga Counties, Hub 2: Albany County, and Hub 3: Columbia and Greene Counties. Providers within a hub will work together on each project. Some examples of provider and project groupings by commonality include: Projects 2.a.iii and 2.b.iii. Both projects share interdependences with the development of care coordination and patient navigation. Projects 3.a.i and 3.a.ii may also be grouped together as they both share behavioral health commonalities.

Multiple projects require that participating providers meet the NCQA Level 3 2014 Patient Centered Medical Home standards. It may not be feasible to group all of the projects that require providers to meet this standard; therefore, the PMO will create a learning collaborative to assist all sites in the certification process.



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# **Better Health for Northeast New York (PPS ID:1)**

**IPQR Module 10.3 - Project Roles and Responsibilities** 

#### Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
BHNNY PMO	Louis Filhour, PhD, RN	PMO is responsible for meeting project milestones and deliverables and providing project quarterly reports to DOH.  PMO will be responsible for driving the implementation of those projects.  PMO will monitor the implementation of cross-PPS organizational development initiatives, such as IT infrastructure development and workforce transformation.
BHNNY Clinical and Quality Affairs Committee	Dr. Kallanna Manjunath, BHNNY Chief Medical Officer	CQAC will ensure improvements in clinical outcomes through enhanced clinical integration and practitioner engagement across all eleven DSRIP projects.



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### **Better Health for Northeast New York (PPS ID:1)**

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

#### Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders	1	
BHNNY PMO	Management and coordination of all eleven DSRIP projects	Responsible for the quarterly reporting of all timelines and deliverables.
BHNNY Audit and Compliance Committee	Ensures compliance across eleven DSRIP projects	Responsible for the development and implementation of the BHNNY Compliance Plan and the development and dissemination of compliance materials for BHNNY.
BHNNY Consumer and Community Affairs Committee	Ensures active consumer and community engagement across all relevant DSRIP projects	Responsible for engaging key CBOs and non-provider organizations in strategic locations to encourage active consumer engagement and participation in the DSRIP projects.
BHNNY Finance Committee	Provide financial oversight for all eleven DSRIP projects	Management of budgeting and financial planning for projects.  Create and monitor internal controls and accountability policies.
BHNNY Workforce Coordinating Council	Oversee workforce needs of all eleven DSRIP projects	Assess workforce need and provide training as needed.
BHNNY Technology and Data Management Committee	Manage the IT work stream	Implement IT solutions across the network in support of project development.
BHNNY Cultural Competency and Health Literacy	Establish a system-wide approach to ensure culturally and	Assess cultural and lingistic training needs across the PPS region.
Committee	linguistically appropriate services are made available.	Provide materials where necessary.
All BHNNY Participating Providers	Project implementation	Collaborate on the development and implementation of health system transformation including integration of the delivery system.
External Stakeholders		
Saratoga Hospital	Leadership participant	Participant in select DSRIP projects.
Columbia Memorial Hospital	Leadership participant	Participant in select DSRIP projects.
Labor Unions	Labor representation	Support and implementation of workforce transformations; as these plans are delivered through the implementation of the DSRIP projects BHNNY may engage with them on the specific changes to the workforce.
CBOs	Project implementation support	Participate in implementation of projects as appropriate.
NYSDOH	Project implementation support	Provide metrics and benchmarks for DSRIP projects.
Healthy Capital District Initiative (HCDI)	Project implementation support	Provide support to the WCC and the CCAC as needed as well as provide guidance regarding the prevention agenda and the state health improvement plan.



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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Workforce Training Vendor	Coordination and development of training programs	Provide training and education to participating partners. Provide training for new hires, redeployed and other workers who need additional guidance and education on certain tasks related to DSRIP projects.
OASAS Office of Substance Abuse	Project implementation support	Provide waivers for OASAS licensed facilities.
Office of Mental Health (OMH)	Project implementation support	Provide waivers for OMH licensed facilities.
Alliance for Better Health Care PPS	Project Collaboration	Collaborate in the implementation of select projects accounting for the overlap in counties and network providers, including the prevention of redundancy and waste of resources.
Adirondack Health Institute PPS	Project collaboration	Collaborate in the implementation of select projects accounting for the overlap in counties and network providers, including the prevention of redundancy and waste of resources.
MCO's and Payers	Financial sustainability and VBP	Collaborate in the development of contractual relationships to further transformation efforts towards VBP.
HIXNY and SHIN-NY	Data exchange	Develop connectivity and data exchange solutions across the provider network.



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**IPQR Module 10.5 - IT Requirements** 

#### Instructions:

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

Based on the availability of capital funding, AMCH PPS will develop an IT infrastructure that will be leveraged for the purposes of communication, data sharing and interoperability across all DSRIP projects. The AMCH PPS assessed the IT current state and identified a number of variations between providers in the network. The Technology and Data Management committee (TDMC) will develop an IT roadmap to achieve clinical data sharing and interoperability across the PPS network.

IT implementation objectives that effect multiple DSRIP projects include: achieving active participation and effective usage of the EHR system and patient registries for all providers in the system; meeting Meaningful Use and achieving 2014 Level three PCMH certification for all relevant providers; and connecting to HIXNY to access and share available clinical data across the PPS network. The AMCH PPS TDMC and CQA along with provider stakeholders will collaborate to ensure development of a sustainable, affordable and realistic plan for regional connectivity by building upon existing platforms and develop short term solutions that will evolve to long term sustainable technology interfaces.

The development of an IT infrastructure that allows for secure data sharing and interoperability is critical to the implementation of all DSRIP projects. The AMCH PPS will engage external and internal IT experts to mitigate the risk of shared PHI data.

#### 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.

AMCH PPS PMO is responsible for collecting and analyzing data and delivering the project's quarterly reports to the independent assessor and DOH, as well as communicating to the PPS board and the performing provider network performance outcomes, milestones and deliverables.

AMCH PPS intends to utilize commercially available software to assist the PMO in creation of dashboards, milestone reporting, and preparation and submission of quarterly reports.



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**Better Health for Northeast New York (PPS ID:1)** 

#### **IPQR Module 10.7 - Community Engagement**

#### Instructions:

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

The Consumer and Community Affairs Committee (CCAC) is responsible for engaging key CBOs in strategic locations to encourage active consumer engagement and appropriate CBO participation in the DSRIP projects. The CCAC will develop a plan which will include a schedule of events to engage and stimulate consumer involvement in various population health activities. The CCAC will actively participate in local COReSTAT and other community revitalization efforts to communicate and coordinate ongoing outreach activities.

CBO's involved in DSRIP projects will enter into a contractual agreement with the PMO or other safety-net providers. Contracts for each CBO will vary by project and the amount of the awards will be performance based. Every CBO entering into a contract with the PMO will be required to meet all milestones and deliverables of the specific DSRIP project.

Community engagement is critical to the success of DSRIP for several reasons. First, allowing input from a diverse population will foster creative and innovative ideas, resulting in greater community buy-in. Second, community engagement enhances relationship building, which is an effective way to increase involvement among various stakeholders including Medicaid beneficiaries, community leaders and the uninsured. Third, CBOs are on the frontline of service delivery, know their communities and are trusted by consumers creating engagement opportunities that are important to DSRIP's success.

There are risks associated with the PPS's ability to maintain active community engagement. The success of the community engagement goals require voluntary participation of individuals and organizations. The disengagement of a CBO is a risk to the PPS's ability to maintain effective community integration. Many CBOs lack sophisticated infrastructure including IT capabilities, compliance, regulatory reporting, and financial management that pose a risk in terms of their abilities to effectively manage data, funds, and deliverables. Limitations based on the funding cap for non-safety net providers may limit engagement and interest opportunities for some CBOs. AMCH PPS will mitigate these risks through effective communication, community engagement, transparent decision making, technical assistance and support including financial management and data reporting.

IPQR Module 10.8 - IA Monitoring
Instructions:



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#### Section 11 - Workforce

**IPQR Module 11.1 - Workforce Strategy Spending (Baseline)** 

#### Instructions:

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

		Year/Quarter											
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 (\$)		
Retraining	0.00	613,996.00	454,111.00	454,111.00	454,111.00	454,111.00	415,475.00	415,475.00	246,373.00	246,373.00	3,754,136.00		
Redeployment	0.00	78,793.00	37,884.00	37,884.00	37,884.00	37,884.00	28,225.00	28,225.00	23,772.00	23,772.00	334,323.00		
New Hires	0.00	59,475.00	28,225.00	28,225.00	28,225.00	28,225.00	28,225.00	28,225.00	14,112.00	14,112.00	257,049.00		
Other	0.00	126,750.00	126,750.00	126,750.00	126,750.00	126,750.00	126,750.00	126,750.00	62,875.00	62,875.00	1,013,000.00		
Total Expenditures	0.00	879,014.00	646,970.00	646,970.00	646,970.00	646,970.00	598,675.00	598,675.00	347,132.00	347,132.00	5,358,508.00		

#### **Current File Uploads**

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	User ID	File Type	File Name	File Description	Upload Date

No Records Found

#### Narrative Text:

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

#### **Module Review Status**

Review Status	IA Formal Comments
Pass & Complete	



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**IPQR Module 11.2 - Prescribed Milestones** 

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1  Define target workforce state (in line with DSRIP program's goals).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task  1. Establish a permanent Workforce Coordinating Council (WCC) as defined in AMCH's Project Advisory Committee (PAC) operating guidelines and principles. This council will include representation from labor, management, workers, training vendors, and other key stakeholders.	Completed	1. Establish a permanent Workforce Coordinating Council (WCC) as defined in AMCH's Project Advisory Committee (PAC) operating guidelines and principles. This council will include representation from labor, management, workers, training vendors, and other key stakeholders.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task  2. Identify workforce needs associated with each approved project and in consultation with key stakeholders in the PAC. This will be done via a survey instrument or other means to document staff training and development, redeployment, retention, and recruitment needs.	Completed	2. Identify workforce needs associated with each approved project and in consultation with key stakeholders in the PAC. This will be done via a survey instrument or other means to document staff training and development, redeployment, retention, and recruitment needs.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. WCC will define job role classifications and group titles across provider types to assess need, prioritize roles, skills and licensure requirements to assist with retraining and redeployment.	Completed	3. WCC will define job role classifications and group titles across provider types to assess need, prioritize roles, skills and licensure requirements to assist with retraining and redeployment.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Perform a future state staffing analysis at the project level to assess whether more, less, or different resources are required for project implementation and incorporate into the workforce roadmap.	Completed	4. Perform a future state staffing analysis at the project level to assess whether more, less, or different resources are required for project implementation and incorporate into the workforce roadmap.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor to assess future state staffing needs by site and incorporate them into the workforce roadmap.	Completed	5. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor to assess future state staffing needs by site and incorporate them into the workforce roadmap.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. WCC will define target workforce state (in line with DSRIP program's goals) and present to the PAC Executive Committee for adoption.	Completed	6. WCC will define target workforce state (in line with DSRIP program's goals) and present to the PAC Executive Committee for adoption.	02/15/2016	06/30/2016	02/15/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Completed	Completed workforce transition roadmap, signed off by PPS workforce governance body.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. The WCC, in collaboration with the training vendor, will analyze the gap analysis, workforce survey, CNA, and other resources to determine the workforce gaps for each project. The WCC will develop project specific timelines for the retraining, recruitment, and redeployment of the workforce.	Completed	The WCC, in collaboration with the training vendor, will analyze the gap analysis, workforce survey, CNA, and other resources to determine the workforce gaps for each project. The WCC will develop project specific timelines for the retraining, recruitment, and redeployment of the workforce.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2. The WCC, in collaboration with the training vendor, will develop strategies to alleviate the PPS workforce gaps. These strategies will be outlined in the workforce transition roadmap.	Completed	The WCC, in collaboration with the training vendor, will develop strategies to alleviate the PPS workforce gaps.     These strategies will be outlined in the workforce transition roadmap.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. The WCC will present the finalized roadmap to the PAC Executive Committee for review and approval by the end of DY1Q4.	Completed	3. The WCC will present the finalized roadmap to the PAC Executive Committee for review and approval by the end of DY1Q4.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Based on feedback from the PAC Executive Committee, the WCC will modify the roadmap where appropriate.	On Hold	Based on feedback from the PAC Executive Committee, the WCC will modify the roadmap where appropriate.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. The WCC, in collaboration with the training vendor, will continually review the workforce roadmap and assess the ongoing recruitment,	Completed	5. The WCC, in collaboration with the training vendor, will continually review the workforce roadmap and assess the ongoing recruitment, retraining, redeployment needs of the PPS. The WCC will make modifications to the roadmap where	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
retraining, redeployment needs of the PPS. The WCC will make modifications to the roadmap where necessary.		necessary.							
Task 6. The WCC will update the PAC Executive annually on the progress made toward achieving the workforce target state and address any modifications that have been made to the original roadmap.	Completed	6. The WCC will update the PAC Executive annually on the progress made toward achieving the workforce target state and address any modifications that have been made to the original roadmap.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task  1. Based on workforce needs, conduct a capacity and workforce shortage assessment to direct the roadmap towards highest areas of need.	Completed	Based on workforce needs, conduct a capacity and workforce shortage assessment to direct the roadmap towards highest areas of need.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Expanding on the work product of the previous milestone the WCC will create a detailed process for monitoring gaps identified in the workforce.	Completed	2. Expanding on the work product of the previous milestone the WCC will create a detailed process for monitoring gaps identified in the workforce.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. WCC will conduct Current State Assessment and Gap analysis that evaluates changes in the workforce including roles, skills, and licensure requirements as well as opportunities for new hires, redeployment, or retraining of existing staff.	Completed	3. WCC will conduct Current State Assessment and Gap analysis that evaluates changes in the workforce including roles, skills, and licensure requirements as well as opportunities for new hires, redeployment, or retraining of existing staff.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task  4. Based on the results of the gap analysis the WCC, in collaboration with the finance committee, PAC Executive Committee and our workforce vendor, will review and refine the workforce strategy budget to ensure that sufficient funds are available for training and development of the workforce.	On Hold	4. Based on the results of the gap analysis the WCC, in collaboration with the finance committee, PAC Executive Committee and our workforce vendor, will review and refine the workforce strategy budget to ensure that sufficient funds are available for training and development of the workforce.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #4 Produce a compensation and benefit analysis,	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	YES



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.									
Task  1. Consistent with all labor laws, regulations, and Federal Trade Commission standards, the WCC in collaboration with our workforce vendor and other regional PPSs, will contract a third party to conduct an extensive review or will utilize information provided by a state-wide vendor (distribute surveys, collect information, and conduct follow-ups) of compensation for all levels of the workforce from community health workers through MD Psychiatrists.  Note: The WCC will receive aggregate workforce data and analysis from the workforce vendor, but not provider specific salary or benefit information.	Completed	Consistent with all labor laws, regulations, and Federal Trade Commission standards, the WCC in collaboration with our workforce vendor and other regional PPSs, will contract a third party to conduct an extensive review or will utilize information provided by a state-wide vendor (distribute surveys, collect information, and conduct follow-ups) of compensation for all levels of the workforce from community health workers through MD Psychiatrists.  Note: The WCC will receive aggregate workforce data and analysis from the workforce vendor, but not provider specific salary or benefit information.	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Once the aggregate data is received, the WCC will analyze the aggregate data by position, project, and employment status to determine workforce impact.	Completed	2. Once the aggregate data is received, the WCC will analyze the aggregate data by position, project, and employment status to determine workforce impact.	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. The WCC will collaborate with the training vendor to develop retraining and re-deployment strategies to ensure appropriate placement for retrained and reassigned workers.	Completed	3. The WCC will collaborate with the training vendor to develop retraining and re-deployment strategies to ensure appropriate placement for retrained and reassigned workers.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. The WCC will present the summary aggregate compensation and benefits analysis report to the PAC Executive Committee for review and approval.	Completed	4. The WCC will present the summary aggregate compensation and benefits analysis report to the PAC Executive Committee for review and approval.	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. The WCC will develop a process, which will be approved by the PAC Executive Committee, to	Completed	5. The WCC will develop a process, which will be approved by the PAC Executive Committee, to identify, track, and report quarterly all staff that are either partially or fully redeployed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
identify, track, and report quarterly all staff that are either partially or fully redeployed within participating provider organizations.		within participating provider organizations.							
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. The WCC will conduct an assessment of the PPSs existing workforce training programs via survey. This survey will be disseminated to all of AMCH PPS partners for completion.	Completed	The WCC will conduct an assessment of the PPSs existing workforce training programs via survey. This survey will be disseminated to all of AMCH PPS partners for completion.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2. The WCC in collaboration with the training vendor, will assess the workforce survey to identify any training gaps within the PPS.	Completed	The WCC in collaboration with the training vendor, will assess the workforce survey to identify any training gaps within the PPS.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. The WCC, in collaboration with the training vendor and physician champions identified through the CQAC, will determine the areas of training to be further developed, as well as new training programs to be created.	Completed	3. The WCC, in collaboration with the training vendor and physician champions identified through the CQAC, will determine the areas of training to be further developed, as well as new training programs to be created.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. The WCC will create a training plan that outlines strategies needed to improve existing training programs, as well as the new training programs that will be available throughout the PPS.	Completed	4. The WCC will create a training plan that outlines strategies needed to improve existing training programs, as well as the new training programs that will be available throughout the PPS.	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5. The WCC will work with the Cultural Competency and Health Literacy Committee to ensure that training programs are culturally and linguistically appropriate.	Completed	5. The WCC will work with the Cultural Competency and Health Literacy Committee to ensure that training programs are culturally and linguistically appropriate.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 6. The WCC will work with the CQAC to identify training needs resulting from integration of clinical services, especially primary and behavioral health and patient centered care.	Completed	6. The WCC will work with the CQAC to identify training needs resulting from integration of clinical services, especially primary and behavioral health and patient centered care.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. The WCC will distribute the overall training	Completed	7. The WCC will distribute the overall training plan to the PAC Executive Committee for review and approval.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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### **DSRIP Implementation Plan Project**

### **Better Health for Northeast New York (PPS ID:1)**

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
plan to the PAC Executive Committee for review and approval.									
Task 8. The WCC, in collaboration with the workforce training vendor and participating provider reporting requirements, will track the online training programs to ensure participating providers are utilizing workforce training programs.	On Hold	8. The WCC, in collaboration with the workforce training vendor and participating provider reporting requirements, will track the online training programs to ensure participating providers are utilizing workforce training programs.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task  9. The WCC will develop a process for evaluating training outcomes and the effectiveness of all DSRIP training programs and will continually assess each program's effectiveness on a quarterly basis.	Completed	9. The WCC will develop a process for evaluating training outcomes and the effectiveness of all DSRIP training programs and will continually assess each program's effectiveness on a quarterly basis.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

#### **IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Define target workforce state (in line with DSRIP program's goals).	mcintyc	Templates	1_DY4Q4_WF_MDL112_PRES1_TEMPL_Meeting _Schedule_TemplateWorkforceDY4Q3Q4_25008.xlsx	Meeting Schedule Template- Workforce - DY4Q3Q4	04/24/2019 03:10 PM
Create a workforce transition roadmap for achieving defined target workforce state.	mcintyc	Templates	1_DY4Q4_WF_MDL112_PRES2_TEMPL_Meeting _Schedule_TemplateWorkforceDY4Q3Q4_25010.xlsx	Meeting Schedule Template- Workforce - DY4Q3Q4.xlsx	04/24/2019 03:11 PM
Develop training strategy.	mcintyc	Templates	1_DY4Q4_WF_MDL112_PRES5_TEMPL_WF_Tra ining_Schedule_Template_DY4Q3Q4_25012.xlsx	WF Training Schedule Template DY4Q3Q4	04/24/2019 03:12 PM



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**DSRIP Implementation Plan Project** 

### **Better Health for Northeast New York (PPS ID:1)**

#### **Prescribed Milestones Narrative Text**

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

#### **Milestone Review Status**

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



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**Better Health for Northeast New York (PPS ID:1)** 

**☑** 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.

								DSRIP
Miles ( and Table Manage	Status	Description	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	End Date	Start Date	End Date	End Date	Year and
								Quarter

No Records Found

#### **PPS Defined Milestones Current File Uploads**

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

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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#### **Better Health for Northeast New York (PPS ID:1)**

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

#### Instructions:

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

Below is a list of recognized risks and approaches the PPS will undertake to mitigate those risks:

- · Shortages in the workforce:
- o We anticipate that there will be identified shortages of specific types of workers, especially as we undertake to introduce a new type of healthcare worker into the workforce. We hope to be able to mitigate this by training workers in this field prior to the planned deployment into the field. By accelerating the training of new categories of workers we hope to reduce the risk of having open jobs with a lack of qualified candidates.
- · Shifting needs of the workforce:
- o The needs of the workforce cannot be fully understood prior to project implementation. The PPS will undertake training and educational strategies in collaboration with our contracted workforce development vendor to prepare existing workers for the new opportunities that will be created by the DSRIP program.
- · Lack of defined roles for new categories of workers:
- o We will work with our workforce vendor to clearly define the roles of the new categories of workers and to develop appropriate training curriculum for these positions.
- Disparate training expectations of various performing provider organizations with conflicting Human Resources policies:
- o While the PPS will not establish Human Resources policies for participating organizations, funded providers will have a contractual obligation requiring staff participation in training activities. We will work with unionized employees to enlist union support of training strategies.

#### **IPQR Module 11.5 - Major Dependencies on Organizational Workstreams**

#### Instructions:

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

The workforce work stream is dependent upon the following other work streams: Governance, Finance, Information Technology, Practitioner Engagement, Clinical Integration, and Cultural Competency and Health Literacy. Recognizing the dependence of all healthcare providers on their most important resource - their staff - everything we propose to do in DSRIP is dependent upon having a motivated, trained, and highly qualified staff engaged in the process. Dependence on Governance is related to decision making approvals for the actions and deliverables of the WCC. Finance impacts the WCC and the workforce work stream both in terms of budget support for deliverables and potential incentives to providers for training accomplishments. Workforce is dependent on Information Technology to provide online training, to conduct electronic assessments, and to collect and report data. Workforce is dependent upon practitioner engagement, clinical integration and cultural competency and health literacy for buy in and a commitment to address staff training needs.



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#### **IPQR Module 11.6 - Roles and Responsibilities**

#### Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PMO Workforce Contact	John DelGrosso, Project Manager;	Liaison between WCC and Workforce Training Vendor. Assist the WCC with the implementation of the workforce strategy deliverables and milestones.
WCC Chairperson	Kelly Sweeney	Facilitate workforce meetings, assist with milestones and deliverables, and present recommendations to the PAC Executive Committee for review and approval.
Workforce Vendor(s)	HealthStream, Iroquois Healthcare Association, BDO Consulting, Accenture	Assist the WCC with the training, recruitment, and redeployment of the PPS workforce. Will assist with the current and future workforce state analysis, as well as the gap analysis.
WCC Member	Albany Medical Center	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Columbia Memorial Hospital	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Saratoga Hospital	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	1199SEIU	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Center for Disability Services	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	AHEC	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	HCDI	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Greene County Public Health	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.
WCC Member	Columbia County DOH	Attend monthly WCC meetings and work towards accomplishing the workforce strategy milestones and deliverables.



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**Better Health for Northeast New York (PPS ID:1)** 

**IPQR Module 11.7 - Key Stakeholders** 

#### Instructions:

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Albany Medical Center Hospital	Largest workforce employer in the PPS	Actively participate in assessment, training, coordination and staffing issues
PPS Participating Providers	Workforce representation across the PPS	Actively participate in assessment, training, coordination and staffing issues
Albany Medical Center Faculty Practice	Largest Provider workforce in the PPS	Actively participate in assessment, training, coordination and staffing issues
External Stakeholders		
Labor Unions	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce
Unrepresented workers	Provide needed input and guidance	Assistance as needed to ensure PPS includes appropriate levels of input from workforce
Healthy Capital District Initiative (HCDI)	Coordinate training needs with PHIP and SHIP	Coordinated Curriculum and training schedule
Workforce training Vendor	Coordinating development of training plan	Provision of training including evaluation of outcomes
Regional PPSs	Collaboration on workforce opportunities	Ongoing assistance in coordination of workforce initiatives



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**Better Health for Northeast New York (PPS ID:1)** 

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.

Alignment between workforce and IT is critical to DSRIP success. Once our training strategy and plan are implemented, we will rely on IT platforms to track training progress (e.g. tracking completed training, when and what was trained and certifications achieved, etc.). This will require a Cross PPS reporting system to facilitate data collection and analysis. The AMCH PPS will execute the workforce transition roadmap by relying on IT capabilities to track staff movement and changes across the PPS (e.g. redeployed staff, net new hires). We will need a central IT system that is both capable of tracking workforce changes and gathering data and information related to these changes in a seamless and timely fashion. This system will also be necessary to report on measures for required quarterly progress reports. Finally, as we undertake this large-scale workforce transformation, a central IT system will enable the AMCH PPS to track open positions and staffing needs across the PPS by creating a jobs database that will allow workers the ability to see employment availability and opportunity across the member organizations.

#### IPQR Module 11.9 - Progress Reporting

#### Instructions:

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

Based on our approved training strategy, AMCH's PPS will collect data electronically from all participating providers on a quarterly basis in regards to the training provided, new hires, staff redeployment, and reassignment as well as un-met needs. AMCH will utilize project management software for this purpose. Training accomplishments including pre and post test training evaluations will be captured either from SAKAI (AMCH's online training portal) or our workforce training vendor. Additional documentation of adopted workforce strategies and operations will be provided from meeting minutes and other sources that demonstrate the PAC Executive Committee review and approval process. Success of the organizational work stream will be measured by the total number of workers that receive training or re-training. Additionally we will monitor employment levels and net-new workers added to the workforce. Specific gaps that are identified in the project plan will be monitored and success will be based on the progress in closing those gaps.



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**DSRIP Implementation Plan Project** 

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**IPQR Module 11.10 - Staff Impact** 

#### Instructions:

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

#### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Other	1_DY4Q4_WF_MDL1110_OTH_Narrative- _Staffing_Impact_Actuals_DY4Q3Q4_25006.docx	Narrative- Staffing Impact Actuals_DY4Q3Q4	04/24/2019 03:07 PM
mcintyc	Templates	1_DY4Q4_WF_MDL1110_TEMPL_Workforce_Staffing_Impact_(Actuals) DY4Q3Q4_JD_25005.xlsx	Workforce Staffing Impact (Actuals)DY4Q3Q4	04/24/2019 03:07 PM

# Narrative Text :

#### **Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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### **Better Health for Northeast New York (PPS ID:1)**

#### **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.

Benchmarks		
Year	Amount(\$)	
Total Cumulative Spending Commitment through Current DSRIP Year(DY4)	4,664,244.00	

	Workforce Spe	ending Actuals	Cumulative Spending to Date	Cumulative Percent of Commitments		
Funding Type	DY4(Q1/Q2)(\$)	DY4(Q3/Q4)(\$)	(DY1-DY5)(\$)	Expended through Current DSRIP  Year (DY4)		
Retraining	82,194.00	120,331.18	884,791.55	27.13%		
Redeployment	0.00	0.00	143,287.68	49.96%		
New Hires	0.00	0.00	96,849.41	42.32%		
Other	101,890.00	96,827.39	1,491,599.71	168.11%		
Total Expenditures	184,084.00	217,158.57	2,616,528.35	56.10%		

#### **Current File Uploads**

Us	er ID File Type	File Name	File Description	Upload Date
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No Records Found

#### **Narrative Text:**

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



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#### **Module Review Status**

Review Status	IA Formal Comments
Fail	



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YORK ST	Better Health for Northeast New York (PPS ID:1
IPQR Module 11.12 - IA Monitoring:	
Instructions:	



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Better Health for Northeast New York (PPS ID:1)

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

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

#### Instructions:

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

The primary risk for clinical integration will be lack of participation from practitioners and leaders of healthcare organizations. Based on the CNA, care is neither integrated nor coordinated among the PPS service area. The absence of EHR Connectivity results in patients with co-morbidities who see several providers who may not routinely coordinate care with one another. Data sharing age restrictions will be a challenge for organizations serving pediatrics. P4P and VBP have not yet had a significant impact on the region, with less than 10% of the current payer contracts requiring risk sharing arrangements. Further challenges include: ineffective patient engagement/behavioral modification, the need for additional payer guidance, non-reimbursable costs of some services, costs of implementation, lack of data from private payers, OPWDD regulatory restrictions, lack of managed care services for the developmentally disabled, and the current shortage of BH providers. Integration of care delivery will require the differences in licensure, billing and compliance issues between article 28 & 31 providers to be minimized. Gaps in infrastructure/technology that prevent communication and care plan development between organizations will be a risk; only 40% of our partners are connected to HIXNY and only 1 in 5 participating PCP practices are NCQA PCMH Level 3 certified. The sheer volume of need for individuals, the workforce licensure, skill-set and the siloed nature of many CBOs will be a challenge to overcome. To mitigate these risks, we will:

- Facilitate ongoing collaboration between the TDMC, CQAC and provider stakeholders to ensure development of a sustainable, affordable and realistic plans for regional connectivity by building upon existing platforms to develop short-term solutions that will evolve to long-term sustainable technology interfaces.
- Provide seamless care for patients by increasing healthcare capacity through partnerships across all provider types, new access points and redeploying existing resources and workforce.
- Employ tele-health options and other emerging technologies to increase access in identified HPSAs.
- Assess VBP readiness of our partners to establish baseline data and ensure partners are prepared to align provider compensation to patient outcomes. AMCH PPS will incorporate risk based arrangements in contracts across the PPS to incentivize providers.
- Assist partners in developing population health strategies through the use of data analytics and risk stratification.
- Utilize current/future partners that have experience to develop risk based arrangements & population health management including care management and coordination.
- Draw on expertise of HH partners to help support integration strategies.
- Conduct monthly meetings with MCOs to discuss utilization issues, performance and payment reform.
- Engage patients through CBOs, peers, health workers, etc. to become partners and modify behavior to improve access and quality of care.
- Assess the PCP partners' readiness to certify as a level 3 PCMH through a team of experts who will coach, support and incentivize the PCPs through the process of obtaining this recognition.
- DSRIP training/education team will provide resources and materials to organizations that will improve understanding, collaboration, IDS and patient engagement. Materials will be developed as needed for patient compliance and distributed after review and approval by the CCHLC. Our workforce training vendor will provide training/resources for the current workforce to ensure there is a level of comfort with any additional



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#### responsibilities.

- Develop, implement, and monitor clinical care guidelines to improve and standardize clinical integration across the network.
- Drive clinical integration through the alignment of incentives for participating providers.



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

#### Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1  All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY2 Q2	Project	N/A	Completed	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community- based providers.		Project		Completed	09/15/2015	12/31/2015	09/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:1. AMCH PMO will analyze the services offered within the PPS provider network to identify medical, behavioral health, post acute, long term care, community based, health home providers and health homes with whom the PPS can collaborate with to ensure a full continuum of care.		Project		Completed	10/12/2015	12/31/2015	10/12/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will engage participating providers by conducting regional stakeholder meetings, as needed, to encourage provider buy-in and collaboration for IDS implementation. In addition, the AMCH PMO will seek additional service providers, as needed, to address gaps identified from the analysis conducted in the previous step.		Project		Completed	10/26/2015	12/31/2015	10/26/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will meet with participating partners, including health homes, to establish clear expectations regarding: performance indicators, utilization, quality metrics and payment reform, methodologies to incentivize behavior, implementation plan milestones, and allocation/sharing of existing resources within the PPS.		Project		Completed	02/16/2016	06/30/2016	02/16/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:4. AMCH PMO will meet with payers and social service agencies, as necessary, and enter into working relationships		Project		Completed	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and/or consulting arrangements to further IDS implementation.										
Task M1:5. AMCH PMO will develop and disseminate participation agreements with the provider network to define the rules, regulations, and responsibilities of all parties. Once completed, these agreements will form the basis of participation for the duration of the DSRIP program.		Project		Completed	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Signed participation agreements will be completed by September 2016.		Project		Completed	09/15/2015	09/30/2016	09/15/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q2	Project	N/A	Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will create a list of participating health home providers in the PPS network.		Project		Completed	09/07/2015	12/21/2015	09/07/2015	12/21/2015	12/31/2015	DY1 Q3
Task M2:1. AMCH PMO will survey participating providers and HHs/ACOs to obtain current IT networking capabilities.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. AMCH PMO will identify and assess current capabilities of partnering HHs and utilize baseline information to analyze gaps and identify opportunities for improvement/evolution of HH to IDS.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:3. Based on the IT roadmap, AMCH PMO will incorporate a strategy to integrate health home management systems into the population health management system of the IDS.		Project		Completed	10/19/2015	06/30/2016	10/19/2015	06/30/2016	06/30/2016	DY2 Q1
Task M3:1. AMCH PMO will routinely hold engagement meetings with payers, participating providers, social service agencies,		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
community based organizations, and others to develop collaborative care practices during the transformation process.										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS trains staff on IDS protocols and processes.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an adhoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
future state connectivity model.										
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. AMCH PMO will identify the current state of care coordination, services and workflow. AMCH PMO will create the future state of what collaboration linkages need to be created to ensure successful implementation over the DSRIP five year program.		Project		Completed	10/05/2015	06/30/2016	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:2. AMCH PMO will complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with partners, develop an action plan for the implementation of the IDS model.		Project		Completed	10/05/2015	06/30/2016	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:3. AMCH PMO will implement the approved action plan utilizing the PDSA approach.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:4. AMCH PMO will monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:5. AMCH PMO, in collaboration with the CQAC, will conduct a thorough review of existing care management and coordination protocols to select nationally recognized best practices to meet various project requirements and milestones required for transformation and patient engagement.		Project		Completed	10/05/2015	06/30/2016	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:6. AMCH PMO, in collaboration with the TDMC, will build upon existing platforms and develop short-term solutions for integration including protocols in place for care coordination and processes for tracking care outside of hospitals to ensure care follow up.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	
Task		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:7. AMCH PMO in collaboration with the CCAC will conduct consumer focus groups and surveys regularly to understand the level of patient engagement and PCP utilization.										
Task M3:1. CQAC will create a behavioral health subcommittee to ensure that mental health and substance abuse providers are participating in the IDS.		Project		Completed	10/12/2015	09/30/2016	10/12/2015	09/30/2016	09/30/2016	DY2 Q2
Task M3:2. Based on the protocols in place, AMCH PMO will analyze monthly utilization data by provider group to determine whether patients have utilized services and are active in care. In addition, systems will be developed to ensure referrals to necessary appointments are made, results are communicated promptly, missed appointments are identified and proactive steps are made to access necessary care.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:3. AMCH PMO will track the utilization patterns of the IDS to ensure that partnering providers are accessing the system platform.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:4. Based off of the Salient Interactive Minor tool, the AMCH PMO will review provider specific data monthly to determine mental health providers with high Medicaid claims, patient utilization and engagement in care.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M4:1. AMCH PMO in collaboration with the WCC will provide training regarding IDS protocols and processes.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:					•					
Madala Padmaja Md; Manjunath Kallanna Md; Sheehan Rebecca;	Stein Rhonda Da	nielle Md; Young			T		1		T	
Task EHR meets connectivity to RHIO's HIE and SHIN-NY		Provider	Safety Net Practitioner - Non-Primary Care	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements.			Provider (PCP)							
Providers Associated with Completion:				1	1					
Cavaliere Rosella Md; Guccione Angela Lee Md; Kang Harriet Md;	Martin Mary Anne	e; Nordhauser M	icaela Urbano; Priest Michael	Richard; Rizzo Ch	ristopher J Md; V	Veinberg Gerar	d Md		<u> </u>	
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:										
Albany Medical Ctr Hospital; Columbia Memorial Hospital			·							
Task EHR meets connectivity to RHIO's HIE and SHIN-NY		Provider	Safety Net Mental Health	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
requirements.  Providers Associated with Completion:										
Albany Cnty Dept Child Family; Albany Medical Ctr Hospital; Colum Child And Family Ctr; Priest Michael Richard; Rehabilitation Supp S	nbia Memorial Hos Svcs C; Roldan Er	spital; Dodd Jack rnesto; Samenfel	c Edward Jr; Ehrenberg Eileer d-Specht James; Scherer Hai	n; Mha Of Columbia	a-Greene Mh; No ene Arc	rdhauser Micae	ela Urbano; Nort	heast Parent Ch	nild Societ; P R	O M E S A; Parsons
Task EHR meets connectivity to RHIO's HIE and SHIN-NY		Provider	Safety Net Nursing Home	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
requirements.										
Providers Associated with Completion:										
Albany County Nursing Home; Kaaterskill Care Skilled Nrs & Reh;	St Margarets Cen	ter	1				1		1	
Task PPS uses alerts and secure messaging functionality.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task										
M1:1. Establish, under the auspices of the AMCH PPS										
Technology and Data Management Committee (TDMC), an ad-										
hoc project sub-committee to oversee the development and										<b>5</b> 144 <b>6</b> 5
implementation of the action plan to assure PPS-wide EHR		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
connectivity to the SHIN-NY and HIEs. Ensure key representation										
from identified providers and partners on the project sub-										
committee.										
Task										
M1:2. Perform a current state assessment on the participating		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		. 10,000		Johnpiotou	10/00/2010	11/00/2010	10,00,2010	11/00/2010	12,01/2010	271 00
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Develop and execute partner agreements and appropriate		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.										
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, hospitals, specialists and PCMH sites.		Project		Completed	12/05/2015	06/27/2016	12/05/2015	06/27/2016	06/30/2016	DY2 Q1
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
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.	DY2 Q2	Project	N/A	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	
Task		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:  Assevero Anna-Maria D Md; Baldini Gleda P Md; Brown Sheryl; Cla Madala Padmaja Md; Maddalena Amy Elizabeth; Manjunath Kallan Sheehan Rebecca; Signor Connie J; Stein Rhonda Danielle Md; St	na Md; Miller Mar	rilyn; O'Brien Joa	nne Elizabeth; Owen Claudina							
Task M1:1. Perform a current state assessment of participating safety- net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Ensure clinician and staff training on new processes is conducted.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.  Task		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of NCQA 2014 Level 3 PCMH recognition or APCM by DY3.		Project		Completed	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	
Task		Project		Completed	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to ensure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, establish priorities and develop a practice-specific action plan to achieve the recognition and transform the care delivery model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA 2014 Level 3 certified or APCM.		Project		Completed	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign to participating practice leadership, specific roles, responsibilities and timelines to implement the action plan effectively and achieve the recognition by DY 3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:8. Monitor progress on a monthly basis to evaluate and assess needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certifed or APCM.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. The EHR sub-committee will articulate the scope, objectives and requirements of an effective patient tracking system to support an effective population health management strategy across PPS entities.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3



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Better Health for Northeast New York (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Establish a central resource to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
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.	DY2 Q2	Project	N/A	Completed	08/15/2015	03/31/2018	08/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		Completed	08/15/2015	09/30/2016	08/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	08/15/2015	03/31/2018	08/15/2015	03/31/2018	03/31/2018	DY3 Q4

#### **Providers Associated with Completion:**

Abigail R Watson; Agopovich Arsenio Md; Aitken Geri Lynn Do; Alarcon Gabriel Baldomero Md; Alegre Catalina; Ali Shehzad; Alin Avi; Allard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Bellin Jovce Lea Pa: Bello Scott C Md: Berman Jessica Dembitz Md: Bertram Michael C Md: Betancourt Nicole: Betit Alan: Bevilacqua Lisa Rose Md: Bleser Karen Md: Borden Eric Charles Md: Borden Jennifer Lynn: Borrelli Karin: Bossolini Marybeth M; Braden Diane Beers; Brady Helen H; Brasch Mary L Md; Braungart Carol Fritz; Breen Martin Md; Brennan-Jordan Nancy; Brilliant Rachelle I; Brown Sheryl; Browne William F Md; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Burchell Randall Lawrence Md; Burke Michael Kevin Md; Busino William A Jr Md; Butterfield Rebecca C Md; Caiazza Margaret; Campagna Kristine J Do; Campbell Kathleen Kissane Rpa; Caramore William J Md; Cardiel Alexander Md; Carrelle Raymond J Md; Carlelle Raymond J Md; Carrelle Raymond J Md; C Zacharias; Chaudhary Shawn Ahmad; Chauvin Rebecca L; Chava Prabhakar Rao Md; Cieszynski Veronica Eileen; Cioffi James Michael Md; Cirenza Emanuel Nicholas Md; Clark Catherine Nielsen; Clark Kristina Marie; Clark Melinda Beth Md; Clemente Kimberly; Cleney Holly K Md; Cleveland Byrd Md; Cohen Erik; Colman David Lawrence; Compa Kristen Leigh Md; Conlon Alan T Md; Conway Lillian Marie; Cossey Jason L; Costello Kevin B Md; Cotugno Steffani Do; Craig Maier; Culp Anita; D'Avella Wendy K; Daggett Brian George Md; Davis George Fabyan Md; De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Delamater Jeffrey T; Denovio Bradley M Rpac; Devine Maria Kansas; Dhanani Rahim Md; Diamond Courtney Beth; Diaz Miguel Remigio Md; Dibble Colleen M; Ditursi Mary Kathleen Williams; Dollard Michael Anthony; Donohue Robert; Dooley Kevin M Md; Doro Kristienna Martin; Dorsey Susan Serra Md; Dort Janice Beth; Dougherty Katherine; Downey Kathleen Md; Drzymalski Zofia Wanda Md; Duff Thomas Edward Jr Md; Dunne Christa Md; Dvorscak Amanda Jayne; Dykstra Todd Bryan Rpa; Eaton Carolyn A Md; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Emily Knuth; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Claudia Sales; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Fish Douglas G Md; Fishel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Ford Bradley A Md; Friedrich Marcus Edmond; Fruiterman Mark L Md; Fruiterman Roy Md; Fusco Joseph J Md; Fusco Joseph Ii Do; Gandham Vijaya L Md; Gardner Nathan James Rpa; Gaston Shenelle R Md; Gaylord James Md; Gebhard Paul E Jr Md; Gelfman Rachel Dawn; Gelman Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Leonard M Md; Gilroy Shelley Ann Md; Gilroy Shelley A Mdpc; Glick Cheryl M; Goddard Bryan L Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gomez-Di Cesare Caroline M Md; Gradner Jill A Md; Graney Sheela Md; Grant Stephen A Md; Greenblatt Carol Lynn Do; Greenblatt Michael J Md; Greenfield Country Medicine Pllc; Greenwald Lisa; Gross Eric J Md; Guice Stephanie M; Guptill Gloria G; Gurrala Geetha Md; Haber Eugene Curtis Md; Halbig Robert Joseph Md; Haldeman lii Richard J; Hanley Audra J Md; Haggie Syed S Md; Harde Hasmukh C Md; Hart Ashley Rose; Hawthorne Jami M; Hechanova Arnel B Md; Hennessy Elisa; Henson Jennifer T; Herman David L Md; Hickey Lynn Leitner Md; Higgins Elizabeth A Md;



**Project Requirements** 

(Milestone/Task Name)

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

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DSRIP

**Reporting Year** 

and Quarter

Quarter

**End Date** 

**End Date** 

### **Better Health for Northeast New York (PPS ID:1)**

**Provider Type** 

Reporting

Level

**Prescribed** 

**Due Date** 

Original End Date

**Start Date** 

Original

Start Date

**Status** 

Hildreth Deborah A Rpa; Hill Linda J Do; Hobbs Patricia; Hogan-M	oulton Amy E Md:	Horn Elizabeth	C: Howard Elizabeth A Md: Ho	v Christopher Dio	n Md: Hunter Phi	ip Raymond Mo	d: Hyland Maure	en Annette: Iani	niello Louis Md	: Irani Danesh S
Rpa; Ismail Mohammed Md; Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; Jain Rajinder Md; James Philip C Md; Janowski Darcy A; Jeannie Ngygen; Jellinger Robert M Md; Johnson Charles A Do; Johnston Mary Md; Jorgensen										
Stephanie E Md; Jue Donald Md; Justa Shelley Md; Kamal Syed Anwar Md; Kanthal Marissa Loren; Karatnycky Adrian Paul Md; Karyn Marie Hughes; Kasarda Karen Marie Rpa; Katz Linda G Np; Kelleher Ruth Ellen; Kerr Hamish Alistair Md; Kim										
Regina Y Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Kolanchick Gary J Md; Krass Jessica A; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa; Kudria Inna Md; Kumar Arbind Md; Lahtinen-Aley Kristina										
Marie Md; Larner Virginia Blake Rpa; Larsen Douglas P; Lauren T Siy; Lawson Jessica L; Lecours Laura Yates Md; Lee Arthur Farren Md Pc; Lee Josephine M Md; Lehine Guy Daniel Md Faap; Lehine Tanya; Lemanski Paul Md; Lemons Lorraine S										
Do; Leonidas Leonard Al Md; Leyhane James C Md; Lieberman Ruth L Md; Light Deborah I; Lindman Harry David Md; Lindstrom Jennifer E Md; Liporace Ralph L Md; Litts Warren C Jr Md; Litwa Wallin J Do; Livolsi Laruen L; Locke Elizabeth Anne										
Md; Ludwig Samantha Md; Mack Brigid; Mack Kristin Lake; Madala										
Marshall Robert Andrew Md; Marshall Ryan; Marthy-Noonan Anne K Md; Martin Jill; Martin Kristen Hedger Md; Martorana Sebastian Vincent; Mary Patricia Shierly; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mcgaffin Christina E; Mcgarry										
Karen A Rpa; Mckeon Elisabeth Waterman Md; Mckinney Sue Peterson Rpa; Mead Daniel H Pa; Mekosh Susan Lynn; Meltz Theresa Ann Rpac; Merecki Eugene Karl Md; Merkhan Samuel Kabriyel Md; Merriman Joann; Meyer Vincent Edwin Md;										
Michelena Karen X; Mifsud Mindy; Mihindukulasuriya Joseph C Md; Mijovic-Das Snezana Ana H; Millea Kerry; Miller Cynthia H Md; Miller Marilyn; Mirza Shahida Parveen Md; Mithod National Md; Mithed National Md; Marie Rolling										
Mondelo Doreen Perez; Monkash Jeff Ira Md; Monserrate Nicole Marie Md; Montelone Kimberly Ann Np; Moore Susan Elaine Md; Moran Antoinette Collins Rpac; Morgan Ayman Md; Morgan Lacey Elizabeth; Morin Michael P Md; Morris Barbara A										
Md; Muller Susan Marie Md; Murphy Christine M Md; Murphy William Patrick Md; Murray Amy J; Mustafa Marianne A Md; Musto Ronald V Md; Nagle Henry Alexander; Navarrette Kristen Alexandra; Navarro Brian Scott Md; Neilley Henry Md; Nemith										
Lindsay Mumford; Neubert Stefanie S; Newton Scott; Nguyen Hung Dinh Md; Nicholson Timothy Joseph; Nielson Robert P Jr Md; Norton Neal David Jr Rpa; Noyes Kimberly; O'Brien Joanne Elizabeth; O'Brien Michael F;										
O'Loughlin Suzanne; Obeid Leila Ann; Oke Benjamin; Olszewski Peter; Omeara Shannon Lauren; Ordogh Debbie; Orsi Richard A Md; Osborn Kyle Thomas Md; Owen Claudina; Pachucki Kevin Christopher Rpa; Packucki Kevin Christopher										
Suzanne Do; Parent Colleen E Md; Parikh Nita S; Parker Dawne Louise; Pascual Arsenio George Md; Patel Umesh; Patil Nagaraja N Md; Pawlinga Christophe; Pelnik-Fecko Tricia Ann Md; Petersen William A Md; Petraccione Lisa F Rpa; Pezzulo John Phillip Md; Phelan Carol Beberwyk; Phelps David Millard Md; Pierce Jean Catherine Rpa; Pomichter John Stanley Md; Pope Ronald James Do; Potratz Meagan A; Pribis Anneke B Md; Price Darin Michael Md; Price Marc David Md; Pride										
John Phillip Md; Phelan Carol Beberwyk; Phelps David Millard Md; Pierce Jean Catherine Rpa; Pomichter John Stanley Md; Pope Ronald James Do; Potratz Meagan A; Pribis Anneke B Md; Price David Millard Md; Price Marc David Md; Pride Boone Janice Md; Puthuparampil Beulah J Md; Quarrier John V Md; Quinn Barbara Hunter; Rabbin Linda S; Raggs Hope G; Ramani Ananthakrishnan Md; Raveendranath Brooke A; Ray David Allan Md; Reed Monica Renee; Reider Jacob Michael										
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Jennifer; Rosenbaum Elena; Rosenberger John Daniel Md; Roske Julia H Rpa; Rovere Rena Marie; Russell Jennifer Brooke; Rutter Ann; Sacco Joseph P Md; Saha Manish; Salimah Dhanani Md; Saluja Ravinder Kaur Md; Samedov Nikolay Md;										
Sami Arshad Md; Samuel Jency Thomas; Santoro Eileen; Saperstone James D Md; Saunders Patricia V Md; Sazon Alexandr; Sazon Tatiana; Schnakenberg Eric C Md; Schneider Nicole Marie; Schnide Kenneth Ben Md; Schottler-Thal Carrin Md;										
Schumacher Cajsa J Md; Schumacher Thomas C Md; Schwartz Kenneth Md; Schynoll Gerald Klaus Md; Seaman Tami Md; Searfoss Linda A; Semlear Robert Dwight Md; Sgambati Carl Willard Md; Sgarlata Donna L; Sheaffer Margaret A; Sheehan										
Rebecca; Sherwood David Edward Md; Shin Joong; Shrinkhla Agrawal; Shulof Jennifer Amy; Signor Connie J; Siniapkin George C Md; Sipperly Stephen F Do; Sirico Theresa A Do; Smitas Catherine Malone Md; Smith Marsha; Snitkoff Louis Md;										
Snyder Ilona; Sonnekalb Michael P Md; Sorum Paul C Md; Spindle										
Stevens Arthur L Md; Strader Stephen Earl Md; Szilak Illya; Talma										
Sharon T Md; Tolentino Rommel M Md; Toll Richard B Md; Tomiak										
Ivelisse Ann Md; Viola Theresa Md; Vitale Alex Nathaniel; Vollmer										
Wayne Joseph T Md; West-Brown Janet; Wilkinson Sarah Jane; W					Vinston C Md; Wo	odruff Barbara	A Rpa; Woods	Margaret Mary N	/ld; Woods Nor	bert J Md; Wright
Stuart B Md; Yadegari-Lewis Nasrene Md; Yan Richard; Young Lin	nda; Yousuf Asim N	/ld; Zabinski-Kra	nmer Kathleen Md; Zimring De	bra Carol Md						
Task										
EHR meets Meaningful Use Stage 2 CMS requirements (Note:		Project		Completed 08	08/15/2015	09/30/2016	08/15/2015	09/30/2016	09/30/2016	DY2 Q2
any/all MU requirements adjusted by CMS will be incorporated					00/13/2013					
into the assessment criteria.)										
Task										
M1:1. Analyze PHI data, Salient Interactive Minor, and the CNA		<b>5</b>			00/45/0045	00/00/0040	00/45/0045	00/00/0040	00/00/00/0	D) (0.00
to identify current utilization patterns, high-risk areas and sites		Project		Completed	08/15/2015	09/30/2016	08/15/2015	09/30/2016	09/30/2016	DY2 Q2
to identity editions diffication patterns, might not aleas and sites					1					
where the attributed patients receive primary care services.										
where the attributed patients receive primary care services.  Task										
where the attributed patients receive primary care services.  Task  M1:2. Create and complete a comprehensive provider readiness		Project		Completed	10/19/2015	09/30/2016	10/19/2015	09/30/2016	09/30/2016	DY2 Q2
where the attributed patients receive primary care services.  Task  M1:2. Create and complete a comprehensive provider readiness tool to assess infrastructure, capacity, workforce, data security,		Project		Completed	10/19/2015	09/30/2016	10/19/2015	09/30/2016	09/30/2016	DY2 Q2
where the attributed patients receive primary care services.  Task  M1:2. Create and complete a comprehensive provider readiness tool to assess infrastructure, capacity, workforce, data security, and PCMH status to ensure patient accessibility.		Project		Completed	10/19/2015	09/30/2016	10/19/2015	09/30/2016	09/30/2016	DY2 Q2
where the attributed patients receive primary care services.  Task M1:2. Create and complete a comprehensive provider readiness tool to assess infrastructure, capacity, workforce, data security, and PCMH status to ensure patient accessibility.  Task		Project		Completed	10/19/2015	09/30/2016	10/19/2015	09/30/2016	09/30/2016	DY2 Q2
where the attributed patients receive primary care services.  Task  M1:2. Create and complete a comprehensive provider readiness tool to assess infrastructure, capacity, workforce, data security, and PCMH status to ensure patient accessibility.  Task  M1:3. Identify gaps in capacity and services rendered to		•								
where the attributed patients receive primary care services.  Task M1:2. Create and complete a comprehensive provider readiness tool to assess infrastructure, capacity, workforce, data security, and PCMH status to ensure patient accessibility.  Task		Project Project		Completed	10/19/2015	09/30/2016	10/19/2015	09/30/2016	09/30/2016	



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:4. Collaborate with overlapping PPSs to evaluate network capacity across the region to coordinate patient needs.		Project		Completed	02/05/2016	09/30/2016	02/05/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Monitor capacity in PCP sites to ensure that patients seeking services have improved access to care.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO and PPS partners will identify opportunities to increase access, particularly in communities most underserved, through innovative funding strategies and workforce development.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3.		Project		Completed	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:2. Implement training sessions for senior leaders, clinicians, and staff to learn about the benefits of achieving NCQA 2014 Level 3 PCMH recognition or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:4. Perform a practice-specific gap analysis to determine the financial, technical, and operational support needed to ensure successful recognition by DY3.		Project		Completed	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:5. Based on the gap analysis, AMCH PMO will establish priorities and develop a practice specific action plan to achieve and transform the care delivery model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.		Project		Completed	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership, and timelines to implement the		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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										DSRIP
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	Reporting Year and Quarter
action plan effectively, and achieve the recognition by DY3.										
Task M2:8. Monitor progress on a monthly basis to evaluate needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:9. Track site-specific certification to ensure all participating safety-net providers become Level 3 PCMH certified or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Perform a current state assessment of participating safety- net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M3:2. Develop a practice-specific action plan to implement necessary changes to workflows to improve performance on achieving the MU Stage 2 requirements.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:3. Ensure clinician and staff training on new processes is conducted.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q2	Project	N/A	Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.		Project		Completed	10/26/2015	09/30/2016	10/26/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS, including financial sustainability, risk sharing, and compliance with competitive behaviors.		Project		Completed	07/06/2015	09/30/2016	07/06/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #10  Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY2 Q2	Project	N/A	Completed	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		Completed	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will analyze relevant documentation and information to understand compensation related to patient diagnosis and outcomes.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. AMCH PMO will draw on the expertise of existing and future partners regarding risk-based arrangements and population-health management to move toward VBP reform.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. AMCH PMO will develop a strategic roadmap to transition compensation from current RVU-based models to performance based models that address ways to incentivize behavior to facilitate the change. The resulting plan will involve finance, practitioners and payers to restructure to incentive-based compensation across the provider network.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. On a quarterly basis, AMCH PMO will analyze organizational performance and patient outcomes to determine the amount of incentive-based payments to be disseminated to organizations who meet or exceed DSRIP goals and objectives.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:2. AMCH Finance Committee will monitor incentive payments to adhere to the funds flow model in order to appropriately distribute funds consistent with achieved values across the provider network.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
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.	DY2 Q2	Project	N/A	Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		Completed	08/10/2015	09/30/2016	08/10/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH WCC will define a target workforce state in line with the DSRIP program goals for community health workers and		Project		Completed	08/10/2015	10/31/2015	08/10/2015	10/31/2015	12/31/2015	DY1 Q3



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### **Better Health for Northeast New York (PPS ID:1)**

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
community based organizations.										
Task M1:2. AMCH WCC will assess the current capabilities and systems in place for providing community health worker/community based organization services for outreach and navigation activities.		Project		Completed	08/24/2015	10/31/2015	08/24/2015	10/31/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH WCC will create a workforce transition roadmap based on the identified gaps to align and build community health worker capacity to meet the outreach and navigation needs.		Project		Completed	02/15/2016	09/30/2016	02/15/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. AMCH PMO will evaluate patient satisfaction with community outreach and navigation services to modify the delivery system as necessary and appropriate.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Working with CBOs, the CCAC, CCHLC and WCC, the AMCH PMO will develop a culturally appropriate project-based care coordination team that may include care navigators, peer educators, and/or community health workers for outreach and navigation activities.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Based on the identified needs of the engaged patients, the CCAC will develop a community engagement plan that will include key community stakeholders and discuss action steps necessary to ensure patients are engaged in the IDS.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Hame	USEI ID	i ile i ype	File Name	Description	Opioau Date

No Records Found

### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System.	
The IDS should include all medical, behavioral, post-acute, long-term	
care, and community-based service providers within the PPS network;	
additionally, the IDS structure must include payers and social service	
organizations, as necessary to support its strategy.	



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**DSRIP Implementation Plan Project** 

## **Better Health for Northeast New York (PPS ID:1)**

### **Prescribed Milestones Narrative Text**

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

### **Milestone Review Status**

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



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**Better Health for Northeast New York (PPS ID:1)** 

### **Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
Milestone #6	Pass & Complete	
Milestone #7	Fail	
Milestone #9	Fail	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	



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Better Health for Northeast New York (PPS ID:1)

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

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Midpoint Recommendation Response	Completed	Midpoint Recommendation Response	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2

### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	
Midpoint Recommendation Response	



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IPQR Module 2.a.i.4 - IA Monitor	ing		
Instructions :			



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

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

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

#### Instructions:

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

A risk associated with the health home at-risk intervention project is a lack of health homes within our PPS network. We intend to mitigate this risk by working collaboratively with the many health home service providers that are part of our network, as well as collaborating closely with neighboring PPSs to meet the needs of our attributed patients.

A more concrete risk to this project is the delays associated with patient identification and risk stratification. Significant data will be needed from the state which remains behind schedule. Additionally, the state is still in the process of conducting the OPT OUT process. This process further delays the ability of our PPS to communicate patient lists generated from state provided data. We will mitigate this by working collaboratively to develop risk stratification and patient identification strategies that do not rely on the data coming from the Department of Health.

Another risk is lack of engagement by practitioners and leaders of the participating providers. Currently most healthcare practitioners and health systems function as silos and have not changed their systems due to current payment systems, or market share dominance. Without their active participation in our efforts to redesign the delivery system, we will face substantial hurdles in implementing project 2.a.iii effectively.

Strong linkages to Level 3 PCMH primary care sites are essential to the success of this project. Inability of the primary care practices to achieve this recognition will create additional hurdles. The current culture among practitioners is a barrier to integration of physical and behavioral health care services. The current lack of integration compromises the care of individuals with comorbid behavioral health and chronic medical conditions. A lack of sufficient care coordination services is also a risk. Failure to create a functional centralized triage system with effective care coordination will put this project at risk.

To mitigate this risk, we will:

- Create teams, led by practicing clinician stakeholders that will develop protocols and clinical pathways using evidence-based standards of care and monitoring of clinical performance.
- With a dedicated team of experts, AMCH PPS will coach and support other primary care practitioners to achieve Level 3 PCMH.
- Provide training and lead a cultural shift across organizational boundaries to create a more collaborative, patient centered approach.
- Assist our partners with the transition towards value-based payments and away from traditional FFS models.
- Create a centralized triage function in connection with our expanded Care Management capabilities. We intend to also expand our PPSs capacity for care management.

Another risk to the successful implementation of this project is the reliance on new IT and communications infrastructure, which is needed to support communication between practitioners and organizations. The IT and data sharing survey that we carried out prior to our DSRIP application revealed that the partners within our PPS are at differing levels of IT capabilities and are on differing platforms, creating risks to integration. Existing IT infrastructure is inadequate to support a region-wide interoperable system, and a comprehensive patient registry. Rolling out new tools for data sharing while trying to establish new lines of communication to coordinate care will be a complex challenge. To mitigate this risk, we will collaborate with HIT vendors as well as participating providers to redesign and implement clinical IT and data sharing systems.



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

### IPQR Module 2.a.iii.2 - Patient Engagement Speed

#### Instructions:

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

Benchn	narks
Actively Engaged Speed	Actively Engaged Scale
DY2,Q4	15,836

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	13,461	11,085	12,907	15,836
PPS Reported	Quarterly Update	0	494	0	2,109
	Percent(%) of Commitment	0.00%	4.46%	0.00%	13.32%
IA Ammuovad	Quarterly Update	0	489	0	1,963
IA Approved	Percent(%) of Commitment	0.00%	4.41%	0.00%	12.40%

Marning: PPS Reported - Please note that your patients engaged to date (2,109) does not meet your committed amount (15,836) for 'DY4,Q4'

### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Templates	1_DY4Q4_PROJ2aiii_MDL2aiii2_PES_TRAIN_BHNNY_2.a. iii_Final_For_MAPP_UPLOAD_Q4_25201.xlsx	BHNNY 2.a.iii Final For MAPP UPLOAD Q4	04/26/2019 12:28 PM

#### Narrative Text :

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

#### **Module Review Status**

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY4,Q4.



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Better Health for Northeast New York (PPS ID:1)

**IPQR Module 2.a.iii.3 - Prescribed Milestones** 

#### Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	DY2 Q4	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Identify participating provider and/or sites, including but not limited to Health Home providers, PCPs, EDs, CBOs, Social Service agencies and care coordination providers.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Establish committee whose mission is the preparation of a HH At-Risk comprehensive management plan including identified staff and organizational roles.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Identify areas for collaboration with neighboring PPSs and ensure collaboration between related PPS project.		Project		Completed	11/23/2015	12/31/2015	11/23/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Complete a current state assessment of the HH at-risk population to determine the care coordination needs and availability of CC services.		Project		Completed	11/02/2015	06/30/2016	11/02/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:5. Identify/hot spot HH at-risk populations in the 5 counties for the PPS.		Project		Completed	11/02/2015	06/30/2016	11/02/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:6. Define future state for the HH at-risk intervention program utilizing hot spotting and current state assessment.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:7. Complete gap analysis between the current state assessment and defined future state.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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### Better Health for Northeast New York (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:8. Utilizing gap analysis and future state modeling, the ad-hoc committee will develop a strategic plan that includes the definition of the HH at-risk intervention program, the development of a care management plan and definition of the management plan and the roles of the identified providers and organizations.										
Task M1:9. Submit the HH at-risk intervention program to the PPS Board for review and approval.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
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.	DY2 Q4	Project	N/A	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and APCM standards		Provider	Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4

#### **Providers Associated with Completion:**

Abigail R Watson; Agopovich Arsenio Md; Alarcon Gabriel Baldomero Lev Leonidovich Md: Barillas-Arias Lilliana Md: Barraclough Nancy L Np: Barry Kelli Ann: Baselice Marino Md: Beauchamp Cara E Rpa: Bedford Sharon L Md: Bednarek Rebecca S: Bertram Michael C Md: Betancourt Nicole: Borden Eric Charles Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H; Breen Martin Md; Brennan-Jordan Nancy; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Burchell Randall Lawrence Md; Burke Michael Kevin Md; Busch Robert Steven Md; Butterfield Rebecca C Md; Caiazza Margaret; Campagna Kristine J Do; Caramore William J Md; Cardiel Alexander Md; Carrasco Andrea Y Md; Carrelle Raymond J Md; Cerone Jennifer Rebecca Boden; Chakraborty Ranen Kumar Md; Chaudhary Shawn Ahmad; Chava Prabhakar Rao Md; Cieszynski Veronica Eileen; Cioffi James Michael Md; Cirenza Emanuel Nicholas Md; Clark Catherine Nielsen; Clark Kristina Marie; Clark Melinda Beth Md; Clemente Kimberly; Cleney Holly K Md; Cleveland Byrd Md; Cohen Erik; Colman David Lawrence; Condy Angela G Md; Cossey Jason L; Costello Kevin B Md; Craig Maier; Culp Anita; D'Avella Wendy K; Daggett Brian George Fabyan Md; De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Devine Maria Kansas; Diamond Courtney Beth; Diaz Miguel Remigio Md; Dooley Kevin M Md; Doro Kristienna Martin; Dorsey Susan Serra Md; Dort Janice Beth; Dougherty Kathleen Md; Duff Thomas Edward Jr Md; Dunne Christa Md; Dvorscak Amanda Jayne; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Claudia Sales; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Fishel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Friedrich Marcus Edmond; Fruiterman Mark L Md; Fruiterman Roy Md; Gandham Vijaya L Md; Gelfman Rachel Dawn; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gomez-Di Cesare Caroline M Md; Greenblatt Michael J Md; Greenblatt Md; Greenblatt Michael J Md; Greenblatt Michael J Md; Greenblatt Michael J Md; Greenblatt McGreenblatt M Gloria G: Halbig Robert Joseph Md; Haldeman Iii Richard J; Hanley Audra J Md; Harde Hasmukh C Md; Hart Ashley Rose; Hawthorne Jami M; Hechanova Arnel B Md; Hennessy Elisa; Herman David L Md; Hickey Lynn Leitner Md; Hobbs Patricia; Hogan-Moulton Amy E Md: Howard Elizabeth A Md: Hoy Christopher Dion Md; Irani Danesh S Rpa; Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; James Philip C Md; Janowski Darcy A; Jeannie Ngygen; Jellinger Robert M Md; Johnson Charles A Do; Johnston Mary Md; Jorgensen Stephanie E Md; Jue Donald Md; Justa Shelley Md; Kanthal Marissa Loren; Katz Linda G Np; Kerr Hamish Alistair Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa; Kudria Inna Md; Lahtinen-Aley Kristina Marie Md; Lavsen Douglas P; Lauren T Siy; Lawson Jessica L; Lecours Laura Yates Md; Lee Josephine M Md; Lehtinen Guy Daniel Md Faap; Leonidas Leonard Al Md; Light Deborah I; Lindstrom Jennifer E Md; Litts Warren C Jr Md; Livolsi Laruen L; Locke Elizabeth Anne Md; Ludwig Samantha Md; Mack Brigid; Madala Padmaja Md; Malin Julia Md; Mance Joan M; Manjunath Kallanna Md; Marici Kathleen Md; Marshall Robert Andrew Md; Marshall Ryan; Marthy-Noonan Anne K Md; Mary Patricia Shierly; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mckeon Elisabeth Waterman Md; Mead Daniel H Pa; Mekosh Susan Lynn; Meltz Theresa Ann Rpac; Merecki Eugene Karl Md; Merkhan Samuel Kabriyel Md; Meyer Vincent Edwin Md; Mitholena Karen X; Mifsud Mindy; Mihindukulasuriya Joseph C Md; Millea Kerry; Miller Cynthia H Md; Mirza Shahida Parveen Md; Mitkoff Nathan B Md; Mitnick Neil Craig Md; Mitta Swatantra K Md; Monkash Jeff Ira Md; Monserrate Nicole Marie Md; Montelone Kimberly Ann Np; Moran Antoinette Collins Rpac; Muller Susan Marie Md; Murray Amy J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Alexandra; Newton Scott; Nguyen Hung Dinh Md; Nicholson Timothy Joseph; Nielson Robert P Jr Md; Nolan Florence A Md; Norton Neal David Jr Rpa; Noyes Kimberly; O'Brien Joanne Elizabeth; O'Brien Michael F; O'Loughlin Suzanne; Obeid Leila Ann; Oke Benjamin; Olszewski Peter; Omeara Shannon Lauren; Orsi Richard A Md; Osborn Kyle Thomas Md; Owen Claudina; Paeglow Robert John Md; Parent Colleen E Md; Parikh Nita S; Patel Umesh; Patil Nagaraja N Md; Pelnik-Fecko Tricia Ann Md; Pezzulo John Phillip Md; Pierce Jean Catherine Rpa; Pomichter John Stanley Md; Pope Ronald James Do; Price Marc David Md; Pride Boone Janice Md; Puthuparampil Beulah J Md; Quarrier John V Md; Quinn Barbara Hunter; Rabbin Linda S; Raggs Hope G; Ramani Ananthakrishnan Md; Reed Monica Renee; Reider Jacob Michael Md; Richman Charles H Md; Ricker Kerry Elizabeth Do; Rios Zandra M Md; Robinson Kristen; Roche Sean Patrick Md; Rodriguez-Goodemot Renee B Md; Rose Jennifer; Rosenbaum Elena; Rosenberger John Daniel Md; Roske Julia H Rpa; Rovere Rena Marie; Russell Jennifer Brooke; Rutter Ann; Sacco Joseph P Md; Salimah Dhanani Md; Saluja Ravinder Kaur Md; Samuel Jency Thomas; Santoro Eileen; Saunders Patricia V Md; Sazon Alexandr; Sazon Tatiana; Schnakenberg Eric C Md; Schnide Kenneth Ben Md; Schottler-



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Thal Carrin Md; Schumacher Thomas C Md; Schwartz Kenneth Md Jennifer Amy; Signor Connie J; Siniapkin George C Md; Sipperly S Taneja Sanjay Md; Tera N Hetrick-Platte Md; Thompson Dean A M Walker Michael Francis Md; Warner Deborah P; Watsky Jay G Md Kramer Kathleen Md	tephen F Do; Smi ld; Tietgens Shard	th Marsha; Soru on T Md; Tolentir	m Paul C Md; Spingarn David no Rommel M Md; Trapp Jose	H Md; Steckley Reph J; Tumuluri Sril	enee E Rpa; Stedaxmi; Verrico Ive	ckman David; S lisse Ann Md; V	tein Rhonda Dai 'ollmer Kelly J; V	nielle Md; Stetze Valders James [	er Lee; Talma T D Md; Wales Da	heodore E Md; anielle Patricia;
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.		Project		Completed	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.		Project		Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support to assure successful recognition by DY3.		Project		Completed	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.		Project		Completed	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.		Project		Completed	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.		Project		Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:8. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure that all participating safety net providers are actively	DY2 Q4	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Case Management / Health Home	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:  Clearview Center Mh; Columbia Cty Mh Ctr Mh; Mha Of Columbia-	Greene Mh: Pars	ons Child And Fa	amily Ctr: Rehabilitation Supp	Svcs C: Transition	al Svcs Assoc Inc	c: Visitina Nurs	Svc/Schtd & Sa	r Cntv		
Task PPS uses alerts and secure messaging functionality.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an adhoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	03/31/2017	02/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, Hospitals, specialists and PCMH site.		Project		Completed	12/05/2015	06/27/2016	12/05/2015	06/27/2016	06/30/2016	DY2 Q1
Task M2:3. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.		Project		Completed	02/12/2016	03/31/2017	02/12/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	DY2 Q4	Project	N/A	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Providers Associated with Completion:										
Assevero Anna-Maria D Md; Baldini Gleda P Md; Brown Sheryl; Cla Owen Claudina; Paeglow Robert John Md; Ray David Allan Md; Re										panne Elizabeth;
Task M1:1. Perform a current state assessment of participating safety- net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Develop practice specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:3. Ensure clinician and staff training on new processes is conducted.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:1 Establish a project sub-committee with representation from participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.		Project		Completed	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support to assure successful recognition by DY3.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.		Project		Completed	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:8. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
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.	DY2 Q4	Project	N/A	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH EHR sub-committee will articulate the scope, objectives and requirements of an effective patient tracking system to support effective population health management across PPS entities.		Project		Completed	04/02/2016	03/31/2017	04/02/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. AMCH PMO will assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. AMCH PMO will establish a central resource to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:5. AMCH PMO will generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	DY2 Q4	Project	N/A	Completed	11/02/2015	03/31/2017	11/02/2015	03/31/2017	03/31/2017	DY2 Q4
Task Procedures to engage at-risk patients with care management plan instituted.		Project		Completed	11/02/2015	03/31/2017	11/02/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Identify HH at-risk patient risk factors based on the current state analysis and hot spotting.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Identify nationally recognized best practice evidence-based care management plans.		Project		Completed	11/02/2015	06/30/2016	11/02/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. Complete plan development using identified best practice evidence-based care management plans, gap analysis and future state model.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Develop training materials required to implement Health Home at-risk action plan buy-in at the provider level and implement this training.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:5. Develop care management documentation and protocols, necessary policies and procedures, and a comprehensive action plan, to engage targeted patient population and reduce patient risk factors.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	DY2 Q4	Project	N/A	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task  Each identified PCP establish partnerships with the local Health  Home for care management services.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Case Management / Health Home	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Identify the participating project PCPs, Health Homes such as Hudson River Health, and other Health Home downstream providers.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	
Task		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:2. Define care management roles and responsibilities for each Health Home and participating provider.										
Task M1:3. Establish partnership agreements with PCPs, HH providers, EDs and CBOs as necessary. Agreements to include information sharing requirements as necessary for care coordination.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	DY2 Q4	Project	N/A	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Case Management / Health Home	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Established project sub-committee will identify the participating project PCPs, Health Home providers, CBOs, local Health Departments, OMH and OASAS licensed providers, LGUs and SPOAs.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Utilize current state assessment, future state model and gap analysis to identify the needed care management services of the participating PCPs and HHs.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Identify current PPS providers that have existing PCP and HH resources that could be expanded to fill the gap.		Project		Completed	11/02/2015	09/30/2016	11/02/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Establish partnership agreements that define policies and procedures and care coordination between the PCPs and HHs with the PPS medical, behavioral health and social service providers for the allocation of needed PCP and HH resources.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:1. Collaborate with TDMC to identify baseline EHR/referral		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
workflow capabilities within participating provider organizations. This survey will include connectivity to HIE.										
Task M2:2. Collect and review participating provider EHR vendor documentation and facilitate obtaining documentation when missing.		Project		Completed	10/05/2015	06/30/2016	10/05/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:3. Establish standards for reporting EHR documentation of referrals to needed services.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:4. Participating PPS providers will report on and document partnerships for needed services using EHRs and the HIE system.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	DY2 Q4	Project	N/A	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Review and validate CNA data with participating providers to identify the most prevalent chronic conditions based on additional data and expertise of stakeholders.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Project sub-committee, in collaboration with CQAC, will identify Nationally recognized evidence-based guidelines for the management of the identified Chronic conditions.		Project	_	Completed	11/02/2015	03/31/2017	11/02/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:3. Submit identified chronic condition guidelines to the CQAC for review and adoption.										
Task M1:4. Disseminate guidelines while providing appropriate provider level training and education for implementation.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:5. AMCH PPS participating providers will adopt identified guidelines.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:1. Identify all participating providers engaged in partnerships for this project to regularly join project subcommittee and/or CQAC meetings to review evidence based practices.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2.2. Assist project participating providers to develop and implement evidence-based care practices where appropriate.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M3.1. Identify Social Services agencies in the PPS five county service area to participate in project subcommittee and PPS PAC meetings where relevant.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M3:2. Establish appropriate written agreements with Social Service Agencies.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M3:3. PPS develops risk-reduction and evidence-based care practices with identified Social Services Agencies.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M3:4. Risk reduction and evidence-based care practices will be presented to CQAC for approval when appropriate.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M4:1.Collaborate with CCHLC to identify training vendor to supply educational materials on management of chronic diseases.		Project		Completed	11/16/2015	09/30/2016	11/16/2015	09/30/2016	09/30/2016	DY2 Q2
Task M4:2. Review identified trainings with clinical stakeholders as well as CCAC for understanding.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M4:3. Disseminate training materials as appropriate.		Project	-	Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4



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**Better Health for Northeast New York (PPS ID:1)** 

### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Develop a Health Home At-Risk Intervention Program, utilizing	
participating HHs as well as PCMH/APC PCPs in care coordination within	
the program.	
Ensure all eligible primary care providers participating in the project meet	
NCQA (2011) accredited Patient Centered Medical Home, Level 3	
standards and will achieve NCQA 2014 Level 3 PCMH and Advanced	
Primary Care accreditation by Demonstration Year (DY) 3.	
Ensure that all participating safety net providers are actively sharing EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
sharing health information among clinical partners, including direct	
exchange (secure messaging), alerts and patient record look up.	
Ensure that EHR systems used by participating safety net providers meet	
Meaningful Use and PCMH Level 3 standards and/or APCM.	
Perform population health management by actively using EHRs and other	
IT platforms, including use of targeted patient registries, for all	
participating safety net providers.	
Develop a comprehensive care management plan for each patient to	
engage him/her in care and to reduce patient risk factors.	
Establish partnerships between primary care providers and the local	
Health Home for care management services. This plan should clearly	
delineate roles and responsibilities for both parties.	
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).	
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.	



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**Better Health for Northeast New York (PPS ID:1)** 

### **Milestone Review Status**

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



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

**IPQR Module 2.a.iii.4 - PPS Defined Milestones** 

#### Instructions:

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

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

### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau Date

No Records Found

### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	



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



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Better Health for Northeast New York (PPS ID:1)

### Project 2.a.v – Create a medical village/alternative housing using existing nursing home infrastructure

**IPQR Module 2.a.v.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.

#### Risks

- ·Lack of capital funding may affect the participating SNFs ability to successfully restructure their current operating model.
- ·Lack of engagement by a sufficient number of providers.
- •Staffing and corresponding workers may need retraining to accommodate the transformation of the facility. Workforce limitations associated with salaries and training will be a challenge.
- •Since the AMCH PPS catchment area represents a diverse population, some identified hot spot areas may not align with the needs of this project initiative.
- •The proper waivers to implement this project may not be approved in time to meet the AMCH PPS speed and scale requirements.
- •Updated provider type and safety net designation may be unavailable prior to the submission. This may not represent the provider data accurately which will affect the speed and scale deliverables.
- •Lack of IT infrastructure, EHR utilization, and proper data security protocols within the identified partnering SNFs will impede the success of this project.
- •Completing and submitting an approved Certificate of Need (CON) to the NYSDOH is a timely process that may cause delays in the overall project implementation.

#### Mitigation Strategies

- •AMCH PMO will structure funds flow to encourage organizational/provider buy-in as well as timely submission of all required documentation. (CONs) (1a/b/h).
- •DSRIP training and education teams in collaboration with our workforce training vendor (TBD) will provide resources, materials, and training to assist the staff to ensure they are comfortable with the potential shift in roles and responsibilities (1c).
- •AMCH PMO will analyze existing data, as well as identified hot spots in the CNA to determine which partnering facilities may have excess bed capacity and willing to participate in this project (1d).
- •AMCH PMO will review existing waivers and identify ones that are needed to ensure that the proper applications are in place in order to effectively implement 2av (1e).
- •AMCH PMO will work closely with KPMG and PCG to ensure that proper categorization of the providers and organizations attributed to the PPS network will be available and updated on a regular basis (1f).
- •Enhanced EHR capabilities will be important for the success of this project. AMCH PPS will ensure that constant communication and additional data resources will be accessible by all partnering providers engaged in 2av. MAPP Tool functionality, Salient Data and other information provided by the NYSDOH will be imperative (1g).



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

### IPQR Module 2.a.v.2 - Patient Engagement Speed

#### Instructions:

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

Benchmarks							
Actively Engaged Speed	Actively Engaged Scale						
DY3,Q4	680						

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	600	680	600	680
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

A Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (680) for 'DY4,Q4'

### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Templates	1_DY4Q4_PROJ2av_MDL2av2_PES_TRAIN_BHNNY_2_A_VFINAL_FOR_MAPP_UPL OAD_25114.xlsx	BHNNY 2_A_V_ FINAL FOR MAPP UPLOAD.xlsx	04/25/2019 03:02 PM

#### Narrative Text :

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

#### **Module Review Status**

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY4,Q4.



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Better Health for Northeast New York (PPS ID:1)

**IPQR Module 2.a.v.3 - Prescribed Milestones** 

#### Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.	DY3 Q4	Project	N/A	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task  Execute project to reduce outdated nursing home capacity into a stand-alone, "medical village"		Project		Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will survey and review all of the existing SNFs and Long Term Care Facilities in our PPS to determine current bed capacity, bed utilization, financial sustainability, and willingness to participate in 2av - with a specific focus on Daughters of Sarah Nursing Home, Albany County Nursing Home, and Saratoga Hospital Nursing Home.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will analyze the Community Needs Assessment and other relevant sources to determine current gaps and highest demand (hot spots) for services provided, number of excess nursing home beds by county, current hospitalization/ED utilization rates, and Medicaid patient breakdown.		Project		Completed	03/28/2016	06/30/2016	03/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. AMCH PMO will select the SNFs that will be involved in Project 2av based on the data collected and willingness to participate. AMCH PPS will communicate these findings to the PPS Executive Committee of the PAC, PPS Board and PPS Providers.		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task M1:4. AMCH PMO will develop implementation plan with designated SNFs to include beds to be decertified, funding, "Medical Village" implementation/re-use and feasibility within the existing time frames.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will develop and execute contracts with		Project		Completed	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
partnering SNFs to establish contract deliverables, funding, timeframes, and additional service coordination needs.										
Task M1:6. AMCH PMO will execute implementation plan by working with partnering SNFs to complete CONs to decertify beds and re- use freed up space to create either a medical village construct with interdisciplinary care delivery, or alternative housing depending on the details of the scope of services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	DY2 Q4	Project	N/A	Completed	03/28/2016	03/31/2017	03/28/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has completed evaluation of community needs, including planning needs for NORCs, and has developed goals to provide improved access to needed services.		Project		Completed	03/28/2016	03/31/2017	03/28/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will analyze the Community Needs Assessment along with each SNFs current operating model, ED utilization patterns, and associated costs in order to address the need and the potential creation of NORC. C.N.A Data: (pg. 45-46, 181, 183,185)		Project		Completed	03/28/2016	06/30/2016	03/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. After evaluating the current state of each SNF, AMCH PMO will determine what services can be provided for each Medical Village/Alternative Housing based on needs, availability and willingness of providers, as well as space availability.		Project		Completed	03/28/2016	06/30/2016	03/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. Based on the prior steps, AMCH PMO will create and provide an implementation plan to outline an infrastructural transformation program that will promote better service and outcomes for the community.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. AMCH PMO will execute implementation plan by working with partnering SNFs to complete infrastructural transformation programs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will finalization of Medical Village/Alternative		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
housing services will be linked to additional contracts to be executed, as well as a coordinated and integrated delivery system involving ambulatory care providers as necessary and appropriate for each SNF's business model.										
Milestone #3 Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	DY2 Q4	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed a clear strategic plan, which includes, at a minimum:  Definition of services to be provided in medical village and justification based on CNA Plan for transition of nursing home infrastructure to other needed services Description of process to engage community stakeholders Description of any required capital improvements and physical location of the medical village Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will define services to be provided in medical villages based on CNA analysis.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. AMCH PMO will execute the nursing home infrastructure transition plan that includes a detailed definition of needed medical services, as noted in previous milestones.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will work in collaboration with the CCAC to document a process for community engagement on the facility transformation process. AMCH PMO will market and promote the medical village and consumer education regarding access to medical village services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Based on the results of the CRFPs, AMCH PMO will provide a detailed description of any additional required capital improvements. Without capital funding, the feasibility of the project is severely impacted.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal	DY2 Q4	Project	N/A	Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements.										
Task Medical village services and housing are compliant with Olmstead Decision and federal requirements.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will ensure that all Medical Villages are in compliance with the Omstead Decision and will request documentation supporting their compliance with federal requirements and regulations.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. AMCH PMO will provide the documentation, referenced above, in the Quarterly Reports submitted to the NYSDOH.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Identify specific community-based services that will be developed in lieu of these beds based upon the community need.	DY2 Q4	Project	N/A	Completed	02/15/2016	03/31/2017	02/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS increases capacity of community-based services as identified in Community Needs Assessment.		Project		Completed	02/15/2016	03/31/2017	02/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Using existing relevant sources (CNA, Surveys, Hot spots), AMCH PMO will determine which health services are in the highest demand for each participating SNF in order to strategically plan what services should be implemented at each location. These may include addiction services, stand-alone urgent care centers, medical villages, and/or other healthcare- related purposes.		Project		Completed	02/15/2016	06/30/2016	02/15/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Using existing relevant sources (CNA, Surveys, Hot spots), AMCH PMO will determine which community-based resources, community navigators, and community outreach programs are currently in the highest demand and are feasible to be developed in space available, if capacity exists or could be created, and are financially feasible.		Project		Completed	02/15/2016	06/30/2016	02/15/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. AMCH PMO, in collaboration with the Workforce Coordinating Council, will determine staff training and development, redeployment, retention, and recruitment needs based on the selected community-based services.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Using the results from previous steps, the WCC will work with individual providers and our workforce development vendor		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to assess future state staffing needs by site and incorporate them into the workforce roadmap.										
Task M1:5. Develop and finalize the infrastructure transition plan for each participating SNF that recognizes available capital funding, identified needs, capacity to meet those needs, and the feasibility of funding.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Compile a list of additional community and health services created through the implementation of the infrastructure transition plan and make this list available through the CCAC.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. AMCH PMO will assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. AMCH PMO will implement training sessions to educate participating partners on how to utilize the additional technical platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. AMCH PMO will utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO will generate required reports on the performance of individual and population health interventions		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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DSRIP

**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
implemented by the practice teams.										
Milestone #7 Ensure that all eligible participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	DY3 Q4	Project	N/A	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:										
Brown Sheryl; Clark Catherine Nielsen; James Philip C Md; Mack E	Brigid; Owen Clau	dina; Reider Jac	ob Michael Md; Sgarlata Doni	na L; Stetzer Lee	,			·		
Task M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.		Project		Completed	10/19/2015	09/30/2017	10/19/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices, relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.		Project		Completed	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.		Project		Completed	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows, and other changes, to become NCQA 2014 Level 3 certified or APCM.		Project		Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task		Project		Completed	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1



implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation

from identified providers and partners on the project sub-

committee.

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

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12/31/2015 DY1 Q3

## **Better Health for Northeast New York (PPS ID:1)**

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:7. Assign specific roles and responsibilities for the participating practice leadership, as well as timelines to implement the action plan effectively to achieve the recognition by DY 3.										
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice ransformation.		Project		Completed	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Fask M1:9. Track site-specific certification to assure all participating safety-net providers become NCQA 2014 Level 3 PCMH certified or APCM.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 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.	DY3 Q4	Project	N/A	Completed	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task  EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:  Brown Sheryl; Clark Catherine Nielsen; James Philip C Md; Mack E	Brigid; Owen Clau	dina; Reider Jac		na L; Stetzer Lee						
Task  EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Fask EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	Completed	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
ask  HR meets connectivity to RHIO's HIE and SHIN-NY equirements.		Provider	Safety Net Nursing Home	Completed	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an ad- noc project sub-committee to oversee the development and		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3

Completed

11/30/2015

10/05/2015

11/30/2015

10/05/2015

Project



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	03/31/2018	02/12/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	DY3 Q4	Project	N/A	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. Perform a current state assessment of participating safety- net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Ensure clinician and staff training on new processes is		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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### **Better Health for Northeast New York (PPS ID:1)**

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
conducted.										
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Create a contingency plan for organizations that are at risk of not achieving Meaningful Use Stage 2 for all utilized systems. Included in this plan will be additional strategies to assist organizations toward completing these requirement.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

### **Prescribed Milestones Current File Uploads**

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

### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Transform outdated (underperforming) nursing home capacity into a	
stand-alone emergency department/urgent care center or other	
healthcare-related purpose.	
Provide a clear statement of how the infrastructure transformation	
program will promote better service and outcomes (service volume,	
occupancy statistics, etc.) for the community based upon the community	
needs assessment including, evaluation of specific planning needs for	
any Naturally Occurring Retirement Community (NORC) occurring within	
the PPS.	
Provide a clear description of how this re-configured facility will fit into a	
broader integrated delivery system that is committed to high quality care	
and willing/able to participate in payment reform.	
Provide clear documentation that demonstrates housing plans are	
consistent with the Olmstead Decision and any other federal	
requirements.	
Identify specific community-based services that will be developed in lieu	
of these beds based upon the community need.	
Use EHRs and other technical platforms to track all patients engaged in	
the project.	
Ensure that all eligible participating PCPs meet NCQA 2014 Level 3	



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**Better Health for Northeast New York (PPS ID:1)** 

#### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
PCMH accreditation and/or meet state-determined criteria for Advanced	
Primary Care Models by the end of DSRIP Year 3.	
Ensure that all safety net providers participating in medical villages are	
actively sharing EHR systems with local health information	
exchange/RHIO/SHIN-NY and sharing health information among clinical	
partners, including direct exchange (secure messaging), alerts and	
patient record look up.	
Ensure that EHR systems used in Medical Villages meet Meaningful Use	
Stage 2	

#### **Milestone Review Status**

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



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

#### **IPQR Module 2.a.v.4 - PPS Defined Milestones**

#### Instructions:

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

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

#### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Name	OSELID	i iie i ype	i ile Name	Description	Opioau Date

No Records Found

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	



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IPQR Module 2.a.v.5 - IA Monitoring	
nstructions:	



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**Better Health for Northeast New York (PPS ID:1)** 

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

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

#### Instructions:

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

The primary risk for 2.b.iii relates to practitioner engagement. Currently most healthcare practitioners and health systems function as silos due to the current fee-for-service payment system. Without their active participation in our efforts to redesign the delivery of care management services system-wide, we will face substantial hurdles in implementing the steps necessary to achieve this project's milestones.

Strong linkages to Level 3 PCMH primary care sites are essential to the success of this project. The inability of primary care practices to achieve

Strong linkages to Level 3 PCMH primary care sites are essential to the success of this project. The inability of primary care practices to achieve this recognition will create additional challenges. Currently, there is a barrier to integration of physical and behavioral health care services which compromises the care of individuals with mental health and chemical dependency disorders and chronic medical conditions.

To mitigate this risk, we will:

- The CQAC in collaboration with the PMO will create teams, led by practicing clinician stakeholders, to develop clear lines of accountability and communication between relevant groups, and the development of clinical pathways using evidence-based standards of care and monitoring of clinical performance.
- With a dedicated team of experts, AMCH PMO will coach and support other primary care practitioners through the process of obtaining recognition as a Level 3 PCMH.
- Provide training and encourage a cultural shift across organizational boundaries to create a more collaborative, patient-centered approach whereby primary care practitioners are more attentive to behavioral health disorders.
- Assist our partners with the transition towards value based payments and away from traditional payment models.

A second risk to the successful implementation of this project is the reliance on IT infrastructure that is needed to support communication and data sharing between practitioners and organizations. The IT and data sharing survey conducted in November 2014 revealed that the partners within our PPS are at differing levels of IT capabilities and are on differing platforms, creating risks to integration. The current lack of infrastructure and capital and operating funding to support telemedicine, interoperability, real time connectivity, alerts and secure messaging limits successful implementation. Existing IT infrastructure is inadequate to support a region-wide interoperable system, and a comprehensive patient registry. Rolling out new tools for data sharing while trying to establish new lines of communication to coordinate care will be a complex challenge. To mitigate this risk, we will:

- Involve practitioners from our participating partners in the redesign and implementation of clinical IT and data sharing systems.
- Integrate a member of the AMCH Technology and Data Management Committee into the team to develop our clinical integration strategy.



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**Better Health for Northeast New York (PPS ID:1)** 

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

#### Instructions:

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

Benchmarks  Actively Engaged Speed		
Actively Engaged Speed	Actively Engaged Scale	
DY2,Q4	3,534	

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	2,120	2,474	2,652	3,534
PPS Reported	Quarterly Update	0	1,489	0	2,668
	Percent(%) of Commitment	0.00%	60.19%	0.00%	75.50%
IA Approved	Quarterly Update	0	1,488	0	2,665
IA Approved	Percent(%) of Commitment	0.00%	60.15%	0.00%	75.41%

Marning: PPS Reported - Please note that your patients engaged to date (2,668) does not meet your committed amount (3,534) for 'DY4,Q4'

#### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Templates	1_DY4Q4_PROJ2biii_MDL2biii2_PES_TRAIN_BHNNY_2.b. iii_Final_For_MAPP_UPLOAD_Q4_25200.xlsx	BHNNY 2.b.iii Final For MAPP UPLOAD Q4	04/26/2019 12:24 PM

#### Narrative Text :

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

#### **Module Review Status**

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY4,Q4.



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**Better Health for Northeast New York (PPS ID:1)** 

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

#### Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	DY2 Q2	Project	N/A	Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Stand up program based on project requirements		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Identify participating provider and/or sites, including Health Home providers, PCPs, Dentists, EDs, CBOs, Social Service agencies and care coordination providers.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Confirm participation of AMCH ED, Malta ED, Saratoga ED, and Columbia-Memorial ED as key stakeholders in this project.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Establish ED care triage sub-committee with representation based on identified providers.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Identify at-risk population and hotspots across the 5 county service area by analyzing member claims or other data to determine ED utilization patterns and share baseline metrics with project teams.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Complete a project specific current state assessment of the participating providers' ED care triage programs.		Project		Completed	10/12/2015	03/31/2016	10/12/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Working with WCC, assess current care coordinator/patient navigator staffing patterns in participating EDs.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:7. Define future state for the ED Care Triage program utilizing hot spotting and current state assessment. Evaluate viability of models of care for implementation: EMTALA screening/ Urgent Care diversion model, and care coordination/ patient navigator and medical home linkages.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:8. ED care triage sub-committee will develop a draft action		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
plan to implement steps necessary to achieve the identified future state ED care triage program across all participating EDs.										
Task M1:9. ED care triage sub-committee will select evidence-based guidelines for the prescription of narcotics and the appropriate use of I-STOP program in EDs.		Project		Completed	10/12/2015	03/31/2016	10/12/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:10. Submit draft ED care triage action plan including guidelines for the use of narcotics to the CQAC for review and approval.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:11. Submit ED care triage plan to the PPS Board for review and approval.		Project		Completed	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:12. Assess existing workflows, referral patterns, access to primary care services and HIT capabilities for each participating ED site.		Project		Completed	10/19/2015	03/31/2016	10/19/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:13. Complete gap analysis between the current state assessment and defined future state at the participating ED sites.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:14. Utilizing gap analysis and future state model, identify change activities and begin plan implementation utilizing the PDSA methodology.		Project		Completed	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:15. Identify future state care coordination/patient navigator staffing models in participating EDs and create a staffing plan including job descriptions and training requirements.		Project		Completed	01/04/2016	06/30/2016	01/04/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:16. Assist ED sites with staff recruitment, training and ongoing competency assessment.		Project		Completed	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:17. Working with neighboring PPSs, AMCH TDMC and HIXNY, evaluate the feasibility of developing and implementing a system to exchange patient information electronically among local EDs.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:18. Implement processes across PPS to connect patients with non-emergency needs to receive an appointment to see a primary care provider with whom they can establish a relationship.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Yea and Quarter
Task M1:19. Working with CCHLC, develop culturally competent patient education materials on the appropriate use of ED services and benefits of primary care services offered at a PCMH.		Project		Completed	06/15/2016	09/30/2016	06/15/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:20. Provide training for ED providers and staff in how to talk to patients about where they should receive care for non- emergent needs.		Project		Completed	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:21. Provide training for ED providers regarding the implementation of guidelines for prescription of narcotic use.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:22. Identify process metrics as well as data collection methods to facilitate evaluation reporting and implementation.		Project		Completed	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:23. Designate ED staff to review evaluation reports regarding ED utilization and to take appropriate action to assure adherence to project objectives.		Project		Completed	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.  a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.  b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.  c. Ensure real time notification to a Health Home care manager as applicable	DY2 Q2	Project	N/A	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4

Elizabeth; Owen Claudina; Paeglow Robert John Md; Ray David A	llan Md; Reider Jacob N	Michael Md;	Sacco Joseph P Md; Sgarlata	a Donna L; Signor	Connie J; Stetze	r Lee; Tomiak I	Henry P Jr Md; \	oung Linda		
Task										
EHR meets Meaningful Use Stage 2 CMS requirements (Note:	.				40/05/0045	00/00/0040	40/05/0045	00/00/0040	00/00/0040	D) (0.00
any/all MU requirements adjusted by CMS will be incorporated	Proj	ect		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
into the assessment criteria.)										



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:			1	1						1
Young Linda										
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:			1	<u> </u>						
·										
Albany Medical Ctr Hospital; Columbia Memorial Hospital  Task  M1:1. Establish a project sub-committee with representation from participating primary care practitioners, to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY3.		Project		Completed	10/19/2015	09/30/2016	10/19/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home, as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Perform a practice-specific gap analysis to determine the financial, technical and operational support needed to assure successful recognition by DY3.		Project		Completed	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:5. Based on the gap analysis, establish priorities and develop a practice-specific action plan to achieve the recognition and transform the care delivery model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.		Project		Completed	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:7 Assign specific roles and responsibilities for the		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.										
Task M1:8. Facilitate partnerships between participating EDs and community primary care providers including PCMHs to develop open-access models to assure timely access.		Project		Completed	09/01/2016	03/31/2018	09/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:9. The ED care triage sub-committee will draft process and procedures to assure timely access and effective communication for care transitions between the ED and community primary care practices.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:10. CQAC will review and approve the draft procedures.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:11. Designate staff at participating community sites to serve as contacts for ED care coordinators/patient navigators for access and care coordination needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:12. Provide training to ED and practice staff on the new protocols to assure adherence.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:13. ED care coordinator/patient navigator will assure timely notification to the patient's Health Home care manager as applicable.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:14. Monitor on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Perform a current state assessment of participating safety- net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Develop a practice-specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:3. Ensure clinician and staff training on new processes is conducted.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:4. Require participating safety-net providers to attest that		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
their EHR system meets MU Stage 2 CMS requirements.										
Task M3:1. Conduct an analysis of current state PCPs and EDs ability to utilize secure messaging systems and alerts internally and externally.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M3:2. Define future state in terms of PPS-wide ENS utilization and technical parameters.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:3. AMCH PMO, in consultation with the TDMC, will identify and contract with a vendor for PPS-wide secure messaging and alerts through ADT feeds.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Ensure installation of ENS service in PCP offices and EDs as necessary and appropriate.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider:  a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.  b. Patient navigator will assist the patient with identifying and accessing needed community support resources.  c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	DY2 Q2	Project	N/A	Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.		Project		Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. ED care triage sub-committee will develop criteria for effective, timely and efficient management of patients presenting to ED with minor illnesses.		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Identify and select nationally recognized best practice evidenced-based processes of ED care triage for patients presenting without PCPs.		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:3. Establish policies and procedures to assure timely referral		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
from ED clinical staff to patient navigators for effective linkages to PCP.										
Task M1:4. Assess current state of staffing and systems in place to support effective patient navigation.		Project		Completed	01/04/2016	03/31/2016	01/04/2016	03/31/2016	03/31/2016	DY1 Q4
Task M1:5. Define desired state of utilizing the patient navigators and community referrals to assist patients who do not have a primary care provider with timely access to community primary care.		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:6. Submit identified ED patient navigator processes to the CQAC for review and approval.		Project		Completed	06/22/2016	06/30/2016	06/22/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:7. Submit identified ED patient navigator processes to the PPS Board for final approval.		Project		Completed	06/17/2016	06/30/2016	06/17/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:8. Assess future staffing resources needed to support timely access to patient navigators and primary care providers.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:9. Working in collaboration with WCC, develop additional trainings to providers and staff on the role of patient navigators in ED.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:10. Assist participating providers in creating and developing processes and protocols to transition from identified current state to the ideal future state that enables referrals of patients by patient navigators to non-emergency based PCP's, CBOs and other community based supports as appropriate.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:11. Conduct educational programs to participating sites and providers.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:12. Identify project participating non-emergency PCPs, CBOs and any other community support resources.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:13. Assess current state of access to primary care at identified PCMH sites and other CBOs for referrals from EDs.		Project		Completed	01/04/2016	09/30/2016	01/04/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to	DY2 Q2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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### **Better Health for Northeast New York (PPS ID:1)**

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
receive more appropriate level of care. (This requirement is optional.)										
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).		Provider	Safety Net Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

#### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
				4	

No Records Found



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**Better Health for Northeast New York (PPS ID:1)** 

#### **Prescribed Milestones Narrative Text**

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

#### **Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Fail	
Milestone #3	Pass & Complete	
Milestone #4	Pass (with Exception) & Complete	
Milestone #5	Pass & Complete	



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Better Health for Northeast New York (PPS ID:1)

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

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Midpoint Recommendation Response	Completed	Midpoint Recommendation Response	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2

#### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	
Midpoint Recommendation Response	



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IPQR Module 2.b.iii.5 - IA Monitoring	
nstructions:	
	_



**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

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

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

#### Instructions:

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

The 2.d.i project will face at least four challenges during implementation. The most significant risks focus on: 1) lack of community/patient engagement, 2) relevant real-time claims data 3) shortage of Patient Activation Measure (PAM) trained staff and 4) secure IT data sharing and communication.

Lack of patient engagement will make it difficult for individuals to take an active role in planning their own care. A lack of patient engagement may be due to language barriers, understanding medical conditions, cultural differences, age, gender, sexual orientation and socioeconomic status. This leads to disparities in care and disparate outcomes. Individuals who are not engaged in care may be harder to identify because there are no relevant claims data, or medical records that provide linkages to connect and engage them. In order to effectively track patient activation levels of the LU, NU and UI, relevant real time claims data is a necessity. A third risk when implementing 2.d.i, is a shortage of trained staff to conduct the PAM. The data captured by the PAM will be used for tracking and reporting in order to assist CBO's and others as they engage their clients. Providing training over the five-county area will be an intensive undertaking for the PMO. Another risk we face is this project's reliance on IT Infrastructure which is needed to support communication data collection and reporting. Many CBOs lack IT infrastructure including secure messaging, data storage, interoperability, and RHIO connectivity. This poses a risk in their abilities to manage data, and meet project deliverables.

However, with the aforementioned challenges, and others which are unforeseen, the PMO has established a plan for risk mitigation. To mitigate these risks, the PMO will:

- Collaborate with CBO partners to encourage patient engagement, participation, and use their leverage to community resources to reconnect beneficiaries to designated PCPs through the use of Patient Navigators and Community Navigators.
- Collaborate with CBO partners to identify hot spots for outreach and health navigation activities in key communities especially in underserved locations.
- Strategically place trained navigators at hot spots and ensure they have appropriate resources and materials to facilitate education related to health insurance coverage, age-appropriate primary and preventive healthcare services and resources.
- Collaborate with peer educators and other stakeholders, including consumers, to identify ways to build trust among target populations.
- Work with impacted sites and organizations to assist with training and technical support needed to ensure data is collected, entered and reported correctly.
- Utilize claims data to help identify hot spot areas of the LU, NU, and UI populations.
- Partner with MCOs to discuss data sharing and best practices for reconnecting beneficiaries to designated PCPs.
- Establish a PPS-wide team and train them in PAM. Utilization of the Train-the-Trainer method will allow for representatives from partnering organizations deliver the training and increase the number of PAM Trainers PPS-wide.
- Provide training to all necessary staff in cultural competency, health literacy, data documentation and reporting.
- Assist participating partners with IT infrastructure issues by pursuing step-wise strategies including manual data collection thru RHIO connectivity.

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**Better Health for Northeast New York (PPS ID:1)** 

Encourage alternative cost effective approaches to data integrity and security access across the PPS network.



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

#### 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.

Benchmarks  Actively Engaged Speed								
Actively Engaged Speed	Actively Engaged Scale							
DY3,Q4	22,667							

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	PPS Reported Baseline Commitment Quarterly Update		15,946	19,306	22,667
PPS Reported			1,635	0	3,309
	Percent(%) of Commitment	0.00%	10.25%	0.00%	14.60%
IA Amproved	Quarterly Update	0	1,612	0	3,308
IA Approved	Percent(%) of Commitment	0.00%	10.11%	0.00%	14.59%

A Warning: PPS Reported - Please note that your patients engaged to date (3,309) does not meet your committed amount (22,667) for 'DY4,Q4'

#### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Templates	1_DY4Q4_PROJ2di_MDL2di2_PES_TRAIN_BHNNY_PPS_PAM_DY4_Q4_Speed_Scale_ 25356.xlsx	BHNNY PPS PAM DY4 Q4 Speed Scale	04/29/2019 09:44 AM

#### Narrative Text :

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

#### **Module Review Status**

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY4,Q4.



Better Health for Northeast New York (PPS ID:1)

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### **IPQR Module 2.d.i.3 - Prescribed Milestones**

Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	DY3 Q4	Project	N/A	Completed	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.		Project		Completed	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, in collaboration with the CCAC, will engage key CBOs to assist with targeting populations to administer the Patient Activation Measure (PAM) and other potential patient activation techniques.		Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO, in collaboration with the CCAC, will develop partnership agreements with key CBOs to administer the PAM tool in hot-spot areas.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Identify safety-net providers that will establish agreements with CBOs to expand the reach of the PAM tool to appropriate hot-spot areas.		Project		Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	DY2 Q4	Project	N/A	Completed	06/26/2015	03/31/2017	06/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patient Activation Measure(R) (PAM(R)) training team established.		Project		Completed	06/26/2015	03/31/2017	06/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will identify key CBOs and providers with resources available to participate in PAM training.		Project		Completed	06/26/2015	12/31/2015	06/26/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO, in collaboration with neighboring PPSs, will		Project		Completed	07/16/2015	07/16/2015	07/16/2015	07/16/2015	09/30/2015	DY1 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
provide a "Train the Trainer" PAM technique workshop to appropriate PMO staff, as well as participating CBOs and healthcare providers.										
Task M1:3. Roll out "Train the Trainer" method across the five-county region, utilizing trained CBO and provider resources to administer training to staff in their organizations and or across their region.		Project		Completed	08/15/2015	03/31/2017	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Annual network capacity assessments will be conducted by the PMO to determine whether there are an appropriate numbers of trainers in each of the five counties to achieve engagement.		Project		Completed	03/15/2016	03/31/2017	03/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:5. Annual competency assessments will be completed by the PMO to determine training skills of the PAM trainers.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	DY2 Q4	Project	N/A	Completed	08/25/2015	03/31/2017	08/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.		Project		Completed	08/25/2015	03/31/2017	08/25/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will utilize the CNA and other data sources to identify "hot spot" areas of UI, NU, and LU and present them in map form.		Project		Completed	08/25/2015	12/31/2015	08/25/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will utilize CBOs to assist in identifying UI, NU, and LU patient hot spot areas based on their knowledge of the communities they serve. Hot spot areas will be submitted to the CCAC for review and recommendations.		Project		Completed	08/25/2015	12/31/2015	08/25/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. AMCH PMO will develop contracts or partnership agreements with key CBOs to perform outreach within the identified "hot spot" areas to engage UI, NU, and LU.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	DY2 Q4	Project	N/A	Completed	07/06/2015	03/31/2017	07/06/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.		Project		Completed	07/06/2015	03/31/2017	07/06/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:1. AMCH PMO, in collaboration with the CCAC, will establish a community engagement plan. This plan will outline community events, forums, and other information-gathering mechanisms.		Project		Completed	07/06/2015	12/31/2015	07/06/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO, in collaboration with the CCAC, will administer a population specific survey or other information gathering mechanisms, to identify healthcare needs. This survey will be conducted via participating providers or local community forums.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. AMCH PMO will participate or host community forums and community engagement events at least semi-annually.		Project		Completed	12/07/2015	03/31/2017	12/07/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	DY3 Q4	Project	N/A	Completed	06/26/2015	03/31/2018	06/26/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".		Project		Completed	06/26/2015	03/31/2018	06/26/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, with assistance from CCHLC, will identify participating providers with resources available to participate in PAM, shared decision making, cultural competency, and health literacy training.		Project		Completed	06/26/2015	03/31/2018	06/26/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. AMCH PMO, in collaboration with neighboring PPSs, will provide a "Train the Trainer" PAM workshop to appropriate PMO staff and healthcare providers.		Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Deploy trainers across the five-county region, utilizing staff to administer necessary and appropriate training to providers in their organizations.		Project		Completed	01/11/2016	03/31/2018	01/11/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:4. Generate lists of all providers trained on the following: PAM, shared decision making, cultural competency and health literacy. Conduct, at least annually, competency based assessments of knowledge, skills, and abilities.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect	DY2 Q4	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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										and Quarter
outlined in 42 CFR §438.104.  Task  Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. After the opt-out process has been completed, the AMCH PMO will establish BAAs with appropriate MCOs that will allow the PPS to share lists of PCPs assigned to NU and LU enrollees from MCOs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. AMCH PMO will reach out to participating PCPs and provide patient lists for verification, potential outreach and engagement efforts.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Revised lists will be shared with MCOs and PCPs to accurately present patients who belong to the PCP for activation purposes.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. AMCH PMO will engage appropriate CBOs who will use their leverage and knowledge of the communities they serve to help reconnect beneficiaries to designated PCPs.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:5. AMCH PMO will work with PPS partners to establish appropriate care coordination/patient navigation activities to assist CBOs and enable patients to become more engaged in care.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7	DY3 Q4	Project	N/A	Completed	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.										
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).		Project		Completed	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, in collaboration with the three overlapping PPSs in the region, will provide a "Train-the-Trainer" PAM workshop.		Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Per the method developed by the state, the AMCH PMO will establish baseline cohort data of PAM activation levels.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:3. AMCH PMO will utilize data from PAM to develop strategies for patient engagement and re-engagement, utilizing participating CBOs and providers. These strategies will include designated intervals for reassessment, and will facilitate the tracking of improvement for each cohort.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:4. Data will be shared, at an aggregate level, across the PPS via dashboards and other means to facilitate tracking of patient activation score improvement.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	DY2 Q4	Project	N/A	Completed	03/02/2016	03/31/2017	03/02/2016	03/31/2017	03/31/2017	DY2 Q4
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.		Project		Completed	03/02/2016	03/31/2017	03/02/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will identify eligible beneficiaries to participate in consumer interviews, focus groups, community forums, work groups, committees, and/or engagement activities to ensure sufficient input from consumers in the design of preventive care services across the PPS. These activities will be done in collaboration with the CCAC and the CQAC. Consumer feedback will be used across the PPS to make necessary modifications and other changes to the project implementation plan.		Project		Completed	03/02/2016	03/31/2017	03/02/2016	03/31/2017	03/31/2017	DY2 Q4



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### **DSRIP Implementation Plan Project**

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #9 Measure PAM(R) components, including: Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.  If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score.  Individual member's score must be averaged to calculate a baseline measure for that year's cohort.  The cohort must be followed for the entirety of the DSRIP program.  On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation.  If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.  The PPS will NOT be responsible for assessing the patient via PAM(R) survey.  PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes.  Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	DY3 Q4	Project	N/A	Completed	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4
Task 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		Project		Completed	07/16/2015	03/31/2018	07/16/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
- Annual report assessing individual member and the overall cohort's level of engagement										
Task M1:1. AMCH PMO, in collaboration with overlapping PPSs, will provide a "Train-the-Trainer" PAM workshop.		Project		Completed	07/16/2015	12/31/2015	07/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. AMCH PMO will utilize performance measurement reports to determine the number of patients screened by engagement level. Patient status will be collected and, if UI, NU, or LU, assess and score the patient using PAM.		Project		Completed	01/25/2016	03/31/2018	01/25/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:3. AMCH PMO will establish benchmarks based on annually calculated assessment scores averaged for the cohort. The cohorts will be followed for the entirety of the DSRIP program.		Project		Completed	04/15/2016	03/31/2018	04/15/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:4. AMCH PMO will assess individual members' level of engagement with the goal of moving individual members to a higher activation level.		Project		Completed	01/13/2016	03/31/2018	01/13/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:5. AMCH PMO will provide contact information to appropriate MCOs related to beneficiaries who complete a PAM evaluation. The AMCH PMO will provide engagement lists for NU and LU to the MCOs on a monthly basis. This information will be provided to the DOH on a quarterly basis.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. AMCH PMO will utilize performance measures to provide annual reports assessing individual members and the overall cohort's level of engagement.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	DY3 Q4	Project	N/A	Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will evaluate ED utilization for NU, LU, and UI population attributed to the provider network.		Project		Completed	06/06/2016	03/31/2018	06/06/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. AMCH PMO will work with designated patient navigators, care coordinators, and CBOs to educate targeted patients about alternatives to ED usage.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Better Health for Northeast New York (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. AMCH PMO will track UI, NU, and LU targeted populations to longitudinally assess alternative healthcare system use over the life of the DSRIP project.		Project		Completed	06/06/2016	03/31/2018	06/06/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:4. Reports will be generated regarding utilization of non- emergent services in comparison to baseline data for the target population annually.		Project		Completed	06/06/2016	03/31/2018	06/06/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	DY3 Q4	Project	N/A	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators identified and contracted.		Provider	PAM(R) Providers	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4

#### **Providers Associated with Completion:**

Abigail R Watson; Agopovich Arsenio Md; Aitken Geri Lynn Do; Alarcon Gabriel Baldomero Md; Alegre Catalina; Allard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Azad Abul Kazam Md; Bakst Gary Md; Baldini Gleda P Md; Barats Lev Leonidovich Md; Barillas-Arias Lilliana Md; Barraclough Nancy L Np; Barry Kelli Ann; Baselice Marino Md; Beauchamp Cara E Rpa; Bedford Sharon L Md; Bednarek Rebecca S; Bellin Joyce Lea Pa; Bello Scott C Md; Berman Jessica Dembitz Md; Bertram Michael C Md; Betancourt Nicole; Betit Alan; Bevilacqua Lisa Rose Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H; Brasch Mary L Md; Braungart Carol Fritz; Breen Martin Md; Brennan Tracey Lynn Md; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Burchell Randall Lawrence Md; Burke Michael Kevin Md; Busch Robert Steven Md; Busino William A Jr Md; Butterfield Rebecca C Md; Caragret; Campagna Kristine J Do; Campbell Kathleen Kissane Rpa; Caramore William J Md; Cardiel Alexander Md; Carrasco Andrea Y Md; Carrelle Raymond J Md; Caulfield Patrick Francis Md; Cerone Jennifer Rebecca Boden; Chakraborty Ranen Kumar Md; Chaudhary Shawn Ahmad; Ch Eileen; Cioffi James Michael Md; Cirenza Emanuel Nicholas Md; Clark Catherine Nielsen; Clark Kristina Marie; Clark Melinda Beth Md; Clemente Kimberly; Cleney Holly K Md; Cleveland Byrd Md; Cohen Erik; Colman David Lawrence; Compa Kristen Leigh Md; Condy Angela G Md; Conlon Alan T Md; Conway Lillian Marie; Cossey Jason L; Costello Kevin B Md; Cotugno Steffani Do; Craig Maier; Culp Anita; D'Avella Wendy K; Daggett Brian George Md; Davis George Fabyan Md; De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Delamater Jeffrey T; Denovio Bradley M Rpac; Devine Maria Kansas; Diamond Courtney Beth; Diaz Miguel Remigio Md; Dollard Michael Anthony; Donohue Robert; Dooley Kevin M Md; Doro Kristienna Martin; Dorsey Susan Serra Md; Dort Janice Beth; Dougherty Kathleen Md; Drzymalski Zofia Wanda Md; Duff Thomas Edward Jr Md; Dunne Christa Md; Dvorscak Amanda Jayne; Dykstra Todd Bryan Rpa; Eaton Carolyn A Md; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Fishel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Ford Bradley A Md; Friedrich Marcus Edmond; Fruiterman Mark L Md; Fruiterman Roy Md; Fusella Joseph Ii Do; Gandham Vijaya L Md; Gaston Shenelle R Md; Gaylord James Md; Gebhard Paul E Jr Md; Gelfman Rachel Dawn; Gelman Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Lenore Mdpc; Glick Cheryl M; Goddard Bryan L Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gowdara Divakara Murthy Md; Gradner Jill A Md; Greenblatt Carol Lynn Do; Greenblatt Michael J Md; Greenfield Country Medicine Pllc; Greenwald Lisa; Gross Eric J Md; Gupta Saaket Md; Guptill Gloria G; Gurrala Geetha Md; Haber Eugene Curtis Md; Halbig Robert Joseph Md; Harde Hasmukh C Md; Hart Ashley Rose; Hawthorne Jami M; Hechanova Arnel B Md; Hennessy Elisa; Henson Jennifer T: Herman David L Md: Hickey Lynn Leitner Md: Hildreth Deborah A Rpa: Hobbs Patricia: Hogan-Moulton Amy E Md: Howard Elizabeth A Md: Hov Christopher Dion Md: Hunter Philip Raymond Md: Ianniello Louis Md: Irani Danesh S Rpa: Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; Jain Rajinder Md; James Philip C Md; Janowski Darcy A; Jeannie Ngygen; Jellinger Robert M Md; Johnson Charles A Do; Johnston Mary Md; Jorgensen Stephanie E Md; Jue Donald Md; Justa Shelley Md; Kanthal Marissa Loren; Karyn Marie Hughes; Kasarda Karen Marie Rpa; Katz Linda G Np; Kerr Hamish Alistair Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa; Kudria Inna Md; Kumar Arbind Md; Lahtinen-Aley Kristina Marie Md; Larner Virginia Blake Rpa; Larsen Douglas P; Lauren T Siy; Lawson Jessica L; Lecours Laura Yates Md; Lee Arthur Farren Md Pc; Lee Josephine M Md; Lehine Guy Daniel Md Faap; Lemanski Paul Md; Lemons Lorraine S Do; Leonidas Leonard Al Md; Light Deborah I; Lindstrom Jennifer E Md; Litts Warren C Jr Md; Livolsi Laruen L; Locke Elizabeth Anne Md; Ludwig Samantha Md; Mack Brigid; Mack Kristin Lake; Malin Julia Md; Malone Anthony F Md; Marce Joan M; Marcic Kathleen Md; Marshall Robert Andrew Md; Marshall Ryan; Marthy-Noonan Anne K Md; Martin Jill; Martin Kristen Hedger Md; Martorana Sebastian Vincent; Mary Patricia Shierly; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mcgaffin Christina E; Mcgarry Karen A Rpa; Mckeon Elisabeth Waterman Md; Mckinney Sue Peterson Rpa; Mead Daniel H Pa; Mekosh Susan Lynn; Meltz Theresa Ann Rpac; Merecki Eugene Karl Md; Merkhan Samuel Kabriyel Md; Merriman Joann; Meyer Vincent Edwin Md; Michelena Karen X; Mifsud Mindy; Mihindukulasuriya Joseph C Md; Millea Kerry; Miller Cynthia H Md; Mirza Shahida Parveen Md; Mitkoff Nathan B Md; Mitnick Neil Craig Md; Mitta Swatantra K Md; Mondelo Doreen Perez; Monkash Jeff Ira Md; Montelone Kimberly Ann Np; Moran Antoinette Collins Rpac; Morgan Ayman Md; Morgan Lacey Elizabeth; Morin Michael P Md; Muller Susan Marie Md; Murphy Christine M Md; Murray Amy J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Alexandra; Navarro Brian Scott Md; Nemith Lindsay Mumford; Newton Scott; Nguyen Hung Dinh Md; Nicholson Timothy Joseph; Nielson Robert P Jr Md; Nolan Florence A Md; Norton Neal David Jr Rpa; Noyes Kimberly; O'Brien Joanne Elizabeth; O'Brien Michael F; O'Loughlin Suzanne; Obeid Leila Ann; Oke Benjamin; Olszewski Peter; Omeara Shannon Lauren; Orsi Richard A Md; Osborn Kyle Thomas Md; Owen Claudina; Pachucki Kevin Christopher Rpa; Paeglow Robert John Md; Parent Colleen E Md; Parikh Nita S; Pascual Arsenio



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#### Better Health for Northeast New York (PPS ID:1)

Project Requirements	Prescribed	Donortina			Original	Original		_	Quarter	DSRIP
(Milestone/Task Name)		Reporting	Provider Type	Status	Start Date	End Date	Start Date	End Date	End Date	Reporting Year
(Willestolle/Task Name)	Due Date	Level			Start Date	End Date			End Date	and Quarter
George Md; Patel Umesh; Patil Nagaraja N Md; Pelnik-Fecko Tricia	Ann Md; Petraco	cione Lisa F Rpa	Pezzulo John Phillip Md; Pie	rce Jean Catherine	Rpa; Pomichter	John Stanley I	Md; Pope Ronald	d James Do; Po	tratz Meagan A	; Price Darin
Michael Md; Price Marc David Md; Pride Boone Janice Md; Puthup	arampil Beulah J	Md; Quarrier Joh	n V Md; Quinn Barbara Hunte	er; Rabbin Linda S	Raggs Hope G;	Ramani Anantl	nakrishnan Md; I	Raveendranath	Brooke A; Ray	David Allan Md;
Reed Monica Renee; Reider Jacob Michael Md; Richman Charles	H Md; Ricker Kerr	y Elizabeth Do; F	Rienzi Peter Anthony Md; Rios	s Zandra M Md; Ro	binson Kristen; I	Roche Sean Pa	trick Md; Rodrig	uez-Goodemot l	Renee B Md; R	Ronan Alisha Lynn;
Rose Jennifer; Rosenbaum Elena; Rosenberger John Daniel Md; R	Roske Julia H Rpa	; Rovere Rena M	larie; Russell Jennifer Brooke	; Rutter Ann; Sacc	o Joseph P Md;	Salimah Dhana	ni Md; Saluja Ra	avinder Kaur Md	; Samedov Nik	olay Md; Samuel
Jency Thomas; Santoro Eileen; Saperstone James D Md; Saunders	s Patricia V Md; S	Sazon Alexandr; S	Sazon Tatiana; Schnakenberg	g Eric C Md; Schne	ider Nicole Marie	e; Schnide Kenr	neth Ben Md; Sc	hottler-Thal Car	rin Md; Schum	acher Thomas C Md;
Schwartz Kenneth Md; Schynoll Gerald Klaus Md; Seaman Tami M	ld; Searfoss Linda	a A; Semlear Rob	ert Dwight Md; Sgambati Car	l Willard Md; Sgarl	ata Donna L; She	eaffer Margaret	A; Shin Joong;	Shulof Jennifer	Amy; Signor Co	onnie J; Siniapkin
George C Md; Sipperly Stephen F Do; Sirico Theresa A Do; Smitas	Catherine Malon	e Md; Smith Mar	sha; Sonnekalb Michael P Mo	d; Sorum Paul Č M	d; Spindler John	B Rpa; Spinelli	Karen Ann Md;	Spingarn David	H Md; Steckle	y Renee E Rpa;
Steckman David; Stetzer Lee; Stevens Arthur L Md; Strader Stephe	en Earl Md; Talma	a Theodore E Md	; Taneja Sanjay Md; Tera N F	Hetrick-Platte Md; T	etreault William	Robert Md; Tho	mpson Dean A	Md; Thorn Lisa	Marie Md; Tieto	gens Sharon T Md;
Tolentino Rommel M Md; Tomiak Henry P Jr Md; Tonneau Benoit M	Md; Torre Jenny A	nn; Trapp Josep	h J; Tumuluri Srilaxmi; Vacho	on Cary Ian; Vacho	n Francois Marc	Andre Md; Verr	ico Ivelisse Ann	Md; Viola There	esa Md; Vitale /	Alex Nathaniel;
Vollmer Kelly J; Walders James D Md; Wales Danielle Patricia; Wa	Iker Michael Fran	cis Md; Warner D	Deborah P; Wasniewski Holly	L Md; Watsky Jay	G Md; Wayne Jo	seph T Md; Wii	nchester Susan	B Np; Wise Biru	te Marija Md; V	Volff Michael
Leonard Md; Wong Winston C Md; Woodruff Barbara A Rpa; Wood	Is Margaret Mary	Md; Woods Norb	ert J Md; Wright Stuart B Md;	Yadegari-Lewis N	asrene Md; Yan	Richard; Young	Linda; Yousuf A	Asim Md; Zabins	ski-Kramer Katl	nleen Md; Zimring
Debra Carol Md			-							
Task										
Community navigators trained in connectivity to healthcare			DAM(D) D		0.4/0.4/0.04.0	00/04/0040	0.4/0.4/0.040	00/04/0040	00/04/0040	D)/0.04
coverage and community healthcare resources, (including		Provider	PAM(R) Providers	Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
primary and preventive services), as well as patient education.										

#### **Providers Associated with Completion:**

Abigail R Watson; Agopovich Arsenio Md; Aitken Geri Lynn Do; Alarcon Gabriel Baldomero Md; Alard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Azad Abul Kazam Md; Bakst Gary Md; Baldini Gleda P Md; Barats Lev Leonidovich Md; Barillas-Arias Lilliana Md; Barraclough Nancy L Np; Barry Kelli Ann; Baselice Marino Md; Beauchamp Cara E Rpa; Bedford Sharon L Md; Bednarek Rebecca S; Bellin Joyce Lea Pa; Bello Scott C Md; Berman Jessica Dembitz Md; Bertram Michael C Md; Betancourt Nicole; Betit Alan; Bevilacqua Lisa Rose Md; Borden Eric Charles Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H; Brasch Mary L Md; Braungart Carol Fritz; Breen Martin Md; Brennan Tracey Lynn Md; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Burchell Randall Lawrence Md; Burke Michael Kevin Md; Busch Robert Steven Md; Busino William A Jr Md; Butterfield Rebecca C Md; Caragana Kristine J Do; Campbell Kathleen Kissane Rpa; Caramore William J Md; Cardiel Alexander Md; Carrasco Andrea Y Md; Carrelle Raymond J Md; Caulfield Patrick Francis Md; Cerone Jennifer Rebecca Boden; Chakraborty Ranen Kumar Md; Chaudhary Shawn Ahmad; Ch Eileen; Cioffi James Michael Md; Cirenza Emanuel Nicholas Md; Clark Catherine Nielsen; Clark Kristina Marie; Clark Melinda Beth Md; Clemente Kimberly; Cleney Holly K Md; Cleveland Byrd Md; Cohen Erik; Colman David Lawrence; Compa Kristen Leigh Md; Condy Angela G Md; Conlon Alan T Md; Conway Lillian Marie; Cossey Jason L; Costello Kevin B Md; Cotugno Steffani Do; Craig Maier; Culp Anita; D'Avella Wendy K; Daggett Brian George Md; Davis George Fabyan Md; De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Delamater Jeffrey T; Denovio Bradley M Rpac; Devine Maria Kansas; Diamond Courtney Beth; Diaz Miguel Remigio Md; Dollard Michael Anthony; Donohue Robert; Dooley Kevin M Md: Doro Kristienna Martin: Dorsev Susan Serra Md: Dort Janice Beth: Dougherty Katherine: Downey Kathleen Md: Drzymalski Zofia Wanda Md: Duff Thomas Edward Jr Md: Dunne Christa Md: Dvorscak Amanda Jayne: Dvkstra Todd Bryan Rpa: Eaton Carolyn A Md; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Fishel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Ford Bradley A Md; Friedrich Marcus Edmond; Fruiterman Mark L Md; Fruiterman Roy Md; Fusella Joseph Ii Do; Gandham Vijaya L Md; Gaston Shenelle R Md; Gaylord James Md; Gebhard Paul E Jr Md; Gelfman Rachel Dawn; Gelman Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Lenore Mdpc; Glick Cheryl M; Goddard Bryan L Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gowdara Divakara Murthy Md; Gradner Jill A Md; Greenblatt Carol Lynn Do; Greenblatt Michael J Md; Greenfield Country Medicine Pllc; Greenwald Lisa; Gross Eric J Md; Gupta Saaket Md; Guptill Gloria G; Gurrala Geetha Md; Haber Eugene Curtis Md; Halbig Robert Joseph Md; Hanley Audra J Md; Harde Hasmukh C Md; Hart Ashley Rose; Hawthorne Jami M; Hechanova Arnel B Md; Hennessy Elisa; Henson Jennifer T; Herman David L Md; Hickey Lynn Leitner Md; Hildreth Deborah A Rpa; Hobbs Patricia; Hogan-Moulton Amy E Md; Howard Elizabeth A Md; Hoy Christopher Dion Md; Hunter Philip Raymond Md; Ianniello Louis Md; Irani Danesh S Rpa; Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; Jain Rajinder Md; James Philip C Md; Janowski Darcy A; Jeannie Ngygen; Jellinger Robert M Md; Johnson Charles A Do; Johnston Mary Md; Jorgensen Stephanie E Md; Jue Donald Md; Justa Shelley Md; Kanthal Marissa Loren; Karyn Marie Hughes; Kasarda Karen Marie Rpa; Katz Linda G Np; Kerr Hamish Alistair Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa: Kudria Inna Md: Kumar Arbind Md: Lahtinen-Alev Kristina Marie Md: Larner Virginia Blake Rpa: Larsen Douglas P: Lauren T Siv: Lawson Jessica L: Lecours Laura Yates Md: Lee Arthur Farren Md Pc: Lee Josephine M Md: Lehine Guy Daniel Md Faap; Lemanski Paul Md; Lemons Lorraine S Do; Leonidas Leonard Al Md; Light Deborah I; Lindstrom Jennifer E Md; Litts Warren C Jr Md; Livolsi Laruen L; Locke Elizabeth Anne Md; Ludwig Samantha Md; Mack Brigid; Mack Kristin Lake; Malin Julia Md; Malone Anthony F Md; Marce Joan M; Marcic Kathleen Md; Marshall Robert Andrew Md; Marshall Ryan; Marthy-Noonan Anne K Md; Martin Jill; Martin Kristen Hedger Md; Martorana Sebastian Vincent; Mary Patricia Shierly; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mcgaffin Christina E; Mcgarry Karen A Rpa; Mckeon Elisabeth Waterman Md; Mckinney Sue Peterson Rpa; Mead Daniel H Pa; Mekosh Susan Lynn; Meltz Theresa Ann Rpac; Merecki Eugene Karl Md; Merkhan Samuel Kabriyel Md; Merriman Joann; Meyer Vincent Edwin Md; Michelena Karen X; Mifsud Mindy; Mihindukulasuriya Joseph C Md; Millea Kerry; Miller Cynthia H Md; Mirza Shahida Parveen Md; Mitkoff Nathan B Md; Mitnick Neil Craig Md; Mitta Swatantra K Md; Mondelo Doreen Perez; Monkash Jeff Ira Md; Montelone Kimberly Ann Np; Moran Antoinette Collins Rpac; Morgan Ayman Md; Morgan Lacey Elizabeth; Morin Michael P Md; Muller Susan Marie Md; Murphy Christine M Md; Murray Amy J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Alexandra; Navarro Brian Scott Md; Nemith Lindsay Mumford: Newton Scott: Nauven Hung Dinh Md: Nicholson Timothy Joseph: Nielson Robert P Jr Md: Nolan Florence A Md: Norton Neal David Jr Rpa: Noves Kimberly: O'Brien Joanne Elizabeth: O'Brien Michael F: O'Loughlin Suzanne: Obeid Leila Ann: Oke Benjamin: Olszewski Peter: Omeara Shannon Lauren: Orsi Richard A Md: Osborn Kyle Thomas Md: Owen Claudina: Pachucki Kevin Christopher Rpa: Paeglow Robert John Md: Parent Colleen E Md: Parikh Nita S: Pascual Arsenio



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DSRIP

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	Reporting Year and Quarter
eorge Md; Patel Umesh; Patil Nagaraja N Md; Pelnik-Fecko Tricia Ann Md; Petraccione Lisa F Rpa; Pezzulo John Phillip Md; Pierce Jean Catherine Rpa; Pomichter John Stanley Md; Pope Ronald James Do; Potratz Meagan A; Price Darin ichael Md; Price Marc David Md; Pride Boone Janice Md; Puthuparampil Beulah J Md; Quarrier John V Md; Quinn Barbara Hunter; Rabbin Linda S; Raggs Hope G; Ramani Ananthakrishnan Md; Raveendranath Brooke A; Ray David Allan Md; eed Monica Renee; Reider Jacob Michael Md; Richman Charles H Md; Ricker Kerry Elizabeth Do; Rienzi Peter Anthony Md; Rios Zandra M Md; Robinson Kristen; Roche Sean Patrick Md; Rodriguez-Goodemot Renee B Md; Ronan Alisha Lynn; bose Jennifer; Rosenbaum Elena; Rosenberger John Daniel Md; Roske Julia H Rpa; Rovere Rena Marie; Russell Jennifer Brooke; Rutter Ann; Sacco Joseph P Md; Salimah Dhanani Md; Saluja Ravinder Kaur Md; Samedov Nikolay Md; Samuel Indoor Standard Md; Schottler-Thal Carrin Md; Scho										
Task M1:1. AMCH PMO will work with CBOs and other participating providers to identify and develop a team of community navigators to be trained in their region. These community navigators will have ties to their communities and basic knowledge of community resources.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. AMCH PMO will execute participation agreements with CBOs to develop a group of community navigators as identified in metric 1, step 1.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:1. AMCH PMO, in collaboration with the WCC and workforce training vendor, will select community navigator training materials specific to linkages for healthcare and community healthcare resources. This training will be implemented, evaluated, and provided to appropriate staff on an annual basis.		Project		Completed	05/02/2016	03/31/2018	05/02/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #12  Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	DY2 Q4	Project	N/A	Completed	01/25/2016	03/31/2017	01/25/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures for customer service complaints and appeals developed.		Project		Completed	01/25/2016	03/31/2017	01/25/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will develop patient complaint and grievance policies, which will be reviewed and approved by the PAC prior to network-wide implementation. Drafts of these policies and procedures will also be reviewed by consumer focus groups facilitated by the CCAC.		Project		Completed	01/25/2016	03/31/2017	01/25/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. The approved policies will be posted to the website, as well		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Better Health for Northeast New York (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
as presented at community forums, to clarify steps in the process and educate both patients and the community at large in terms of how to submit and what to expect.										
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	DY2 Q4	Project	N/A	Completed	07/16/2015	03/31/2017	07/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).		Provider	PAM(R) Providers	Completed	07/16/2015	03/31/2017	07/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. AMCH PMO will work with PPS partners to identify representatives in each hub who will serve as community navigators and be trained in PAM.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. AMCH PMO, in collaboration with Insignia and approved Train-the-Trainers, will utilize the PAM tool and conduct training to assist community navigators in patient activation and education. A list of all navigators formally trained in PAM will be maintained by the PMO and will be available upon request.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #14  Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	DY3 Q4	Project	N/A	Completed	12/05/2015	03/31/2018	12/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.		Provider	PAM(R) Providers	Completed	12/05/2015	03/31/2018	12/05/2015	03/31/2018	03/31/2018	DY3 Q4

#### **Providers Associated with Completion:**

Abigail R Watson; Agopovich Arsenio Md; Aitken Geri Lynn Do; Alarcon Gabriel Baldomero Md; Alegre Catalina; Allard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Azad Abul Kazam Md; Bakst Gary Md; Baldini Gleda P Md; Barats Lev Leonidovich Md; Barillas-Arias Lilliana Md; Barraclough Nancy L Np; Barry Kelli Ann; Baselice Marino Md; Beauchamp Cara E Rpa; Bedford Sharon L Md; Bednarek Rebecca S; Bellin Joyce Lea Pa; Bello Scott C Md; Berman Jessica Dembitz Md; Bertram Michael C Md; Betancourt Nicole; Betit Alan; Bevilacqua Lisa Rose Md; Borden Eric Charles Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H; Brasch Mary L Md; Braungart Carol Fritz; Breen Martin Md; Biennan Tracey Lynn Md; Birlliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Busino William J J Md; Carlelle Raymond J Md; Busino William J Md; Braden Diane Beers; Brady Helen H; Brasch Mary L Md; Braungart Carol Fritz; Breen Martin Md; Biennan Tracey Lynn Md; Birlliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Braungart Carol Fritz; Breen Martin Md; Brennan Tracey Lynn Md; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Charles Md; Buhlinger Christine A Md; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Charles Md; Buhlinger Christine A Md; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Charles Md; Buhlinger Christine A Md; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Charles Md; Bruegle Md; Brilliant Rachelle I; Brown Sheryl; Brueglegmann Christina Mchugh; Buff Charles Md; Brilliant Rachelle I; Brown Sheryl; Brueglegmann Christina Mchugh; Buff Charles Md; Brilliant Rachelle I; Brown Sheryl; Brueglegmann Christina Mchugh; Buff Charles Md; Brilliant Rachelle I; Brown Sheryl; Brueglegmann Christina Mchugh; Brilliant Rachelle I; Brown Sheryl; Brueg



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

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
James Md; Gebhard Paul E Jr Md; Gelfman Rachel Dawn; Gelman L Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gowdd J Md; Gupta Saaket Md; Guptill Gloria G; Gurrala Geetha Md; Habed Jennifer T; Herman David L Md; Hickey Lynn Leitner Md; Hildreth D Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; Jain Rajir Justa Shelley Md; Kanthal Marissa Loren; Karyn Marie Hughes; Kas Lyn Irene Rpa; Kudria Inna Md; Kumar Arbind Md; Lahtinen-Aley Kr Guy Daniel Md Faap; Lemanski Paul Md; Lemons Lorraine S Do; Le Kristin Lake; Malin Julia Md; Malone Anthony F Md; Mance Joan M; Sebastian Vincent; Mary Patricia Shierly; Matott Heather Melissa; M Theresa Ann Rpac; Merecki Eugene Karl Md; Mitta Swatantra K Elizabeth; Morin Michael P Md; Muller Susan Marie Md; Murphy Ch Mumford; Newton Scott; Nguyen Hung Dinh Md; Nicholson Timothy Ann; Oke Benjamin; Olszewski Peter; Omeara Shannon Lauren; Or George Md; Patel Umesh; Patil Nagaraja N Md; Pelnik-Fecko Tricia Michael Md; Price Marc David Md; Pride Boone Janice Md; Puthupa Reed Monica Renee; Reider Jacob Michael Md; Richman Charles H Rose Jennifer; Rosenbaum Elena; Rosenberger John Daniel Md; R. Jency Thomas; Santoro Eileen; Saperstone James D Md; Saunders Schwartz Kenneth Md; Schynoll Gerald Klaus Md; Seaman Tami Mc George C Md; Sipperly Stephen F Do; Sirico Theresa A Do; Smitas Steckman David; Stetzer Lee; Stevens Arthur L Md; Strader Stephe Tolentino Rommel M Md; Tomiak Henry P Jr Md; Tonneau Benoit M Vollmer Kelly J; Walders James D Md; Wales Danielle Patricia; Wal Leonard Md; Wong Winston C Md; Woodruff Barbara A Rpa; Woodrebra Carol Md	ara Divakara Murter Eugene Curtis Meborah A Rpa; Honder Md; James Fesarda Karen Marie Md; Leonidas Leonard Mariei Kathleen I Mccarty Kaitlin Elizoriyel Md; Merrima Md; Mondelo Dorostine M Md; Murter Allos Petraccarampil Beulah J Mel Md; Ricker Kerry Oske Julia H Rpa; Se Patricia V Md; Sed; Searfoss Linda Catherine Malone Earl Md; Talma Md; Torre Jenny Alker Michael France Richard France Michael France Michae	thy Md; Gradner Md; Halbig Rober Dibbs Patricia; Hober Philip C Md; Janober Rpa; Katz Linda Larner Virginia Blad Md; Light Debud; Marinello Anabeth; Mcgaffin Gabert P Jr Md; Osborn Kyle Thosone Lisa F Rpa; Md; Quarrier Johry Elizabeth Do; For Rovere Rena Mazon Alexandr; Sarker Robert P Jr Md; A; Semlear Robert P Jr Md; Cosborn Kyle Thosone Lisa F Rpa; Md; Quarrier Johry Elizabeth Do; For Rovere Rena Mazon Alexandr; Sortheodore E Md; Smith Marstrapp Josephis Md; Warner Diss	Jill A Md; Grant Stephen A Mrt Joseph Md; Hanley Audra Jogan-Moulton Amy E Md; Howwski Darcy A; Jeannie Ngyge a G Np; Kerr Hamish Alistair I lake Rpa; Larsen Douglas P; orah I; Lindstrom Jennifer E Nthony James Md; Marshall Ro Christina E; Mcgarry Karen A Vincent Edwin Md; Michelena ash Jeff Ira Md; Monserrate Nick Md; Murray Amy J; Mustal Nolan Florence A Md; Norton Pezzulo John Phillip Md; Pien V Md; Quinn Barbara Hunter Rienzi Peter Anthony Md; Rioslarie; Russell Jennifer Brooke Sazon Tatiana; Schnakenbergert Dwight Md; Sgambati Carsha; Sonnekalb Michael P Md; Taneja Sanjay Md; Tera N Hd; Tumuluri Srilaxmi; Vacho Deborah P; Wasniewski Holly	d; Greenblatt Caro Md; Harde Hasmu yard Elizabeth A Me en; Jellinger Robert Md; Kineke Stephe Lauren T Siy; Laws Md; Litts Warren C bert Andrew Md; N Rpa; Mckeon Elisa a Karen X; Mifsud N Nicole Marie Md; M fa Marianne A Md; Neal David Jr Rpa chucki Kevin Chris rce Jean Catherine er; Rabbin Linda S; s Zandra M Md; Ro ; Rutter Ann; Sacce I Eric C Md; Schne I Willard Md; Sgarla d; Sorum Paul C Mo letrick-Platte Md; T n Cary Ian; Vachor L Md; Watsky Jay	I Lynn Do; Greer Lykh C Md; Hart Ad; Hoy Christoph Md; Johnson Francis Md; Kreson Jessica L; Le Jr Md; Livolsi Lai Marshall Ryan; Mabeth Waterman Mindy; Mihinduku Iontelone Kimber Musto Ronald Va; Noyes Kimberl topher Rpa; Paele Rpa; Pomichter Raggs Hope G; Joseph P Md; Sider Nicole Marie ata Donna L; She d; Spindler John Francois Marc G Md; Wayne Jo	ablatt Michael J shley Rose; Ha er Dion Md; Hu Charles A Do; happ George St cours Laura Ya ruen L; Locke E larthy-Noonan A Md; Mckinney S lasuriya Joseph y Ann Np; Mora Md; Navarette y; O'Brien Joan glow Robert Joh Coche Sean Pat Salimah Dhanar y; Schnide Kenn eaffer Margaret B Rpa; Spinelli Robert Md; Tho Andre Md; Verri seph T Md; Wir	Md; Greenfield withorne Jami Minter Philip Raym Johnston Mary Merling Md; Krizal ites Md; Lee Artilizabeth Anne Manne K Md; Mar Sue Peterson Ren C Md; Millea K an Antoinette Co Kristen Alexandine Elizabeth; O'n Md; Parent C Md; Pope Ronald itek Md; Rodrigh Md; Saluja Raieth Ben Md; Sciak; Shin Joong; Karen Ann Md; mpson Dean Allico Ivelisse Annochester Susan I	Country Medicinal; Hechanova Armond Md; Ianniel Md; Jorgensen Stephen Lewis hur Farren Md Fod; Ludwig Samatin Jill; Martin Kroa; Mead Daniel Gerry; Miller Cyntollins Rpac; Morra; Navarro Bria Brien Michael Folleen E Md; Pataveendranath Lavinder Kaur Md; Hottler-Thal Carro Spingarn David Md; Thorn Lisa I Md; Viola There B Np; Wise Biru	ne Pllc; Greenwinel B Md; Henrillo Louis Md; Irostephanie E Mos Md; Kronick Ge; Lee Josephantha Md; Macristen Hedger Mitha H Md; Mirzgan Ayman Mos Mitha S; Patratz Meagan A Brooke A; Ray Renee B Md; R; Samedov Nikrin Md; Schuma Amy; Signor Coll H Md; Steckley Marie Md; Tietgesa Md; Vitale Ate Marija Md; Vitale Atentation in the Md; Vitale Atent	rald Lisa; Gross Eric nessy Elisa; Henson ani Danesh S Rpa; d; Jue Donald Md; Gary Archer Md; Kucij ine M Md; Lehine k Brigid; Mack Md; Martorana a Susan Lynn; Meltz a Shahida Parveen d; Morgan Lacey emith Lindsay uzanne; Obeid Leila scual Arsenio a; Price Darin David Allan Md; Lonan Alisha Lynn; Lolay Md; Samuel acher Thomas C Md; Lonnie J; Siniapkin y Renee E Rpa; gens Sharon T Md; Alex Nathaniel; Volff Michael
M1:1. AMCH PMO will utilize the CNA to identify "hot spot" areas to assign navigators, as well as to identify various community events, health fairs, and high utilization EDs. 6		Project		Completed	03/15/2016	03/31/2018	03/15/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:2. Based on the identification of hot-spots, community events, and fairs, AMCH PMO will direct contracted CBOs to place navigators at these facilities and events to provide education to eligible individuals regarding the availability of health insurance coverage.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. AMCH PMO will provide culturally appropriate materials to community navigators to assist in a standardized approach to educate eligible individuals, and link them to insurance as appropriate. The CBOs and navigators will provide reports on the number of individuals engaged and referred.  Milestone #15	DY3 Q4	Project Project	N/A	On Hold  Completed	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	
IMMOSTORIO #10	בוט על	i Tojoot	14/1	Jonipidied	00/02/2010	00/01/2010	00/02/2010	00/01/2010	00/01/2010	D.10 Q-



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Navigators educated about insurance options and healthcare resources available to populations in this project.		Project		Completed	05/02/2016	03/31/2018	05/02/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO, in collaboration with the WCC and workforce training vendor, will select community navigator training materials specific to insurance options and health resources available.  This training will be implemented, evaluated, and provided to appropriate staff on an annual basis. In addition, AMCH PMO will provide culturally appropriate materials to the community navigators to assist in a standardized approach to educate eligible individuals, and link them to insurance as appropriate.		Project		Completed	05/02/2016	03/31/2018	05/02/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	DY3 Q4	Project	N/A	Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Timely access for navigator when connecting members to services.		Project		Completed	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task M1:1. AMCH PMO will work with participating providers to develop policies and procedures to ensure appropriate and timely access for navigators connecting patients to services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Based on the approved policies and procedures, navigators will be connected to appropriate staff at service locations to obtain primary and preventative care services for community members.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Contractual agreements will include evaluation criteria that allow for navigator feedback and specific reporting requirements to enable the PMO to determine adequacy of staffing, training needs, caseload ratios, and related items as identified for this project.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



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### **Better Health for Northeast New York (PPS ID:1)**

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective patient registry and population health management across PPS entities.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems and patient registries.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of patients in registries as appropriate.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Implement training sessions to educate participating partners on how to utilize the registries and population health platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize the population health IT vendor to support the needs of the PPS and individual organizations/practices to track their registered patients.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Following quality improvement protocols, such as PDSA, evaluate clinical outcomes of patients in the registries and adjust clinical protocols and work flows as needed to improve outcomes.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

#### **Prescribed Milestones Current File Uploads**

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

#### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Contract or partner with community-based organizations (CBOs) to	
engage target populations using PAM(R) and other patient activation	
techniques. The PPS must provide oversight and ensure that	



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**DSRIP Implementation Plan Project** 

### **Better Health for Northeast New York (PPS ID:1)**

#### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
engagement is sufficient and appropriate.	
Establish a PPS-wide training team, comprised of members with training	
in PAM(R) and expertise in patient activation and engagement.	
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.	
Survey the targeted population about healthcare needs in the PPS'	
region.  Train providers located within "hot spots" on patient activation techniques,	
such as shared decision-making, measurements of health literacy, and	
cultural competency.	
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.	
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.	
Include beneficiaries in development team to promote preventive care.	
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	



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**Better Health for Northeast New York (PPS ID:1)** 

#### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
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.	
Increase 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 PAM(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, age-	
appropriate primary and preventive healthcare services and resources.	
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.	
Famound origination projects	



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**Better Health for Northeast New York (PPS ID:1)** 

#### **Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Complete	
Milestone #11	Fail	
Milestone #12	Pass & Complete	
Milestone #13	Pass (with Exception) & Complete	
Milestone #14	Pass & Complete	
Milestone #15	Pass & Complete	
Milestone #16	Pass & Complete	
Milestone #17	Pass & Complete	



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Better Health for Northeast New York (PPS ID:1)

**IPQR Module 2.d.i.4 - PPS Defined Milestones** 

#### Instructions:

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

Milestone/Task Name	Status	Description		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone AMCH PPS PAM data P4R	Completed	AMCH PPS PAM data P4R	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone PAM P4R	Completed	PAM P4R	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone PAM data P4P	Completed	PAM data P4P	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone CG-CAHPS Uninsured	Completed	CG-CAHPS Uninsured	10/01/2017	12/31/2017	10/01/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone CG-CAHPS Uninsured REMEDIATION	Completed	CG-CAHPS Uninsured REMEDIATION	10/01/2017	12/31/2017	10/01/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone BHNNY P4P PAM DATA	Completed	BHNNY P4P PAM DATA	07/01/2018	09/30/2018	07/01/2018	09/30/2018	09/30/2018	DY4 Q2

#### **PPS Defined Milestones Current File Uploads**

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

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	
AMCH PPS PAM data P4R	
PAM P4R	
PAM data P4P	
CG-CAHPS Uninsured	



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**DSRIP Implementation Plan Project** 

### **Better Health for Northeast New York (PPS ID:1)**

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
CG-CAHPS Uninsured REMEDIATION	
BHNNY P4P PAM DATA	



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



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Better Health for Northeast New York (PPS ID:1)

#### 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.

Risks for this project fall into three categories: logistical, financial/regulatory and organizational. The logistical risk relates to resource availability, including availability of clinical, counseling and office space, equipment, pharmacy resources, staff, IT, and materials. This project is dependent on these logistical resources in ways that others are not. The financial/regulatory risk relates to the need to create contracts with MCO's, to support payment for services, such as SBIRT and BH screenings. Alternative payment models for integrated care must be created allowing for co-located models in a VBP setting. For model 1, relevant staff will complete OASAS approved SBIRT training. Article 28 clinics will secure waivers allowing psychotherapy services by licensed practitioners. For Model 2, Article 31 clinical service providers will be required to secure waivers allowing onsite preventive, evaluation and management services. Model 3's will have to contract with a psychiatrist(s) to reflect consultation services. Article 28 clinics, allow individual and group psychotherapy services by licensed mental health practitioners, including clinical social workers. Lastly, BH staff must meet regulations required to Depression CM's including training on assessment, engagement, psychoeducational, and brief psychotherapeutic modalities as part of IMPACT. The third risk relates to organizational challenges. Changes to EHRs, new relationships and risks are inevitable for all models. Model 1 organizations will execute collaborative agreements with at least one outpatient specialty MH and outpatient SU treatment to extend services beyond on-site scope. Agreements will include access to care standards for referred patients, follow-up report standards, etc. Model 2 organizations will develop a collaborative agreement with specialty providers to address conditions beyond their on-site scope.

EHR will expand in decision support and pathways of care; Model 1 will expand to consider positive screenings for BH conditions, Model 2 will expand to include positive screenings for physical health conditions. Also, consulting agreements will be executed between PCMH and a consulting psychiatrist to provide the clinical and supervisory services described in the model. Similar agreements will be made with outpatient specialty mental health providers.

To mitigate these risks, the AMCH PMO and PPS will:

The Clinical Quality Affairs Committee (CQAC) led by the DSRIP Medical Director will create process and procedures to integrate providers. Workforce training vendors will provide resources for additional or new responsibilities. Working collaboratively with local NP, PA, social work, and psych program schools, behavioral health (BH) intern opportunities will be encouraged with job opportunities. Client-facing staff in all models will complete training on the new basic health challenges. This will include implementation of U.S. Preventative Services Task Force recommended screenings into clinical policy.

Model 3 risks are rooted in workflow changes and skill-set expansion. IMPACT combines a Care Manager (CM) and Consulting Psychiatrist to support the PCP, producing unique workflow risks. To prepare, providers will complete training on IMPACT and prescribing standards for basic psychotropic medications. Furthermore, relationships with the consulting psychiatrist will be established with primary care providers (PCP) to consult on complex cases. A similar relationship could be bridged with an Addiction Medicine specialist. Also, CM's and other staff must receive training on MDD symptomology, physiological effects, treatment options, self-management support, and Problem-Solving Treatment in PC. Eventually evidence-based protocols will be disseminated throughout organizations for universal screening of all patients with depression using PHQ-2.



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

#### 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.

Benchr	narks
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	24,875

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	14,925	17,412	0	24,875
PPS Reported	Quarterly Update	0	4,495	0	11,244
	Percent(%) of Commitment	0.00%	25.82%		45.20%
	Quarterly Update	0	4,379	0	10,999
IA Approved	Percent(%) of Commitment	0.00%	25.15%		44.22%

Marning: PPS Reported - Please note that your patients engaged to date (11,244) does not meet your committed amount (24,875) for 'DY4,Q4'

#### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Templates	1_DY4Q4_PROJ3ai_MDL3ai2_PES_TRAIN_BHNNY_3.a. i_Final_For_MAPP_UPLOAD_Q4_25202.xlsx	BHNNY 3.a.i Final For MAPP UPLOAD Q4	04/26/2019 12:31 PM

#### Narrative Text :

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

#### **Module Review Status**

Review Status	IA Formal Comments					
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY4,Q4.					



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Better Health for Northeast New York (PPS ID:1)

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

Models Selected							
Model 1	Model 2	Model 3					

#### Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q2	Model 1	Project	N/A	Completed	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2

#### **Providers Associated with Completion:**

Abigail R Watson; Agopovich Arsenio Md; Aitken Geri Lynn Do; Alarcon Gabriel Baldomero Md; Alegre Catalina; Allard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Azad Abul Kazam Md; Bakst Gary Md; Baldini Gleda P Md; Barats Lev Leonidovich Md; Barrilas-Arias Lilliana Md; Barraclough Nancy L Np; Barry Kelli Ann; Baselice Marino Md; Beauchamp Cara E Rpa; Bedford Sharon L Md; Bednarek Rebecca S; Bellin Joyce Lea Pa; Bello Scott C Md; Berman Jessica Dembitz Md; Bertram Michael C Md; Betancourt Nicole; Betit Alan; Bevilacqua Lisa Rose Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H; Brasch Mary L Md; Braungart Carol Fritz; Breen Martin Md; Brennan Tracey Lynn Md; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Burchell Randall Lawrence Md; Burke Michael Kevin Md; Busch Robert Steven Md; Busino William A Jr Md; Butterfield Rebecca C Md; Caragaret; Campagna Kristine J Do; Campbell Kathleen Kissane Rpa; Caramore William J Md; Cardiel Alexander Md; Carrasco Andrea Y Md; Carrelle Raymond J Md; Caulfield Patrick Francis Md; Cerone Jennifer Rebecca Boden; Chakraborty Ranen Kumar Md; Chaudhary Shawn Ahmad; Ch Eileen; Cioffi James Michael Md; Cirenza Emanuel Nicholas Md; Clark Catherine Nielsen; Clark Kristina Marie; Clark Melinda Beth Md; Clemente Kimberly; Cleney Holly K Md; Cleveland Byrd Md; Cohen Erik; Colman David Lawrence; Compa Kristen Leigh Md; Condy Angela G Md; Conlon Alan T Md; Conway Lillian Marie; Cossey Jason L; Costello Kevin B Md; Cotugno Steffani Do; Craig Maier; Culp Anita; D'Avella Wendy K; Daggett Brian George Md; Davis George Fabyan Md; De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Delamater Jeffrey T; Denovio Bradley M Rpac; Devine Maria Kansas; Diamond Courtney Beth; Diaz Miguel Remigio Md; Ditursi Mary Kathleen Williams; Dollard Michael Anthony; Donohue Robert; Dooley Kevin M Md; Doro Kristienna Martin; Dorsey Susan Serra Md; Dort Janice Beth; Dougherty Katherine; Downey Kathleen Md; Drzymalski Zofia Wanda Md; Duff Thomas Edward Jr Md; Dunne Christa Md; Dvorscak Amanda Jayne; Dykstra Todd Bryan Rpa; Eaton Carolyn A Md; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Claudia Sales; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Fishel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Ford Bradley A Md; Fruiterman Mark L Md; Fruiterman Roy Md; Fuhrman Solomon M Md; Fusco Joseph J Md; Fusella Joseph Ii Do; Gandham Vijaya L Md; Gaston Shenelle R Md; Gaylord James Md; Gebhard Paul E Jr Md; Gelfman Rachel Dawn; Gelman Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Lenore Mdpc; Glick Cheryl M; Goddard Bryan L Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gowdara Divakara Murthy Md; Gradner Jill A Md; Graney Sheela Md; Grant Stephen A Md; Greenblatt Carol Lynn Do; Greenblatt Michael J Md; Greenfield Country Medicine Pllc; Greenwald Lisa; Gross Eric J Md; Guice Stephanie M; Gupta Saaket Md; Guptill Gloria G; Gurrala Geetha Md; Haber Eugene Curtis Md; Halbig Robert Joseph Md; Hanley Audra J Md; Harde Hasmukh C Md; Hart Ashley Rose; Hawthorne Jami M; Hechanova Arnel B Md; Hennessy Elisa; Henson Jennifer T; Herman David L Md; Hickey Lynn Leitner Md; Hildreth Deborah A Rpa; Hill Linda J Do; Hobbs Patricia; Hogan-Moulton Amy E Md; Howard Elizabeth A Md; How Christopher Dion Md; Hunter Philip Raymond Md; Janniello Louis Md; Irani Danesh S Rpa; Ismail Mohammed Md; Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; Jain Rajinder Md: James Philip C Md: Janowski Darcy A: Jeannie Novgen: Jellinger Robert M Md: Johnson Charles A Do: Johnston Mary Md: Jorgensen Stephanie E Md: Jue Donald Md: Justa Shelley Md: Kamal Syed Anwar Md: Kanthal Marissa Loren; Karyn Marie Hughes; Kasarda Karen Marie Rpa; Katz Linda G Np; Kelleher Ruth Ellen; Kerr Hamish Alistair Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa; Kudria Inna Md; Kumar Arbind Md; Lahtinen-Aley Kristina Marie Md; Larner Virginia Blake Rpa; Larsen Douglas P; Lauren T Siy; Lawson Jessica L; Lecours Laura Yates Md; Lee Arthur Farren Md Pc; Lee Josephine M Md; Lehine Guy Daniel Md Faap; Lemanski Paul Md; Lemons Lorraine S Do; Leonidas Leonard Al Md; Light Deborah I; Lindstrom Jennifer E Md; Litts Warren C Jr Md; Livolsi Laruen L; Locke Elizabeth Anne Md; Ludwig Samantha Md; Mack Brigid; Mack Kristin Lake;



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Malin Julia Md; Malone Anthony F Md; Marce Joan M; Marci Kathleen Md; Marinello Anthony James Md; Marshall Robert Andrew Md; Marshall Ryan; Marthy-Noonan Anne K Md; Martin Kristen Hedger Md; Martorana Sebastian Vincent; Mary Patricia Shierly; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mcgaffin Christina E; Mcgarry Karen A Rpa; Mckeon Elisabeth Waterman Md; Mckinney Sue Peterson Rpa; Mead Daniel H Pa; Mekosh Susan Lynn; Melte Theresa Ann Rpac; Merceki Eugene Karl Md; Merkhan Samuel Kabriyel Md; Merriman Joann; Meyer Vincent Edwin Md; Michelena Karen X; Mifsud Mindy; Mihindukulasuriya Joseph C Md; Millea Kerry; Miller Cypthia H Md; Milira Swatantra K Md; Mondelo Doreen Perez; Monkash Jeff Ira Md; Monserrate Nicole Marie Md; Montelone Kimberly Ann Np; Moran Antoinette Collins Rpac; Morgan Ayman Md; Norgan Lacey Elizabeth; Morin Michael P Md; Muller Susan Marie Md; Murphy Christine M Md; Murphy William Patrick Md; Murray Army J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Alexandra; Navarro Brian Scott Md; Norgan Lacey Elizabeth; Morin Michael P Md; Muller Susan Marie Md; Murray Army J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Hedger Md; Maryaro Md; Norgan Lacey Elizabeth; Morin Michael P Md; Murray Army J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Alexandra; Navarro Brian Scott Md; Norgan Lacey Elizabeth; Morin Michael P Md; Murray Army J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Leakea Racey Ronald James Do; Potratz Meagan A; Price Darin Michael Md; Price Marc David Md; Price Bone Javid Edus David Md; Price Marc David Md; Rober David M											
Md; Yan Richard; Young Linda; Yousuf Asim Md; Zabins Task Behavioral health services are co-located within PCMH/APC practices and are available.	ski-Kramer Kathl	een Md; Zimring Do	Provider	Mental Health	Completed	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Providers Associated with Completion:  Abdelhamid Ayman; Abel-Bogner Lisa; Achar Naveen Md; Adger-Antonikowski Angela; Albany Cnty Community Svc Bd; Albany Cnty Dept Child Family; Albany County Comm Svs Board; Albany Medical College; Albany Medical College; Albany Medical Ctr Hospital; Amyot Edmond Md; Andre Rachel Mary; Balkoski Victoria; Barba Anne Lauren Phd; Bentley Tyrone; Berkovich Betsy; Bernardi Shaina; Bourke Diane A Md; Bromley Nicole; Brunelle Trudy; Capital District Pc; Capital District Pc; Capital District Psych Ctr; Carruthers Jay; Clearview Center Mh; Cohen Donna Marie; Coloprisco Sara Ann; Columbia Cty Mh Ctr Mh; Columbia Memorial Hospital; Crosier Amanda; Daniels Karen; Debarbieri Victoria Marie; Dodd Jack Edward Jr; Dorflinger Joseph Lcsw; Doyle Melissa M Csw; Fazzio Lydia Olympia; Four Winds Saratoga; Glozman Alexandr Josifovich; Gordon Shelley; Graham Margaret; Green County Mental Hlth Mh; Greene Jill; Harnick Robert Md; Haroon Omer Ahmad; Hazen Gordon Rpac; Hebrank Jessica; Hubbell Jr Robert; Kishore Pankaj Md; Klim Kathleen; Lee Jamison; Leifer Ann; Leung Anna; Liss Allison; Loeber Russell; Lukowitsky Mark; Mcmahon Scott F; Menzel Charles H Md; Mueller Benjamin; Mursi Hanan; Nadal Laurie Lambert; Newsome Donna; Nordhauser Micaela Urbano; Northeast Parent Child Societ; Oberg Gary David; Parsons Child And Family Ctr; Penesso Tara; Peters Robert Lesw; Petrier Brandy; Pieterse Portia Lucille; Plotkin Richard Eric Md; Potenciano Angelo; Priest Michael Richard; Roldan Ernesto; Rossetti David; Samenfeld-Specht James; Sandler Steven Md; Sandra L Foster; Saratoga Hospital; Schaefer Bianca; Scherer Harvey D; Sciacca Cheri; Simor Ginger Md; Smith Brendon; Tassinari Robin Baker Md; Toole Nancy E Lcsw; Torregrossa Martha; Valliere Julie; Van Dyck Timothy K; Vena Stephen Albert; Wallis Warren M; Winseman Jeffrey Scott Md; Wolner Ron K; Yager Jennifer M											
M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.			Project		Completed	10/19/2015	09/30/2017	10/19/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient- centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Perform a practice-specific gap analysis to determine the financial, technical and operational support needed to assure successful recognition by DY3.			Project		Completed	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQAC Level 3 certified or APCM.			Project		Completed	12/07/2015	09/30/2017	12/07/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:9. Track site specific certification to assure all participating safety-net providers become Level 3 PCMH certified or APCM.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub- committee.			Project		Completed	10/19/2015	06/30/2016	10/19/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:2. Perform an assessment of participating			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
practitioners' current behavioral health service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.											
Task M2:3. Educate leadership within each organization participating in project of the benefits of co-located behavioral health services within a primary care setting.			Project		Completed	10/26/2015	06/30/2016	10/26/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:4. PCMH/BH sub-committee to develop evidence- based best practice models for co-locating behavioral health services in a primary care setting.			Project		Completed	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:5. Perform gap analysis and identify key priorities to successful completion of co-located services.			Project		Completed	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:6. Create a list of BH service providers available for co-location including BH organizations willing to establish partnership arrangements.			Project		Completed	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:7. Develop alliances between BH service providers and primary care sites and, if required, complete written agreements between BH service providers and primary care sites.			Project		Completed	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:8. AMCH PMO will assist participating practitioners with obtaining the necessary waivers, licensure, and/or certification to provide the additional on-site services.			Project		Completed	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:9. MCOs will be engaged to ensure payment mechanisms are in place for co-location of services.			Project		Completed	11/23/2015	09/30/2017	11/23/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:10. Develop an implementation work plan that addresses initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.			Project		Completed	06/01/2016	09/30/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:11. Provide support, trainings, resources and education to participating providers as needed to ensure successful implementation of co-located			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
behavioral health services.											
Task M2:12. Provide training for all staff, including client- facing administrative staff, on the new protocols and their roles and responsibilities with respect to screening and treatment of behavioral health and physical health conditions, consistant with scope of practice and licensure.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M2:13. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:14. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.			Project		Completed	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:15. Monitor progress towards completion of colocated services, as well as sustainability by PMO.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Completed	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Completed	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish regularly scheduled meetings with leadership from participating providers to develop best practice protocols.			Project		Completed	11/16/2015	03/31/2016	11/16/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:2. Assist with identification of key team members needed at formal meetings who will assist with assigning roles and responsibilities for practice specific			Project		Completed	11/16/2015	12/31/2015	11/16/2015	12/31/2015	12/31/2015	DY1 Q3



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**DSRIP Implementation Plan Project** 

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
implementation and action plans to engage behavioral health specialists											
Task M1:3. Finalize collaborative care practices, reviewed and approved by the Clinical and Quality Affairs Committee (CQAC).			Project		Completed	04/21/2016	03/31/2017	04/21/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. As a contractual requirement, participating providers will implement, at the minimum, weekly interdisciplinary team huddles to review current list of patients and ongoing development of team approach. Every other week interdisciplinary team meetings will focus on case consultation (at least monthly) and overall development of team approach.			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task M2:1. BH/PCMH sub-committee will review established evidence-based guidelines and protocols for BH colocation including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.			Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task M2:2. Participating practices will develop site specific operational policies and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).			Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Develop and implement evidence-based care protocols, to include, managing positive screenings including follow-up assessment, crisis/high risk response plan, and treatment.			Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients	DY3 Q2	Model 1	Project	N/A	Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2



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Better Health for Northeast New York (PPS ID:1)

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
to identify unmet needs.											
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Screenings are documented in Electronic Health Record.			Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2

#### **Providers Associated with Completion:**

Abigail R Watson; Agopovich Arsenio Md; Aitken Geri Lynn Do; Alarcon Gabriel Baldomero Md; Alegre Catalina; Allard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Azad Abul Kazam Md; Bakst Gary Md; Baldini Gleda P Md; Barats Lev Leonidovich Md; Barillas-Arias Lilliana Md; Barraclough Nancy L Np; Barry Kelli Ann; Baselice Marino Md; Beauchamp Cara E Rpa; Bedford Sharon L Md; Bednarek Rebecca S; Bellin Joyce Lea Pa; Bello Scott C Md; Berman Jessica Dembitz Md; Bertram Michael C Md; Betancourt Nicole; Betit Alan; Bevilacqua Lisa Rose Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H: Brasch Mary L Md; Braungart Carol Fritz; Breen Martin Md; Brennan Tracey Lynn Md; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Burchell Randall Lawrence Md; Burke Michael Kevin Md; Busch Robert Steven Md; Busino William A Jr Md; Butterfield Rebecca C Md; Caragaret; Campagna Kristine J Do; Campbell Kathleen Kissane Rpa; Caramore William J Md; Cardiel Alexander Md; Carrasco Andrea Y Md; Carrelle Raymond J Md; Caulfield Patrick Francis Md; Cerone Jennifer Rebecca Boden; Chakraborty Ranen Kumar Md; Chaudhary Shawn Ahmad; Ch Eileen: Cioffi James Michael Md: Cirenza Emanuel Nicholas Md: Clark Catherine Nielsen: Clark Kristina Marie: Clark Melinda Beth Md: Clemente Kimberly: Clenev Holly K Md: Cleveland Byrd Md: Cohen Erik: Colman David Lawrence: Compa Kristen Leigh Md; Condy Angela G Md; Conlon Alan T Md; Conway Lillian Marie; Cossey Jason L; Costello Kevin B Md; Cotugno Steffani Do; Craig Maier; Culp Anita; D'Avella Wendy K; Daggett Brian George Md; Davis George Fabyan Md; De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Delamater Jeffrey T; Denovio Bradley M Rpac; Devine Maria Kansas; Diamond Courtney Beth; Diaz Miguel Remigio Md; Ditursi Mary Kathleen Williams; Dollard Michael Anthony; Donohue Robert; Dooley Kevin M Md; Doro Kristienna Martin; Dorsey Susan Serra Md; Dorot Janice Beth; Dougherty Katherine; Downey Kathleen Md; Drzymalski Zofia Wanda Md; Duff Thomas Edward Jr Md; Dunne Christa Md; Dvorscak Amanda Jayne; Dykstra Todd Bryan Rpa; Eaton Carolyn A Md; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Claudia Sales; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Fishel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Ford Bradley A Md; Friedrich Marcus Edmond; Fruiterman Mark L Md; Fruiterman Roy Md; Fuhrman Solomon M Md; Fusco Joseph J Md; Fusella Joseph Ii Do; Gandham Vijaya L Md; Gaston Shenelle R Md; Gaylord James Md; Gebhard Paul E Jr Md; Gelfman Rachel Dawn; Gelman Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Lenore Mdpc; Glick Cheryl M; Goddard Bryan L Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gowdara Divakara Murthy Md; Gradner Jill A Md; Graney Sheela Md; Grant Stephen A Md; Greenblatt Carol Lynn Do; Greenblatt Michael J Md; Greenfield Country Medicine Pllc; Greenwald Lisa; Gross Eric J Md; Guice Stephanie M; Gupta Saaket Md; Guptal Gloria G; Gurrala Geetha Md; Haber Eugene Curtis Md; Halbig Robert Joseph Md: Hanley Audra J Md: Harde Hasmukh C Md: Hart Ashley Rose: Hawthorne Jami M: Hechanova Arnel B Md: Hennessy Elisa: Henson Jennifer T: Herman David L Md: Hickey Lynn Leitner Md: Hildreth Deborah A Roa: Hill Linda J Do: Hobbs Patricia; Hogan-Moulton Amy E Md; Howard Elizabeth A Md; Hoy Christopher Dion Md; Hunter Philip Raymond Md; Janniello Louis Md; Irani Danesh S Rpa; Ismail Mohammed Md; Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; Jain Rajinder Md; James Philip C Md; Janowski Darcy A; Jeannie Ngygen; Jellinger Robert M Md; Johnson Charles A Do; Johnston Mary Md; Jorgensen Stephanie E Md; Jue Donald Md; Justa Shelley Md; Kamal Syed Anwar Md; Kanthal Marissa Loren; Karyn Marie Hughes; Kasarda Karen Marie Rpa; Katz Linda G Np; Kelleher Ruth Ellen; Kerr Hamish Alistair Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa; Kudria Inna Md; Kumar Arbind Md; Lahtinen-Aley Kristina Marie Md; Larner Virginia Blake Rpa; Larsen Douglas P; Lauren T Siy; Lawson Jessica L; Lecours Laura Yates Md; Lee Arthur Farren Md Pc; Lee Josephine M Md; Lehine Guy Daniel Md Faap; Lemanski Paul Md; Lemons Lorraine S Do; Leonidas Leonard Al Md; Light Deborah I; Lindstrom Jennifer E Md; Litts Warren C Jr Md; Livolsi Laruen L; Locke Elizabeth Anne Md; Ludwig Samantha Md; Mack Brigid; Mack Kristin Lake; Malin Julia Md; Malone Anthony F Md; Marcin Kristen Hedger Md; Martorana Sebastian Vincent; Marshall Ryan; Marthy-Noonan Anne K Md; Martin Jill; Martin Kristen Hedger Md; Martorana Sebastian Vincent; Mary Patricia Shierly: Matott Heather Melissa: Mccarty Kaitlin Elizabeth: Mcgaffin Christina E: Mcgarry Karen A Rpa: Mckeon Elisabeth Waterman Md: Mckinney Sue Peterson Rpa: Mead Daniel H Pa: Mekosh Susan Lynn: Meltz Theresa Ann Rpac: Merecki Eugene Karl Md; Merkhan Samuel Kabriyel Md; Merriman Joann; Meyer Vincent Edwin Md; Millea Kerry; Millea K Mitkoff Nathan B Md; Mitnick Neil Craig Md; Mitta Swatantra K Md; Mondelo Doreen Perez; Monkash Jeff Ira Md; Monserrate Nicole Marie Md; Montelone Kimberly Ann Np; Moran Antoinette Collins Rpac; Morgan Ayman Md; Morgan Lacey



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	Reporting Year and
											Quarter
Elizabeth; Morin Michael P Md; Muller Susan Marie Md; Nemith Lindsay Mumford; Newton Scott; Nguyen Hung Suzanne; Obeid Leila Ann; Oke Benjamin; Olszewski Pe Pascual Arsenio George Md; Patel Umesh; Patil Nagara Do; Potratz Meagan A; Price Darin Michael Md; Price M Brooke A; Ray David Allan Md; Reed Monica Renee; Re Renee B Md; Ronan Alisha Lynn; Rose Jennifer; Rosen Samedov Nikolay Md; Samuel Jency Thomas; Santoro I Md; Schumacher Thomas C Md; Schwartz Kenneth Md; Shin Joong; Shulof Jennifer Amy; Signor Connie J; Sinia Karen Ann Md; Spingarn David H Md; Steckley Renee E Thompson Dean A Md; Thorn Lisa Marie Md; Tietgens S Verrico Ivelisse Ann Md; Viola Theresa Md; Vitale Alex N G Md; Wayne Joseph T Md; Winchester Susan B Np; W Md; Yan Richard; Young Linda; Yousuf Asim Md; Zabins	Dinh Md; Nichols eter; Omeara Sha ija N Md; Pelnik-l arc David Md; Pr eider Jacob Mich baum Elena; Ros Eileen; Saperstor Schynoll Gerald apkin George C N E Rpa; Steckman Sharon T Md; Tol Nathaniel; Vollme lise Birute Marija	son Timothy Joseph annon Lauren; Orsi Fecko Tricia Ann M ride Boone Janice M ael Md; Richman C senberger John Da ne James D Md; Sa Klaus Md; Seaman Md; Sipperly Stephe David; Stetzer Lee lentino Rommel M I er Kelly J; Walders Md; Wolff Michael	n; Nielson Rober Richard A Md; Id; Petraccione I Md; Puthuparam Charles H Md; Ri niel Md; Roske aunders Patricia n Tami Md; Sea en F Do; Sirico T e; Stevens Arthu Md; Tomiak Her James D Md; W Leonard Md; W	t P Jr Md; Nolan Florence A Md; N Osborn Kyle Thomas Md; Owen C Lisa F Rpa; Pezzulo John Phillip M pil Beulah J Md; Quarrier John V M cker Kerry Elizabeth Do; Rienzi Pe Julia H Rpa; Rovere Rena Marie; F V Md; Sazon Alexandr; Sazon Tat rfoss Linda A; Semlear Robert Dwi Theresa A Do; Smitas Catherine M r L Md; Strader Stephen Earl Md; T ary P Jr Md; Tonneau Benoit Md; T dales Danielle Patricia; Walker Mich	lorton Neal Davi laudina; Pachuc d; Phelan Carol Md; Quinn Barba eter Anthony Md Russell Jennifer iana; Schnaken ight Md; Sgamba alone Md; Smith Talma Theodore orre Jenny Ann; nael Francis Md;	d Jr Rpa; Noyes ki Kevin Christo, Beberwyk; Piero ra Hunter; Rabb; Rios Zandra M Brooke; Rutter Aberg Eric C Md; ati Carl Willard M Marsha; Sonne E Md; Taneja S Trapp Joseph J Warner Debora	Kimberly; O'Bri pher Rpa; Paeg ce Jean Catheri in Linda S; Rag Md; Robinson I Ann; Sacco Jose Schneider Nico Md; Sgarlata Dor kalb Michael P Sanjay Md; Tera I; Tumuluri Srila Ih P; Warszawa	en Joanne Eliz low Robert Joh ne Rpa; Pomicl gs Hope G; Ra Kristen; Roche eph P Md; Salin le Marie; Schnin na L; Sheaffer Md; Sorum Pau N Hetrick-Platt xmi; Vachon Ca -Ambros Maryla	abeth; O'Brien Md; Parent Cher John Stanlamani Ananthak Sean Patrick Mahah Dhanani Mde Kenneth Be Margaret A; Sul C Md; Spindlamani Vachora A Md; Wasnie A Md; Wasnie	Michael F; O'L colleen E Md; F ley Md; Pope F krishnan Md; R ld; Rodriguez-O ld; Saluja Ravii n Md; Schottle herwood David er John B Rpa t William Robe n Francois Mar ewski Holly L M	oughlin Parikh Nita S; Ronald James aveendranath Goodemot nder Kaur Md; r-Thal Carrin I Edward Md; ; Spinelli rt Md; c Andre Md; Id; Watsky Jay
Task M1:1. Develop protocols for universal screening for behavioral health conditions using evidence-based tools, including, at a minimum, use of PHQ-2 for depression and SBIRT screening tool for alcohol use.		,	Project		Completed	04/21/2016	03/31/2017	04/21/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1: 2. Finalize policies and procedures to facilitate and document completion of the above screenings. These policies and procedures will be reviewed and approved by CQAC.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Policies will be disseminated for implementation. Technical assistance will be provided for participating providers to facilitate implementation based on gap analysis of current state and future implementation state.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. Ensure timely and accurate documentation in the electronic health record.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M3:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.			Project		Completed	04/21/2016	09/30/2017	04/21/2016	09/30/2017	09/30/2017	DY3 Q2
Task M3:3. In collabroation with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M3:4. Ensure implementation of approved process for ongoing screenings.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M3:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M4:1. Assess participating providers' current procedures for managing patients who receive a positive screening.			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M4:3. Provide education/training as needed by sub- committee to ensure success.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M4:4. Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Use EHRs or other technical platforms to track all	DY2 Q4	Model 1	Project	N/A	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
patients engaged in this project.											
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Technical support provided by PCMH sub- committee as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.			Project		Completed	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.			Project		Completed	06/15/2016	03/31/2017	06/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Education/Training provided as needed to participating providers on how to utilize the technical platform.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:5. Sub-committee to make recommendations to			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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#### Better Health for Northeast New York (PPS ID:1)

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
CQAC on best methods to track outcomes and quality											
indicators to ensure success.											
Task											
M2:6. Implement CQAC's policy to track outcomes			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
and monitor progress.											
Milestone #5											
Co-locate primary care services at behavioral health	DY3 Q2	Model 2	Project	N/A	Completed	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
sites.											
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2

#### **Providers Associated with Completion:**

Abigail R Watson; Agopovich Arsenio Md; Aitken Geri Lynn Do; Alarcon Gabriel Baldomero Md; Alegre Catalina; Allard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Azad Abul Kazam Md; Bakst Gary Md; Baldini Gleda P Md; Barats Lev Leonidovich Md; Barillas-Arias Lilliana Md; Barraclough Nancy L Np; Barry Kelli Ann; Baselice Marino Md; Beauchamp Cara E Rpa; Bedford Sharon L Md; Bednarek Rebecca S; Bellin Joyce Lea Pa; Bello Scott C Md; Berman Jessica Dembitz Md; Bertram Michael C Md; Betancourt Nicole; Betit Alan; Bevilacqua Lisa Rose Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H: Brasch Mary L Md: Braungart Carol Fritz: Breen Martin Md: Brennan Tracey Lynn Md: Brilliant Rachelle I: Brown Sheryl: Brueggemann Christina Mchugh: Buff Christopher Md: Buhlinger Christine A Md: Burchell Randall Lawrence Md: Burke Michael Kevin Md; Busch Robert Steven Md; Busino William A Jr Md; Butterfield Rebecca C Md; Carrasco Andrea Y Carrelle Raymond J Md; Caulfield Patrick Francis Md; Cerone Jennifer Rebecca Boden; Chakraborty Ranen Kumar Md; Chaudhary Shawn Ahmad; Ch Eileen; Cioffi James Michael Md; Cirenza Emanuel Nicholas Md; Clark Catherine Nielsen; Clark Kristina Marie; Clark Melinda Beth Md; Clemente Kimberly; Cleney Holly K Md; Cleveland Byrd Md; Cohen Erik; Colman David Lawrence; Compa Kristen Leigh Md; Condy Angela G Md; Conlon Alan T Md; Conway Lillian Marie; Cossey Jason L; Costello Kevin B Md; Cotugno Steffani Do; Craig Maier; Culp Anita; D'Avella Wendy K; Daggett Brian George Md; Davis George Fabyan Md; De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Delamater Jeffrey T; Denovio Bradley M Rpac; Devine Maria Kansas; Diamond Courtney Beth; Diaz Miguel Remigio Md; Ditursi Mary Kathleen Williams; Dollard Michael Anthony; Donohue Robert; Dooley Kevin M Md; Doro Kristienna Martin; Dorsey Susan Serra Md; Dort Janice Beth; Dougherty Kathleen Md; Drzymalski Zofia Wanda Md; Duff Thomas Edward Jr Md; Dunne Christa Md; Dvorscak Amanda Jayne; Dykstra Todd Bryan Rpa; Eaton Carolyn A Md; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Claudia Sales; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Fishel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Friedrich Marcus Edmond; Fruiterman Mark L Md; Fruiterman Roy Md; Fuhrman Solomon M Md; Fusco Joseph J Md; Fusella Joseph Ii Do; Gandham Vijaya L Md; Gaston Shenelle R Md; Gaylord James Md; Gebhard Paul E Jr Md; Gelfman Rachel Dawn; Gelman Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Lenore Mdpc; Glick Cheryl M; Goddard Bryan L Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gowdara Divakara Murthy Md; Gradner Jill A Md; Graney Sheela Md; Grant Stephen A Md; Greenblatt Carol Lynn Do; Greenblatt Michael J Md; Greenfield Country Medicine Pllc; Greenwald Lisa; Gross Eric J Md; Guice Stephanie M; Gupta Saaket Md; Guptal Gloria G; Gurrala Geetha Md; Haber Eugene Curtis Md; Halbig Robert Joseph Md; Hanley Audra J Md; Harde Hasmukh C Md; Hart Ashley Rose; Hawthorne Jami M; Hechanova Arnel B Md; Hennessy Elisa; Henson Jennifer T; Herman David L Md; Hickey Lynn Leitner Md; Hildreth Deborah A Rpa; Hill Linda J Do; Hobbs Patricia; Hogan-Moulton Amy E Md; Howard Elizabeth A Md; How Christopher Dion Md; Hunter Philip Raymond Md; Ianniello Louis Md; Irani Danesh S Rpa; Ismail Mohammed Md; Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; Jain Rajinder Md; James Philip C Md; Janowski Darcy A; Jeannie Ngygen; Jellinger Robert M Md; Johnson Charles A Do; Johnston Mary Md; Jorgensen Stephanie E Md; Jue Donald Md; Justa Shelley Md; Kamal Syed Anwar Md; Kanthal Marissa Loren; Karyn Marie Hughes; Kasarda Karen Marie Rpa; Katz Linda G Np; Kelleher Ruth Ellen; Kerr Hamish Alistair Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa; Kudria Inna Md; Kumar Arbind Md; Lahtinen-Aley Kristina Marie Md; Larner Virginia Blake Rpa; Larsen Douglas P; Lauren T Siy; Lawson Jessica L; Lecours Laura Yates Md; Lee Arthur Farren Md Pc; Lee Josephine M Md; Lehine Guy Daniel Md Faap: Lemanski Paul Md: Lemons Lorraine S Do; Leonidas Leonard Al Md; Light Deborah I; Lindstrom Jennifer E Md; Litts Warren C Jr Md; Livolsi Laruen L; Locke Elizabeth Anne Md; Ludwig Samantha Md; Mack Brigid; Mack Kristin Lake; Malin Julia Md; Malone Anthony F Md; Marcin Kathleen Md; Marshall Robert Andrew Md; Marshall Ryan; Marthy-Noonan Anne K Md; Martin Jill; Martin Kristen Hedger Md; Martorana Sebastian Vincent; Mary Patricia Shierly; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mcgaffin Christina E; Mcgarry Karen A Rpa; Mckeon Elisabeth Waterman Md; Mckinney Sue Peterson Rpa; Mead Daniel H Pa; Mekosh Susan Lynn; Meltz Theresa Ann Rpac; Merecki Eugene Karl Md; Merkhan Samuel Kabriyel Md; Merriman Joann; Meyer Vincent Edwin Md; Millea Kerry; Millea K Mitkoff Nathan B Md; Mitnick Neil Craig Md; Mitta Swatantra K Md; Mondelo Doreen Perez; Monkash Jeff Ira Md; Monserrate Nicole Marie Md; Montelone Kimberly Ann Np; Moran Antoinette Collins Rpac; Morgan Ayman Md; Morgan Lacey Elizabeth; Morin Michael P Md; Muller Susan Marie Md; Murphy William Patrick Md; Murray Amy J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Alexandra; Navarro Brian Scott Md; Neilley Henry Md; Nemith Lindsay Mumford: Newton Scott: Nguyen Hung Dinh Md; Nicholson Timothy Joseph; Nielson Robert P Jr Md; Nolan Florence A Md; Norton Neal David Jr Rpa; Noyes Kimberly; O'Brien Joanne Elizabeth; O'Brien Michael F; O'Loughlin Suzanne; Obeid Leila Ann; Oke Benjamin; Olszewski Peter; Omeara Shannon Lauren; Orsi Richard A Md; Osborn Kyle Thomas Md; Owen Claudina; Pachucki Kevin Christopher Rpa; Paeglow Robert John Md; Parent Colleen E Md; Parikh Nita S; Pascual Arsenio George Md; Patel Umesh; Patil Nagaraja N Md; Pelnik-Fecko Tricia Ann Md; Petraccione Lisa F Rpa; Pezzulo John Phillip Md; Phelan Carol Beberwyk; Pierce Jean Catherine Rpa; Pomichter John Stanley Md; Pope Ronald James Do: Potratz Meagan A: Price Darin Michael Md: Price Marc David Md: Price Md: Pr



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Brooke A; Ray David Allan Md; Reed Monica Renee; Re Renee B Md; Ronan Alisha Lynn; Rose Jennifer; Rosenl Samedov Nikolay Md; Samuel Jency Thomas; Santoro E Md; Schumacher Thomas C Md; Schwartz Kenneth Md; Shin Joong; Shulof Jennifer Amy; Signor Connie J; Sinia Karen Ann Md; Spingarn David H Md; Steckley Renee E Thompson Dean A Md; Thorn Lisa Marie Md; Tietgens S Verrico Ivelisse Ann Md; Viola Theresa Md; Vitale Alex M G Md; Wayne Joseph T Md; Winchester Susan B Np; W	baum Elena; Ros Eileen; Saperstor Schynoll Gerald Ipkin George C M Ros; Steckman Sharon T Md; Tol Nathaniel; Vollme ise Birute Marija	senberger John Da ne James D Md; Sa Klaus Md; Seama Md; Sipperly Stepho David; Stetzer Lee lentino Rommel M er Kelly J; Walders Md; Wolff Michael	niel Md; Roske aunders Patricia n Tami Md; Sea en F Do; Sirico Te; Stevens Arthu Md; Tomiak Her James D Md; W Leonard Md; W	Julia H Rpa; Rovere Rena Marie; F V Md; Sazon Alexandr; Sazon Tar rfoss Linda A; Semlear Robert Dw Theresa A Do; Smitas Catherine M Ir L Md; Strader Stephen Earl Md; Ir P Jr Md; Tonneau Benoit Md; T Yales Danielle Patricia; Walker Micl	Russell Jennifer tiana; Schnaken ight Md; Sgambalone Md; Smith Talma Theodore orre Jenny Ann; nael Francis Md	Brooke; Rutter Aberg Eric C Md; ati Carl Willard M Marsha; Sonne E E Md; Taneja S Trapp Joseph Warner Debora	Ann; Sacco Jose Schneider Nicol Md; Sgarlata Dor kalb Michael P Sanjay Md; Tera I; Tumuluri Srila: Ih P; Warszawa	ph P Md; Salim le Marie; Schnich nna L; Sheaffer Md; Sorum Pau N Hetrick-Platt xmi; Vachon Ca -Ambros Maryla	nah Dhanani Mode Kenneth Bei Margaret A; Shall C Md; Spindlo e Md; Tetreault ary Ian; Vachon a A Md; Wasnie	d; Saluja Ravir n Md; Schottlei nerwood David er John B Rpa; William Robei Francois Mare wski Holly L M	nder Kaur Md; r-Thal Carrin I Edward Md; ; Spinelli rt Md; c Andre Md; Id; Watsky Jay
Md; Yan Richard; Young Linda; Yousuf Asim Md; Zabins  Task  Primary care services are co-located within behavioral Health practices and are available.	N-Marie Rauli	een wa, zimiing Di	Provider Provider	Mental Health	Completed	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Abdelhamid Ayman; Abel-Bogner Lisa; Achar Naveen M Medical Ctr Hospital; Amyot Edmond Md; Andre Rachel Pc; Capital District Psych Ctr; Carruthers Jay; Clearview Jr; Dorflinger Joseph Lcsw; Doyle Melissa M Csw; Fazzi Ahmad; Hazen Gordon Rpac; Hebrank Jessica; Hubbell Benjamin; Mursi Hanan; Nadal Laurie Lambert; Newsom Lucille; Plotkin Richard Eric Md; Potenciano Angelo; Prie Simor Ginger Md; Smith Brendon; Tassinari Robin Bake	Mary; Balkoski \ Center Mh; Coh o Lydia Olympia Jr Robert; Kisho ne Donna; Nordh est Michael Richa	/ictoria; Barba Ann nen Donna Marie; C ; Four Winds Sarat ore Pankaj Md; Klim auser Micaela Urba ard; Roldan Ernest	e Lauren Phd; E Coloprisco Sara Toga; Glozman A n Kathleen; Lee ano; Northeast F o; Rossetti David	Bentley Tyrone; Berkovich Betsy; B Ann; Columbia Cty Mh Ctr Mh; Col Alexandr Josifovich; Gordon Shelle Jamison; Leifer Ann; Leung Anna; Parent Child Societ; Oberg Gary Did d; Samenfeld-Specht James; Sand	ernardi Shaina; lumbia Memoria y; Graham Marg Liss Allison; Loe avid; Parsons C ller Steven Md;	Bourke Diane A I Hospital; Crosic laret; Green Cou leber Russell; Lu hild And Family Sandra L Foster	Md; Bromley Nier Amanda; Dan Inty Mental Hlth kowitsky Mark; N Ctr; Penesso Ta ; Saratoga Hosp	cole; Brunelle 7 iels Karen; Det Mh; Greene Jill Mcmahon Scott ira; Peters Robe ital; Schaefer E	Frudy; Capital I parbieri Victoria I; Harnick Robe F; Menzel Cha ert Lcsw; Petrie Bianca; Scherer	District Pc; Cap Marie; Dodd on the Md; Haroon Irles H Md; Mu Brandy; Piete Harvey D; Sci	oital District Jack Edward Omer eller erse Portia jacca Cheri;
M1:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQAC Level 3 PCMH recognition or APCM by DY 3.			Project		Completed	10/19/2015	06/30/2016	10/19/2015	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQAC Level 3 PCMH recognition or APCM.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient- centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	
Task			Project		Completed	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:4 Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to assure successful recognition by DY3.											
Task M1:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQAC Level 3 certified or APCM.			Project		Completed	12/07/2015	09/30/2017	12/07/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY3.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:9. Track site specific certification to assure all participating safety-net providers become NCQA Level 3 PCMH certified or APCM.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub- committee.			Project		Completed	10/19/2015	06/30/2016	10/19/2015	06/30/2016	06/30/2016	DY2 Q1
Task M2:2. Perform an assessment of participating practitioners' current behavioral health and primary care service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:3. Educate leadership within each organization participating in the project about the benefits of colocated primary care services within a behavioral health service setting.			Project		Completed	10/26/2015	06/30/2016	10/26/2015	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:4. BH/PCMH sub-committees to develop evidence-based best practice models for co-locating primacy care services in a behavioral health service setting.			Project		Completed	06/24/2016	09/30/2017	06/24/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:5. Perform gap analysis and identify key priorities to successful completion of co-located services.			Project		Completed	06/24/2016	09/30/2017	06/24/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:6. Create a list of primary care service providers available for co-location including primary care service organizations willing to establish partnership arrangement.			Project		Completed	09/28/2015	09/30/2017	09/28/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:7. Develop alliances between BH service providers and primary care sites and, if required, complete written agreements between BH service providers and primary care sites.			Project		Completed	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:8. Ensure that the participating practitioners have obtained the necessary waivers, licensure, and/or certification to provide the additional on-site services.			Project		Completed	10/05/2015	03/31/2016	10/05/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:9. MCOs will be engaged to ensure payment mechanisms are in place for co-location of services.			Project		Completed	11/23/2015	09/30/2017	11/23/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:10. Develop an implementation work plan that addresses; initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.			Project		Completed	06/01/2016	09/30/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:11. Provide support, trainings, resources and education to participating providers as needed to ensure successful completion of co-located primary care services.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M2:12. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	
Task			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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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
M2:13. Ensure all client-facing staff complete training on chronic illness management including common physical health medications, preventive care, and chronic conditions.											
Task M2:14. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:15. Ensure that the primary care service space has been appropriately outfitted for compliance with NYS regulations and associated waivers.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M2:16. Monitor progress towards completion of colocated services, as well as sustainability by PMO.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #6  Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	Completed	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	11/16/2015	03/31/2017	11/16/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish regularly scheduled meetings with leadership from participating providers to develop best practice protocols.			Project		Completed	11/16/2015	03/31/2016	11/16/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:2. Assist with identification of key team members needed at formal meetings who will assist with assigning roles and responsibilities for practice specific implementation and action plans to engage primary care specialists.			Project		Completed	11/16/2015	12/31/2015	11/16/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. Finalize collaborative care practices, reviewed and approved by the Clinical and Quality Affairs			Project		Completed	04/21/2016	03/31/2017	04/21/2016	03/31/2017	03/31/2017	DY2 Q4



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### **DSRIP Implementation Plan Project**

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Committee (CQAC).											
Task M1:4. As a contractual requirement, participating providers will implement, at the minimum, weekly interdisciplinary team huddles to review current list of patients and ongoing development of team approach. Every other week interdisciplinary team meetings will focus on case consultation (at least monthly) and overall development of team approach.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. BH/PCMH sub-committees will review established evidence-based guidelines and protocols for primary care co-location including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.			Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task M2:2. Participating practices will develop site specific operational polices and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Develop and implement protocols for screening, assessment, crisis/high risk response plan, and treatment including development of an integrated care plan, follow-up, and management for at least one target condition (e.g., diabetes, hypertension, obesity, chronic pain).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY3 Q2	Model 2	Project	N/A	Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2



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Better Health for Northeast New York (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Screenings are documented in Electronic Health Record.			Project		Completed	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health).			Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2

#### **Providers Associated with Completion:**

Abigail R Watson; Agopovich Arsenio Md; Aitken Geri Lynn Do; Alarcon Gabriel Baldomero Md; Alegre Catalina; Allard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Azad Abul Kazam Md; Bakst Gary Md; Baldini Gleda P Md; Barats Lev Leonidovich Md; Barrilas-Arias Lilliana Md; Barraclough Nancy L Np; Barry Kelli Ann; Baselice Marino Md; Beauchamp Cara E Rpa; Bedford Sharon L Md; Bednarek Rebecca S; Bellin Joyce Lea Pa; Bello Scott C Md; Berman Jessica Dembitz Md; Bertram Michael C Md; Betancourt Nicole; Betit Alan; Bevilacqua Lisa Rose Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H: Brasch Mary L Md: Braungart Carol Fritz; Breen Martin Md; Brennan Tracey Lynn Md: Brilliant Rachelle I; Brown Sheryl: Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Burchell Randall Lawrence Md; Burke Michael Kevin Md; Busch Robert Steven Md; Busino William A Jr Md; Butterfield Rebecca C Md; Caragraet; Campagna Kristine J Do; Campbell Kathleen Kissane Rpa; Caramore William J Md; Cardiel Alexander Md; Carrasco Andrea Y Md; Carrelle Raymond J Md; Caulfield Patrick Francis Md; Cerone Jennifer Rebecca Boden; Chakraborty Ranen Kumar Md; Chaudhary Shawn Ahmad; Ch Eileen; Cioffi James Michael Md; Cirenza Emanuel Nicholas Md; Clark Catherine Nielsen; Clark Kristina Marie; Clark Melinda Beth Md; Clemente Kimberly; Cleney Holly K Md; Cleveland Byrd Md; Cohen Erik; Colman David Lawrence; Compa Kristen Leigh Md: Condy Angela G Md: Conlon Alan T Md: Conway Lillian Marie: Cossey Jason L: Costello Kevin B Md: Cotugno Steffani Do: Craig Maier: Culp Anita: D'Avella Wendy K: Daggett Brian George Md: Davis George Fabyan Md: De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Delamater Jeffrey T; Denovio Bradley M Rpac; Devine Maria Kansas; Diamond Courtney Beth; Diaz Miguel Remigio Md; Ditursi Mary Kathleen Williams; Dollard Michael Anthony; Donohue Robert; Dooley Kevin M Md; Doro Kristienna Martin; Dorsey Susan Serra Md; Dort Janice Beth; Dougherty Kathleen Md; Drzymalski Zofia Wanda Md; Duff Thomas Edward Jr Md; Dunne Christa Md; Dvorscak Amanda Jayne; Dykstra Todd Bryan Rpa; Eaton Carolyn A Md; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Claudia Sales; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Fishel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Ford Bradley A Md; Fruiterman Mark L Md; Fruiterman Roy Md; Fuhrman Solomon M Md; Fusco Joseph J Md; Fusella Joseph Ii Do; Gandham Vijaya L Md; Gaston Shenelle R Md; Gaylord James Md; Gebhard Paul E Jr Md; Gelfman Rachel Dawn; Gelman Leonard M Md; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Glasgow Constance Lenore Mdpc; Glick Cheryl M; Goddard Bryan L Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gowdara Divakara Murthy Md; Gradner Jill A Md; Graney Sheela Md; Grant Stephen A Md; Greenblatt Carol Lynn Do: Greenblatt Michael J Md: Greenfield Country Medicine Pllc: Greenwald Lisa: Gross Eric J Md: Guice Stephanie M: Gupta Saaket Md: Guptall Gloria G: Gurrala Geetha Md: Haber Eugene Curtis Md: Halbig Robert Joseph Md; Hanley Audra J Md; Harde Hasmukh C Md; Hart Ashley Rose; Hawthorne Jami M; Hechanova Arnel B Md; Hennessy Elisa; Henson Jennifer T; Herman David L Md; Hickey Lynn Leitner Md; Hildreth Deborah A Rpa; Hill Linda J Do; Hobbs Patricia; Hogan-Moulton Amy E Md; Howard Elizabeth A Md; How Christopher Dion Md; Hunter Philip Raymond Md; Janniello Louis Md; Irani Danesh S Rpa; Ismail Mohammed Md; Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; Jain Rajinder Md; James Philip C Md; Janowski Darcy A; Jeannie Ngygen; Jellinger Robert M Md; Johnson Charles A Do; Johnston Mary Md; Jorgensen Stephanie E Md; Jue Donald Md; Justa Shelley Md; Kamal Syed Anwar Md; Kanthal Marissa Loren; Karyn Marie Hughes; Kasarda Karen Marie Rpa; Katz Linda G Np; Kelleher Ruth Ellen; Kerr Hamish Alistair Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa; Kudria Inna Md; Kumar Arbind Md; Lahtinen-Aley Kristina Marie Md; Larner Virginia Blake Rpa; Larsen Douglas P; Lauren T Siy; Lawson Jessica L; Lecours Laura Yates Md; Lee Arthur Farren Md Pc; Lee Josephine M Md; Lehine Guy Daniel Md Faap; Lemanski Paul Md; Lemons Lorraine S Do; Leonidas Leonard Al Md; Light Deborah I; Lindstrom Jennifer E Md; Litts Warren C Jr Md; Livolsi Laruen L; Locke Elizabeth Anne Md; Ludwig Samantha Md; Mack Brigid; Mack Kristin Lake; Malin Julia Md; Malone Anthony F Md; Marcin Kristen Hedger Md; Martorana Sebastian Vincent; Marthy-Noonan Anne K Md; Martin Jill; Martin Kristen Hedger Md; Martorana Sebastian Vincent; Mary Patricia Shierly; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mcgaffin Christina E; Mcgarry Karen A Rpa; Mckeon Elisabeth Waterman Md; Mckinney Sue Peterson Rpa; Mead Daniel H Pa; Mekosh Susan Lynn; Meltz Theresa Ann Rpac; Merecki Eugene Karl Md; Merkhan Samuel Kabriyel Md; Merriman Joann; Meyer Vincent Edwin Md; Millea Kerry; Millea K



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Mitkoff Nathan B Md; Mitnick Neil Craig Md; Mitta Swata Elizabeth; Morin Michael P Md; Muller Susan Marie Md; Nemith Lindsay Mumford; Newton Scott; Nguyen Hung I Suzanne; Obeid Leila Ann; Oke Benjamin; Olszewski Pe Pascual Arsenio George Md; Patel Umesh; Patil Nagara Do; Potratz Meagan A; Price Darin Michael Md; Price Ma Brooke A; Ray David Allan Md; Reed Monica Renee; Re Renee B Md; Ronan Alisha Lynn; Rose Jennifer; Rosenl Samedov Nikolay Md; Samuel Jency Thomas; Santoro E Md; Schumacher Thomas C Md; Schwartz Kenneth Md; Shin Joong; Shulof Jennifer Amy; Signor Connie J; Sinia Karen Ann Md; Spingarn David H Md; Steckley Renee E Thompson Dean A Md; Thorn Lisa Marie Md; Tietgens S Verrico Ivelisse Ann Md; Viola Theresa Md; Vitale Alex N	Murphy Christine Dinh Md; Nichols Ster; Omeara Sha ja N Md; Pelnik-Farc David Md; Prider Jacob Michapaum Elena; Roseileen; Saperstor Schynoll Gerald pkin George C N Rpa; Steckman Sharon T Md; Tol	e M Md; Murphy Won Timothy Joseph annon Lauren; Orsi Fecko Tricia Ann Mide Boone Janice Mael Md; Richman Cosenberger John Dane James D Md; Saklaus Md; Seaman Md; Sipperly Stepheround; Stetzer Leeentino Rommel M I	illiam Patrick Mo a; Nielson Rober Richard A Md; Id; Petraccione I Md; Puthuparam tharles H Md; Ri niel Md; Roske aunders Patricia n Tami Md; Sea en F Do; Sirico Ta; Stevens Arthu Md; Tomiak Her	d; Murray Amy J; Mustafa Mariannert P Jr Md; Nolan Florence A Md; N Osborn Kyle Thomas Md; Owen C Lisa F Rpa; Pezzulo John Phillip M Ipil Beulah J Md; Quarrier John V M Icker Kerry Elizabeth Do; Rienzi Pe Julia H Rpa; Rovere Rena Marie; F V Md; Sazon Alexandr; Sazon Tat Irfoss Linda A; Semlear Robert Dwi Theresa A Do; Smitas Catherine M Ir L Md; Strader Stephen Earl Md; Thy P Jr Md; Tonneau Benoit Md; T	e A Md; Musto R forton Neal David laudina; Pachuc d; Phelan Carol Md; Quinn Barba ter Anthony Md; Russell Jennifer liana; Schnakenl ght Md; Sgamba alone Md; Smith Talma Theodore orre Jenny Ann;	onald V Md; Na d Jr Rpa; Noyes ki Kevin Christo Beberwyk; Piero ra Hunter; Rabb Rios Zandra M Brooke; Rutter A berg Eric C Md; ati Carl Willard M Marsha; Sonne E Md; Taneja S Trapp Joseph J	varette Kristen A Kimberly; O'Bri pher Rpa; Paeg ce Jean Catheri bin Linda S; Rag Md; Robinson A Ann; Sacco Jose Schneider Nico Md; Sgarlata Dor kalb Michael P Banjay Md; Tera I; Tumuluri Srila	Alexandra; Navien Joanne Elizilow Robert Johne Rpa; Pomichgs Hope G; Rakristen; Roche Sph P Md; Salimina L; Sheaffer Md; Sorum Pauni; Vachon Carni, Vachon Carni, Vachon Carni, Elizione Lister Md; Sorum Pauni; Vachon Carni, Vac	arro Brian Scot abeth; O'Brien n Md; Parent C nter John Stanl mani Ananthak Sean Patrick M nah Dhanani M de Kenneth Bei Margaret A; Si al C Md; Spindle e Md; Tetreault ary lan; Vachon	t Md; Neilley H Michael F; O'L olleen E Md; F ey Md; Pope R rishnan Md; R d; Rodriguez-C d; Saluja Ravir n Md; Schottlei nerwood David er John B Rpa; William Robei Francois Mare	Jenry Md; oughlin Parikh Nita S; conald James aveendranath Goodemot nder Kaur Md; r-Thal Carrin I Edward Md; ; Spinelli rt Md; c Andre Md;
G Md; Wayne Joseph T Md; Winchester Susan B Np; W Md; Yan Richard; Young Linda; Yousuf Asim Md; Zabins	ise Birute Marija	Md; Wolff Michael	Leonard Md; W								
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR)			Provider	Mental Health	Completed	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Providers Associated with Completion:  Abdelhamid Ayman; Abel-Bogner Lisa; Achar Naveen Md; Adger-Antonikowski Angela; Albany Cnty Community Svc Bd; Albany Cnty Dept Child Family; Albany County Comm Svs Board; Albany Medical College; Albany Medical Ctr Hospital; Amyot Edmond Md; Andre Rachel Mary; Balkoski Victoria; Barba Anne Lauren Phd; Bentley Tyrone; Berkovich Betsy; Bernardi Shaina; Bourke Diane A Md; Bromley Nicole; Brunelle Trudy; Capital District Pc; Capital											
Task M1:1. Develop and implement protocols for universal screening for behavioral health conditions using evidence-based tools, including, at a minimum, use of PHQ-2 for depression and SBIRT screening tool for alcohol use.			Project		Completed	02/01/2017	09/30/2017	02/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Develop and implement clinic policies and procedures to reflect U.S. Preventive Services Task Force recommended screenings for all appropriate patients.		_	Project		Completed	02/01/2017	09/30/2017	02/01/2017	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. Provide training for all staff, including client- facing administrative staff, on the new workflows and operational protocols and their roles and responsibilities with respect to screening and treatment of behavioral health and physical health conditions consistent with scope of practice and licensure.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. Monitor outcomes and sustainability of implemented screening protocols by PMO.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M2:1. Ensure a policy is established and implemented for timely documentation of screenings in the electronic health record.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. Ensure timely and accurate documentation in the electronic health record.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M3:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M3:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.			Project		Completed	06/24/2016	09/30/2017	06/24/2016	09/30/2017	09/30/2017	DY3 Q2
Task M3:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M3:4. Ensure implementation of approved process for ongoing screenings.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M3:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M4:1. Assess participating providers' current procedures for managing patients who receive a			Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
positive screening.											
Task M4:2. Create and finalize policies on implementing "warm transfers" for patients who have a positive screening.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M4:3. Provide education/training as needed by sub- committee to ensure success.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M4:4. Implement "warm transfer" policies and procedures, as well as instructions on appropriate documentation in the electronic health record.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M4:5. Monitor outcomes and sustainability of implemented "warm transfer" protocols.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Technical support provided by PCMH sub- committee as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.			Project		Completed	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.			Project		Completed	06/15/2016	03/31/2017	06/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Education/Training provided as needed to participating providers on how to utilize the technical platform.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Provide education/training as needed to participating providers on how to identify targeted patients and track those who are actively engaged for milestone reporting.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:5. Sub committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Implement CQAC's policy to track outcomes and monitor progress.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY3 Q2	Model 3	Project	N/A	Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish behavioral health (BH) sub-committee to work in collaboration with the PPS wide PCMH sub- committee to guide the implementation of IMPACT Model at participating primary care sites.			Project		Completed	04/21/2016	06/30/2016	04/21/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Perform an assessment of participating practitioners' current behavioral health and primary care service delivery capabilities, work flow, IT infrastructure, interoperability, staffing, etc.			Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Educate leadership and clinicians within each organization participating in project of the benefits of			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
IMPACT model.											
Task M1:4. BH/PCMH sub-committees to develop evidence-based best practice models for implementing IMPACT model at primary care settings.			Project		Completed	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. Ensure that the participating practitioners have obtained the necessary waivers, licensure, and/or certification to provide the additional on-site services.			Project		Completed	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:6. Work with Managed Care Organizations to facilitate adequate reimbursement for treatment interventions that are required elements of collaborative care models. These financial agreements may include fee-for-service, case rate, and pay-for- performance reimbursement schemes.			Project		Completed	05/20/2016	09/30/2017	05/20/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:7. Develop an implementation work plan that addresses initial and ongoing training needs of the staff, sustainability issues, and reporting requirements.			Project		Completed	06/01/2016	09/30/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:8. In collaboration with the WCC, ensure that relevant staff have completed an OASAS approved SBIRT training, prior to offering and billing for SBIRT services.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:9. Participating practitioners to develop protocols for after-hours access to care, whether through expanded hours or after-hours call line for triaging urgent conditions.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:10. Monitor provider transformation sustainability and outcomes with implementation of IMPACT Model by the Project Management Office (PMO).			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	DY2 Q4	Model 3	Project	N/A	Completed	06/30/2016	03/31/2017	06/30/2016		03/31/2017	
Task			Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4



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											DSRIP
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	Reporting Year and Quarter
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.											
Task Policies and procedures include process for consulting with Psychiatrist.			Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. BH/PCMH sub-committee will review established evidence-based guidelines and protocols for the depression care management using the IMPACT model including medication management and care engagement processes. The sub-committee will draft guidelines that will be reviewed and adopted by the CQAC.			Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Participating practices will develop site specific operational policies and procedures describing how evidence-based guidelines will be integrated into care at their sites (i.e. stepped treatment and medication algorithm and care engagement processes).			Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Develop and implement evidence-based care protocols for operationalizing IMPACT model, to include, follow-up assessment, crisis/high risk response plan, and treatment.			Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Monitor the outcomes of developed protocols and update evidence-based guidelines as needed with approval by CQAC.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Sub-committee will assess current participating providers best-practices to begin to formulate implementable policies and procedures for psychiatrist consultation.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Develop draft evidence-based policies and procedures for consulting with a psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Finalize policies, procedures and protocols with			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
approval by the CQAC.											
Task M2:4. In collaboration with WCC, ensure appropriate staff are provided education, training and resources as needed for successful implementation of policies and procedures.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Implement policies, procedures and protocols for successful consultation with psychiatrist.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:6. Monitor outcomes of developed policies, procedures and protocol and update as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1 Identify qualified staff member to serve as DCM and be identified as such in the Electronic Health Record (E.H.R.).			Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:1. In collaboration with WCC, establish job description of DCM as defined by IMPACT model.			Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:2. Evaluate clinical competency of the DCMs to ensure that standards of the IMPACT model are met. In collaboration with the WCC, develop training protocols and procedures for DCM role to ensure they are efficient in all required IMPACT interventions.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Provide training to DCM on Major Depressive			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Project Requirements	Prescribed	Project	Reporting			Original	Original			Quarter	DSRIP Reporting
(Milestone/Task Name)	Due Date	Model Name	Level	Provider Type	Status	Start Date	End Date	Start Date	End Date	End Date	Year and Quarter
Disorder symptomatology, physiologic effects, and biopsychosocial cycle; treatment options including antidepressant medications (basics of dosing and side effects), Cognitive-Behavioral Therapy, and Interpersonal Therapy; self-management support through education, behavioral activation, Problem-Solving Treatment in Primary Care (PST-PC) and motivational interviewing (MI).											
Task M2:4. Continuously monitor and re-evaluate the effectiveness of the individual/individuals in the DCM position to ensure that the requirements of IMPACT model continue to be met into the future.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish contract or employment agreement with participating Psychiatrists to provide the clinical and supervisory services described in the IMPACT model.			Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Provide assistance with resources for successful training/hiring of designated psychiatrists to ensure they are able to adequately perform the requirements of the position as created in Milestone 12; metric1; step 1.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Continuously monitor and evaluate the availability of psychiatrists to adequately perform the requirements of the model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY3 Q2	Model 3	Project	N/A	Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
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			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
for those screening positive, SBIRT).											
Task M1:1. Assess participating providers current rates of completion of PHQ-2 and SBIRT patient assessments tools.			Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Develop a documented process to ensure completion of PHQ and SBIRT assessments for appropriate patients.			Project		Completed	04/21/2016	09/30/2017	04/21/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. In collaboration with WCC, provide education and training of PHQ and SBIRT assessment tools, as needed.			Project		Completed	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. Ensure implementation of approved process for ongoing screenings.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. Monitor success towards completion of screenings on 90% of patients engaged in project, and provide improvement plans as needed to ensure success.			Project		Completed	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY3 Q2	Model 3	Project	N/A	Completed	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		Completed	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task  1. Draft protocols to adjust treatment according to evidence-based algorithm if a patient is not improving, including a patient evaluation 10-12 weeks after the start of the treatment plan.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task  2. Implement protocols related to patient evaluation at the 10-12 week mark after treatment plan approval by the CQAC.			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 3. Monitor outcomes to ensure success and ongoing			Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2



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sustainability of protocols.											
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. In collaboration with TDMC, perform a current state assessment of E.H.R. capabilities for integration.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:2. Perform gap analysis and identify priorities to achieving integration of patient record. PPS will assist participating providers with increased awareness of HIXNY and SHIN-NY capabilities for implementation.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M1:3. Technical support provided by PCMH sub- committee as needed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Completion/confirmation of an integrated health record at each participating organization.			Project		Completed	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:1. Assess E.H.R. connectivity and utilization patterns for each participating provider.			Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Disseminate standardized IT protocols and data security requirements across the system.			Project		Completed	06/15/2016	03/31/2017	06/15/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Workflow and registries are created to track and trend PHQ-9 scores.			Project		Completed	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:4. Education/Training provided as needed to participating providers on how to utilize the technical platform.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task			Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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**DSRIP Implementation Plan Project** 

#### **Better Health for Northeast New York (PPS ID:1)**

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
M2:5. Provide education/training as needed to											
participating providers on how to identify targeted											
patients and track those who are actively engaged for											
milestone reporting.											
Task M2:6. Sub committee to make recommendations to CQAC on best methods to track outcomes and quality indicators to ensure success.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:7. Implement CQAC's policy to track outcomes and monitor progress.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

#### **Prescribed Milestones Current File Uploads**

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

No Records Found

#### **Prescribed Milestones Narrative Text**

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



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**Better Health for Northeast New York (PPS ID:1)** 

#### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

#### **Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
Milestone #1	Fail	
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	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	
Milestone #12	Pass & Complete	
Milestone #13	Pass & Complete	
Milestone #14	Pass & Complete	
Milestone #15	Pass & Complete	



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Better Health for Northeast New York (PPS ID:1)

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

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Remediation Response	Completed	Remediation Response	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2

#### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	
Remediation Response	



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



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**Better Health for Northeast New York (PPS ID:1)** 

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

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

### Instructions:

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

Lack of capital funding to expand physical capacity to observe patients for up to 48 hours will put this project at risk. Without funding to build, construct, or repurpose licensed beds, it will be a challenge for participating providers to be successful. Additional risks include funding for additional staff to observe patients in crisis for up to 48 hours, as well as the readiness of MCOs to reimburse for services provided. Implementation of a collaboratively developed VBP agreement, as well as a process for funds flow will help to mitigate these risks across the PPS and will ensure that funding will be provided for all crisis intervention program services.

The success of this project will depend largely on participating provider, hospital, first responder and community buy-in. Development of best practice protocols, diversion strategies, and the willingness of community EDs to engage is essential. This same challenge will exist with mobile crisis units, community agencies, and local police units who may feel it would be "safer" to send a patient to the ED. Establishing a behavioral health sub-committee with leadership from each participating agency, as well as providing education and training will help mitigate these risks. The CQAC will work with hospital and crisis programs to develop the protocols for diversion and identify the resources they will need. Communication and education will be available for first responders and community agencies on the benefits of the diversion protocol, as well as how to utilize these services.

Staffing, training and timely resources are crucial. Willingness to participate in shared decision-making among medical professionals and substance abuse treatment providers may also provide challenges. The workforce training vendor will provide appropriate training in an effort to ensure that all staff are comfortable with any additional responsibilities. The CQAC will ensure processes and procedures are in place for system integration among performing providers. This committee will work closely with providers to ensure they are adequately prepared and are aware of resources available to them.

The availability of timely and appropriate community resources for referrals will be imperative to the success of this project. Formal access and responsiveness agreements will be created with community based providers, and tele-health services will be available when immediate community resources are unavailable. AMCH PMO will work collaboratively with two local NP schools, one PA school, one social work school, and two psychiatric program schools, and will encourage their support.

IT challenges exist within this project. Success will be dependent on HIXNY's readiness for behavioral health consents and standardization within HIXNY across our network. Implementation of cross-PPS EHR capabilities, including excel transfer in lieu of MAPP functionality will help to bridge the IT gap in the short term. As the DSRIP year progresses, we will have better access through care coordination, direct messaging, and additional data through the MAPP tool and SHIN-NY. This plan will be largely based on functionality of the MAPP tool and the availability of data through Salient and other data sources provided by the state.



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

### IPQR Module 3.a.ii.2 - Patient Engagement Speed

#### Instructions:

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

Benchr	narks
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	7,531

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	4,897	5,272	6,589	7,531
PPS Reported	Quarterly Update	0	804	0	1,581
	Percent(%) of Commitment	0.00%	15.25%	0.00%	20.99%
IA Amproved	Quarterly Update	0	804	0	1,581
IA Approved	Percent(%) of Commitment	0.00%	15.25%	0.00%	20.99%

Marning: PPS Reported - Please note that your patients engaged to date (1,581) does not meet your committed amount (7,531) for 'DY4,Q4'

### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Templates	1_DY4Q4_PROJ3aii_MDL3aii2_PES_TRAIN_3.a.ii_Patient_Engagement_4.25.19_25165. xlsx	3.a.ii Patient Engagement 4.25.19.xlsx	04/26/2019 08:50 AM

#### Narrative Text :

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

### **Module Review Status**

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY4,Q4.



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Better Health for Northeast New York (PPS ID:1)

**IPQR Module 3.a.ii.3 - Prescribed Milestones** 

#### Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	DY3 Q2	Project	N/A	Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Establish an ad-hoc Behavioral Health (BH) Community Crisis Stabilization (BHCCS) workgroup under the auspices of BH sub-committee to oversee the development/enhancement of regionally-based behavioral health community crisis stabilization programs that include outreach, mobile crisis, and intensive crisis services.		Project		Completed	10/19/2015	09/30/2017	10/19/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. The ad-hoc workgroup will be the lead author of the community crisis stabilization plan. The plan will be reviewed and approved by the CQAC.		Project		Completed	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Ensure participation of a broad spectrum of stakeholders in the planning process for crisis services in the community by engaging the CCAC, WCC, and CCHLC.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. Utilizing the CNA, assess the adequacy of the current community-based services available across the PPS region, including timely community crisis intervention for consumers in behavioral health crisis.		Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Establish agreements with at least one hospital with specialty inpatient psychiatric services, one hospital with specialty detoxification services, key PPS hospital emergency departments, key PPS health home providers, key PPS outpatient mental health providers, key PPS outpatient substance use providers, and key PPS ambulatory detox providers (if available), to coordinate and provide services as defined by the		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
crisis intervention plan.										
Task M1:6. Ensure that participating organizational contracts specify access and responsiveness standards, information sharing standards, care coordination protocols, designated leads for each organization for clinical collaboration, staff training topics and frequency.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:7. Execute contracts only to participating organizations that are licensed or designated by OMH/OASAS to provide specific crisis services described in the New York State Medicaid state plan or Home and Community-Based Services benefit package.		Project		Completed	07/27/2017	09/30/2017	07/27/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:8. Establish agreements for Psychiatric and Addiction Medicine consultation services to the crisis team that include specific response times consistent with New York State and local regulatory body guidance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1;9. Identify and implement evidence-based tools, such as Zero Suicide Toolkit to assess risk and stabilize patients in crisis.		Project		Completed	04/11/2016	09/30/2017	04/11/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:10. Hire peer and recovery specialists with defined job functions that include responsibilities such as, handoff to a warm line for callers who primarily present to crisis team with need for talk support.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:11. In collaboration with the CCHLC and WCC, implement staff training program to train staff on: suicide risk assessment and interventions, safety planning, crisis stabilization and deescalation techniques, motivational interviewing, working with police, working with peers, mental health first aid or other first-responder interventions, cultural competency, health literacy, and community resources availability.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:12. Collaborate with one local police department to evaluate the feasibility of starting programs like the Memphis Crisis Intervention Team (CIT) program.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	DY3 Q2	Project	N/A	Completed	05/09/2016	09/30/2017	05/09/2016	09/30/2017	09/30/2017	DY3 Q2



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**DSRIP Implementation Plan Project** 

										DSRIP
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	Reporting Year and Quarter
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		Completed	05/09/2016	09/30/2017	05/09/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. BH subcommittee/ED Triage sub-committees will review current community and hospital protocols for diversion of patients with behavioral health crisis from emergency room and inpatient services, as appropriate.		Project		Completed	05/09/2016	09/30/2017	05/09/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. BH sub-committee/ED Triage committee will research successful evidence-based programs for diversion management.		Project		Completed	05/09/2016	09/30/2017	05/09/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. BH sub-committee/ED Triage committee will draft updates to protocols, if necessary, for approval by CQAC.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. Educate, train and provide resources, as needed, for successful implementation of diversion management protocol by sub-committee and PMO.		Project		Completed	07/27/2017	09/30/2017	07/27/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. Develop and implement regional diversion management protocols with PPS emergency departments under the direction of the CQAC.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1;6. Survey stakeholders and additional service users for regular feedback and potential opportunities for improvement.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:7. Monitor sustainability and outcomes of implemented diversion management protocol by PMO.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	DY3 Q2	Project	N/A	Completed	11/05/2015	09/30/2017	11/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		Completed	11/05/2015	09/30/2017	11/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.		Project		Completed	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task		Project		Completed	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network										
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.		Project		Completed	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.		Project		Completed	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to negotiate required contracts with MCOs.		Project		Completed	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.		Project		Completed	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors		Project		Completed	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.		Project		Completed	04/29/2016	09/30/2017	04/29/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #4  Develop written treatment protocols with consensus from participating providers and facilities.	DY2 Q4	Project	N/A	Completed	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.		Project		Completed	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.		Project		Completed	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Convene a group of expert clinicians and specialists from participating organizations and establish regular meeting schedule to develop consensus on draft treatment protocols.		Project		Completed	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:2. Assess participating providers current treatment protocols and guidelines for review by the PPS expert panel.										
Task M1:3. Finalize draft treatment protocols developed with consensus from participating practitioners.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:1. CQAC will review and approve the draft treatment protocols.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Establish transition of care protocol, which includes personal contact by crisis team member during transition in care within one week post-transition.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. Develop protocols to assure timely documentation, including same day documentation, but no later than 48 hours after the event.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:4. Develop and implement ongoing training materials for all appropriate staff to keep them current on policies, procedures and treatment protocols.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:5. Monitor outcomes of developed protocols, with updates made as needed with approval by CQAC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	DY2 Q4	Project	N/A	Completed	10/26/2015	03/31/2017	10/26/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network		Project		Completed	10/26/2015	03/31/2017	10/26/2015	03/31/2017	03/31/2017	DY2 Q4
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.		Provider	Safety Net Hospital	Completed	10/26/2015	03/31/2017	10/26/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:										
Albany Medical Ctr Hospital; Columbia Memorial Hospital  Task	T	T	<u> </u>	<u> </u>	Ī	Ι	<u> </u>			I
M1:1. Establish agreements with at least one hospital with		Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
specialty inpatient psychiatric services and crisis-oriented psychiatric services.										
Task M1:2. Establish agreements with at least one hospital with specialty detoxification services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Establish agreements with key PPS hospital emergency departments, key PPS health homes providers, key PPS outpatient mental health and substance abuse providers.		Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:1. Based on the Community Needs Assessments (CNA), service wait time reports, and hot-spot maps, evaluate access to PPS-wide psychiatric services, and identify improvement areas.		Project		Completed	10/26/2015	12/31/2015	10/26/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:2. Identify areas of high need for pilot locations to potentially implement improvement steps in terms of access.		Project		Completed	06/13/2016	03/31/2017	06/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:3. With approval of successful pilot, roll out improvement steps, working in collaboration with PPSs partners, to improve access.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
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).	DY3 Q2	Project	N/A	Completed	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		Completed	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	Completed	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Providers Associated with Completion:					•					
Albany Medical Ctr Hospital; Columbia Memorial Hospital	1		1		1	T	<u> </u>		T	T
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Clinic	Completed	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Providers Associated with Completion:										



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Albany Medical Ctr Hospital; Columbia Memorial Hospital; Parsons	Child And Family	Ctr; Ucp Assn C	of The Capital Dist							
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Mental Health	Completed	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Providers Associated with Completion:										
Albany Cnty Community Svc Bd; Albany Cnty Dept Child Family; A Parent Child Societ; P R O M E S A; Parsons Child And Family Ctr										
Task M1:1. Establish participation agreements with hospitals with observation units or off campus crisis residence locations for crisis monitoring.		Project		Completed	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task M2:1. Based on the information from Community Needs Assessments (CNA), evaluate access to PPS-wide crisis observation units or off campus crisis residence services, and identify gaps in available services.		Project		Completed	06/13/2016	09/30/2017	06/13/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. Develop a comprehensive access assessment, including access plans for psychiatric and crisis-oriented services, access improvement plans, and access reports based on geography and wait times.		Project		Completed	06/12/2017	09/30/2017	06/12/2017	09/30/2017	09/30/2017	DY3 Q2
Task M2:3. Based on access assessment, identify PPS resources available to close gaps and improve access, reduce wait times and facilitate after-hours care.		Project		Completed	06/12/2017	09/30/2017	06/12/2017	09/30/2017	09/30/2017	DY3 Q2
Task M2:4. Working in collaboration with PPS partners, implement improvement steps to improve access.		Project		Completed	06/12/2017	09/30/2017	06/12/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	DY3 Q2	Project	N/A	Completed	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.		Project		Completed	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.		Project		Completed	11/09/2015	09/30/2017	11/09/2015	09/30/2017	09/30/2017	DY3 Q2



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**DSRIP Implementation Plan Project** 

## Better Health for Northeast New York (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:1. Establish agreements with regional mobile crisis teams to help meet crisis stabilization needs of the community		Project		Completed	11/09/2015	12/31/2015	11/09/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:1. BH sub-committee to review current protocols for mobile crisis team, including ability to screen, provide crisis intervention and supportive counseling services, and to provide information, referrals and linkages to appropriate CBOs for on going treatment.		Project		Completed	06/13/2016	09/30/2017	06/13/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. BH sub-committee to recommend updates to current protocols, as necessary, based on evidence-based protocols and guidelines.		Project		Completed	06/12/2017	09/30/2017	06/12/2017	09/30/2017	09/30/2017	DY3 Q2
Task M2:3. Collaborate with community mobile crisis providers to implement regional protocols as necessary.		Project		Completed	06/13/2016	09/30/2017	06/13/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:4. Provide support, training, education and resources as needed.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M2:5. Monitor success of developed protocols, updates made as needed with approval by CQAC.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q2	Project	N/A	Completed	06/01/2015	09/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		Completed	06/01/2015	09/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	06/01/2015	09/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Providers Associated with Completion: Young Linda		,			,					
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	06/01/2015	09/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2

### NYS Confidentiality - High



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter		
Providers Associated with Completion:												
	Cavaliere Rosella Md; Guccione Angela Lee Md; Kang Harriet Md; Martin Mary Anne; Nordhauser Micaela Urbano; Priest Michael Richard; Weinberg Gerard Md											
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	Completed	06/01/2015	09/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2		
Providers Associated with Completion:												
Albany Medical Ctr Hospital; Columbia Memorial Hospital												
Task EHR meets connectivity to RHIO's HIE and SHIN-NY		Provider	Safety Net Mental Health	Completed	06/01/2015	09/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2		
requirements.		1 Tovidor	<u>Saroty Not Montal Floater</u>	Completed	00/01/2010	00/00/2017	00/01/2010	00/00/2011	00/00/2017	D10 Q2		
Providers Associated with Completion:												
Albany Cnty Community Svc Bd; Albany Cnty Dept Child Family; Al Parent Child Societ; P R O M E S A; Parsons Child And Family Ctr;	bany Medical Ctr Priest Michael R	Hospital; Columl	bia Cty Mh Ctr Mh; Columbia ation Supp Svcs C; Roldan Er	Memorial Hospital; nesto; Samenfeld-	Dodd Jack Edw Specht James; S	ard Jr; Mha Of aratoga Cnty C	Columbia-Green	e Mh; Nordhaus Scherer Harvey	ser Micaela Urb D; Transitional	pano; Northeast Svcs Assoc Inc		
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		Completed	06/01/2015	09/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2		
Task M1:1. In collaboration with TDMC, assess current capabilities of EHR systems across the participating provider organizations to determine their ability to integrate medical and behavioral health records within individual patient records.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3		
Task M1:2. Collaborate with EHR vendors and participating providers to outline functionality for integrated medical records within their current systems and incentivize providers to adopt these functions.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4		
Task M1:3. Completion/confirmation of an integrated health record at each participating organization.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2		
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an adhoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3		
Task M2:2. Perform a current state assessment on the participating		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3		



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.										
Task M2:3. Work with participating providers not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	09/30/2017	02/12/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task M3:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate crisis intervention services.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M3:2. Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.		Project		Completed	02/12/2016	09/30/2017	02/12/2016	09/30/2017	09/30/2017	DY3 Q2
Task M3:3. Implement training and secure messaging to support the use of alerts across the PPS.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Implement necessary technical and operational system changes needed to support the achievement of future state for use of alerts and secure messaging.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	DY3 Q2	Project	N/A	Completed	06/12/2017	09/30/2017	06/12/2017	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.		Project		Completed	06/12/2017	09/30/2017	06/12/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Assess current policies, procedures and resources related to triage services among participating behavioral health providers.		Project		Completed	06/12/2017	09/30/2017	06/12/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Working with Psychiatrists and other Behavioral Health Providers, develop agreements for participating providers to establish/expand central triage services.		Project		Completed	06/12/2017	09/30/2017	06/12/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:3. Finalize contracts with participating providers to be in agreement with policies, procedures and protocols after approval by CQAC.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. Develop or update current protocols, if necessary, to augment central triage services to include:  • Access to Peer Warm-Lines  • Decision-making tool that leads to clinically appropriate interventions  • Ability to deploy staff rapidly		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. Develop work plans for outreach, education and training regarding triage protocol and value of triage and diversion for: Psychiatrists & Behavioral health providers Law enforcement departments Emergency responders, including police and EMT Community shelters Schools and universities Nursing homes and other residential centers Primary care providers Consumer and advocacy groups		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:6. Monitor success of triage service as well as sustainability by PMO.		Project		Completed	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	DY2 Q4	Project	N/A	Completed	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.		Project		Completed	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		Completed	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.		Project		Completed	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.		Project		Completed	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.		Project		Completed	10/19/2015	03/31/2017	10/19/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Establish a Behavioral Health (BH) sub-committee under the auspices of the Clinical and Quality Affairs (CQA) Committee.		Project		Completed	10/19/2015	12/31/2015	10/19/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Assure representation from key medical and behavioral health practitioners participating in behavioral health related projects.		Project		Completed	10/19/2015	12/31/2015	10/19/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:3. CQAC will develop the charge for the BH sub-committee to oversee the effective implementation of goals and objectives of the BH projects.		Project		Completed	10/19/2015	12/31/2015	10/19/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:1. BH sub-committee will define the desired future state for each BH project, incorporating many perspectives including patient populations, practitioners, PPS partners and others.		Project		Completed	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task M2:2. BH sub-committee will assist in the development of a plan		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to identify quality improvement opportunities and related operational changes at clinical sites for the successful implementation of elements of project plans.										
Task M2:3. Sub-committee will document quality improvement activities including: data collection, data analysis, identification and implementation of improvement activities using the PDSA methodology.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M2:4. Monitor outcomes of developed plan, updates made as needed with approval by CQAC.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M3:1. BH sub-committee will review all applicable BH metrics, including available baseline data.		Project		Completed	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task M3:2. Sub-committee will assist in prioritizing the key quality metrics and the development of action plans to identify causative factors of outcomes, develop improvement strategies, support metric evaluation and facilitate milestone reporting for their respective projects over the duration of DSRIP.		Project		Completed	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4
Task M3:3. Implement action plans and monitor ongoing progress making adjustments as necessary.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M4:1. CQAC, in collaboration with vendor, will identify a medical record audit tool and auditing process, to ensure compliance with process and procedures developed.		Project		Completed	06/14/2016	03/31/2017	06/14/2016	03/31/2017	03/31/2017	DY2 Q4
Task M4:2. As part of the participating provider agreement, AMCH PPS will ensure access to medical records for audit purposes.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task M4:3. The sub-committee will conduct a semi-annual review to ensure adherence to project-specific processes and procedures, QA/QI activities, and the achievement of project objectives.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M5:1. The sub-committee will assist in the development of dashboards of quality metrics for ongoing performance improvement.		Project		Completed	06/13/2016	03/31/2017	06/13/2016	03/31/2017	03/31/2017	DY2 Q4
Task M5:2. The sub-committee will provide quarterly updates to the AMCH PPS CQAC and other stakeholders on activities, results		Project		Completed	05/09/2016	03/31/2017	05/09/2016	03/31/2017	03/31/2017	DY2 Q4



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**DSRIP Implementation Plan Project** 

### **Better Health for Northeast New York (PPS ID:1)**

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and next steps. Access to AMCH PPS web portal will be available in subsequent quarters for aggregated performance dashboards.										
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	03/31/2017	10/05/2015	03/31/2017	03/31/2017	DY2 Q4
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective population health management across PPS entities.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organization/practice to track their population groups for population health management needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

### **Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found



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**Better Health for Northeast New York (PPS ID:1)** 

### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes	
outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to	
develop and implement protocols for diversion of patients from	
emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations	
serving the affected population to provide coverage for the service array	
under this project.	
Develop written treatment protocols with consensus from participating	
providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-	
oriented 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**

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



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### **Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Fail	
Milestone #7	Pass & Complete	
Milestone #8	Fail	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	



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Better Health for Northeast New York (PPS ID:1)

### **IPQR Module 3.a.ii.4 - PPS Defined Milestones**

#### Instructions:

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

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

### **PPS Defined Milestones Current File Uploads**

Milestone Neme	Heer ID	File Time	File Name	Description	Unload Data
Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	



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



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**Better Health for Northeast New York (PPS ID:1)** 

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

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

#### Instructions:

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

There are several risks to this project, including the creation of evidence-based guidelines for disease management and obtaining provider buy-in. Changing care protocols will require the identification of physician champions to lead the initiatives and a significant number of providers will be required to adopt the established protocols. Many of these new care protocols will require additional staffing and training, which will be a cost born upon the organization. PCP and CBO participation is essential to make this project successful. It will also be imperative to get organizations to agree to open-access blood pressure measurements. Achieving NCQA 2014 Level 3 PCMH standards within the speed and scale constraints is a risk because of delays in patient attribution, opt-out, and related data issues.

This project also requires patient cooperation, which will be difficult to achieve. Relying on individual patients to actively participate in their care and be personally responsible for blood pressure measurements and self-management goals will be difficult. Finally, the inconsistency in technology from provider-to-provider will have to be reduced. Technology includes home monitoring equipment, which will require a coordinated effort to deploy and utilize.

The identified risks above can be mitigated through incentives, education, engagement, and innovative technology. In order to obtain provider, organization, PCP and CBO buy-in, incentives will be provided for the use of established care protocols. Physician champions will be offered additional stipends as leaders within the PPS. With new care guidelines, unnecessary ER visits could be reduced, thus decreasing the expenses to the participating MCOs. Patients will have to be educated and trained on proper use of equipment including home monitoring equipment. Providers will have to be diligent in their efforts to keep patients engaged. Finally, incentives will be provided to organizations that upgrade/update their technologies to be more in line with their PPS partners. To address PCMH certification timeline requirements, the PMO will expedite the learning collaborative and provide technical assistance to locations needing help and guidance in the certification process.



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

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

#### Instructions:

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

Actively Engaged Speed Actively Engaged Scale								
Actively Engaged Speed	Actively Engaged Scale							
DY2,Q2	7,179							

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	PPS Reported Baseline Commitment Quarterly Update		5,025	0	7,179
PPS Reported			240	0	928
	Percent(%) of Commitment	0.00%	4.78%		12.93%
IA Amproved	Quarterly Update	0	268	0	920
IA Approved	Percent(%) of Commitment	0.00%	5.33%		12.82%

Warning: PPS Reported - Please note that your patients engaged to date (928) does not meet your committed amount (7,179) for 'DY4,Q4'

### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Templates	1_DY4Q4_PROJ3bi_MDL3bi2_PES_TRAIN_BHNNY_3.b. i_Final_For_MAPP_UPLOAD_Q4_25203.xlsx	BHNNY 3.b.i Final For MAPP UPLOAD Q4	04/26/2019 12:34 PM

#### Narrative Text :

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

### **Module Review Status**

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY4,Q4.



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Better Health for Northeast New York (PPS ID:1)

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

#### Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	DY2 Q2	Project	N/A	Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Project		Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Identify key stakeholders and participating provider organizations critical for successful project implementation.		Project		Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Create a PPS wide project sub-committee with representation from key stakeholders to oversee the project implementation.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Survey key stakeholders to assess current use and adherence to guideline-concordant care, range of services provided, and referral mechanisms.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Working in collaboration with the project sub-committee and clinical experts across PPS, develop a draft document defining the future state for the management of cardiovascular disease utilizing evidence-based strategies.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Submit the draft future state document to Clinical and Quality Affairs committee for review and approval.		Project		Completed	11/23/2015	09/30/2016	11/23/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Identify a participating provider organization located in a geographic area with high burden of cardiovascular disease across the PPS region and finalize agreements for piloting the new model.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. Complete a gap-analysis utilizing the current state		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model.										
Task M1:8. Implement the approved action plan at the pilot participating provider site utilizing the PDSA approach.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:9. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:10. Implement PPS-wide CVD management program based on successful PDSA identified in steps 6-9.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:  Manjunath Kallanna Md; Sheehan Rebecca; Stein Rhonda Danielle	e Md; Young Linda	a								
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:  Cavaliere Rosella Md; Guccione Angela Lee Md; Kang Harriet Md;	Martin Mary Anne	e; Priest Michael	Richard; Weinberg Gerard Mo	d						
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:  Albany Medical Ctr Hospital; Columbia Memorial Hospital; Dodd Ja	ick Edward Jr; Pri	est Michael Richa	ard; Rehabilitation Supp Svcs	C; Scherer Harve	y D					
Task PPS uses alerts and secure messaging functionality.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Establish, under the auspices of the AMCH PPS		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3



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## **DSRIP Implementation Plan Project**

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Technology and Data Management Committee (TDMC), an adhoc project sub-committee to oversee the development and implementation of the action plan to assure PPS wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.										
Task M1:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:5. Utilizing the IT-TOM pilot experience, design the PPS wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	06/30/2016	02/12/2016	06/30/2016	06/30/2016	DY2 Q1
Task M1:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. Perform a current state assessment on the interconnected systems' ability to send, receive and use alerts and secure messages to facilitate timely care coordination and management.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Define the future state and select appropriate vendor for implementation of alerts and secure messaging functionality by clinicians and staff across the Integrated Delivery System for safe and effective care transitions between EDs, Hospitals, specialists and PCMH site.		Project		Completed	12/05/2015	09/30/2016	12/05/2015	09/30/2016	09/30/2016	
Task		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2



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### Better Health for Northeast New York (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:3: Conduct a gap analysis between current state and future state of using alerts and secure messaging functionalities for timely care coordination.										
Task M2:4. Implement training and secure messaging to support the use of alerts across the PPS.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:5. Implement the necessary technical and operational system changes as required by the selected vendor for the use of alerts and secure messaging across the PPS.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY2 Q2	Project	N/A	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	03/31/2018	10/05/2015	03/31/2018	03/31/2018	DY3 Q4

#### **Providers Associated with Completion:**

Abigail R Watson; Agopovich Arsenio Md; Alarcon Gabriel Baldomero Md; Alegre Catalina; Allard Ingrid M Md; Anand Vinod Md; Aragona Sharon L; Arnold Hendrick Jr Md; Assevero Anna-Maria D Md; Bakst Gary Md; Baldini Gleda P Md; Barats Lev Leonidovich Md; Barillas-Arias Lilliana Md; Barraclough Nancy L Np; Barry Kelli Ann; Baselice Marino Md; Beauchamp Cara E Rpa; Bedford Sharon L Md; Bednarek Rebecca S; Bertram Michael C Md; Betancourt Nicole; Borden Eric Charles Md; Borden Jennifer Lynn; Borrelli Karin; Bossolini Marybeth M; Braden Diane Beers; Brady Helen H; Breen Martin Md; Brennan-Jordan Nancy; Brilliant Rachelle I; Brown Sheryl; Brueggemann Christina Mchugh; Buff Christopher Md; Buhlinger Christine A Md; Burchell Randall Lawrence Md; Burke Michael Kevin Md; Busch Robert Steven Md; Butterfield Rebecca C Md; Caiazza Margaret; Campagna Kristine J Do; Caramore William J Md; Cardiel Alexander Md; Carrasco Andrea Y Md; Carrelle Raymond J Md; Cerone Jennifer Rebecca Boden; Chakraborty Ranen Kumar Md; Chaudhary Shawn Ahmad; Chava Prabhakar Rao Md; Cieszynski Veronica Eileen; Cioffi James Michael Md; Cirenza Emanuel Nicholas Md; Clark Catherine Nielsen; Clark Kristina Marie; Clark Melinda Beth Md; Clemente Kimberly; Cleney Holly K Md; Cleveland Byrd Md; Cohen Erik; Colman David Lawrence; Condy Angela G Md; Cossey Jason L; Costello Kevin B Md; Craig Maier; Culp Anita; D'Avella Wendy K; Daggett Brian George Fabyan Md; De Waal Malefyt Stephen Karel Md; Deckelbaum Scott Howard Md; Devine Maria Kansas; Diamond Courtney Beth; Diaz Miguel Remigio Md; Dooley Kevin M Md; Doro Kristienna Martin; Dorsey Susan Serra Md; Dort Janice Beth; Dougherty Kathleen Md; Duff Thomas Edward Jr Md; Dunne Christa Md; Dvorscak Amanda Jayne; Eldeiry Samer S Md; Eldredge Daniel; Elguero Carlos; Enzien Ernest M Jr Md; Ernst Cheryl Elaine; Ethier Gloria; Farrell Claudia Sales; Farrell Richard Md Jr; Ferrando-Ross Pedro I Md; Flshel Stephen C Md; Flanagan Jean Ansari Md; Flatau Irene Ruth Md; Flik Anna Grattan Md; Flynn Dedra Md; Friedrich Marcus Edmond; Fruiterman Mark L Md; Fruiterman Roy Md; Gandham Vijaya L Md; Gelfman Rachel Dawn; Gerety Gregg F Md; Getzke Nancy L Np; Gildersleeve Rebecca Ann Md; Gilroy Shelley Ann Md; Goldberg Steven Marc Md; Goldsmith Christina Marie; Gomez-Di Cesare Caroline M Md; Greenblatt Michael J Md; Greenblatt Md; Greenblatt Michael J Md; Greenbl Gloria G: Halbig Robert Joseph Md; Haldeman Iii Richard J; Hanley Audra J Md; Harde Hasmukh C Md; Hart Ashley Rose; Hawthorne Jami M; Hechanova Arnel B Md; Hennessy Elisa; Herman David L Md; Hickey Lynn Leitner Md; Hobbs Patricia; Hogan-Moulton Amy E Md; Howard Elizabeth A Md; Hoy Christopher Dion Md; Irani Danesh S Rpa; Jacobs-Friedman Alon B; Jacobson Kirsten Elizabeth Md; James Philip C Md; Janowski Darcy A; Jeannie Ngygen; Jellinger Robert M Md; Johnson Charles A Do; Johnston Mary Md; Jorgensen Stephanie E Md; Jue Donald Md; Justa Shelley Md; Kanthal Marissa Loren; Katz Linda G Np; Kerr Hamish Alistair Md; Kineke Stephen Francis Md; Knapp George Sterling Md; Krizar Stephen Lewis Md; Kronick Gary Archer Md; Kucij Lyn Irene Rpa; Kudria Inna Md; Lahtinen-Aley Kristina Marie Md; Lavsen Douglas P; Lauren T Siy; Lawson Jessica L; Lecours Laura Yates Md; Lee Josephine M Md; Lehine Guy Daniel Md Faap; Leonidas Leonard Al Md: Light Deborah I: Lindstrom Jennifer E Md: Litts Warren C Jr Md: Livolsi Laruen L: Locke Elizabeth Anne Md: Ludwig Samantha Md: Mack Brigid: Madala Padmaia Md: Malin Julia Md: Mance Joan M: Maniunath Kallanna Md; Marici Kathleen Md; Marshall Robert Andrew Md; Marshall Ryan; Marthy-Noonan Anne K Md; Mary Patricia Shierly; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mckeon Elisabeth Waterman Md; Mead Daniel H Pa; Mekosh Susan Lynn; Meltz Theresa Ann Rpac; Merecki Eugene Karl Md; Merkhan Samuel Kabriyel Md; Michelena Karen X; Mifsud Mindy; Mihindukulasuriya Joseph C Md; Millea Kerry; Miller Cynthia H Md; Mirza Shahida Parveen Md; Mitkoff Nathan B Md; Mitnick Neil Craig Md; Mitta Swatantra K Md; Monkash Jeff Ira Md; Monserrate Nicole Marie Md; Montelone Kimberly Ann Np; Moran Antoinette Collins Rpac; Muller Susan Marie Md; Murrhy William Patrick Md; Murray Amy J; Mustafa Marianne A Md; Musto Ronald V Md; Navarette Kristen Alexandra; Newton Scott; Nguyen Hung Dinh Md; Nicholson Timothy Joseph; Nielson Robert P Jr Md; Nolan Florence A Md; Norton Neal David Jr Rpa; Noyes Kimberly; O'Brien



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	
Joanne Elizabeth; O'Brien Michael F; O'Loughlin Suzanne; Obeid Leila Ann; Oke Benjamin; Olszewski Peter; Omeara Shannon Lauren; Orsi Richard A Md; Osborn Kyle Thomas Md; Owen Claudina; Paeglow Robert John Md; Parent Colleen E Md; Parikh Nita S; Patel Umesh; Patil Nagaraja N Md; Pelnik-Fecko Tricia Ann Md; Pezzulo John Phillip Md; Pierce Jean Catherine Rpa; Pomichter John Stanley Md; Pope Ronald James Do; Price Marc David Md; Pride Boone Janice Md; Puthuparampil Beulah J Md; Quarrier John V Md; Quinn Barbara Hunter; Rabbin Linda S; Raggs Hope G; Ramani Ananthakrishnan Md; Ray David Allan Md; Reed Monica Renee; Reider Jacob Michael Md; Richael H Md; Richael H Md; Richael H Md; Rodriguez-Goodemot Renee B Md; Rose Jennifer; Rosenbaum Elena; Rosenberger John Daniel Md; Roske Julia H Rpa; Rovere Rena Marie; Russell Jennifer Brooke; Rutter Ann; Sacco Joseph P Md; Salimah Dhanani Md; Saluja Ravinder Kaur Md; Samuel Jency Thomas; Santoro Eileen; Saunders Patricia V Md; Sazon Alexandr; Sazon Tatiana; Schnakenberg Eric C Md; Schnide Kenneth Ben Md; Schottler-Thal Carrin Md; Schumacher Thomas C Md; Schwartz Kenneth Md; Schynoll Gerald Klaus Md; Seaman Tami Md; Searfoss Linda A; Semlear Robert Dwight Md; Sgarnbati Carl Willard Md; Sgarlata Donna L; Sheehan Rebecca; Shin Joong; Shulof Jennifer Amy; Signor Connie J; Siniapkin George C Md; Sipperly Stephen F Do; Smith Marsha; Sorum Paul C Md; Spingarn David H Md; Steckley Renee E Rpa; Steckman David; Stein Rhonda Danielle Md; Stetzer Lee; Talma Theodore E Md; Taneja Sanjay Md; Tera N Hetrick-Platte Md; Thompson Dean A Md; Tolentino Rommel M Md; Trapp Joseph J; Tumuluri Srilaxmi; Verrico Ivelisse Ann Md; Vollmer Kelly J; Walders James D Md; Wales Danielle Patricia; Walker Michael Francis Md; Warner Deborah P; Watsky Jay G Md; Wayne Joseph T Md; West-Brown Janet; Wise Birute Marija Md; Wolff Michael Leonard Md; Wong Winston C Md; Wright Stuart B Md; Young Linda; Yousuf Asim Md; Zabinski-Kamer Kathleen Md											
M1:1. Perform a current state assessment of participating safety- net providers' EHR systems' readiness to meet Meaningful Use (MU) Stage 2 CMS requirements.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3	
Task M1:2. Develop practice specific action plan to implement necessary changes to workflows and documentation to improve performance on achieving the MU Stage 2 requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task M1:3. Ensure clinician and staff training on new processes is conducted.		Project		Completed	06/02/2016	09/30/2016	06/02/2016	09/30/2016	09/30/2016	DY2 Q2	
Task M1:4. Require participating safety-net providers to attest that their EHR system meets MU Stage 2 CMS requirements.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task M2:1. Establish a project sub-committee with representation from all participating primary care practitioners to facilitate and assure achievement of 2014 NCQA Level 3 PCMH recognition or APCM by DY 3.		Project		Completed	10/19/2015	03/31/2018	10/19/2015	03/31/2018	03/31/2018	DY3 Q4	
Task M2:2. Implement training sessions for senior leaders, clinicians and staff to learn about the benefits of achieving 2014 NCQA Level 3 PCMH recognition or APCM.		Project		Completed	06/01/2016	03/31/2018	06/01/2016	03/31/2018	03/31/2018	DY3 Q4	
Task M2:3. Utilizing a standardized assessment tool, perform a current state assessment of participating practices relative to their ability to provide patient-centered care consistent with the standards of NCQA Patient-Centered Medical Home as well as current certifications.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3	
Task M2:4. Perform a practice-specific gap analysis to determine the needed financial, technical and operational support needed to		Project		Completed	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4	



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	Reporting Year and Quarter
assure successful recognition by DY3.										
Task M2:5. Based on the gap analysis, establish priorities and develop a practice specific action plan to achieve the recognition and transform the care delivery model.		Project		Completed	05/02/2016	03/31/2018	05/02/2016	03/31/2018	03/31/2018	DY3 Q4
Task M2:6. Create a learning collaborative for participating safety-net providers to assist in the development of necessary workflows and other changes to become NCQA Level 3 certified or APCM.		Project		Completed	12/07/2015	03/31/2018	12/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task M2:7. Assign specific roles and responsibilities for the participating practice leadership and timelines to implement the action plan effectively and achieve the recognition by DY 3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:8. Monitor progress on a monthly basis to evaluate progress and assess needed additional resources to support practice transformation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:9. Track site specific certification to assure all participating safety-net providers become Level 3 PCMH certified or APCM.		Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support an effective population health management across PPS entities.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organization/practice to track their population groups for population health management needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt providers to complete the 5 A's of tobacco control.		Project		Completed	05/06/2016	09/30/2017	05/06/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Define guidelines for required tobacco control prompts in participating safety-net EHR systems.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.		Project		Completed	05/06/2016	09/30/2017	05/06/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Create training protocols and education participating providers about using the EHR to document the 5 A's of tobacco control.		Project		Completed	06/02/2016	09/30/2017	06/02/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:2. Use these training protocols to provide periodic clinician		Project		Completed	06/02/2016	09/30/2017	06/02/2016	09/30/2017	09/30/2017	DY3 Q2



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and staff training at the practice level to make effective use of the new CDSS features in EHR to prompt the use of 5 A's of tobacco control.										
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	DY2 Q2	Project	N/A	Completed	05/26/2016	09/30/2016	05/26/2016	09/30/2016	09/30/2016	DY2 Q2
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).		Project		Completed	05/26/2016	09/30/2016	05/26/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. The CQAC will oversee the implementation of evidence-based strategies for the management of CVD in high-risk individuals. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.		Project		Completed	06/27/2016	09/30/2016	06/27/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Complete a gap-analysis utilizing the current treatment protocols and defined future state, creating an implementation plan by provider and a phased roll-out.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. The CQAC, in collaboration with partners will review protocols outlined in national guidelines such as National Cholesterol Education Program (NCEP) and/or U.S. Preventive Services Task Force (USPSTF). Draft a PPS-wide policy for clinical practice guidelines and treatment protocols for hypertension and high cholesterol.		Project		Completed	06/27/2016	09/30/2016	06/27/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. The CQAC will review and approve policies and treatment guidelines prior to dissemination.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Using a PDSA approach, pilot policies and treatment guidelines at one or more selected sites to field-test feasibility and adoptability at the provider level.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Adopt standardized clinical protocols for the management of hypertension and high cholesterol across the PPS.		Project		Completed	06/27/2016	09/30/2016	06/27/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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M1:7. Evaluate adherence to the treatment protocols and align incentives as necessary to improve adoption.										
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Care coordination processes are in place.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Perform current state assessment of the IT and Clinical Information Systems (CIS) available at participating provider organizations.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:2. Identify participating sites that utilize a care coordination team from the current state assessment.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Identify opportunities to enhance care coordination through additional staffing, processes, shared care plans, patient self-management training.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Utilizing the IT-TOM pilot experience, design the PPS-wide future state CIS integration.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M1:5. Identify standardized toolkits to support care coordination efforts across the PPS.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Submit the draft future state of partners in relation to CIS connectivity, utilizing the current state assessment.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan by provider and a phased roll-out.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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M1:8. CQAC and TDMC will oversee the development and implementation of the action plan to ensure a Clinically Interoperable System is in place in order to share information and ongoing metrics with team members. Ensure key representation from identified providers and partners on these committees.										
Task M1:9. Monitor progress on the effectiveness of the connectivity and its ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up to support timely care management decisions.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Based on best practice models, the CQAC along with the PMO will define and develop appropriate care coordination/care management models to support a patient-centered approach. Ensure clinician representation from key primary care and specialist practices across AMCH PPS.		Project		Completed	06/22/2016	09/30/2016	06/22/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:2. Collaborate with Workforce Coordinating Council to identify existing/future staffing resources required for an effective implementation of the new care coordination/care management model.		Project		Completed	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:3. Identify a network of an actively engaged practice and community-based organizations to pilot the new care coordination/care management model for managing hypertension.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Create a multi-disciplinary team comprising of nursing staff, pharmacists, dieticians, community health workers and Health Home care managers as appropriate linked to the pilot sites.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Based on the successful pilots, expand the team approach for care management and coordination to other participating safety-net providers as appropriate.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Identify and evaluate existing care coordination/care management processes within the participating organizations.		Project		Completed	04/01/2016	05/26/2016	04/01/2016	05/26/2016	06/30/2016	DY2 Q1
Task M3:2. Develop and implement policies and procedures to support and sustain effective care coordination/care management across participating practitioner organizations for managing CVD.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Task M3:3. Identify a network of an actively engaged practice and community-based organizations to pilot the new care coordination/care management model for managing CVD.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Develop an action plan, including an assessment of lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy, and confidence in self-management, to pilot the new care coordination model for patients with CVD across the pilot sites.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:5. At the pilot practice sites, identify the appropriate patient population for care coordination/care management and assign them to identified care coordination/management teams for ongoing care management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:6. Conduct PDSAs to define effective and sustainable changes for expansion to other participating entities.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:7. Implement processes to assure lifestyle changes, medication adherence, health literacy issues, and patient self- efficacy, and confidence in self-management to achieve improved clinical outcomes, such as BP control.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:8. Provide training to participating sites to ensure processes are supported and understood by staff as necessary.		Project		Completed	06/02/2016	09/30/2016	06/02/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:9. Expand care management processes across the PPS as necessary and appropriate, to include at least 80% of participating PCPs.		Project		Completed	05/26/2016	09/30/2016	05/26/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #8  Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Assess current policy and procedures at participating practices related to timely and effective follow-up of patients with hypertension.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	06/27/2016	09/30/2016	06/27/2016	09/30/2016	09/30/2016	DY2 Q2



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M1:2. Identify a pilot site and determine required changes to policy and procedures, system and workflow issues required to establish an open access model for timely follow-up of BP.										
Task M1:3. Implement open access and elimination of copays in collaboration with pilot site administration and medical staff.		Project		Completed	06/27/2016	09/30/2016	06/27/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Working with TDMC, identify patient registries to support patient reminders for follow-up blood pressure checks. Implement patient registries and identify opportunities for collaboration with CBOs and community resources for follow-up blood pressure checks.		Project		Completed	05/18/2016	09/30/2016	05/18/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Coordinate with pharmacies to increase patient awareness of "Million Hearts™ Team Up. Pressure Down." education program.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Provide health coaching/aid in self management goals, (i.e. blood pressure journals and medication tracker wallet card).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:7. Expand pilot to include participating primary care sites by creating open access and elimination of copays for BP checks.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	DY2 Q2	Project	N/A	Completed	05/17/2016	09/30/2017	05/17/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.		Project		Completed	05/17/2016	09/30/2017	05/17/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Project sub-committee or CQAC will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites.		Project		Completed	05/17/2016	09/30/2017	05/17/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Ensure availability of correct equipment at all locations, evaluate current workflows and implement new processes supported by appropriate staff training on accurate blood pressure measurement and documentation by applicable staff.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Assure ongoing staff competencies for accurate measurement of blood pressure by direct observation, frequent		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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assessment, and training.										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. TDMC will survey participating providers to assess system capabilities and processes regarding BP measurement. Survey results will inform the PMO regarding the feasibility of patient registries by site that can identify and stratify patients who have repeated elevated blood pressure readings but do not have a diagnosis of hypertension.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. At one pilot site, generate a list of patients with elevated blood pressure readings who do not have a diagnosis of hypertension. Validate the accuracy of the list with a review of sample of medical records.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Assist practices without effective patient registries to acquire system capabilities for patient stratification.		Project		Completed	05/06/2016	09/30/2017	05/06/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt staff to schedule targeted hypertension patients for follow up.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Define guidelines for required hypertension control prompts in participating safety-net EHR systems.		Project		Completed	05/06/2016	09/30/2017	05/06/2016	09/30/2017	09/30/2017	DY3 Q2



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Task M2:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.		Project		Completed	05/06/2016	09/30/2017	05/06/2016	09/30/2017	09/30/2017	DY3 Q2
Task M2:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Provide periodic staff training and feedback at the practice level to make effective use of the Clinical Decision Support System features in EHR to identify and schedule patients who need a hypertension visit.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:2: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	DY2 Q2	Project	N/A	Completed	03/31/2017	09/30/2017	03/31/2017	09/30/2017	09/30/2017	DY3 Q2
PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.		Project		Completed	03/31/2017	09/30/2017	03/31/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Project subcommittee, in collaboration with hypertension specialists, will develop clinical algorithms for medication management of hypertension with particular emphasis on oncedaily regimens or fixed-dose combination pills when appropriate.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Determine the current status of the above regimens in payor and provider formularies, as well as the ease of prescribing in various EMRs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. CQAC will review and approve the clinical algorithm for medication management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Clinical leaders at participating practices will assume responsibilities for implementation of medication management guidelines at their facilities. When medication regimens are modified, adherence is reassessed to determine patient compliance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Task M1:5. Collaborate across the PPS to advocate for MCO formularies that align with recommended clinical medication algorithms, including preferred once-daily or fixed-dose combination pills without medication limitations or need for prior authorizations.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Implement continuous quality improvement processes to assure consistent adherence to the new medication management guidelines by all practitioners at the participating practices.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12  Document patient driven self-management goals in the medical record and review with patients at each visit.	DY2 Q2	Project	N/A	Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task Self-management goals are documented in the clinical record.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Clinical leaders will assure the development of systems required for self-management plans. These plans will be documented by practice team members in collaboration with patients/families/caregivers, as appropriate.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Clinical leaders at participating practices will assure implementation of required workflow changes to support consistent documentation of patient self-management goals in clinical records and review with patients at each visit.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. Provide clinician and staff training at initial orientation and annually on person-centered methods that include documentation of self-management goals within the EHR.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:2: Develop role specific competency standards for each staff member and implement processes for evaluating staff competencies annually.		Project		Completed	06/02/2016	09/30/2016	06/02/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13	DY2 Q2	Project	N/A	Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Follow up with referrals to community based programs to document participation and behavioral and health status changes.										
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Develop and implement PPS wide policies and procedures for referrals to community based programs and tracking referrals.		Project		Completed	06/03/2016	09/30/2016	06/03/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Identify and establish appropriate formal and informal agreements with community based organizations to facilitate timely access to services and feedback on the status of the referral.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Participating practices will implement required workflow changes, staff training and information technology infrastructure to support operationalization of policies and procedures.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Implement PDSA and Rapid Cycle Improvement processes to monitor and continuously improve referral process and outcomes.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Develop "Warm referral" protocol and annual clinician and staff training at the participating practice level on the new protocol and active tracking.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:2. Provide training on a periodic basis to appropriate clinical and non-clinical staff across the PPS.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.		Project	_	Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	
Task		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M3:1. Develop specific participation agreements to incentivize participation from community based organizations in a standardized feedback process.										
Task M3:2. Execute participation agreements with targeted specific CBOs identified as participants in this project.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:3. Develop ongoing processes to facilitate ongoing communication between various practice-based and community- based providers to support an integrated approach to managing patient's hypertension.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:4. Review and, if necessary, update, agreements annually.		Project		Completed	04/18/2016	09/30/2016	04/18/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #14  Develop and implement protocols for home blood pressure monitoring with follow up support.	DY2 Q2	Project	N/A	Completed	03/31/2017	09/30/2017	03/31/2017	09/30/2017	09/30/2017	DY3 Q2
Task PPS has developed and implemented protocols for home blood pressure monitoring.		Project		Completed	03/31/2017	09/30/2017	03/31/2017	09/30/2017	09/30/2017	DY3 Q2
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.		Project		Completed	03/31/2017	09/30/2017	03/31/2017	09/30/2017	09/30/2017	DY3 Q2
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	03/31/2017	09/30/2017	03/31/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. CQAC will develop and approves protocols for implementation of home blood pressure monitoring with follow-up support for appropriate patients identified by clinicians across the participating practitioner organizations.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:2. Utilizing a PDSA cycle, the CQAC and Clinical leaders will identify a pilot location and implement protocols to provide appropriate follow-up clinical support for patients who selfmonitor their blood pressure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Staff will be identified and trained on how patients should be taught to self-monitor their blood pressure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Based on the success of the pilot, protocols will be rolled-		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
out to participating providers for implementation of appropriate follow-up clinical support for patients who self-monitor their blood pressure.										
Task M1:5. CQAC will identify sites demonstrating best practices using data reports and dashboards to be shared with practitioners on self-measured blood pressure monitoring with follow-up clinical support model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:6. Implement PDSA and Rapid Cycle Improvement processes to continuously monitor changes in blood pressure control rates.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. CQAC and clinical leaders at participating practices will identify and implement protocols to provide appropriate follow-up clinical support for patients who self-monitor their blood pressure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:2. Assist participating practitioners in identifying the appropriate type/s of follow-up clinical support to support their patients who self-monitor their blood pressure.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:3. Assist participating practitioners to identify support staff resources who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Data analysis will be conducted to establish baseline BP measures, track and monitor changes to baseline.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:5. Based on pilot sites identified above, additional patients and sites will be added to the home monitoring program as identified by PCPs across the PPS.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:6. Consistent with manufacturer specifications routinely evaluate the accuracy of home monitoring equipment to ensure that readings are complete accurate and recorded correctly.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:7. Working with the care team, assess self-reports to determine accuracy and completeness of home monitoring data for clinical evaluation purposes, and record standardized information in the EHR.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:1. Develop "warm referral" protocol and annual clinician and		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
staff training at the participating practice level on the new protocol and active tracking.										
Task M3:2. Provide training on a periodic basis to appropriate clinical and non-clinical staff across the PPS.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3: Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Provide support for the development and/or update of Clinical Decision Support Systems (CDSS) in EHR systems across the PPS to prompt staff to schedule targeted hypertension		Project		Completed	05/06/2016	09/30/2017	05/06/2016	09/30/2017	09/30/2017	DY3 Q2
patients for follow up.  Task  M1:2. Assure the completion of staff training at the practice level to make effective use of the new CDSS features in EHR.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Define guidelines for required hypertension control prompts in participating safety-net EHR systems.		Project		Completed	10/05/2015	09/30/2017	10/05/2015	09/30/2017	09/30/2017	DY3 Q2
Task M1:4. Implement processes to generate practice and practitioner specific dashboards for performance improvement initiatives.		Project		Completed	05/06/2016	09/30/2017	05/06/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:5. Working with clinical leadership at the practice level, develop systems for timely sharing of performance reports with practice teams and individual practitioners.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	DY2 Q2	Project	N/A	Completed	03/31/2017	09/30/2017	03/31/2017	09/30/2017	09/30/2017	DY3 Q2
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	03/31/2017	09/30/2017	03/31/2017	09/30/2017	09/30/2017	DY3 Q2
Task M1:1. Identify current referral rates to NYS Quit line and follow-up policies and procedures.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:2. Develop and implement PPS wide policy, procedures and action plan for referrals to NYS Smoker's Quit line.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:3. Utilize EHR reporting to ensure adherence and sustainability to changes in referral and follow-up processes.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task  If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task  If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:1. Collect and analyze valid and reliable REAL data to risk stratify targeted high risk populations.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:2. Develop improvement and training activities to improve clinical outcomes and address health disparities.		Project		Completed	05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Implement continuous quality improvement strategies to improve processes and workflows and assess the effectiveness of the process.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Create a list of participating health home providers in the PPS network who serve the targeted patient populations.		Project		Completed	10/05/2015	10/30/2015	10/05/2015	10/30/2015	12/31/2015	DY1 Q3
Task M2:2. Assess the current capabilities of participating health home providers for community care coordination and linkages to Patient Centered Medical Homes.		Project		Completed	11/02/2015	12/31/2015	11/02/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:3. Establish contractual agreements, if appropriate, with		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2



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### Better Health for Northeast New York (PPS ID:1)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
health home providers for care coordination and linkages to Patient Centered Medical Homes.										
Task M3:1. Identify community-based organizations providing Stanford Model program to support self-management by patients with hypertension and elevated cholesterol.		Project		Completed	10/05/2015	10/31/2015	10/05/2015	10/31/2015	12/31/2015	DY1 Q3
Task M3:2. Collaborate with identified community-based organizations to strengthen their existing capacity to expand access to Stanford Model for high-risk population with chronic illnesses.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. Establish referral agreements between participating practitioners and CBOs for referral to Stanford Model training program.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Establish contractual agreements with CBOs to provide ongoing training to participating providers and staff on Stanford Model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	DY2 Q2	Project	N/A	Completed	06/03/2016	09/30/2017	06/03/2016	09/30/2017	09/30/2017	DY3 Q2
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	06/03/2016	09/30/2017	06/03/2016	09/30/2017	09/30/2017	DY3 Q2

#### **Providers Associated with Completion:**

Barraclough Nancy L Np; Bossolini Marybeth M; Brennan-Jordan Nancy; Buhlinger Christine A Md; Caiazza Margaret; Chaudhary Shawn Ahmad; Clemente Kimberly; Devine Maria Kansas; Doro Kristienna Martin; Downey Kathleen Md; Dunne Christa Md: Ernst Chervl Elaine; Ethier Gloria; Flynn Dedra Md; Friedrich Marcus Edmond; Gelfman Rachel Dawn; Gomez-Di Cesare Caroline M Md; Jacobs-Friedman Alon B; Kumar Arbind Md; Lehine Guy Daniel Md Faap; Livolsi Laruen L; Madala Padmaja Md; Manjunath Kallanna Md; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Michelena Karen X; Mifsud Mindy; Navarette Kristen Alexandra; Nguyen Hung Dinh Md; Parent Colleen E Md; Pride Boone Janice Md; Reider Jacob Michael Md: Saluia Ravinder Kaur Md: Saunders Patricia V Md: Schumacher Thomas C Md: Sheehan Rebecca: Stein Rhonda Danielle Md: Trapp Joseph J: Wales Danielle Patricia: West-Brown Janet: Young Linda

Wildradi Wa, Calaja Kavinadi Kadi Wa, Cadhacio i atilola V Wa, Ca	mamadhor mhomb	o o ma, onoona	ii itobooda, Otolii itiloilaa Bai	nono ma, rota i i	iotiiok i latto ivia	, Trapp Goodpii	o, vvaloo Dariioi	io i atilola, vvoo	. Drown danet,	Tourig Linda
Task									,	
Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	06/03/2016	09/30/2017	06/03/2016	09/30/2017	09/30/2017	DY3 Q2
Hearts Campaign.	1	1							'	

#### **Providers Associated with Completion:**

Abdullah Mishal; Abraham Lisa Puthuparampil; Akuoko Nana; Ali Jameel; Ambati Shashikant; Arcuri Theresa M; Asare Kofi Sarkokie; Askew Allyson Ann; Azam Nyla Khalid; Barlin Joanne Nuqui; Beach Deborah; Bedinotti Ingrid; Bekan-Homawoo Brigitte Edwige; Berger Ashleigh; Berger Sondra Kristen Dpm; Betts Maia; Beyer Robert; Bienick Kelly; Biscossi Michele Lee; Black Mandy; Blanc Nathalie; Blasch Penelope; Bombard Tiffany; Bonner Lori Lee; Boone Cheyenne Allen; Boss Donna Jean; Bradley Nina Grace; Bravo Enrico A; Brayton Deanna; Brewer Brandy Yvette; Bruno Natalie; Burrell Keisha Kay; Bushart Matthew Thomas; Buzzola Rino Alberto; Cabuhat Aleta; Calderon Vanessa V; Carlin Kristine Marie; Carney Michael; Carr Catina; Carroll Kathleen; Carsillo Vincent James Ii Do; Casale Charles Vincent Md; Casivant Belinda M; Castma Naika Clara; Cavaliere Rosella Md; Cerda Jorge Md; Chang Robert Dds; Chaudhary Faisal Rashid; Chaudhry Rafia Ishfaq; Chernoff Daniel Michael Md; Choudhary Madhuchhanda Md; Clark Jennifer; Clark Steve Daniel Pa; Coletti Jamie L; Cooper Benjamin Z Md; Cornell Kathleen; Cornish Chad Matthew; Cote Amanda Pauline; Cramer Judy; Dagwell Lovejoy Deborah; Dall Jacqueline Aimee; Daniels Karen; Deanda Abelardo Md; Debarbieri Victoria Marie; Debonis James M Dmd; Defreest Lori; Denio Diana M; Dirusso Michael T; Donovan Sean; Doti Christopher Warren; Driscoll Sarah; Eastman



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Michelle Lee; Ellery Joan; Elsagga Elizabeth; Ennis Corey Elizabeth E; Fazzio Lydia Olympia; Feinberg Zachary Allan; Ferdinand Franci Gallagher Ellen E; Gandarillas Jesus M; Garla Sreenivas; Gearwar Gobunsuy Romel; Gordon Peter Eliot Md; Gordon Shelley; Gorham Hasnain Mujtaba A; Heather Coe Pa; Hebrank Jessica; Hegel Rebe Dawn Michelle; Hopkins Susan; Horn James F Md; Hughes Cindy Lawrence S Md; Kaufman Marcia; Keane Kimberly X; Keating Eliza Cnm; Kozak Craig Robert; Krampert Ryan; Kwon Anne; Lafif Zesha Jennifer; Leifer Ann; Lenic Kathleen; Leung Anna; Lewis Kathleen Maclellan Allison M; Maitland Ceceleta Y Md; Majewski Maegan Eli Matthews Elizabeth Susan; Mccafferty Gaye; Mcgork James Rpa; Morgan; Miron Carrie Beth; Mishra Pragnyadip; Mix Rosemary; Mol Nagaraj Sharita; Narayan Sarah; Nautiyal Amit Md; Newey Laura R Payne Andrew; Peace Kristen; Penesso Tara; Petrie Brandy; Phelp Kaliesha; Reilly Michael J Md; Rice Bradley Michael; Rischert Brucc Salenger Page Valery Md; Salgado Marlon; Samy Sanjay Anantha Schuck Abigail; Schulman-Marcus Joshua; Sciacca Cheri; Scordinc Folsom; Sherer Yiping; Shinaishin Mamhoud Akif; Shkolnik Boris; S Jovanna; Stephenson Lisa; Stoecklin William; Su Xiao; Subik Maria Rachel M; Tortorici Danielle Maria; Tourtellott Lauren; Turner Latas Sushma; Vivenzio Maria; Voccia Ryan James; Wagg Amber Nicholo Md; Weiss Richard G Md; Weitzel Megan Adele; Werner Nancy; Wc Christine; Yellen Jacob; Zanetti Alexandra; Zeronda Stephanie Rpa	s Darrell; Ferris Japavid C; Geis Gir Sara; Gosnell La ecca; Hicks Stever Weiss Md; Infantin beth; Kennedy Pan; Lafortune Yarn; Lieberum Bridge zabeth; Malhotra Mcintyre Elizabeth I Peter Raymond; ebecca; Nichol Cas Kenneth R Md; e; Roberts Jordan Md; Sandbach Kab Jassica; Scott Rahou Jason Dr.; Sig Sugent-Gray Linha M; Tyler Christe; Walke Ashley Desterling Cathering	aime; Fiorini Jen ha; Gicewicz Ada ura Catherine; G h D; Hida Sven; ho Benjamin; Jac atricia Rae Md; K hell; Lamanna Jen et; Lisinschi Adri Anuj; Mami Ahm M; Mcmahon La Monrroy Prado arrie Burgess; O Pinto Dorcas Bo Ms.; Rodenmay htherine Ashley; S hachel; Scott Walt mmons Betty; S hida J; Sundaram hopher D; Ungerla Danielle; Wall Ma	nifer; Foley Jeffrey A; Forget Am; Gilbertson Dorothy; Gilder Green Elizabeth Anne; Greene Hindson David Fessler; Hoder Greener Heather Marie Np; Kerlanina; Lamar Stacey Anne; Lamar Stacey Anne; Lamar Stacey Anne; Lamar, Lopez Janeen Ellen; Lubred; Manny Tara Amanda; Marura; Mcmahon Scott F; Mcwhauricio Ricardo; Monzur Mol'Connor Emily Marie; Oliveri Cahema; Poon Edward; Pricher Wade Harold Rpa; Rosario Santell Eric R; Sarmiento Augter; Scuderi Devon Lee; Segulamons Richard J; Smith-Foy Vishalakshi; Shawna Deboniand Michael J Rpa; Ursillo Chartha; Wallis Warren M; Warner	Jeffrey; Foster Day ner-Leapman Neil; Julie; Gross Julia Is Jamie L; Hoffma Dina; Jeannine Ma ins Elizabeth; Kim ange Amber L; Lar Dona Valliani; Lund rshall Jonah Scott horter Lauren; Meh hammed Ali Md; M Dourtney; Palms Jo It Janice; Priest M Dorrances; Rowder Justo Salvosa; Sav inot Elizabeth Ms.; Barbara; Snyder I Is; Taormina Nancy Iristopher Ryan; Va Iristopher Ryan; Va Iristopher Ryan; Va Iristopher Ryan; Va	vid E; Foyt David Giuffrida Lashav M; Guccione And n Jill Diane; Hoffririe Rother; Johns Kelly-Ann; Kirkpa ngford Stacey; La gren Brandon Mi Md; Martelle Joan Norgan John; Mor Norgan John; Mor Nordan Kendall E nage Colleen Dun ng Sellnow Kathlee Martha; Sofia Sus N; Tauber David; halerio Dennis J De nasacz Christophe	Md; Fraser Mickenda L; Glaser gela Lee Md; Gman Loretta; Hoson Abigail Ruthatrick Yulia Alexaruffa Gia M; Lachael; Lynch Pan M; Martin Malausen Amber; Mrissey Nancy Lynn; Paravell Provost Justin Albo; Rowney And Md; Schnell Jen; Sharlow Joasan; Sokaris Stetelisky Ashley; ds; Van Dyck Ter John; Wasacz	chelle; Frasier Cl Jordan; Gleason uilfoyle Gary Ow ogan William Jan n; Judge Erin M; candrovna; Kisho velle Daniel Tho atrick; Lynch Tin ry Anne; Mary A Micca Emily S; M ; Moses Eric Da a Dana W; Pare lan; Rai Sonia; F drew; Rubin Abig essica Mae; Scl n G Rpa; Sheeh ephen John Md; Thompson Sand imothy K; Vanall z Enid; Washbur	narz; Freeman E a Zachary M; Gloven; Guldenstern nes Dds; Homan Kallin Kimberly ore Pankaj Md; kor; Lazarus Sol; lo nothy Joseph Frannelle Collins; No lichele Griguts; lo niel Md; Murphy nti Anthony Rya Rashid Numan; Ryan Franch Kim Elizab an Kelly L; Sher Sparbeck Nicolodra Marie Np; Tiller-Smith Joannon n Kate; Waters	Seth E; Friel Briczman Alexand n Erin; Haroon n Suzanne Micl E; Kang Harrie Kittell Jennifer; Lee Hwa; Lee Sancis Dds; Lyo Mathai Gimi; Ma Miller Jennifer; Kathleen A Cr n; Patel Reema Reese Linda Je Rebecca; Safa I eth Dale; Schra mo Laura; She e; Stacey Saral chich Jennifer e; Veet Deanna Timothy Rober	iana; Fritz Jeannene; Ir Josifovich; Omer Ahmad; helle; Hoosier-Paty et Md; Kaufman Knapp Robin Gail Sharon; Lefner ns Trent William; atthew I Stein Md; Miller Linda; Millett nm; Mursi Hanan; aben Rajendrabhai; eanne; Reid Derrece Radwan Dr.; amm Charles; pard Timothy h R; Stepan Brown; Tierney a Marie; Venugopal t; Weinberg Gerard
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Mental Health	Completed	06/03/2016	09/30/2017	06/03/2016	09/30/2017	09/30/2017	DY3 Q2
Providers Associated with Completion:  Abdelhamid Ayman; Abel-Bogner Lisa; Achar Naveen Md; Adger-A Bromley Nicole; Carruthers Jay; Cohen Donna Marie; Coloprisco Sa Alexandr Josifovich; Gordon Shelley; Harnick Robert Md; Haroon O Mcmahon Scott F; Mueller Benjamin; Mursi Hanan; Newsome Donr Supp Svcs C; Rehabilitation Support Services Inc; Sandler Steven Stephen Albert; Wallis Warren M; Winseman Jeffrey Scott Md; Wolf Task	ara Ann; Columbia ımer Ahmad; Hazo na; Nijjar Gurkirpa Md; Saratoga Hos	a Memorial Hosp en Gordon Rpac I S Md; Oberg G pital; Schaefer E	oital; Crosier Amanda; Daniels ; Hebrank Jessica; Hubbell Jr ary David; Penesso Tara; Pet	Karen; Debarbier Robert; Kishore P trie Brandy; Pieters	i Victoria Marie; [ ankaj Md; Lee Ja se Portia Lucille;	Dodd Jack Edwa amison; Leifer <i>P</i> Plotkin Richard	ard Jr; Doyle Me ann; Leung Anna Eric Md; Potend	elissa M Csw; Fa n; Liss Allison; Lo ciano Angelo; Pr	zzio Lydia Oly beber Russell; iest Michael Ri	mpia; Glozman Lukowitsky Mark; chard; Rehabilitation
M1:1. Develop, working in collaboration with the project sub- committee and clinical experts across PPS, a draft document highlighting strategies of the Million Hearts Campaign, including the Hypertension Change Package.		Project		Completed	06/03/2016	09/30/2017	06/03/2016	09/30/2017	09/30/2017	DY3 Q2
Task M1:2. Based on best practice models, the CQAC will develop appropriate care coordination/care management models to support a patient-centered approach to managing hypertension.		Project		Completed	06/22/2016	09/30/2017	06/22/2016	09/30/2017	09/30/2017	DY3 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task M1:3. CQAC will develop protocols for implementation of home blood pressure monitoring with follow-up support for patients identified by clinicians across the participating practitioner organizations. (see milestone 14)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:4. Monitor effectiveness of tobacco use screening, cessation interventions and treatment using MU reports at the provider level.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Provide ongoing training and make recommendations, as needed, to participating providers and staff on Million Hearts Campaign principles and initiatives, as well as best methods to track outcomes and quality indicators to ensure success.		Project		Completed	06/03/2016	09/30/2017	06/03/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	DY2 Q2	Project	N/A	Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. AMCH PMO will work in collaboration with AMCH		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2



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**Better Health for Northeast New York (PPS ID:1)** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Integrated Delivery Systems Department to negotiate required contracts with MCOs.										
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2

#### **Providers Associated with Completion:**

Barraclough Nancy L Np; Bossolini Marybeth M; Brennan-Jordan Nancy; Buhlinger Christine A Md; Caiazza Margaret; Chaudhary Shawn Ahmad; Clemente Kimberly; Devine Maria Kansas; Doro Kristienna Martin; Downey Kathleen Md; Dunne Christa Md; Ernst Cheryl Elaine; Ethier Gloria; Flynn Dedra Md; Friedrich Marcus Edmond; Gelfman Rachel Dawn; Gomez-Di Cesare Caroline M Md; Jacobs-Friedman Alon B; Kumar Arbind Md; Lehine Guy Daniel Md Faap; Livolsi Laruen L; Madala Padmaja Md; Manjunath Kallanna Md; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Michelena Karen X; Mifsud Mindy; Navarette Kristen Alexandra; Nguyen Hung Dinh Md; Parent Colleen E Md; Pride Boone Janiel Md; Reider Jacob Michael Md; Saluia Rayinder Kaur Md; Salunders Patricia; West-Brown Janet; Young Linda

Michael Md; Saluja Ravinder Kaur Md; Saunders Patricia V Md; Schumach	er Thomas C Md; Sheehan F	Rebecca; Stein Rhonda Danielle Md; T	era N Hetrick-Platte Md	; Trapp Joseph	J; Wales Daniel	le Patricia; West	t-Brown Janet;	Young Linda
M1:1. Based on updated attribution lists, community needs assessments, and other data the PMO will ensure that appropriate safety-net PCPs are added to the PPS during OE periods. The inclusion of additional PCPs will assist in patient engagement to reach the 80% threshold.	Project	Complete	d 10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
M1:2. Establish contractual agreements with participating primary care organizations to assure engagement of at least 80% of their primary care practitioners in this project.	Project	Complete	d 10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
M1:3. Track primary care practitioner engagement in the project on an ongoing basis to assure contractual agreements are met.	Project	Complete	d 05/06/2016	09/30/2016	05/06/2016	09/30/2016	09/30/2016	DY2 Q2



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**DSRIP Implementation Plan Project** 

## **Better Health for Northeast New York (PPS ID:1)**

### **Prescribed Milestones Current File Uploads**

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

### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease	
using evidence-based strategies in the ambulatory and community care	
setting.	
Ensure that all PPS safety net providers are actively connected to EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
share health information among clinical partners, including direct	
exchange (secure messaging), alerts and patient record look up, by the	
end of DY 3.	
Ensure that EHR systems used by participating safety net providers meet	
Meaningful Use and PCMH Level 3 standards and/or APCM by the end of	
Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged in	
this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control	
(Ask, Assess, Advise, Assist, and Arrange).	
Adopt and follow standardized treatment protocols for hypertension and	
elevated cholesterol.	
Develop care coordination teams including use of nursing staff,	
pharmacists, dieticians and community health workers to address lifestyle	
changes, medication adherence, health literacy issues, and patient self-	
efficacy and confidence in self-management.	
Provide opportunities for follow-up blood pressure checks without a	
copayment or advanced appointment.	
Ensure that all staff involved in measuring and recording blood pressure	
are using correct measurement techniques and equipment.	
Identify patients who have repeated elevated blood pressure readings in	
the medical record but do not have a diagnosis of hypertension and	
schedule them for a hypertension visit.	
Prescribe once-daily regimens or fixed-dose combination pills when	
appropriate.	
Document patient driven self-management goals in the medical record	
and review with patients at each visit.	
Follow up with referrals to community based programs to document	



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Better Health for Northeast New York (PPS ID:1)

### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
participation and behavioral and health status changes.	
Develop and implement protocols for home blood pressure monitoring with follow up support.	
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	
Facilitate referrals to NYS Smoker's Quitline.	
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	
Adopt strategies from the Million Hearts Campaign.	
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	
Engage a majority (at least 80%) of primary care providers in this project.	

#### **Milestone Review Status**

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



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Better Health for Northeast New York (PPS ID:1)

### **Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
Milestone #14	Fail	
Milestone #15	Fail	
Milestone #16	Fail	
Milestone #17	Pass & Complete	
Milestone #18	Fail	
Milestone #19	Pass & Complete	
Milestone #20	Fail	



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Better Health for Northeast New York (PPS ID:1)

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

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Midpoint Recommendation Response	Completed	Midpoint Recommendation Response	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2

### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	
Midpoint Recommendation Response	



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



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**Better Health for Northeast New York (PPS ID:1)** 

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

**IPQR Module 3.d.iii.1 - Major Risks to Implementation and Mitigation Strategies** 

#### Instructions:

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

We have identified several risks of implementing this project, including creating evidence-based guidelines for asthma management. One of the risks is obtaining provider buy-in. Changing care protocols will require the identification of physician champions to lead the initiatives and a significant number of providers will be required to adopt the established protocols. We will also have to obtain significant provider buy-in in order to establish telemedicine services. Providers will have serious concerns about providing care without the patient physically present.

Another impediment will be aligning initiatives with neighboring PPSs. With different demographics in the varying counties, designing a care model to meet everyone's needs will be difficult. Since the AMCH PPS does not have any identified Health Homes in our network, we will have to work with the surrounding PPSs on this deliverable as well. Finally, the inconsistency in technology from provider-to-provider will have to be addressed. To mitigate these risks we will, obtain provider and organizational buy-in, incentives will be provided for the use of established care protocols. Physician champions will be offered additional stipends as leaders within the PPS. Guidelines will be created and education will be conducted in order to engage providers using telemedicine technologies. When collaborating with neighboring PPSs and The Capital District Asthma Coalition, the providers will have to outline a mutually beneficial plan that helps achieve all deliverables in all areas, including identifying health home providers in our PPS region. With new care guidelines, unnecessary ER visits could be reduced, thus decreasing the expenses to the participating MCOs. Finally, incentives will be provided to organizations that upgrade/update their technologies to be more in line with their PPS partners.



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**Better Health for Northeast New York (PPS ID:1)** 

#### IPQR Module 3.d.iii.2 - Patient Engagement Speed

#### Instructions:

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

Benchmarks					
Actively Engaged Speed					
DY2,Q2	4,312				

	Year,Quarter	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4
	Baseline Commitment	2,803	3,018	3,665	4,312
PPS Reported	Quarterly Update	0	283	0	1,159
	Percent(%) of Commitment	0.00%	9.38%	0.00%	26.88%
IA Approved	Quarterly Update	0	276	0	1,147
IA Approved	Percent(%) of Commitment	0.00%	9.15%	0.00%	26.60%

Warning: PPS Reported - Please note that your patients engaged to date (1,159) does not meet your committed amount (4,312) for 'DY4,Q4'

#### **Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
mcintyc	Templates	1_DY4Q4_PROJ3diii_MDL3diii2_PES_TRAIN_BHNNY_3.d. iii_FINALFOR_MAPP_UPLOAD_Q4_25204.xlsx	BHNNY 3.d.iii FINALFOR MAPP UPLOAD Q4	04/26/2019 12:37 PM

#### Narrative Text :

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

#### **Module Review Status**

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY4,Q4.



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Better Health for Northeast New York (PPS ID:1)

**IPQR Module 3.d.iii.3 - Prescribed Milestones** 

#### Instructions:

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community- based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has agreements from participating providers and community programs to support a evidence-based asthma management guidelines.		Project		Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2

#### **Providers Associated with Completion:**

Barraclough Nancy L Np; Bellin Joyce Lea Pa; Betit Alan; Bossolini Marybeth M; Brasch Mary L Md; Brennan-Jordan Nancy; Buhlinger Christine A Md; Caiazza Margaret; Campbell Kathleen Kissane Rpa; Chaudhary Shawn Ahmad; Chauvin Rebecca L; Clemente Kimberly; Delamater Jeffrey T; Denovio Bradley M Rpac; Dollard Michael Anthony; Doro Kristienna Martin; Downey Kathleen Md; Dykstra Todd Bryan Rpa; Ernst Cheryl Elaine; Ethier Gloria; Flynn Dedra Md; Friedrich Marcus Edmond; Gelfman Rachel Dawn; Glick Cheryl M; Gomez-Di Cesare Caroline M Md; Graney Sheela Md; Guice Stephanie M; Hildreth Deborah A Rpa; Jacobs-Friedman Alon B; Jain Rajinder Md; Karyn Marie Hughes; Kasarda Karen Marie Rpa; Kumar Arbind Md; Larner Virginia Blake Rpa; Lemanski Paul Md; Livolsi Laruen L; Mack Kristin Lake; Madala Padmaja Md; Manjunath Kallanna Md; Martin Jill; Martorana Sebastian Vincent; Matott Heather Melissa; Mccarty Kaitlin Elizabeth; Mcgarry Karen A Rpa; Mckinney Sue Peterson Rpa; Merriman Joann; Michelena Karen X; Mifsud Mindy; Morgan Ayman Md; Navarette Kristen Alexandra; Nguyen Hung Dinh Md; Pachucki Kevin Christopher Rpa; Parent Colleen E Md; Petraccione Lisa F Rpa; Potratz Meagan A; Pride Boone Janice Md; Reider Jacob Michael Md; Ronan Alisha Lynn; Saluja Ravinder Kaur Md; Saunders Patricia V Md; Schneider Nicole Marie; Schumacher Thomas C Md; Sheaffer Margaret A; Sheehan Rebecca; Spindler John B Rpa; Stein Rhonda Danielle Md; Tera N Hetrick-Platte Md; Torre Jenny Ann; Trapp Joseph J; Vitale Alex Nathaniel; Wales Danielle Patricia; West-Brown Janet; Woodruff Barbara A Rpa; Young Linda

Rebecca, Spiridier John Birtha, Stein Khonda Danielle Md, Tera Ni Flethick-Flatte	ivia, rolle sellily A	iii, iiapp sosepiis, vilaie Ale.	A Mathaniel, Wales	Danielle i atricia	i, west-blowing	anet, Woodium	Daibaia A Kpa,	Tourig Linua	
Task		Drostitioner New Drimers						1	
All participating practices have a Clinical Interoperability System	Provider	Practitioner - Non-Primary  Care Provider (PCP)	Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
in place for all participating providers.		Care Provider (PCP)						 	

#### **Providers Associated with Completion:**

Abdullah Mishal; Abraham Lisa Puthuparampil; Akuoko Nana; Ali Jameel; Ambati Shashikant; Asare Kofi Sarkokie; Askew Allyson Ann; Azam Nyla Khalid; Barlin Joanne Nuqui; Bedinotti Ingrid; Bekan-Homawoo Brigitte Edwige; Bentley Tyrone; Berger Ashleigh; Berkovich Betsy; Betts Maia; Beyer Robert; Biscossi Michele Lee; Bonner Lori Lee; Bonner Cheyenne Allen; Boss Donna Jean; Bradley Nina Grace; Bravo Enrico A; Brendese Stephen C; Brewer Brandy Yvette; Bruno Natalie; Bushart Matthew Thomas; Buzzola Rino Alberto; Cabuhat Aleta; Cardinale Carmen; Carlin Kristine Marie; Carro Michael; Carr Catina; Carsillo Vincent James Ii Do; Casale Charles Vincent Md; Casivant Belinda M; Castma Naika Clara; Cerda Jorge Md; Chang Andrew Md; Chang Robert Dds; Chaudhary Faisal Rashid; Chaudhry Rafia Ishfaq; Chernoff Daniel Michael Md; Choudhary Madhuchhanda Md; Clark Steve Daniel Pa; Coletti Jamie L; Cooper Benjamin Z Md; Cornell Kathleen; Cornish Chad Matthew; Cote Amanda Pauline; Deanda Abelardo Md; Defreest Lori; Denio Diana M; Dirusso Michael T; Donovan Sean; Doti Christopher Warren; Eastman Michelle Lee; Elsagga Elizabeth; Ennis Corey Elizabeth; Espiritu Marvee Gay Santiago; Estrada Fabiola Alisson; Falardeau Jodi L; Farnsworth Wayne J Md; Farren Seth Timothy; Fay Mary E; Fazzio Lydia Olympia; Feinberg Zachary Allan; Ferdinand Francis Darrell; Fiorini Jennifer; Foley Jeffrey; Foster David E; Foyt David Md; Freeman Beth E; Fritz Jeannene; Gandarillas Jesus M; Garla Sreenivas; Gearwar David C; Geis Gina; Gicewicz Adam; Gilbertson Dorothy; Gildener-Leapman Neil; Giuffrida Lashawnda L; Glaser Jordan; Gleason Zachary M; Glozman Alexandr Josifovich; Gobunsuy Romel; Gordon Peter Eliot Md; Gorham Sara; Gosnell Laura Catherine; Green Elizabeth Anne; Greene Julie; Gross Julia M; Guldenstern Erin; Haroon Omer Ahmad; Hasnain Mujtaba A; Heather



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Project Requirements	Prescribed	Reporting	Provider Type	Status	Original	Original	Start Date	End Date	Quarter	DSRIP Reporting Year
(Milestone/Task Name)	Due Date	Level	1 Tovider Type	Otatus	Start Date	End Date	Otan Date	Liid Bate	End Date	and Quarter
Coe Pa; Hegel Rebecca; Hicks Steven D; Hida Sven; Hindson Dav Md; Hughes Cindy Weiss Md; Hyde Natalie Ann; Ilowit Emily Katha Heather Marie Np; Kim Kelly-Ann; Kirkpatrick Yulia Alexandrovna; I Langford Stacey; Laruffa Gia M; Lavelle Daniel Thor; Lazarus Sol; I Joseph Francis Dds; Lyons Trent William; Maclellan Allison M; Mair Susan; Mcgork James Rpa; Mcmahon Laura; Mcmahon Scott F; M Mauricio Ricardo; Monzur Mohammed Ali Md; Morgan John; Moses Nordhauser Micaela Urbano; O'Connor Emily Marie; Oliveri Courtne Boahema; Poon Edward; Prichett Janice; Provost Justin Alan; Rasl Adam Kendall Do; Rubin Abigail Ann; Safa Radwan Dr.; Salenger F Mae; Schoch Kim Elizabeth Dale; Schulman-Marcus Joshua; Sciac Shkolnik Boris; Shou Jason Dr.; Simmons Richard J; Smith-Foy Ba J; Sundaram Vishalakshi; Shawna Debonis; Tauber David; Telisky Christopher Ryan; Van Dyck Timothy K; Veet Deanna Marie; Venuc Kate; Waters Timothy Robert; Weinberg Gerard Md; Weiss Richard Zeronda Stephanie Rpa	rine; Infantino Bei Kishore Pankaj Mo Lee Hwa; Lee Sha tland Ceceleta Y Mo cwhorter Lauren; s Eric Daniel Md; I ey; Palms Jo-Ann hid Numan; Reid I Page Valery Md; Staca Cheri; Scordin rbara; Snyder Ma Ashley; Thompso gopal Sushma; Vi	njamin; Jacobs L d; Kittell Jennifer aron; Lefner Jeni Md; Malhotra And Meagher Colin F Murphy Kathleer ; Paravella Dana Derrece Kaliesha Salgado Marlon; o Jessica; Scott Irtha; Sokaris Ste on Sandra Marie venzio Maria; Vo	Laura May; Janasek Karolina; Kozak Craig Robert; Krampe, Inifer; Leifer Ann; Leung Anna; Juj; Mami Ahmed; Manny Tara Patrick; Mehta Swati; Micca Ern A Cnm; Murray Sherrie L; Mu W; Parenti Anthony Ryan; Pa; Reilly Michael J Md; Rice Br Samy Sanjay Anantha Md; Sa Rachel; Scott Walter; Seguind Phen John Md; Sparbeck Nice Np; Tichich Jennifer Brown; Ticcia Ryan James; Wagg Amb	Jeannine Marie Ro ert Ryan; Kumar Su Lisinschi Adriana; Amanda; Marshall mily S; Miller Jennif ursi Hanan; Nagara atel Reemaben Ra radley Michael; Ris andbach Katherine of Elizabeth Ms.; Sole; Stacey Sarah ierney Rachel M; T per Nichole; Walke	other; Johnson Al Judha Md; Kwon Al Lopez Janeen E Jonah Scott Md; fer; Millett Morgal aj Sharita; Naraya jendrabhai; Payn chert Bruce; Rob Ashley; Santell E harlow Joan G R R; Stepan Jovan fortorici Danielle; Ashley Danielle;	bigail Ruth; Jud Anne; Lafif Zesh Ellen; Lubbna Va ; Mary Annelle ( n; Miron Carrie an Sarah; Nauti e Andrew; Pea perts Jordan Ms Eric R; Sarmient pa; Sheehan Ko na; Stephenson Maria; Turner L Wallis Warren	ge Erin M; Kallir lan; Lafortune Y alliani; Lundgren Collins; Mathai C Beth; Mishra Pr yal Amit Md; Ne ce Kristen; Petri .; Rodenmayer ' to Augusto Salve elly L; Shepard ' I Lisa; Stoecklin atasha M; Tyler M; Warner Cour	n Kimberly E; Ke arnell; Lamar St Brandon Micha Bimi; Matthew I S agnyadip; Moll F wey Laura Rebe e Brandy; Phelp Wade Harold Rp osa; Savage Col Timothy Folsom; William; Su Xiao Christopher D; U	nnedy Patricia acey Anne; Lar el; Lynch Patric Stein Md; Matth Peter Raymond ecca; Nichol Cas Kenneth R Ma; Rosario Fralleen Dunn Md; Shinaishin Mao; Subik Maria; Jngerland Michz Christopher J	Rae Md; Kepner nge Amber L; ck; Lynch Timothy news Elizabeth ; Monrroy Prado nrie Burgess; d; Pinto Dorcas nces; Rowden Schnell Jessica mhoud Akif; Sugent-Gray Linda nael J Rpa; Ursillo ohn; Washburn
Task M1:1. Identify key stakeholders and participating provider organizations critical for successful project implementation.		Project		Completed	09/07/2015	09/30/2016	09/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Create a PPS-wide project sub-committee with representation from key stakeholders to oversee the project implementation.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Collaborate and form agreements with overlapping PPSs (i.e. Alliance for Better Health Care will be implementing 3.d.ii), Asthma Coalition of the Capital Region, and other stakeholders to align initiatives to support the guideline-concordant care.		Project		Completed	10/05/2015	12/31/2015	10/05/2015	12/31/2015	12/31/2015	DY1 Q3
Task M1:4. Survey key stakeholders to assess current use and adherence to guideline-concordant care Expert Panel Review-3 (EPR-3) guidelines, range of services provided, and referral mechanisms.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Develop, working in collaboration with the project sub- committee and clinical experts across the PPS, a draft document defining the future state for the management of asthma utilizing evidence-based strategies.		Project		Completed	04/01/2016	05/18/2016	04/01/2016	05/18/2016	06/30/2016	DY2 Q1
Task M1:6. Submit the draft future state document to Clinical and Quality Affairs committee for review and approval.		Project		Completed	04/01/2016	05/18/2016	04/01/2016	05/18/2016	06/30/2016	DY2 Q1
Task M1:7. Execute written contracts with participating providers		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
implementation of asthma guidelines.										
Task M1:8. Identify a participating provider organization located in a geographic area with high burden of asthma across the PPS subregions and finalize agreements for piloting the new model.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:9. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:10. Implement the approved action plan at the pilot participating provider site utilizing the PDSA approach.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:11. Monitor ongoing performance, analyze clinical and operational outcomes, and identify timelines/practice sites for spread of successful tests of change.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an adhoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	
Task		Project		Completed	02/12/2016	06/30/2016	02/12/2016	06/30/2016	06/30/2016	DY2 Q1



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.										
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look-up, and support timely care management decisions.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	DY2 Q2	Project	N/A	Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Agreements with asthma specialists and asthma educators are established.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:  Manjunath Kallanna Md; Sheehan Rebecca; Stein Rhonda Danielle	e Md: Young Linds	1								
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Twa, 19ding Emac	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Providers Associated with Completion:  Nordhauser Micaela Urbano; Weinberg Gerard Md										
Task Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Create a list of participating asthma and allergy specialists		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
in the PPS network who serve the targeted patient populations.										
Task M1:2. Utilizing recognized best care practices, the CQAC will establish a methodology to define a patient/physician ratio across the PPS.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Establish appropriate contractual agreements with regional asthma specialists, including the Asthma Coalition of the Capital Region, to support a comprehensive, coordinated and patient-centered asthma care plan in the community, including training and development of practice based asthma educators.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:1. Establish, under the auspices of the AMCH PPS Technology and Data Management Committee (TDMC), an adhoc project sub-committee to oversee the development and implementation of the action plan to assure PPS-wide EHR connectivity to the SHIN-NY and HIEs. Ensure key representation from identified providers and partners on the project sub-committee.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:2. Perform a current state assessment on the participating provider organizations' EHR systems' features and capabilities for connectivity to SHIN-NY and HIXNY.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M2:3. Work with participating providers, not currently using EHRs, to incentivize EHR adoption for patient care management.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M2:4. Develop and execute partner agreements and appropriate BAAs with participating providers who will utilize HIXNY and SHIN-NY for HIE connectivity and secure HIPPA compliant information sharing across PPS providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task M2:5. Utilizing the IT-TOM pilot experience, design the PPS-wide future state connectivity model.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task M2:6. Complete a gap-analysis utilizing the current state assessment and defined future state, creating an implementation plan and a phased roll-out.		Project		Completed	02/12/2016	09/30/2016	02/12/2016	09/30/2016	09/30/2016	DY2 Q2
Task M2:7. Monitor progress on the ability to share health information among clinical partners, including direct exchange (secure		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2



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**DSRIP Implementation Plan Project** 

										DSRIP
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	Reporting Year and Quarter
messaging), alerts and patient record look-up, and support timely care management decisions.										
Task M3:1. Establish a telemedicine sub-committee to evaluate the impact of telemedicine on underserved areas as outlined in Milestone 2 Metric 3.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M3:2: Based on the results of the evaluation, the two sub- committees will develop a draft telemedicine implementation plan that will include a vendor selection process if necessary. The draft document will be reviewed and approved by CQAC and the TDMC.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:3. EHR subcommittee and TDMC will identify a pilot organization based on gaps in service and resources and develop a detailed organization-specific action plan for piloting the program.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M3:4. Based on the experience from the initial pilot, the model will be updated, with resolution of identified challenges from the pilot, and spread to other regions with similar gaps in services and resources needed for effective evidence-based management of asthma.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3  Deliver educational activities addressing asthma management to participating primary care providers.	DY2 Q2	Project	N/A	Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Participating providers receive training in evidence-based asthma management.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Project sub-committee will survey participating practitioners and relevant CBOs on current utilization of EPR-3 guidelines for managing patients with asthma.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Project sub-committee, working in collaboration with asthma specialists, will develop/adopt evidence-based asthma protocols, care pathways and training tools to train participating practitioners and staff working at CBOs responsible for providing care for asthma patients.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. Project sub-committee, working in collaboration with WCC		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and participating partners, will identify appropriate training methods, including "train the trainer model", to train staff on EPR-3 guidelines and PPS adopted asthma care protocols.										
Task M1:4. Project sub-committee will collaborate with Albany Medical College and other educational institutions to conduct annual CME programs to update practitioners and staff on new developments in asthma care and management.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. Conduct periodic educational sessions for participating partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:6. Collaborate with overlapping PPSs, as appropriate, to offer training on becoming a Certified Asthma Educator.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
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.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to evaluate current contractual arrangements with payers for possible amendments.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. AMCH PMO will work in collaboration with AMCH Integrated Delivery Systems Department to develop a framework that can be applied across the regional provider network.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:3. AMCH PMO will work with Medicaid MCOs to implement a roadmap following appropriate Federal and State laws, regulations and guidelines.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. AMCH PMO will work with its provider network to provide technical support and assistance to amend existing fee-for-service contracts.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:5. AMCH PMO will work in collaboration with AMCH		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2



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**DSRIP Implementation Plan Project** 

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Integrated Delivery Systems Department to negotiate required contracts with MCOs.										
Task M1:6. AMCH PMO, in collaboration with AMCH Integrated Delivery Systems Department, will discuss utilization trends, performance issues, and payment reform during monthly meetings with managed care organizations.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:7. AMCH PMO will engage Medicaid MCOs in broader areas of concern to the PPS including financial sustainability, risk sharing, and compliance with competitive behaviors.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:8. AMCH PPS will execute negotiated contracts with MCOs to implement required elements of the CMS approved VBP roadmap.		Project		Completed	04/29/2016	09/30/2016	04/29/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q2	Project	N/A	Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/05/2015	09/30/2016	10/05/2015	09/30/2016	09/30/2016	DY2 Q2
Task M1:1. Articulate the scope, objectives and requirements of a patient tracking system to support effective population health management across PPS entities.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:2. Assess the current systems' capabilities to track patients effectively and determine the need for additional technical systems.		Project		Completed	10/05/2015	11/30/2015	10/05/2015	11/30/2015	12/31/2015	DY1 Q3
Task M1:3. Implement additional technical and workflow changes required for consistent and accurate tracking of targeted patient groups.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task M1:4. Implement training sessions to educate participating partners on how to utilize the additional technical platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task M1:5. Utilize population health IT vendor to support the needs of the PPS and individual organizations/practices to track their population groups for population health management needs.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
M1:6. Generate required reports on the performance of individual and population health interventions implemented by the practice teams.										

### **Prescribed Milestones Current File Uploads**

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

### **Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
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.	
Establish agreements to adhere to national guidelines for asthma	
management and protocols for access to asthma specialists, including	
EHR-HIE connectivity and telemedicine.	
Deliver educational activities addressing asthma management to	
participating primary care providers.	
Ensure coordination with the Medicaid Managed Care organizations and	
Health Homes serving the affected population.	
Use EHRs or other technical platforms to track all patients engaged in	
this project.	

#### **Milestone Review Status**

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



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

**IPQR Module 3.d.iii.4 - PPS Defined Milestones** 

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Midpoint Recommendation Response	Completed	Midpoint Recommendation Response	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2

### **PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

#### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	
Midpoint Recommendation Response	



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



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**Better Health for Northeast New York (PPS ID:1)** 

Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

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

#### Instructions:

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

There are many risks to successfully implementing this project especially among low SES populations and those with poor mental health.

Lack of understanding of cessation medications & counseling, and lack of referrals to the NYS Smokers' Quitline are barriers to success. Lack of time spent providing tobacco cessation counseling and education to patients, and the lack of integration between primary care and behavioral health providers are also barriers. A lack of organizational commitment may also hinder cessation efforts. MCOs may need to modify buy into the value of the program and agree to reimburse for tobacco cessation services.

To mitigate these risks AMCH PPS will:

- Form a project subcommittee or ensure relevant tobacco cessation discussions occur in the appropriate subcommittees.
- Identify opportunities to meet multiple project milestones related to tobacco use cessation with cross-cutting requirements in EHR tracking and Behavioral Health.
- Implement cross-PPS EHR capabilities including excel transfer of data in lieu of MAPP functionality.
- Activate WCC to provide resources and materials to organizations and providers for collaboration, coordination, and patient engagement.
- In collaboration with our workforce training vendor, the PMO will provide training and resources for the current workforce to ensure cessation counseling is provided in a culturally and linguistically appropriate way.



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**Better Health for Northeast New York (PPS ID:1)** 

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

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Engage community partners in collaboration regarding tobacco cessation initiatives.	Completed	Engage community partners in collaboration regarding tobacco cessation initiatives.	10/05/2015	07/18/2018	10/05/2015	07/18/2018	09/30/2018	DY4 Q2
Task 1. AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	Completed	AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	10/05/2015	02/06/2018	10/05/2015	02/06/2018	03/31/2018	DY3 Q4
Task 2. Through the CCAC, AMCH PMO will communicate planned actions to increase access to tobacco cessation resources for appropriate patient populations.	Completed	Through the CCAC, AMCH PMO will communicate planned actions to increase access to tobacco cessation resources for appropriate patient populations.	12/22/2016	07/18/2018	12/22/2016	07/18/2018	09/30/2018	DY4 Q2
Task 3. In collaboration with identified participants, AMCH PPS will consider system wide approaches to identify patients for tobacco-use screening and appropriate follow-up.	Completed	3. In collaboration with identified participants, AMCH PMO will consider system wide approaches to identify patients for tobacco-use screening and appropriate follow-up.	04/01/2016	07/18/2018	04/01/2016	07/18/2018	09/30/2018	DY4 Q2
Milestone Review and update a summary of current institutional policies regarding tobacco-free environment (one time).	Completed	Review and update a summary of current institutional policies regarding tobacco-free environment (one time).	10/05/2015	07/18/2018	10/05/2015	07/18/2018	09/30/2018	DY4 Q2
Task 1. Create project sub-committee with representation from key stakeholders, including Advancing Tobacco-Free Communities, to oversee the project implementation.	Completed	Create project sub-committee with representation from key stakeholders, including Advancing Tobacco-Free Communities, to oversee the project implementation.	10/05/2015	07/18/2018	10/05/2015	07/18/2018	09/30/2018	DY4 Q2
Task  2. Coordinate with neighboring and overlapping PPS's and other key stakeholders to assess partners and identify PPS partner sites with existing tobacco-free environment policies.	Completed	Coordinate with neighboring and overlapping PPS's and other key stakeholders to assess partners and identify PPS partner sites with existing tobacco-free environment policies.	12/22/2016	07/18/2018	12/22/2016	07/18/2018	09/30/2018	DY4 Q2
Task 3. Engage executive leadership at sites that lack policies, to support adoption of tobacco-free	Completed	Engage executive leadership at sites that lack policies, to support adoption of tobacco-free environment policies.	12/22/2016	07/18/2018	12/22/2016	07/18/2018	09/30/2018	DY4 Q2



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
environment policies.								
Milestone Incorporate provider training in tobacco dependence treatment.	In Progress	Incorporate provider training in tobacco dependence treatment.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task  1. In collaboration with WCC, approve trainings to be offered to providers as part of awareness of tobacco cessation initiatives.	In Progress	In collaboration with WCC, approve trainings to be offered to providers as part of awareness of tobacco cessation initiatives.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 2. Track, through WCC, providers who complete these trainings on a biennial schedule.	In Progress	2. Track, through WCC, providers who complete these trainings on a biennial schedule.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone A PPS-wide policy that ensures tobacco status is queried and documented consistent with USPSTF guidelines.	In Progress	A PPS-wide policy that ensures tobacco status is queried and documented consistent with USPSTF guidelines.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Task  1. Make recommendations in the form of a practice/site specific action plan for referral and follow-up policies and procedures based on findings and best practices.	In Progress	Make recommendations in the form of a practice/site specific action plan for referral and follow-up policies and procedures based on findings and best practices.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Development and use of routine performance measures for monitoring tobacco use screening and treatment.	Completed	Development and use of routine performance measures for monitoring tobacco use screening and treatment.	01/25/2016	02/06/2018	01/25/2016	02/06/2018	03/31/2018	DY3 Q4
Task  1. Identify available, routine performance measures captured by participating providers regarding tobacco use, screening, and treatment.	Completed	Identify available, routine performance measures captured by participating providers regarding tobacco use, screening, and treatment.	01/25/2016	02/06/2018	01/25/2016	02/06/2018	03/31/2018	DY3 Q4
Task  2. Share routine performance measures with participating providers to encourage adoption of appropriate screening and treatment activities to assist with reporting and measurement.	Completed	Share routine performance measures with participating providers to encourage adoption of appropriate screening and treatment activities to assist with reporting and measurement.	12/22/2016	02/06/2018	12/22/2016	02/06/2018	03/31/2018	DY3 Q4
Milestone Identify dedicated staff who will provide tobacco dependency treatment as outlined by the USPHS Clinical Practice Guidelines and assess the delivery of this treatment in staff performance evaluations.	In Progress	Identify dedicated staff who will provide tobacco dependency treatment as outlined by the USPHS Clinical Practice Guidelines and assess the delivery of this treatment in staff performance evaluations.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	
Task	In Progress	In collaboration with WCC, identify needs for training across PPS	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
In collaboration with WCC, identify needs for training across PPS partners, with special focus on those providing behavioral health services.		partners, with special focus on those providing behavioral health services.						
Task 2. Following USPHS Clinical Practice Guidelines, encourage participating partners to report treatment outcomes.	Completed	2. Following USPHS Clinical Practice Guidelines, encourage participating partners to report treatment outcomes.	12/22/2016	07/18/2018	12/22/2016	07/18/2018	09/30/2018	DY4 Q2
Task 3. Encourage participating providers to conduct staff evaluations annually regarding competencies associated with USPHS Clinical Practice Guidelines.	In Progress	Encourage participating providers to conduct staff evaluations annually regarding competencies associated with USPHS Clinical Practice Guidelines.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Task 4. Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.	In Progress	Develop clinician, staff and practice recognition program to acknowledge high performance and motivate other practices to improve their performance.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Engage in MOUs with NYS DOH Bureau of Tobacco Control's Health Systems for a Tobacco- Free NY's contractors to receive technical assistance on system improvements related to tobacco use cessation.	In Progress	Engage in MOUs with NYS DOH Bureau of Tobacco Control's Health Systems for a Tobacco-Free NY's contractors to receive technical assistance on system improvements related to tobacco use cessation.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task  1. Execute MOUs with NYS DOH Bureau of Tobacco Control's Health Systems to receive support on system improvements related to tobacco use cessation.	In Progress	Execute MOUs with NYS DOH Bureau of Tobacco Control's Health     Systems to receive support on system improvements related to tobacco     use cessation.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Task 2. Collaborate with overlapping and neighboring PPS's to coordinate tobacco cessation programs across the region.	In Progress	Collaborate with overlapping and neighboring PPS's to coordinate tobacco cessation programs across the region.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Resources budgeted for related community service plan activities.	Completed	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Resources budgeted for related community service plan activities.	Completed	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1



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### **PPS Defined Milestones Current File Uploads**

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

### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Engage community partners in collaboration regarding tobacco	
cessation initiatives.	
Review and update a summary of current institutional policies	
regarding tobacco-free environment (one time).	
Incorporate provider training in tobacco dependence treatment.	
A PPS-wide policy that ensures tobacco status is queried and	
documented consistent with USPSTF guidelines.	
Development and use of routine performance measures for	
monitoring tobacco use screening and treatment.	
Identify dedicated staff who will provide tobacco dependency	
treatment as outlined by the USPHS Clinical Practice Guidelines and	
assess the delivery of this treatment in staff performance evaluations.	
Engage in MOUs with NYS DOH Bureau of Tobacco Control's Health	
Systems for a Tobacco-Free NY's contractors to receive technical	
assistance on system improvements related to tobacco use	
cessation.	
Resources budgeted for related community service plan activities.	
Mid-Point Assessment	

#### **Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

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

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

#### Instructions:

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

Barriers identified in our CNA include: wait time for appointments, lack of specialists, transportation and stigma. Patient engagement may also be negatively impacted by cultural differences, age, sex and socioeconomic status. Such factors leave community members at a disadvantage. The second risk is the capability to obtain and facilitate training, education and workforce resources. It will be vital to provide ongoing education, and providing training over such an expansive area is challenging. Provider and non-provider staff must be trained and demonstrate competency in preventive care initiatives. Community-based training resources will also need to be developed.

Another risk is EHR compatibility across the PPS Network. IT capabilities and capacities vary across providers. A number of partnering organizations lack sophisticated IT infrastructure and EHR system connectivity, necessary to facilitate this project. The PMO will need protocols, consents, care teams, IT infrastructure, etc., Connections to RHIO/HIXNY/SHINY will be important in addressing this risk

To mitigate these risks, the PMO will:

- · Activate WCC to provide resources to providers for collaboration, coordination, and patient engagement.
- · Our workforce training vendor will provide extensive resources for the current workforce.
- · Health Navigators will assist patients with their health care needs.
- The PMO will work with MCOs to ensure that cancer screenings are affordable and accessible
- · Care teams will utilize protocols to track patient appointments and screening results.
- Mobile breast cancer screening vans will also be deployed in the regional "hot spots."
- Take advantage of developing EHR capabilities and EHR prompts.
- The PMO will also use, follow-up calls, health navigators and other case managers to process and address cancer screening results.
- The PPS and its partners have applied for capital funding to enhance IT infrastructure.



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**Better Health for Northeast New York (PPS ID:1)** 

#### **IPQR Module 4.b.ii.2 - PPS Defined Milestones**

#### Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Devise a communication strategy to community partners on intention to take action on this project and invitation for collaboration.	Completed	Devise a communication strategy to community partners on intention to take action on this project and invitation for collaboration.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
<ul><li>Task</li><li>1. AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.</li></ul>	Completed	AMCH PMO will identify community partners including providers, CBOs, and advocacy groups.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Through the CCAC, AMCH PMO will communicate planned actions to increase access to preventative screenings for appropriate patient populations.	Completed	Through the CCAC, AMCH PMO will communicate planned actions to increase access to preventative screenings for appropriate patient populations.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. In collaboration with identified participants, AMCH PMO will adopt system-wide approaches to identify patients for screening and follow-up.	On Hold	3. In collaboration with identified participants, AMCH PMO will adopt system-wide approaches to identify patients for screening and follow-up.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Increase provider/care team knowledge of screening protocols and clinical practice guidelines.	Completed	Increase provider/care team knowledge of screening protocols and clinical practice guidelines.	12/01/2015	07/01/2018	12/01/2015	07/01/2018	09/30/2018	DY4 Q2
Task  1. CQAC will review information from the NYS Cancer Services Program website. This information will be used to recommend comprehensive cancer screening policies and protocols, for adoption, as appropriate.	Completed	CQAC will review information from the NYS Cancer Services Program website. This information will be used to recommend comprehensive cancer screening policies and protocols, for adoption, as appropriate.	12/01/2015	03/15/2017	12/01/2015	03/15/2017	03/31/2017	DY2 Q4
Task 2. AMCH PMO, in collaboration with CQAC, will review, recommend, and distribute screening protocols to participating providers.	Completed	AMCH PMO, in collaboration with CQAC, will review, recommend, and distribute screening protocols to participating providers.	12/22/2016	02/06/2018	12/22/2016	02/06/2018	03/31/2018	DY3 Q4
Task 3. AMCH PMO will encourage participating providers to adopt policies and protocols and make	Completed	3. AMCH PMO will encourage participating providers to adopt polices and protocols and make EHR updates to alert and remind patients in need of	12/22/2016	07/01/2018	12/22/2016	07/01/2018	09/30/2018	DY4 Q2



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR updates to alert and remind patients in need of follow-up for abnormal results.		follow-up for abnormal results.						
Milestone Increase rates of screening (or re-screening) among defined patient populations.	In Progress	Increase rates of screening (or re-screening) among defined patient populations.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Task  1. AMCH PMO will work with population health vendors, as well as Health Departments and others, to collect and analyze baseline rates of cancer screenings conducted across the network for the target population.	In Progress	AMCH PMO will work with population health vendors, as well as Health Departments and others, to collect and analyze baseline rates of cancer screenings conducted across the network for the target population.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Task  2. Working with identified community partners and population health IT platforms, AMCH PMO will recommend a system-wide approach for monitoring performance and sharing results.	In Progress	Working with identified community partners and population health IT platforms, AMCH PMO will recommend a system-wide approach for monitoring performance and sharing results.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Task 3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement to the extent feasible.	In Progress	3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement to the extent feasible.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Increase follow-up of abnormal cancer screening results on a timely basis.	In Progress	Increase follow-up of abnormal cancer screening results on a timely basis.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
1. AMCH PMO will work with population health vendors to collect and analyze baseline rates of follow-up of abnormal cancer screening results.	In Progress	AMCH PMO will work with population health vendors to collect and analyze baseline rates of follow-up of abnormal cancer screening results.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Task  2. AMCH PMO will provide guidance to participating providers for alerting and reminding patients in need of follow-up for abnormal results.	Completed	AMCH PMO will provide guidance to participating providers for alerting and reminding patients in need of follow-up for abnormal results.	12/22/2016	09/30/2018	12/22/2016	09/30/2018	09/30/2018	DY4 Q2
Task 3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement where feasible.	Completed	3. Following PDSA or Rapid Cycle Improvement methodologies, the AMCH PMO will assist participating practice sites, where improvement opportunities might exist, and facilitate performance improvement where feasible.	12/22/2016	07/01/2018	12/22/2016	07/01/2018	09/30/2018	
Task	In Progress	4. AMCH PMO, in collaboration with the WCC and CCHLC, will coordinate	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
4. AMCH PMO, in collaboration with the WCC and CCHLC, will coordinate training of community navigators with culturally-appropriate navigation materials for patient populations with low screening rates.		training of community navigators with culturally-appropriate navigation materials for patient populations with low screening rates.						
Task 5. AMCH PMO will publish aggregated cancer screening rates, for the network of providers at least annually.	In Progress	AMCH PMO will publish aggregated cancer screening rates, for the network of providers at least annually.	12/22/2016	03/31/2020	12/22/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Resources budgeted for related community service plan activities.	Completed	Resources budgeted for related community service plan activities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1. The AMCH PPS Finance Committee will develop a budget to support the achievement of project milestones.	Completed	The AMCH PPS Finance Committee will develop a budget to support the achievement of project milestones.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

### **PPS Defined Milestones Current File Uploads**

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

### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Devise a communication strategy to community partners on intention	
to take action on this project and invitation for collaboration.	
Increase provider/care team knowledge of screening protocols and	
clinical practice guidelines.	
Increase rates of screening (or re-screening) among defined patient	
populations.	
Increase follow-up of abnormal cancer screening results on a timely	
basis.	
Resources budgeted for related community service plan activities.	



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### **PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Mid-Point Assessment	

### **Module Review Status**

Review Status	tatus IA Formal Comments	
Pass & Ongoing		



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



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### **Attestation**

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

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

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

I here by attest, as the and that, following in	•	or Northeast New York', that all informatio	-	report is true and accurate to the best of my knowledge, oursuant only to documented instructions or documented
Primary Lead PPS Provider:	ALBANY MEDICAL CTR HOSPITAL			
Secondary Lead PPS Provider:				
Lead Representative:	Christine Mcintyre			
Submission Date:	06/14/2019 02:30 PM			
Comments:				



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		Status Log		
Quarterly Report (DY,Q)	Status	Lead Representative Name	User ID	Date Timestamp
DY4, Q4	Adjudicated	Christine Mcintyre	mrurak	06/28/2019 11:00 AM



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	Comments Log						
Status Comments User ID Date Timestamp							
Adjudicated	Adjudicated The DY4Q4 Quarterly Reports have been adjudicated by the IA.		06/28/2019 11:00 AM				
Returned	The DY4Q4 Quarterly Report has been returned for Remediation.	mrurak	05/30/2019 03:40 PM				



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



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



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



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



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### **DSRIP Implementation Plan Project**

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



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



Section 03

key issues.

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Section	Module Name / Milestone #	Re	view Status
	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	<b>P</b>
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing	<b>•</b>
Section 01	Module 1.5 - Prescribed Milestones		
Section 01	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Complete	
	Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	(P)
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	0
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	0
Section 02	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Complete	(0)
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Complete	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Complete	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete	
	Module 3.1 - Prescribed Milestones		

Milestone #1 Finalize PPS finance structure, including reporting structure

Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address

Pass & Complete

Pass & Complete

9 0



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Section	Module Name / Milestone #	Review Stat	tus	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	<u> </u>	
	Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Pass & Complete	9 0	
	Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Pass & Complete	9 0	
	Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Pass & Complete	9 0	
	Milestone #7 Provide appropriate information to partners and MCOs to encourage and support data sharing agreements between the providing partners and the MCOs	Pass & Complete	<b>9 B</b>	
	Milestone #8 Engage Community-based Organizations to increase patient engagement and literacy to promote VBP collaboration among CBOs and participating provider organizations	Pass & Complete		
	Module 4.1 - Prescribed Milestones			
Section 04	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete		
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Complete	•	
	Module 5.1 - Prescribed Milestones			
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Complete	0	
Section 05	Milestone #2 Develop an IT Change Management Strategy.	Pass & Complete	<b>9 B</b>	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Complete	0	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete		
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Complete	9	
	Module 6.1 - Prescribed Milestones			
Section 06	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	<b>C</b>	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Complete	0	
	Module 7.1 - Prescribed Milestones			
Section 07	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	0	
	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	0	
	Module 8.1 - Prescribed Milestones			
Section 08	Milestone #1 Develop population health management roadmap.	Pass & Complete	<u> </u>	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Complete	<b>(b)</b>	



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### **DSRIP Implementation Plan Project**

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



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### **DSRIP Implementation Plan Project**

Project ID	Module Name / Milestone #	Review Statu	ıs
	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Fail	
	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	
	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.	Fail	
	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.	Fail	
2.a.i	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Fail	
	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	
	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	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Fail	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Complete	
	Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Complete	
	Module 2.a.iii.2 - Patient Engagement Speed	Fail	□ IA
	Module 2.a.iii.3 - Prescribed Milestones		
	Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Pass & Complete	
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	
	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.	Fail	



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### **DSRIP Implementation Plan Project**

Project ID	Module Name / Milestone #	Review Status	
	Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Fail	
	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	
	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	
	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.	Fail	
	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).	Fail	
	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	
	Module 2.a.v.2 - Patient Engagement Speed	Fail In	
	Module 2.a.v.3 - Prescribed Milestones		
	Milestone #1 Transform outdated (underperforming) nursing home capacity into a stand-alone emergency department/urgent care center or other healthcare-related purpose.	Pass & Complete	
	Milestone #2 Provide a clear statement of how the infrastructure transformation program will promote better service and outcomes (service volume, occupancy statistics, etc.) for the community based upon the community needs assessment including, evaluation of specific planning needs for any Naturally Occurring Retirement Community (NORC) occurring within the PPS.	Pass & Complete	
	Milestone #3 Provide a clear description of how this re-configured facility will fit into a broader integrated delivery system that is committed to high quality care and willing/able to participate in payment reform.	Pass & Complete	
a.v	Milestone #4 Provide clear documentation that demonstrates housing plans are consistent with the Olmstead Decision and any other federal requirements.	Pass & Complete	
	Milestone #5 Identify specific community-based services that will be developed in lieu of these beds based upon the community need.	Pass & Complete	
	Milestone #6 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
	Milestone #7 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.	Fail	
	Milestone #8 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.	Fail	
	Milestone #9 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	Pass & Complete	
_ :::	Module 2.b.iii.2 - Patient Engagement Speed	Fail 🕒 🔼	
o.iii	Module 2.b.iii.3 - Prescribed Milestones		



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### **DSRIP Implementation Plan Project**

Project ID	Module Name / Milestone #	Review Status	
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Complete	
	Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.  a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.  b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.  c. Ensure real time notification to a Health Home care manager as applicable	Fail	
	Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider:  a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.  b. Patient navigator will assist the patient with identifying and accessing needed community support resources.  c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Complete	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass (with Exception) & Complete	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
	Module 2.d.i.2 - Patient Engagement Speed	Fail	TA .
	Module 2.d.i.3 - Prescribed Milestones		
	Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Pass & Complete	
	Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Pass & Complete	
	Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Pass & Complete	
2.d.i	Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Pass & Complete	
	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	
	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	Pass & Complete	



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### **DSRIP Implementation Plan Project**

Project ID	Module Name / Milestone #	Review Status
	outlined in 42 CFR §438.104.	
	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
	Milestone #8 Include beneficiaries in development team to promote preventive care.	Pass & Complete
	Milestone #9 Measure PAM(R) components, including:  Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.  If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM (R) survey and designate a PAM(R) score.  Individual member's score must be averaged to calculate a baseline measure for that year's cohort.  The cohort must be followed for the entirety of the DSRIP program.  On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation.  If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.  The PPS will NOT be responsible for assessing the patient via PAM(R) survey.  PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes.  Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	Pass & Complete
	Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Pass & Complete
	Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Fail
	Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Pass & Complete
	Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Pass (with Exception) & Complete
	Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Pass & Complete
	Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Pass & Complete
	Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Pass & Complete
	Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Pass & Complete



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### **DSRIP Implementation Plan Project**

Project ID	Module Name / Milestone #	Review Stat	us
	Module 3.a.i.2 - Patient Engagement Speed	Fail	D IA
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Fail	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Complete	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Complete	
3.a.i	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	
J.a.i	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Pass & Complete	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Complete	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Complete	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Complete	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Complete	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Complete	
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Complete	
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Module 3.a.ii.2 - Patient Engagement Speed	Fail	(h)
	Module 3.a.ii.3 - Prescribed Milestones		
3.a.ii	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Complete	
	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	
	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	
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Complete	



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### **DSRIP Implementation Plan Project**

Project ID	Module Name / Milestone #	Review Status
	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
	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).	Fail
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Complete
	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.	Fail
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Complete
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Complete
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
	Module 3.b.i.2 - Patient Engagement Speed	Fail D IA
	Module 3.b.i.3 - Prescribed Milestones	
	Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Pass & Complete
	Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Fail
	Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Fail
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
3.b.i	Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Fail
	Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Pass & Complete
	Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Pass & Complete
	Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Pass & Complete
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Fail
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Fail



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### **DSRIP Implementation Plan Project**

Project ID	Module Name / Milestone #	Review Status
	Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Fail
	Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Pass & Complete
	Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Pass & Complete
	Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Fail
	Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Fail
	Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Fail
	Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Pass & Complete
	Milestone #18 Adopt strategies from the Million Hearts Campaign.	Fail
	Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Pass & Complete
	Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Fail
	Module 3.d.iii.2 - Patient Engagement Speed	Fail 🕒 🔼
	Module 3.d.iii.3 - Prescribed Milestones	
	Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	Fail
3.d.iii	Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	Fail
	Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	Pass & Complete
	Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	Pass & Complete
	Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing
4.b.ii	Module 4.b.ii.2 - PPS Defined Milestones	Pass & Ongoing



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

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**Better Health for Northeast New York (PPS ID:1)** 

### **Providers Participating in Projects**

						Selected Projects	5				
	Project 2.a.i	Project 2.a.iii	Project 2.a.v	Project 2.b.iii	Project 2.d.i	Project 3.a.i	Project 3.a.ii	Project 3.b.i	Project 3.d.iii	Project 4.b.i	Project 4.b.ii
Provider Speed Commitments	DY2 Q2	DY2 Q4	DY3 Q4	DY2 Q2	DY3 Q4	DY3 Q2	DY3 Q2	DY2 Q2	DY2 Q2		

		Projec	t 2.a.i	Project	2.a.iii	Projec	ct 2.a.v	Projec	t 2.b.iii	Projec	t 2.d.i	Projec	ct 3.a.i	Projec	t 3.a.ii	Projec	t 3.b.i	Projec	t 3.d.iii	Projec	t 4.b.i	Project	4.b.ii
Provider Categor	У	Select Comr		Selec Comn			cted / mitted	Selec Comr		Selec Comn			cted / nitted	Selec Comr	cted / mitted	Select Comm		Selec Comm		Selec Comr		Select Comm	
Practitioner - Primary Care	Total	479	469	313	469	204	-	314	-	405	-	419	171	265	-	313	469	418	469	407	-	412	-
Provider (PCP)	Safety Net	28	47	22	47	8	47	21	47	19	47	22	47	12	47	22	47	25	47	21	-	22	-
Practitioner - Non-Primary Care	Total	1,683	1,469	1,199	1,469	508	-	1,196	-	1,223	-	1,238	0	1,093	-	1,166	188	1,098	14	1,227	-	1,229	-
Provider (PCP)	Safety Net	47	79	19	79	4	16	23	-	25	79	26	0	17	0	18	25	12	53	25		21	-
Hospital	Total	4	2	3		1	-	3	-	3	-	3	-	3	-	3	-	3	-	3		3	-
Ποσριιαί	Safety Net	3	2	2	-	0	-	2	2	2	2	2	-	2	2	2	-	2	-	2	-	2	-
Clinic	Total	15	17	7	5	2	-	8	-	13	-	8	7	6	-	6	17	5	0	11		10	-
Cilitie	Safety Net	10	13	5	9	0	1	6	13	9	13	6	13	4	13	4	13	3	5	8	-	7	-
Case Management / Health	Total	25	13	15	8	4	-	15	-	14	-	12	-	17	-	9	13	4	0	19	-	17	-
Home	Safety Net	18	8	12	8	3	0	12	8	8	-	9	-	14	0	6	8	3	3	15	-	13	-
Mental Health	Total	148	139	86	139	23	-	81	-	89	-	93	48	97	-	65	48	60	-	97	-	96	-
Mentar realin	Safety Net	27	34	15	34	1	2	12	-	16	-	15	34	19	34	6	34	4	-	18	-	17	-
Substance Abuse	Total	10	14	1	14	2	-	0	-	2	-	6	14	6	-	0	14	0	-	6	-	5	-
Substance Abuse	Safety Net	10	14	1	14	2	0	0	-	2	-	6	14	6	14	0	14	0	-	6	-	5	-
Nursing Home	Total	9	38	2	-	4	-	2	-	2	-	2	-	2	-	2	-	1	-	2	-	2	-
Nuising nome	Safety Net	8	34	2	-	3	12	2	-	2	-	2	-	2	-	2	-	1	-	2	-	2	-
Pharmacy	Total	4	72	3	0	1	-	4	-	4	-	4	-	3	-	3	72	3	72	4	-	3	-
Паннасу	Safety Net	2	1	1	0	0	1	2	-	2	1	2	-	1	-	1	1	1	1	2	-	1	-
Hospice	Total	0	0	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-



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**DSRIP Implementation Plan Project** 

### **Better Health for Northeast New York (PPS ID:1)**

		Projec	ct 2.a.i	Projec	t 2.a.iii	Project	2.a.v	Projec	t 2.b.iii	Projec	t 2.d.i	Projec	ct 3.a.i	Project 3.a.ii	Proje	ct 3.b.i	Projec	t 3.d.iii	Proje	ct 4.b.i	Project	t 4.b.ii
Provider Catego	ory		cted / nitted	Selec Comm		Select Commi			cted / nitted	Selec Comm			cted / nitted	Selected / Committed		cted / mitted		cted / nitted		cted / nitted	Selec Comm	cted / nitted
	Safety Net	0	0	0	-	0	0	0	-	0	-	0	-	0	- 0	-	0	-	0	-	0	-
Community Based	Total	27	35	4	12	18	-	5	-	8	-	3	0	4	- 0	0	3	0	5	-	4	-
Organizations	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	- 0	-	0	-	0	-	0	-
All Other	Total	1,504	1,066	1,040	140	554	-	1,067	-	1,162	-	1,173	0	898	- 1,051	0	1,138	0	1,186	-	1,185	-
All Other	Safety Net	114	117	54	92	21	15	69	-	59	117	58	0	45 (	60	0	56	20	79	-	76	-
Uncategorized	Total	147	-	114	-	50	-	108	-	112	-	117	-	101	- 100	-	95	-	107	-	112	-
Oncategorized	Safety Net	2	-	2	-	0	-	2	-	2	-	2	-	2	- 1	-	1	-	2	-	2	-
Additional Providers	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	- 0	-	0	-	0	-	0	-
Additional Floviders	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	- 0	-	0	-	0	-	0	-
Home and Community Based	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	- 0	-	0	-	0	-	0	-
Services	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	- 0	-	0	-	0	-	0	-

### **Additional Project Scale Commitments**

### Instructions:

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

Project Scale Category	Project	Selected	Committed
Emergency Departments with Care Triage	2.b.iii	3	4
Expected Number of Crisis Intervention Programs Established	3.a.ii	0	4
Expected Number of Medical Villages Established	2.a.v	0	4
PAM(R) Providers	2.d.i	0	68



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**DSRIP Implementation Plan Project** 

## Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	ojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Greenfield Country Medicine PIIc	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Azad Abul Kazam Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Naumowicz Edward T	Practitioner - Primary Care Provider (PCP)											
Nicholson Timothy Joseph	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<b>&lt;</b>	<	<
Martin Jill	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Maddalena Amy Elizabeth	Practitioner - Primary Care Provider (PCP)	<										
Sundaram Vishalakshi	Practitioner - Primary Care Provider (PCP)											
Fish Douglas G Md	Practitioner - Primary Care Provider (PCP)	<										
Janowski Darcy A	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Mifsud Mindy	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Manjunath Kallanna Md	Practitioner - Primary Care Provider (PCP)	<	<						<	<		<
Pyle Bert William Iii Md	Practitioner - Primary Care Provider (PCP)											
Kondo Kathleen	Practitioner - Primary Care Provider (PCP)											
Borrelli Karin	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Harde Hasmukh C Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Noori Khalid A Md	Practitioner - Primary Care Provider (PCP)											
Rosenfield Joshua T Md	Practitioner - Primary Care Provider (PCP)											
Kineke Stephen Francis Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Hunter Philip Raymond Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Mekosh Susan Lynn	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Toll Richard B Md	Practitioner - Primary Care Provider (PCP)	<										
Wang Qiong Md	Practitioner - Primary Care Provider (PCP)											
Malone Anthony F Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Buff Daniel David Md	Practitioner - Primary Care Provider (PCP)											
Jacobson Sig-Linda Md	Practitioner - Primary Care Provider (PCP)											
Flik Anna Grattan Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Chowdary Sunita Kollu Md	Practitioner - Primary Care Provider (PCP)											
Mance Joan M	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Cirenza Emanuel Nicholas Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Patel Nileshkumar Gokal Md	Practitioner - Primary Care Provider (PCP)											
Franklin Peter Augustus Md	Practitioner - Primary Care Provider (PCP)											



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Provider Name   Provider Canagory   2.4   2.4   2.4   2.4   3.4		Participating in Projects	jects										
Manum Proteitioner - Primary Cane Provides (PCP)  wa MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  wa Ann MM Practitioner - Primary Cane Provides (PCP)  practitioner - Primary Cane Provides (PCP)  wa A	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
M. Munn         Practitioner - Primary Care Provider (PCP)         C. C	Shin Joong	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	ζ.
Ince MMd         Proceitionorer - Primary Case Provider (PCP)         IX	Spooner Elizabeth M Dunn	Practitioner - Primary Care Provider (PCP)											
Pacitioner - Primary Care Provider (PCP)	Locke Elizabeth Anne Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	ζ.
Pacilitioner - Primary Case Provider (PCP)   C   C   C   C   C   C   C   C   C	Steckman David	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	ζ.
Baal         Practitioner - Primary Cane Provider (PCP)         IV         I	Gildersleeve Rebecca Ann Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<		<	<	<	ζ.
Bas         Placetitioner - Primary Case Provider (PCP)         CA         C	Haqqie Syed S Md	Practitioner - Primary Care Provider (PCP)	<										
Mod         Practitioner - Primary Care Provider (PCP)         CX	Marsh Patricia L Rpa	Practitioner - Primary Care Provider (PCP)											
MMM         Plactitioner - Primary Care Provider (PCP)         X <td>Morgan Ayman Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td>&lt;</td> <td></td> <td></td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td>	Morgan Ayman Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
ss Md         Practitioner - Primary Care Provider (PCP)         X<	Ludwig Samantha Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
and Ir Mid         Practitioner - Primary Care Provider (PCP)         Image: Care Provider (PCP) <th< td=""><td>Lecours Laura Yates Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td><b>~</b></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></th<>	Lecours Laura Yates Md	Practitioner - Primary Care Provider (PCP)	<	<	<b>~</b>	<	<	<		<	<	<	<
Md         Practitioner - Primary Care Provider (PCP)         X <td>Duff Thomas Edward Jr Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td>&lt;</td> <td>&lt;</td> <td><b>&lt;</b></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td>	Duff Thomas Edward Jr Md	Practitioner - Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<	<	<		<	<	<	<
Practitioner - Primary Care Provider (PCP)  ane  Practitioner - Primary Care Provider (PCP)  BY  Practitioner - Primary Care Provider (PCP)  A  Practitioner - Primary	Bedford Sharon L Md	Practitioner - Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<	<	<		<	<	<	<
Anne Practitioner - Primary Care Provider (PCP)  Defactitioner - P	Mcneil Carrie Lynn	Practitioner - Primary Care Provider (PCP)											
ane         Practitioner - Primary Care Provider (PCP)         Image: Control of the provider of the	Lee Christine	Practitioner - Primary Care Provider (PCP)											
Pa         Practitioner - Primary Care Provider (PCP)         Y <td>Wilkinson Sarah Jane</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td>&lt;</td> <td></td>	Wilkinson Sarah Jane	Practitioner - Primary Care Provider (PCP)	<										
LPa         Practitioner - Primary Care Provider (PCP)         Practitioner - Primary Care Provider (PCP)           G         Practitioner - Primary Care Provider (PCP)         V <t< td=""><td>Marici Kathleen Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></t<>	Marici Kathleen Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
a         Practitioner - Primary Care Provider (PCP)         V	Sandagato Todd A Pa	Practitioner - Primary Care Provider (PCP)											
CC         Practitioner - Primary Care Provider (PCP)         Image: Company Care	Hettrich Amy L Rpa	Practitioner - Primary Care Provider (PCP)											
Id         Practitioner - Primary Care Provider (PCP)         Image: Care PCP)         Image: Care PCP)         Image: Care PCP)         Image: Care PCP)         Ima	Dawson Schuylar C	Practitioner - Primary Care Provider (PCP)											
ss Md         Practitioner - Primary Care Provider (PCP)         C<	Herman David L Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Ir Md         Practitioner - Primary Care Provider (PCP)         Image: Control of the provider of the provider of the practition of	Borden Eric Charles Md	Practitioner - Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<	<	<	<	<	<	<	<
Idd         Practitioner - Primary Care Provider (PCP)         Image: Control of the provider of the practition of	Nielson Robert P Jr Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Ar Practitioner - Primary Care Provider (PCP)  Practitioner - Prim	Parikh Nita S	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
ar Practitioner - Primary Care Provider (PCP) V<	Sacco Joseph P Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
ar Practitioner - Primary Care Provider (PCP)   IPMd Practitioner - Primary Care Provider (PCP)   IPMd Practitioner - Primary Care Provider (PCP)   IPMd INCOMPANIES   IPMD IPMD   IPMD <td< td=""><td>Robinson Kristen</td><td>Practitioner - Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>ζ.</td></td<>	Robinson Kristen	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	ζ.
Practitioner - Primary Care Provider (PCP)	Scherer Julie Spear	Practitioner - Primary Care Provider (PCP)											
IP Md       Practitioner - Primary Care Provider (PCP)       IV	Daoui Rachid	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)       V<	Aragona Sharon L	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Practitioner - Primary Care Provider (PCP)       IV	Sonnekalb Michael P Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	ζ.
Practitioner - Primary Care Provider (P	Meltz Theresa Ann Rpac	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
	Shur Irina N Md	Practitioner - Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Jorgensen Stephanie E Md	Practitioner - Primary Care Provider (PCP)	<	<b>~</b>	<	<	<	<		<	<	<	<
Irwin Michael R Md	Practitioner - Primary Care Provider (PCP)											
Evans Stephanie B Md	Practitioner - Primary Care Provider (PCP)											
Reider Jacob Michael Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<		<	<
Mihindukulasuriya Joseph C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Jue Donald Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<		<		<	<
Muller Susan Marie Md	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ	<	<b>〈</b>	<b>\</b>	<	<b>&lt;</b>	<	<b>&lt;</b>
Mcconnell Theresa Marie	Practitioner - Primary Care Provider (PCP)											
Litwa Wallin J Do	Practitioner - Primary Care Provider (PCP)	<										
Schynoll Gerald Klaus Md	Practitioner - Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Sultan Tanveer Aslam Md	Practitioner - Primary Care Provider (PCP)											
Compa Kristen Leigh Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Infantino Benjamin	Practitioner - Primary Care Provider (PCP)											
Friedrich Marcus Edmond	Practitioner - Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Kachurek David P	Practitioner - Primary Care Provider (PCP)											
Vachon Francois Marc Andre Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Davis George Fabyan Md	Practitioner - Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<		<	<
O'Brien Michael F	Practitioner - Primary Care Provider (PCP)	<	<b>~</b>	<	<	<	<	<	<		<	<
Carrelle Raymond J Md	Practitioner - Primary Care Provider (PCP)	<	<b>~</b>	<	<	<	<		<	<	<	<
Kim Regina Y Md	Practitioner - Primary Care Provider (PCP)	<										
Brady Helen H	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Denovio Bradley M Rpac	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Diaz Alan	Practitioner - Primary Care Provider (PCP)											
Graney Sheela Md	Practitioner - Primary Care Provider (PCP)	<			<		<			<		
Mallapu Shravan K	Practitioner - Primary Care Provider (PCP)											
Lavelle Daniel Thor	Practitioner - Primary Care Provider (PCP)											
Ceccucci Janice Lynn	Practitioner - Primary Care Provider (PCP)											
Gross Julia M	Practitioner - Primary Care Provider (PCP)											
Schottler-Thal Carrin Md	Practitioner - Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Moran Antoinette Collins Rpac	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Daggett Brian George Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Kudria Inna Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Jellinger Robert M Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<b>〈</b>	<	<	<	<	<b>&lt;</b>
Chandler Arthur C lii Md	Practitioner - Primary Care Provider (PCP)											
Tichich Jennifer Brown	Practitioner - Primary Care Provider (PCP)											
Mcgovern Christine Elizabeth Rpa	Practitioner - Primary Care Provider (PCP)											
Patel Vina R Md	Practitioner - Primary Care Provider (PCP)											
Barry Kelli Ann	Practitioner - Primary Care Provider (PCP)	<	<	<	ζ.	<	<		<	<	<	ζ.
Spingarn David H Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<	<	<	<
Getzke Nancy L Np	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Agopovich Arsenio Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Soryal George Fayk Melad	Practitioner - Primary Care Provider (PCP)											
Chaudhary Ayesha Muriam	Practitioner - Primary Care Provider (PCP)											
Abigail R Watson	Practitioner - Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<b>&lt;</b>	<
Zamer Joshua D Md	Practitioner - Primary Care Provider (PCP)											
Pierce Jean Catherine Rpa	Practitioner - Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
Litts Warren C Jr Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<	<	<b>&lt;</b>	<
Enzien Ernest M Jr Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Seaman Tami Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Chen Ying-Jen Md	Practitioner - Primary Care Provider (PCP)											
Taneja Sanjay Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Warszawa-Ambros Maryla A Md	Practitioner - Primary Care Provider (PCP)	<			<		<			<		
Kucherina Andrey Md	Practitioner - Primary Care Provider (PCP)											
Dluge-Aungst Dawn B Rpa	Practitioner - Primary Care Provider (PCP)											
Tryon Crystal M	Practitioner - Primary Care Provider (PCP)											
Lieberman Ruth L Md	Practitioner - Primary Care Provider (PCP)	<										
Gordon Peter Eliot Md	Practitioner - Primary Care Provider (PCP)											
Fusco Joseph J Md	Practitioner - Primary Care Provider (PCP)	<					<					
Phelps David Millard Md	Practitioner - Primary Care Provider (PCP)	<										
Faroqui Fazal G Do	Practitioner - Primary Care Provider (PCP)											
Strader Stephen Earl Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<b>&lt;</b>
Dykstra Todd Bryan Rpa	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	بر س	ม =:	ა -	ა ≟ ∷	<u>-</u>	::
						2.1	J.a.1	J.a.II	0.0.1	0.0.	1.5.1	4.D.II
Szilak IIIya	Practitioner - Primary Care Provider (PCP)	<										
Brilliant Rachelle I	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Alegre Catalina	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Belding Alfred Md	Practitioner - Primary Care Provider (PCP)											
Voleti Venkateswararao Md	Practitioner - Primary Care Provider (PCP)											
Marthy-Noonan Anne K Md	Practitioner - Primary Care Provider (PCP)	<	<b>&lt;</b>	<	ζ.	<	<		<	<	<	<
Johnson Charles A Do	Practitioner - Primary Care Provider (PCP)	<	<b>&lt;</b>		ζ.	<b>&lt;</b>	ζ.	<b>&lt;</b>	<	<	<b>〈</b>	<
Baselice Marino Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Pascual Arsenio George Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Madala Padmaja Md	Practitioner - Primary Care Provider (PCP)	<	<						<	<		<
Mondelo Doreen Perez	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Perez Leah A	Practitioner - Primary Care Provider (PCP)											
Meagher Colin Patrick	Practitioner - Primary Care Provider (PCP)											
Kamath Marian D Md	Practitioner - Primary Care Provider (PCP)											
Palmieri Suzanne Do	Practitioner - Primary Care Provider (PCP)	<										
Muhammad Rahshon	Practitioner - Primary Care Provider (PCP)											
Gandham Vijaya L Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Zabinski-Kramer Kathleen Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Khera Kanwarjit S Md	Practitioner - Primary Care Provider (PCP)											
Mead Daniel H Pa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
O'Brien Joanne Elizabeth	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Sethi Dinesh Md	Practitioner - Primary Care Provider (PCP)											
Gross Eric J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Dollard Michael Anthony	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Haldeman lii Richard J	Practitioner - Primary Care Provider (PCP)	<	<						<	<		<
Murrock Mary Lou	Practitioner - Primary Care Provider (PCP)											
Monkash Jeff Ira Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Stephenson Lisa	Practitioner - Primary Care Provider (PCP)											
Johnson Sheena Marie	Practitioner - Primary Care Provider (PCP)											
Snyder Ilona	Practitioner - Primary Care Provider (PCP)	<										
Delamater Jeffrey T	Practitioner - Primary Care Provider (PCP)	<b>〈</b>				<	<	<		<	<	<



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Rescribute Almontofficia A   Provider Name   Provider Changory   2a.		Participating in Projects	cts										
Predictioner - Primary Clase Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Pacitions - Primary Case Provider (PCP)   X	Sanchez Alexandria A	Practitioner - Primary Care Provider (PCP)											
Medicinear - Finnary Care Provider (PCP)  Medicinear - Finnary Care Provider (PCP)  Practitioner - Finnary Car	Knapp George Sterling Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<b>~</b>	<	<	<
MMA         Practitioner - Primary Cane Provider (PCP)         X <td>Rule Jennifer</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Rule Jennifer	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)	Marinello Anthony James Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Practitioner - Primary Care Provider (PCP)	Schneider Nicole Marie	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Practitioner - Primary Care Provider (PCP)	Braden Diane Beers	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<b>~</b>	<	<	<
Pacititioner - Primary Care Provider (PCP)	Verrico Ivelisse Ann Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<b>~</b>	<	<	<
Practitioner - Primary Care Provider (PCP)   X   X   X   X   X   X   X   X   X	Balot Barry Hal Md	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)	Hoy Christopher Dion Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<b>~</b>	<	<	<
Practitioner - Primary Case Provider (PCP)   V   V   V   V   V   V   V   V   V	Mookherjee Sulagna Md	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)         V	Drzymalski Zofia Wanda Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Practitioner - Primary Care Provider (PCP)         Image: Care Provider (PCP)<	Murray Amy J	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Dougherty Katherine	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Mactitioner - Primary Care Provider (PCP)         V	Gicewicz Adam	Practitioner - Primary Care Provider (PCP)											
Mactitioner - Primary Care Provider (PCP)         Image: Care Provider (PCP) </td <td>Santiago Allan Realin Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Santiago Allan Realin Md	Practitioner - Primary Care Provider (PCP)											
Md         Practitioner - Primary Care Provider (PCP)         V <td>Saperstone James D Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td>&lt;</td> <td></td> <td></td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td>	Saperstone James D Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Md         Practitioner - Primary Care Provider (PCP)         Image:	Livshits Aleksandr Md	Practitioner - Primary Care Provider (PCP)											
Md         Practitioner - Primary Care Provider (PCP)         Image:	Gokey Ellen L	Practitioner - Primary Care Provider (PCP)											
Md         Practitioner - Primary Care Provider (PCP)         Image:	lannuccillo Anthony	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)         IN         IN<	Putman William Erskine M Md	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Karel Md Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Primary Care Provider	Henry Clarence Bruce Md	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)         Image: Care Provider (PCP)<	Navarro Brian Scott Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Practitioner - Primary Care Provider (PCP)         Secondary Care Provider (PCP)	Greenblatt Carol Lynn Do	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Karel Md         Practitioner - Primary Care Provider (PCP)         V <th< td=""><td>Stam Katherine L Do</td><td>Practitioner - Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Stam Katherine L Do	Practitioner - Primary Care Provider (PCP)											
Karel Md       Practitioner - Primary Care Provider (PCP)       Image: Control of the contro	Gabay Michelle	Practitioner - Primary Care Provider (PCP)											
Karel Md       Practitioner - Primary Care Provider (PCP)       V	Quinn Barbara Hunter	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Multiple Practitioner - Primary Care Provider (PCP)	De Waal Malefyt Stephen Karel Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
a Md Practitioner - Primary Care Provider (PCP)	Stephen Asiedu	Practitioner - Primary Care Provider (PCP)											
	Woods Margaret Mary Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		ζ.	<	<
Practitioner - Primary Care Provider (P	Choudhary Madhuchhanda Md	Practitioner - Primary Care Provider (PCP)											
	Nelligan John	Practitioner - Primary Care Provider (PCP)											



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Leyhane James C Md	Practitioner - Primary Care Provider (PCP)	<										
Glick Cheryl M	Practitioner - Primary Care Provider (PCP)	<				<b>〈</b>	<b>&lt;</b>	<b>〈</b>		<	<	<b>&lt;</b>
Pawlinga Christophe	Practitioner - Primary Care Provider (PCP)	<										
Noyes Kimberly	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Eldredge Daniel	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Lubbna Valliani	Practitioner - Primary Care Provider (PCP)											
Barraclough Nancy L Np	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	ζ.	ζ.	ζ.	<	<	<	<b>&lt;</b>
Ernst Cheryl Elaine	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Rizzuto Michael J	Practitioner - Primary Care Provider (PCP)	<b>&lt;</b>										
Murray Sherrie L	Practitioner - Primary Care Provider (PCP)											
Arnold Hendrick Jr Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Hickey Lynn Leitner Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Shukurova Zukhra	Practitioner - Primary Care Provider (PCP)											
Sandbach Katherine Ashley	Practitioner - Primary Care Provider (PCP)											
Calamia Vincent Md	Practitioner - Primary Care Provider (PCP)											
Sacco Joseph D Md	Practitioner - Primary Care Provider (PCP)											
Bakst Gary Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Downey Kathleen Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<b>&lt;</b>	<	<
Katz Linda G Np	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Dick Ronald Larrabee	Practitioner - Primary Care Provider (PCP)											
Mavashev Mikhail	Practitioner - Primary Care Provider (PCP)											
Navarette Kristen Alexandra	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Morgan Lacey Elizabeth	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Eisele George Md	Practitioner - Primary Care Provider (PCP)											
Foster David E	Practitioner - Primary Care Provider (PCP)											
Sagar Sushil Md	Practitioner - Primary Care Provider (PCP)											
Mirza Shahida Parveen Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Gaston Shenelle R Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Conway Lillian Marie	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Chaudhary Shawn Ahmad	Practitioner - Primary Care Provider (PCP)	ζ.	<	ζ.	<	<	<	<	<	<	<	<
Rutter Ann	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<



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Gilbertson Dorothy	Practitioner - Primary Care Provider (PCP)											
Janasek Karolina	Practitioner - Primary Care Provider (PCP)											
Wright Stuart B Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Ravi Natarajan Md	Practitioner - Primary Care Provider (PCP)											
Baillargeon Neal Arthur Md	Practitioner - Primary Care Provider (PCP)											
Rodriguez-Goodemot Renee B Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<b>&lt;</b>	ζ.	ζ.	<	<	ζ	<
Bello Scott C Md	Practitioner - Primary Care Provider (PCP)	<				<	ζ.	ζ		<	<b>&lt;</b>	<b>&lt;</b>
Redding Jack Eugene	Practitioner - Primary Care Provider (PCP)											
Larner Virginia Blake Rpa	Practitioner - Primary Care Provider (PCP)	<				<	<	ζ.		<	<	<b>&lt;</b>
Guptill Gloria G	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Sazon Tatiana	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Hyland Maureen Annette	Practitioner - Primary Care Provider (PCP)	<										
Ares Carlos Alfredo Md	Practitioner - Primary Care Provider (PCP)											
Donohue Robert	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Samedov Nikolay Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>&lt;</b>	<	<
Yan Richard	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<b>&lt;</b>	<	<
Choudry Ahmad Bilal	Practitioner - Primary Care Provider (PCP)											
Maas Amelia Lisa	Practitioner - Primary Care Provider (PCP)											
Eldeiry Samer S Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>&lt;</b>	<b>&lt;</b>	<
Haber Eugene Curtis Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Gelman Leonard M Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Kuettel Thomas J Md	Practitioner - Primary Care Provider (PCP)											
Marshall Robert Andrew Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<b>&lt;</b>	<b>&lt;</b>	<
Spindler John B Rpa	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<b>&lt;</b>	<	<
Dufort Elizabeth Mariann	Practitioner - Primary Care Provider (PCP)											
Matott Heather Melissa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Moore Susan Elaine Md	Practitioner - Primary Care Provider (PCP)	<										
Allard Ingrid M Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>&lt;</b>	<	<
Rienzi Peter Anthony Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<b>&lt;</b>	<	<
Alarcon Gabriel Baldomero Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Anand Vinod Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Brendese Stephen C	Practitioner - Primary Care Provider (PCP)											
Gupta Saaket Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Bevilacqua Lisa Rose Md	Practitioner - Primary Care Provider (PCP)	<				<b>&lt;</b>	ζ.	<		<	<	<b>&lt;</b>
Richman Charles H Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Montelone Kimberly Ann Np	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Lehine Guy Daniel Md Faap	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Nussbaum Jack Md	Practitioner - Primary Care Provider (PCP)											
Eaton Carolyn A Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Dhanani Rahim Md	Practitioner - Primary Care Provider (PCP)	<										
Beauchamp Cara E Rpa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Smith Marsha	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Puthuparampil Beulah J Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>~</b>	<	<		<b>&lt;</b>	<	<	<
Kucij Lyn Irene Rpa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Price Marc David Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Nemith Lindsay Mumford	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Sazon Alexandr	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<		<	<	<	<
Van Amburgh Marilyn	Practitioner - Primary Care Provider (PCP)	<										
Warshaw James	Practitioner - Primary Care Provider (PCP)											
Shustarovich Alla Md Pc	Practitioner - Primary Care Provider (PCP)											
Stoecklin William	Practitioner - Primary Care Provider (PCP)											
Doro Kristienna Martin	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Santoro Deanna	Practitioner - Primary Care Provider (PCP)											
Sgambati Stephen S Jr Md	Practitioner - Primary Care Provider (PCP)											
Greenberg Clifford A Md	Practitioner - Primary Care Provider (PCP)											
Condy Angela G Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Tera N Hetrick-Platte Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<		<	<	<	<
Russell Jennifer Brooke	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Kohanski Dawn M	Practitioner - Primary Care Provider (PCP)											
Dicerbo Nancy	Practitioner - Primary Care Provider (PCP)											
Fusella Joseph li Do	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Lahtinen-Aley Kristina Marie Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<



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Hart Ashley Rose	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Vachon Cary Ian	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Vitale Alex Nathaniel	Practitioner - Primary Care Provider (PCP)	<				<	<	<b>&lt;</b>		<	<b>&lt;</b>	<
Black Mandy	Practitioner - Primary Care Provider (PCP)											
Martin Kristen Hedger Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<b>&lt;</b>		<	<	<
Nebres Jose F Md	Practitioner - Primary Care Provider (PCP)											
Musto Ronald V Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<		<	<	<	<
Dorsey Susan Serra Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<		<	<	<	<
Omeara Shannon Lauren	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Cieszynski Veronica Eileen	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<		<	<	<	<
Gomez-Di Cesare Caroline M Md	Practitioner - Primary Care Provider (PCP)	<	<						<	<		<
Teetz Rick David Md	Practitioner - Primary Care Provider (PCP)											
Higgins Elizabeth A Md	Practitioner - Primary Care Provider (PCP)	<										
Hechanova Arnel B Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<b>&lt;</b>	<	<	<	<
Jacobson Kirsten Elizabeth Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Czerwinski Maria H Md	Practitioner - Primary Care Provider (PCP)											
Smitas Catherine Malone Md	Practitioner - Primary Care Provider (PCP)	<				<b>~</b>	<	<		<	<	<
Flanagan Jean Ansari Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<	<	<	<
Morin Michael P Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Nagle Henry Alexander	Practitioner - Primary Care Provider (PCP)	<										
Robinson Stacy P	Practitioner - Primary Care Provider (PCP)											
Singh Gurpreet	Practitioner - Primary Care Provider (PCP)											
Broderick Bethany Md	Practitioner - Primary Care Provider (PCP)											
Burchell Randall Lawrence Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Pelnik-Fecko Tricia Ann Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Borden Jennifer Lynn	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Chan Cindy Hoying Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Sahgal Sumir P Md	Practitioner - Primary Care Provider (PCP)											
Wasniewski Holly L Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Larsen Douglas P	Practitioner - Primary Care Provider (PCP)	<	ζ.		<	<	<	<	<	<	<	<
Kim Richard Lee	Practitioner - Primary Care Provider (PCP)											



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Esposito Rhonda M	Practitioner - Primary Care Provider (PCP)											
Buff Christopher Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<b>&lt;</b>	<	<b>&lt;</b>	<b>〈</b>		<	<
Osborn Kyle Thomas Md	Practitioner - Primary Care Provider (PCP)	<	<	<b>〈</b>	<	<b>〈</b>	<b>〈</b>		<	<b>〈</b>	<	<
Dooley Kevin M Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	ζ.	ζ.	<	<		<	ζ.
Obeid Leila Ann	Practitioner - Primary Care Provider (PCP)	<	ζ.		<	ζ	ζ.	ζ	<	ζ	<b>&lt;</b>	ζ.
Carrasco Andrea Y Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	ζ.	ζ.	<	<	ζ.	<	ζ.
Breen Martin Md	Practitioner - Primary Care Provider (PCP)	ζ.	<	ζ.	<	<	ζ.	<	<	<	<b>&lt;</b>	<b>&lt;</b>
Yocono Mark A Md	Practitioner - Primary Care Provider (PCP)											
Lindman Harry David Md	Practitioner - Primary Care Provider (PCP)	ζ.										
Roche Sean Patrick Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<		<	<	<	<
lanniello Louis Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
West-Brown Janet	Practitioner - Primary Care Provider (PCP)	<	<						<	<		<
Oldendorf Mark Walter Md	Practitioner - Primary Care Provider (PCP)											
Sherwood David Edward Md	Practitioner - Primary Care Provider (PCP)	<			<		<			<		
May Doreen T Rpa	Practitioner - Primary Care Provider (PCP)											
Green Elizabeth Anne	Practitioner - Primary Care Provider (PCP)											
Potratz Meagan A	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Millea Kerry	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Hennessy Elisa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Stetzer Rebecca	Practitioner - Primary Care Provider (PCP)	<										
Zimring Debra Carol Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Wise Birute Marija Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Sheaffer Margaret A	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Cahill Ryan M Do	Practitioner - Primary Care Provider (PCP)											
Fay Mary E	Practitioner - Primary Care Provider (PCP)											
Emily Knuth	Practitioner - Primary Care Provider (PCP)	<										
Halbig Robert Joseph Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Capalbo Ralph H	Practitioner - Primary Care Provider (PCP)											
Lobo Melvyn Albert Md	Practitioner - Primary Care Provider (PCP)											
Pike Denning Vanessa L Md	Practitioner - Primary Care Provider (PCP)											
Mack Kristin Lake	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
											-	



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	Participating in Projects	ojects			-	-	-	-			
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v 2.b.iii	.iii 2.d.i	l.i 3.a.i	i 3.a.ii	ii 3.b.i	i 3.d.iii	ii 4.b.i	i 4.b.ii
Kostun William A Md	Practitioner - Primary Care Provider (PCP)										
Fellegi Aniko Md	Practitioner - Primary Care Provider (PCP)										
Lucas Judith Anne Md	Practitioner - Primary Care Provider (PCP)										
Busch Robert Steven Md	Practitioner - Primary Care Provider (PCP)	<	<	<b>→</b>	<b>'</b>	<b>\</b>	<	<		<	<
Thorn Lisa Marie Md	Practitioner - Primary Care Provider (PCP)	<			<	<			<		<
Wood Colleen T Np	Practitioner - Primary Care Provider (PCP)										
Orlovskiy Aleksandr Md	Practitioner - Primary Care Provider (PCP)										
Peregrim Kimberly A Do	Practitioner - Primary Care Provider (PCP)										
Rosenberger John Daniel Md	Practitioner - Primary Care Provider (PCP)	<	<	<	\ <	\ \	<	<	<	<	<
Kearney Andrew S Rpa	Practitioner - Primary Care Provider (PCP)										
Leonidas Leonard Al Md	Practitioner - Primary Care Provider (PCP)	<	<	<b>&lt;</b>	\ <	<b>'</b>		<		<	<
Merriman Joann	Practitioner - Primary Care Provider (PCP)	<			<	<	<		<	<	<
Mckinney Sue Peterson Rpa	Practitioner - Primary Care Provider (PCP)	<			<				<		
Newton Scott	Practitioner - Primary Care Provider (PCP)	<	<	<	\ <	` <	<	<	<	<	<
Signor Connie J	Practitioner - Primary Care Provider (PCP)	<	<	<	\ <	<	<	<	<	<	<
Tobolsky Shimon Rpa	Practitioner - Primary Care Provider (PCP)										
Busino William A Jr Md	Practitioner - Primary Care Provider (PCP)	<			<	·	<		<	<	<b>&lt;</b>
Ismail Mohammed Md	Practitioner - Primary Care Provider (PCP)	<				<					
Diaz Miguel Remigio Md	Practitioner - Primary Care Provider (PCP)	<	<	< <	\ <			<	<	<	<
Ditursi Mary Kathleen Williams	Practitioner - Primary Care Provider (PCP)	<		<		<			<	<	
Matolka Patrick Michael	Practitioner - Primary Care Provider (PCP)										
Rosales Manuel Ramos Md	Practitioner - Primary Care Provider (PCP)										
Dufresne W J Duke Md	Practitioner - Primary Care Provider (PCP)										
Pride Boone Janice Md	Practitioner - Primary Care Provider (PCP)	<	<	<	\ <	`		<	<	<	<
Colman David Lawrence	Practitioner - Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<	<		<	<	<	<
Hochster Howard James Md	Practitioner - Primary Care Provider (PCP)										
Butterfield Rebecca C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Mckibbin-Vaughan Tom	Practitioner - Primary Care Provider (PCP)										
Mustafa Marianne A Md	Practitioner - Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Cossey Jason L	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<		<	<
Shrinkhla Agrawal	Practitioner - Primary Care Provider (PCP)	<									



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<	<	<		<	<	<				<	Practitioner - Primary Care Provider (PCP)	Conlon Alan T Md
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Farrell Richard Md Jr
<	<	<		<	<	<				<	Practitioner - Primary Care Provider (PCP)	Yadegari-Lewis Nasrene Md
<	<	<	<	<	<	<	<	<b>~</b>	<	<	Practitioner - Primary Care Provider (PCP)	Schumacher Thomas C Md
											Practitioner - Primary Care Provider (PCP)	Gupta Sindhu Md Pc
										<	Practitioner - Primary Care Provider (PCP)	Thomas Christopher W Md
											Practitioner - Primary Care Provider (PCP)	Ostrowski Kathleen Lanka
<	<	<	<		<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Hobbs Patricia
<	<	<		<	<	<				<	Practitioner - Primary Care Provider (PCP)	Martorana Sebastian Vincent
											Practitioner - Primary Care Provider (PCP)	Mchale-Mcbain Stacy Lynn
											Practitioner - Primary Care Provider (PCP)	Garbarino Kathleen Marie
											Practitioner - Primary Care Provider (PCP)	Belova Natalya Md
<	<	<	<		<	<	<	<b>~</b>	<	<	Practitioner - Primary Care Provider (PCP)	Talma Theodore E Md
<	<	<	<		<	<	<	<b>~</b>	<	<	Practitioner - Primary Care Provider (PCP)	Gradner Jill A Md
											Practitioner - Primary Care Provider (PCP)	Reilly Michael J Md
<	<	<	<	<	<	<	<		<	<	Practitioner - Primary Care Provider (PCP)	Pope Ronald James Do
											Practitioner - Primary Care Provider (PCP)	Hauer David I Md
<	<	<	<	<	<	<	<		<	<	Practitioner - Primary Care Provider (PCP)	Tietgens Sharon T Md
											Practitioner - Primary Care Provider (PCP)	Schoenfeld Barton Md
											Practitioner - Primary Care Provider (PCP)	Erlikh Tamara Md
											Practitioner - Primary Care Provider (PCP)	Fraser Fayanne Maria
<	<	<	<	<	<	<	<b>~</b>	<b>~</b>	<	<	Practitioner - Primary Care Provider (PCP)	Bednarek Rebecca S
											Practitioner - Primary Care Provider (PCP)	Ellwood Rebecca
<	<	<	<		<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Irani Danesh S Rpa
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Primary Care Provider (PCP)	Siniapkin George C Md
											Practitioner - Primary Care Provider (PCP)	Collens Richard Md
											Practitioner - Primary Care Provider (PCP)	Patel Mahendra Ambalal Md
<	<	<		<	<	<				<	Practitioner - Primary Care Provider (PCP)	Braungart Carol Fritz
											Practitioner - Primary Care Provider (PCP)	Sacolick Benzion Md
											Practitioner - Primary Care Provider (PCP)	Janice Prime Care Medical Pc
											Practitioner - Primary Care Provider (PCP)	Gage Dina
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										ects	Participating in Projects	



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	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii 3	3.b.i 3.	3.d.iii 4	4.b.i '	4.b.ii
Horn Elizabeth C	Practitioner - Primary Care Provider (PCP)	<										
Dibble Colleen M	Practitioner - Primary Care Provider (PCP)	<										
Maheshwari Anil	Practitioner - Primary Care Provider (PCP)											
Henson Jennifer T	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Joseph Josmi	Practitioner - Primary Care Provider (PCP)											
Livolsi Laruen L	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Di Marco Tracie Lee	Practitioner - Primary Care Provider (PCP)											
Baldini Gleda P Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<	<
Lemons Lorraine S Do	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Rendich Kathleen	Practitioner - Primary Care Provider (PCP)											
Dennis J Basila	Practitioner - Primary Care Provider (PCP)											
Parker Dawne Louise	Practitioner - Primary Care Provider (PCP)	<										
Lauren T Siy	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<b>\</b>	<b>&lt;</b>	<	<
Alin Avi	Practitioner - Primary Care Provider (PCP)	<										
Krass Jessica A	Practitioner - Primary Care Provider (PCP)	<										
Migden Hedy L	Practitioner - Primary Care Provider (PCP)											
Tomiak Henry P Jr Md	Practitioner - Primary Care Provider (PCP)	<			<	<	<	<		<b>&lt;</b>	<	
Spinelli Karen Ann Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<				<
King-Hall Pamela	Practitioner - Primary Care Provider (PCP)											
Shahata Hani L Md	Practitioner - Primary Care Provider (PCP)											
Cleney Holly K Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<b>&lt;</b>	<b>&lt;</b>	<	<
Winchester Susan B Np	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<b>\</b>	<	<
Blinkhorn Richard John Jr	Practitioner - Primary Care Provider (PCP)											
Paeglow Robert John Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<		<	<b>&lt;</b>	<	<
Jain Rajinder Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<b>&lt;</b>	<	<
Shetty Tharun	Practitioner - Primary Care Provider (PCP)											
Ali Shehzad	Practitioner - Primary Care Provider (PCP)	<										
Mcgarry Karen A Rpa	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<b>&lt;</b>	<	<
Pokharel Sunil	Practitioner - Primary Care Provider (PCP)											
Bown Melissa Ann	Practitioner - Primary Care Provider (PCP)											
Khizar Shehzad	Practitioner - Primary Care Provider (PCP)											



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	Participating in Projects	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Pomichter John Stanley Md	Practitioner - Primary Care Provider (PCP)	<	ζ.		<	<	ζ.	ζ	<	<	<	<b>&lt;</b>
Culp Anita	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Hanley Audra J Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	ζ	<	<	<	<b>&lt;</b>
Lenefsky Ronald I Md	Practitioner - Primary Care Provider (PCP)											
Tonneau Benoit Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Torre Jenny Ann	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Gelfman Rachel Dawn	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.		<	<	ζ.	<
Bustamante Rita M	Practitioner - Primary Care Provider (PCP)											
Flynn Dedra Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Reed Monica Renee	Practitioner - Primary Care Provider (PCP)	<	ζ.		<	<	<	<	<	<	<	<
Rose Jennifer	Practitioner - Primary Care Provider (PCP)	<	<	<b>~</b>	<	<	<		<	<	<	<
Dannenhoffer Joanne V	Practitioner - Primary Care Provider (PCP)											
Cordi Heidi P	Practitioner - Primary Care Provider (PCP)											
Oke Benjamin	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Khan Noor Zaman Md	Practitioner - Primary Care Provider (PCP)											
Caiazza Margaret	Practitioner - Primary Care Provider (PCP)	<	<	<b>~</b>	<	<	<	<	<	<	<	<
Gabriel Daniel Md	Practitioner - Primary Care Provider (PCP)											
Fruiterman Mark L Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Bleser Karen Md	Practitioner - Primary Care Provider (PCP)	<										
Morris Barbara A Md	Practitioner - Primary Care Provider (PCP)	<										
Roske Julia H Rpa	Practitioner - Primary Care Provider (PCP)	<	<	<b>~</b>	<	<	<		<	<	<	<
Assevero Anna-Maria D Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Greenblatt Michael J Md	Practitioner - Primary Care Provider (PCP)	<	<	<b>~</b>	<	<	<		<	<	<	<
Saha Manish	Practitioner - Primary Care Provider (PCP)	<										
Gariepy Michelle Elizabeth Rpa	Practitioner - Primary Care Provider (PCP)											
Stephanie Noyes	Practitioner - Primary Care Provider (PCP)	<										
Natalenko Irina Md	Practitioner - Primary Care Provider (PCP)											
Kolanchick Gary J Md	Practitioner - Primary Care Provider (PCP)	<										
Cardiel Alexander Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Chin Yin Lee Md	Practitioner - Primary Care Provider (PCP)											
Brasch Mary L Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<

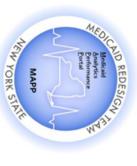


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Provider Name         Provider Category         2.al         2.al <th< th=""><th></th><th>Participating in Projects</th><th>rojects</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></th<>		Participating in Projects	rojects										
Pacitioner - Primary Case Provider (PCP) Pacitioner - Primary Case Provider (P	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i		3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Peacitioner - Primary Case Provider (PCP) Pacitioner - Primary Case Provider (	Petersen Lauris Jon	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Ca	Semlear Robert Dwight Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<	<	<b>&lt;</b>	<	<b>〈</b>	<b>&lt;</b>
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Ca	Kao Wei Md	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP) Practitioner - Primary Ca	llowit Emily Katharine	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Primary Care Primary Care Primary Care	Diamond Courtney Beth	Practitioner - Primary Care Provider (PCP)	<	<	<	<	ζ	<	<	<	<	ζ.	<b>&lt;</b>
Practitioner - Primary Care Provider (PCP)  Is a Company Care Provider (PCP)	Baghel Ashok Md	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)  It I I I I I I I I I I I I I I I I I I	Shpak Mikhail M Do	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)  Is Practitioner - Primary Care Provider (	Byron Paul Joseph	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)	Burke Michael Kevin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Practitioner - Primary Care Provider (PCP)  Practitioner - Primary	Smith Derek W	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)  Judd Practitioner - Primary Care Provider (PCP)  Practitioner - Pr	Petraccione Lisa F Rpa	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Practitioner - Primary Care Provider (PCP)         Image: Care Provider (PCP)<	Muhammad Imtiaz	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (	Lawson Jessica L	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Practitioner - Primary Care Provider (PCP)         Image: Care Provider (PCP)<	Bravo Enrico A	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)  Practitioner - Primary	Miller Marilyn	Practitioner - Primary Care Provider (PCP)	<					<					
Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner -	Sheehan Rebecca	Practitioner - Primary Care Provider (PCP)	<	<						<	<		<
Practitioner - Primary Care Provider (PCP)         V	Caesar Mimieux Vanetta	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)  Md Practitioner - Primary Care Provider (PCP)	Sorum Paul C Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)  Md 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 P	Snitkoff Louis Md	Practitioner - Primary Care Provider (PCP)	<										
Do     Practitioner - Primary Care Provider (PCP)     V     V     V     V       Marc Md     Practitioner - Primary Care Provider (PCP)     V     V     V     V     V       Marc Md     Practitioner - Primary Care Provider (PCP)     V     V     V     V     V       M Md     Practitioner - Primary Care Provider (PCP)     V     V     V     V       M Md     Practitioner - Primary Care Provider (PCP)     V     V     V     V       Andrew J Md     Practitioner - Primary Care Provider (PCP)     V     V     V     V       Andrew J Md     Practitioner - Primary Care Provider (PCP)     V     V     V     V       Andrew J Md     Practitioner - Primary Care Provider (PCP)     V     V     V     V       Practitioner - Primary Care Provider (PCP)     V     V     V     V       Practitioner - Primary Care Provider (PCP)     V     V     V     V       Practitioner - Primary Care Provider (PCP)     V     V     V     V       Practitioner - Primary Care Provider (PCP)     V     V     V     V       Practitioner - Primary Care Provider (PCP)     V     V     V     V       Practitioner - Primary Care Provider (PCP)     V     V     V     V	Wolff Michael Leonard Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Marc Md         Practitioner - Primary Care Provider (PCP)         V	Aitken Geri Lynn Do	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
RKissane Rpa     Practitioner - Primary Care Provider (PCP)     Image: Care Provider (PCP)       M Md     Practitioner - Primary Care Provider (PCP)     Image: Care Provider (PCP)       M Md     Practitioner - Primary Care Provider (PCP)     Image: Care Provider (PCP)       Andrew J Md     Practitioner - Primary Care Provider (PCP)     Image: Care Provider (PCP)       Andrew J Md     Practitioner - Primary Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Primary Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Primary Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Primary Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Primary Care Provider (PCP)     Image: Care Provider (PCP)	Goldberg Steven Marc Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
n Kissane Rpa Practitioner - Primary Care Provider (PCP)  M Md Practitioner - Primary Care Provider (PCP)  Andrew J Md Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Andrew J Md Practitioner - Primary Care Provider (PCP)	Hyde Natalie Ann	Practitioner - Primary Care Provider (PCP)											
M Md Practitioner - Primary Care Provider (PCP)  Atrick Md Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Andrew J Md Practitioner - Primary Care Provider (PCP)	Campbell Kathleen Kissane Rpa	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
M Md     Practitioner - Primary Care Provider (PCP)     IV     IV     IV     IV       atrick Md     Practitioner - Primary Care Provider (PCP)     IV     IV <td>Hosaka Mia</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td></td>	Hosaka Mia	Practitioner - Primary Care Provider (PCP)											
atrick Md         Practitioner - Primary Care Provider (PCP)         V <t< td=""><td>Murphy Christine M Md</td><td>Practitioner - Primary Care Provider (PCP)</td><td>&lt;</td><td></td><td></td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td></t<>	Murphy Christine M Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
arsinha Md         Practitioner - Primary Care Provider (PCP)         Under Provider (PCP)         Under Practitioner - Primary Care Provider (PCP)         Under Practitioner - Primary Care Provider (PCP)         Under Provider (P	Murphy William Patrick Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Andrew J Md Practitioner - Primary Care Provider (PCP)	Kamath Sachin Narsinha Md	Practitioner - Primary Care Provider (PCP)											
rancis Md Practitioner - Primary Care Provider (PCP)	Kavanaugh-Black Andrew J Md	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)	Walker Michael Francis Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Lisconderic Filling Contribution (CC)	Viola Theresa Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<



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Count Countries Nisions   Provider Name   Provider Name   Provider Cobagoyy   2.1   2.1   2.1   2.1   2.1   2.1   3.1		Participating in Projects	ojects										
Mission         Proaditioner - Primary Care Provider (PCP)         X	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Add add Presidence: Primary Care Provider (PCP)  1	Clark Catherine Nielsen	Practitioner - Primary Care Provider (PCP)	ζ.	ζ.	<	<	<	ζ.		<	ζ.	<	ζ.
Prestitioner - Primary Cate Provider (PCP)   X	Dunne Christa Md	Practitioner - Primary Care Provider (PCP)	<	ζ.		<	<b>&lt;</b>	ζ.	ζ.	<		<	<b>&lt;</b>
Lictorn   Precisioner - Primary Case Provider (PCP)   X   X   X   X   X   X   X   X   X	Neubert Stefanie S	Practitioner - Primary Care Provider (PCP)	<										
Demitter Mid         Practitioner: Primary Care Provider (PCP)         C	Kanthal Marissa Loren	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.		<	ζ.	<	<
LMd         Practitioner - Primary Case Provider (PCP)         X <td>Berman Jessica Dembitz Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td>&lt;</td> <td></td> <td></td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td>	Berman Jessica Dembitz Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Peadlicord - Primary Care Provider (PCP)         V	Liporace Ralph L Md	Practitioner - Primary Care Provider (PCP)	<										
Peads IMM         Practitioner - Primary Care Provider (PCP)         Image: Provider (PCP)         Image: Provider (PCP)         Image: PCP (PCP)	Sugent Linda J	Practitioner - Primary Care Provider (PCP)											
a         Practitioner - Primary Case Provider (PCP)         Image: Control of PCP (PCP)         Image: Co	Litynski James	Practitioner - Primary Care Provider (PCP)											
a         Practitioner - Primary Care Provider (PCP)         C	Ferrando-Ross Pedro I Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	<b>〈</b>	<	ζ.	<	<
MM         Practitioner - Primary Care Provider (PCP)         Image: Control of the C	Deimling Melissa	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)	Turner Latasha M	Practitioner - Primary Care Provider (PCP)											
ewis Md         Practitioner - Primary Care Provider (PCP)         C	Sami Arshad Md	Practitioner - Primary Care Provider (PCP)	<										
arife Practitioner - Primary Care Provider (PCP)  S S S S S S S S S S S S S S S S S S S	Krizar Stephen Lewis Md	Practitioner - Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Wilson Geniene	Practitioner - Primary Care Provider (PCP)											
Practitioner - Primary Care Provider (PCP)  Waterman Md  Practitioner - Primary Care Provider (PCP)  Runar Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Runar Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Runar Md  R	Clark Kristina Marie	Practitioner - Primary Care Provider (PCP)	<	<		<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Valerman Md         Practitioner - Primary Care Provider (PCP)         Image: Company Care Provider (PCP)         Image: Com	Rosario Frances	Practitioner - Primary Care Provider (PCP)											
G         Practitioner - Primary Care Provider (PCP)         C	Mckeon Elisabeth Waterman Md	Practitioner - Primary Care Provider (PCP)	<	<		<b>~</b>	<b>&lt;</b>	<b>&lt;</b>	<	<	<	<	<
salle Md         Practitioner - Primary Care Provider (PCP)         Commany Care Provider (PCP)         Co	Hazen Gordon Rpac	Practitioner - Primary Care Provider (PCP)											
Kumar Md Practitioner - Primary Care Provider (PCP) IX <	Stein Rhonda Danielle Md	Practitioner - Primary Care Provider (PCP)	<	<						<	<		<
d     Practitioner - Primary Care Provider (PCP)       Practitioner - Primary Care Provider (PCP)     X       Practitioner - Primary Care Provider (PCP)     X       Inas     Practitioner - Primary Care Provider (PCP)       Md     Practitioner - Primary Care Provider (PCP)       Id     Image: Primary Care Provider (PCP)       Id     Image: Primary Care Provider (PCP)       Image: Primary Care Provider (PCP)     Image: Primary Care Provider (PCP)       Image: Primary Care Provider (PCP)     Image: Primary Care Provider (PCP)       Image: Primary Care Provider (PCP)     Image: Primary Care Provider (PCP)       Image: Primary Care Provider (PCP)     Image: Primary Care Provider (PCP)       Image: Primary Care Provider (PCP)     Image: Primary Care Provider (PCP)       Image: Primary Care Provider (PCP)     Image: Primary Care Provider (PCP)       Image: Primary Care Provider (PCP)     Image: Primary Care Primary Care Provider (PCP)       Image: Primary Care Provider (PCP) <td>Chakraborty Ranen Kumar Md</td> <td>Practitioner - Primary Care Provider (PCP)</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td><b>~</b></td> <td>&lt;</td> <td>&lt;</td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td>	Chakraborty Ranen Kumar Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>~</b>	<	<		<	<	<	<
Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Pri	Balter Richard R Md	Practitioner - Primary Care Provider (PCP)											
garet Jude Practitioner - Primary Care Provider (PCP)  mas Practitioner - Primary Care Provider (PCP)  Md Practitioner	Rosenbaum Elena	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
garet Jude  Practitioner - Primary Care Provider (PCP)  mas  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  Md  Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provi	Shpitalnik Larisa	Practitioner - Primary Care Provider (PCP)											
mas       Practitioner - Primary Care Provider (PCP)       V	Lynch Meghan Margaret Jude	Practitioner - Primary Care Provider (PCP)											
Md Practitioner - Primary Care Provider (PCP)   Id Id	Samuel Jency Thomas	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Id Practitioner - Primary Care Provider (PCP)   Practitioner - Primary Care Provider (PCP) V   V V   V V   V V   V V   V V	Clark Melinda Beth Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Ad       Practitioner - Primary Care Provider (PCP)       V	Catania Lucien D Md	Practitioner - Primary Care Provider (PCP)											
Id       Practitioner - Primary Care Provider (PCP)       Id	Cleveland Byrd Md	Practitioner - Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)  Practitioner - Primary Care Provider (PCP)  V  V  V  V  V  V  V  V  V  V  V  V  V	Flatau Irene Ruth Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Primary Care Provider (PCP)	Domnich Ilya Md	Practitioner - Primary Care Provider (PCP)											
	Quarrier John V Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Neilley Henry Md	Practitioner - Primary Care Provider (PCP)	<			<		ζ.			<b>&lt;</b>		
Hazimeh Yusef Md	Practitioner - Primary Care Provider (PCP)											
Miron Carrie Beth	Practitioner - Primary Care Provider (PCP)											
Gardner Nathan James Rpa	Practitioner - Primary Care Provider (PCP)	<b>&lt;</b>										
Nolan Florence A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	ζ.	ζ	<	<	<	ζ.
Fuhrman Solomon M Md	Practitioner - Primary Care Provider (PCP)	<					<					
Dort Janice Beth	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	ζ		<	<	<	<b>&lt;</b>
Millora Angel B Md	Practitioner - Primary Care Provider (PCP)											
Kasarda Karen Marie Rpa	Practitioner - Primary Care Provider (PCP)	<				<	<	ζ.		<	<b>&lt;</b>	<b>&lt;</b>
Glasgow Constance Lenore Mdpc	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Woodruff Barbara A Rpa	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Tumuluri Srilaxmi	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Schnide Kenneth Ben Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Gullott Richard Francis Pc Md	Practitioner - Primary Care Provider (PCP)											
Merecki Eugene Karl Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Rios Zandra M Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Sipperly Stephen F Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Norton Neal David Jr Rpa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Balog Amy	Practitioner - Primary Care Provider (PCP)											
Deckelbaum Scott Howard Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Gilroy Shelley Ann Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Nordhauser Micaela Urbano	Practitioner - Primary Care Provider (PCP)											
Tetreault William Robert Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Buhlinger Christine A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Kerr Hamish Alistair Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Hogan-Moulton Amy E Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Olszewski Peter	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Warner Deborah P	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Jennifer White	Practitioner - Primary Care Provider (PCP)											
Santiago Nichole	Practitioner - Primary Care Provider (PCP)											
Stevens Arthur L Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Steckley Renee E Rpa	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Mortazavi Shervin Md	Practitioner - Primary Care Provider (PCP)											
Rovere Rena Marie	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Mitkoff Nathan B Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<b>&lt;</b>	<	<	<	<	<
Lehine Tanya	Practitioner - Primary Care Provider (PCP)	<										
Cioffi James Michael Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Nguyen Hung Dinh Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<b>&lt;</b>	<	<	<b>〈</b>	<b>〈</b>	<
Brown Sheryl	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Chasin Zacharias	Practitioner - Primary Care Provider (PCP)	<										
Farrell Claudia Sales	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Thompson Dean A Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<b>&lt;</b>		<	<	<	<
Lee Josephine M Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Miller Cynthia H Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Sirico Theresa A Do	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Jeannie Ngygen	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Costello Kevin B Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Barats Lev Leonidovich Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<b>&lt;</b>		<	<	<	<
Kamal Syed Anwar Md	Practitioner - Primary Care Provider (PCP)	<					<					
Caruso Lori A	Practitioner - Primary Care Provider (PCP)											
Mijovic-Das Snezana Ana H	Practitioner - Primary Care Provider (PCP)	<										
Phillips Victoria J	Practitioner - Primary Care Provider (PCP)											
Saunders Patricia V Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<		<	<	<	<
Gonzales Corina Luz	Practitioner - Primary Care Provider (PCP)											
Karyn Marie Hughes	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Lee Arthur Farren Md Pc	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Browne William F Md	Practitioner - Primary Care Provider (PCP)	<										
Brennan-Jordan Nancy	Practitioner - Primary Care Provider (PCP)	<	<						<	<		<
Yeaton Howard Lance Md	Practitioner - Primary Care Provider (PCP)											
Goddard Bryan L Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Tolentino Rommel M Md	Practitioner - Primary Care Provider (PCP)	<	<	ζ.	<	<	<		<	<	<	<
Rodriguez-Iglesias Realba	Practitioner - Primary Care Provider (PCP)											

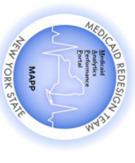


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lqbal Adeel Azmat	Practitioner - Primary Care Provider (PCP)											
Sgarlata Donna L	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Mitnick Neil Craig Md	Practitioner - Primary Care Provider (PCP)	<	<b>〈</b>	<	<	<	<		<	<	<b>&lt;</b>	<b>&lt;</b>
Phelan Carol Beberwyk	Practitioner - Primary Care Provider (PCP)	<			<		<b>&lt;</b>			<		
Talbot Jean F	Practitioner - Primary Care Provider (PCP)											
Ethier Gloria	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Ricker Kerry Elizabeth Do	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	ζ.	<
Karatnycky Adrian Paul Md	Practitioner - Primary Care Provider (PCP)	<										
Bughrara Nibras	Practitioner - Primary Care Provider (PCP)											
Salehi Freshteh Md	Practitioner - Primary Care Provider (PCP)											
Mcgaffin Christina E	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Owen Claudina	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<	<	<	<b>&lt;</b>	<	<
Morse Joyce	Practitioner - Primary Care Provider (PCP)											
Patel Umesh	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Bamme Yevgeniya	Practitioner - Primary Care Provider (PCP)											
Shulof Jennifer Amy	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<		<	<	<	<
Ford Bradley A Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<b>&lt;</b>	<	<
Sgambati Carl Willard Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Giantinoto Salvatore J Do	Practitioner - Primary Care Provider (PCP)											
Lindstrom Jennifer E Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
James Philip C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Hildreth Deborah A Rpa	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Rabbin Linda S	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Gebhard Paul E Jr Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<		<	<b>&lt;</b>	<	<
Khoury Nidal Y Md	Practitioner - Primary Care Provider (PCP)											
Parent Colleen E Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<		<	<	<	<
Goldsmith Christina Marie	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Schnakenberg Eric C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<		<	<b>&lt;</b>	<	<
Lemanski Paul Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Howard Elizabeth A Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Gaylord James Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Marshall Ryan	Practitioner - Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<	<	<	<	<	<	<
Ordogh Debbie	Practitioner - Primary Care Provider (PCP)	<										
Mary Patricia Shierly	Practitioner - Primary Care Provider (PCP)	ζ.	<b>&lt;</b>	ζ.	ζ.	<	ζ.		<	<b>\</b>	ζ.	<b>\</b>
Phoenix Jennifer	Practitioner - Primary Care Provider (PCP)											
Cohen Erik	Practitioner - Primary Care Provider (PCP)	ζ.	<b>〈</b>		<b>〈</b>	<b>〈</b>	ζ.	<	<b>〈</b>	<b>&lt;</b>	ζ.	<b>&lt;</b>
Woods Norbert J Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Khalak Rubia Md	Practitioner - Primary Care Provider (PCP)											
Golden Owen Md	Practitioner - Primary Care Provider (PCP)											
Vaidy Nishant Dr.	Practitioner - Primary Care Provider (PCP)											
Gowdara Divakara Murthy Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Kumar Arbind Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	~	<
Meyer Vincent Edwin Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<b>&lt;</b>	<	<b>&lt;</b>	<	<
Saxena Amit K Md	Practitioner - Primary Care Provider (PCP)											
Khan Manji Samira	Practitioner - Primary Care Provider (PCP)											
Bourne Claudianus H	Practitioner - Primary Care Provider (PCP)											
Schumacher Cajsa J Md	Practitioner - Primary Care Provider (PCP)	<										
Myint Win Md	Practitioner - Primary Care Provider (PCP)											
Brueggemann Christina Mchugh	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Wong Winston C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<b>&lt;</b>	<	<
Chava Prabhakar Rao Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<b>&lt;</b>	<	<
Mack Brigid	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	~	<
Trapp Joseph J	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	~	<
Kowalski Linda	Practitioner - Primary Care Provider (PCP)											
Monserrate Nicole Marie Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Betit Alan	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
O'Loughlin Suzanne	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	~	<
Mitta Swatantra K Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<b>~</b>	~	<
Stetzer Lee	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<b>~</b>	~	<
Makavana Jayeshkumar J Md	Practitioner - Primary Care Provider (PCP)											
Jolly George A Md	Practitioner - Primary Care Provider (PCP)											
Craig Maier	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<		<	<	<	<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Bekan-Homawoo Brigitte Edwige	Practitioner - Primary Care Provider (PCP)											
Bossolini Marybeth M	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Escobar Diego Md	Practitioner - Primary Care Provider (PCP)											
Angelotti Marietta Md	Practitioner - Primary Care Provider (PCP)											
Gerety Gregg F Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Espey Kathleen Ann	Practitioner - Primary Care Provider (PCP)											
Petersen William A Md	Practitioner - Primary Care Provider (PCP)	<										
Malin Julia Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Justa Shelley Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Walders James D Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Betancourt Nicole	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Mcshane Danine A	Practitioner - Primary Care Provider (PCP)											
Del Giacco Desmond Rudolph Md	Practitioner - Primary Care Provider (PCP)											
Bass Anna	Practitioner - Primary Care Provider (PCP)											
Wayne Joseph T Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Skory David S Md	Practitioner - Primary Care Provider (PCP)											
Brennan Tracey Lynn Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Coates Andrew Donnally Md	Practitioner - Primary Care Provider (PCP)											
Raveendranath Brooke A	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
D'Avella Wendy K	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Denny Martin	Practitioner - Primary Care Provider (PCP)											
Perwaiz Muhammad Khurram	Practitioner - Primary Care Provider (PCP)											
Chauvin Rebecca L	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Jacobs-Friedman Alon B	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Russo Thomas	Practitioner - Primary Care Provider (PCP)											
Hill Linda J Do	Practitioner - Primary Care Provider (PCP)	<					<					
Mason Appleton Adams Iii	Practitioner - Primary Care Provider (PCP)											
Fruiterman Roy Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Kelleher Ruth Ellen	Practitioner - Primary Care Provider (PCP)	<			<		<			<	<	
Light Deborah I	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Kaiser Laura Marie	Practitioner - Primary Care Provider (PCP)											



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	Participating in Projects	In Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Clemente Kimberly	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<b>&lt;</b>	<b>〈</b>	<b>〈</b>	<b>&lt;</b>	<	<b>&lt;</b>	<b>&lt;</b>
Jeffrey E Stark Mpa	Practitioner - Primary Care Provider (PCP)											
Devine Maria Kansas	Practitioner - Primary Care Provider (PCP)	<	ζ.		<	<	<	<	<		<	<
Rivard Donald J Md	Practitioner - Primary Care Provider (PCP)											
Bellin Joyce Lea Pa	Practitioner - Primary Care Provider (PCP)	<				<	ζ	ζ		<	<	<b>〈</b>
Kronick Gary Archer Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<b>&lt;</b>	<	<b>&lt;</b>	ζ.		ζ.	<	<b>&lt;</b>	ζ.
Johnston Mary Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Klein Ronald Steven Md	Practitioner - Primary Care Provider (PCP)											
Campagna Kristine J Do	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	ζ		ζ.	<	<b>&lt;</b>	<b>〈</b>
Pachucki Kevin Christopher Rpa	Practitioner - Primary Care Provider (PCP)	<				<	ζ	ζ		<	<	<b>〈</b>
Mccarty Kaitlin Elizabeth	Practitioner - Primary Care Provider (PCP)	<	ζ.		<	<	<	<b>〈</b>	<b>&lt;</b>	<	<	ζ.
Mcmaster Aimee	Practitioner - Primary Care Provider (PCP)											
Tatagari Jayasree	Practitioner - Primary Care Provider (PCP)											
Raggs Hope G	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<	<
Schwartz Kenneth Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<	<
Nichols Mary Kay	Practitioner - Primary Care Provider (PCP)											
Salimah Dhanani Md	Practitioner - Primary Care Provider (PCP)	<	ζ.		<	<	<	<	<	<	<	<
Pezzulo John Phillip Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<	<
Gurrala Geetha Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Koella John Eric Md	Practitioner - Primary Care Provider (PCP)											
Mitchell I Weinstein Do Pc	Practitioner - Primary Care Provider (PCP)											
Weisberg Michael Usher	Practitioner - Primary Care Provider (PCP)											
Pintauro Robert	Practitioner - Primary Care Provider (PCP)											
Cerone Jennifer Rebecca Boden	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Caramore William J Md	Practitioner - Primary Care Provider (PCP)	<	ζ.		<	<	<	<	<	<	<	<
Pribis Anneke B Md	Practitioner - Primary Care Provider (PCP)	<										
Volfinzon Leonid Medical Pc	Practitioner - Primary Care Provider (PCP)											
Hawthorne Jami M	Practitioner - Primary Care Provider (PCP)	<	ζ.	<	<	<	<		<	<	<	<
Kumar Sudha Md	Practitioner - Primary Care Provider (PCP)											
Wales Danielle Patricia	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<b>~</b>
Young Linda	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Cardinale Carmen	Practitioner - Primary Care Provider (PCP)											
Price Darin Michael Md	Practitioner - Primary Care Provider (PCP)	<				<	ζ.	ζ		<	<	ζ.
Michelena Karen X	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Orsi Richard A Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	ζ.		<	<	<	ζ.
Hogan Eileen Fox	Practitioner - Primary Care Provider (PCP)											
Santoro Eileen	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	ζ.	ζ.	<	<	<	ζ.
Patil Nagaraja N Md	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<b>〈</b>	<	ζ.		<	<	<	ζ.
Dvorscak Amanda Jayne	Practitioner - Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	ζ.		<	<	<	ζ.
Elguero Carlos	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Watsky Jay G Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Yousuf Asim Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Ray David Allan Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Rodden Mary Np	Practitioner - Primary Care Provider (PCP)	<										
Weidner Mark H Md	Practitioner - Primary Care Provider (PCP)											
Stevens Laura Kathryn Rpa	Practitioner - Primary Care Provider (PCP)											
Ronan Alisha Lynn	Practitioner - Primary Care Provider (PCP)	<				<	<b>&lt;</b>	<		<	<	<
Searfoss Linda A	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Wong Kristin	Practitioner - Primary Care Provider (PCP)											
Greenwald Lisa	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<		<	<	<	<
Cotugno Steffani Do	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Ramani Ananthakrishnan Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Merkhan Samuel Kabriyel Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Saluja Ravinder Kaur Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Barillas-Arias Lilliana Md	Practitioner - Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Vollmer Kelly J	Practitioner - Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<		<	<	<	<
Hafner Jenna Elizabeth	Practitioner - Primary Care Provider (PCP)											
Guice Stephanie M	Practitioner - Primary Care Provider (PCP)	<			<b>&lt;</b>		<			<		
Grant Stephen A Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Caulfield Patrick Francis Md	Practitioner - Primary Care Provider (PCP)	<				<	<	<		<	<	<
Bertram Michael C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Fishel Stephen C Md	Practitioner - Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<



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Provider Name	Browldon Cotonom	3 2 :	3 2 111	3								
	Flovider Category	2.a.1	2.4.111	2.d.V	2.b.III	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Ingoglia Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	ζ.	<	<
Penc Stanley F Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	<	<b>&lt;</b>	<	<	ζ.	ζ.	<
Davidoff Sam Do	Practitioner - Non-Primary Care Provider (PCP)											
Bertasso Karen	Practitioner - Non-Primary Care Provider (PCP)											
Pragani Mehul	Practitioner - Non-Primary Care Provider (PCP)											
Boyce Jeremy	Practitioner - Non-Primary Care Provider (PCP)											
Mischler Jean R	Practitioner - Non-Primary Care Provider (PCP)											
Samson Brianna P	Practitioner - Non-Primary Care Provider (PCP)	<				<	<b>&lt;</b>		<		<	<
Micca Emily S	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<b>&lt;</b>	<	<	<	<	<
Berger Ashleigh	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<	<
Dawodu Segun Toyin	Practitioner - Non-Primary Care Provider (PCP)	<										
Higgins Donald S Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Afsarkeshmiri Armin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Knudsen Nancy Slezak Md	Practitioner - Non-Primary Care Provider (PCP)											
Mcmahon Laura	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	~	<	<	<	<	<	<
Blasch Penelope	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<		<	<
Schneider Jennifer L Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<	<	<	<	<
Frank Alex Harris Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<	<	<	<	<
Beyer Todd David Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<	<
Sciacca Cheri	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<	<
Naumowicz Edward T	Practitioner - Non-Primary Care Provider (PCP)	<										
Kohler William G	Practitioner - Non-Primary Care Provider (PCP)											
Koumanis Dimitri	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Brownell Donald N	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Keane Kimberly X	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Gray Robin Mary	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Sundaram Vishalakshi	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Taylor Matthew Arnfin	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<	<	<	<	<
Plakas Constantin	Practitioner - Non-Primary Care Provider (PCP)	<										
Garla Sreenivas	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<		<	<	<	<
Elnagar Khalid Abdelsalam	Practitioner - Non-Primary Care Provider (PCP)	<										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Peace Kristen	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Chopra Amit	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Burchardt Pharr Carol J Phd	Practitioner - Non-Primary Care Provider (PCP)											
Lisinschi Adriana	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Hanowitz Christopher J	Practitioner - Non-Primary Care Provider (PCP)											
Lampert Kenneth Gregory Leon	Practitioner - Non-Primary Care Provider (PCP)											
Majewski Maegan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Morse Matthew Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Britton Lewis W Iii Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Farber Martha G Md	Practitioner - Non-Primary Care Provider (PCP)											
Farber Martha Gilmore	Practitioner - Non-Primary Care Provider (PCP)											
Fareed Fareed Nabiel	Practitioner - Non-Primary Care Provider (PCP)											
Boenau Ioliene Beth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Bentrovato Donald A Md	Practitioner - Non-Primary Care Provider (PCP)	<b>&lt;</b>										
Gupta Vinita Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Rosas Kevin E Md	Practitioner - Non-Primary Care Provider (PCP)	<b>&lt;</b>	<	<	<	<	<	<	<	<	<	<
Ralph Walter M Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Griffith Richard L Iii Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Kufs William Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Hopkins Patricia M Md	Practitioner - Non-Primary Care Provider (PCP)	<b>&lt;</b>										
Tucker Cheryl S	Practitioner - Non-Primary Care Provider (PCP)											
Calderon Vanessa V	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Chang Benjamin B Md	Practitioner - Non-Primary Care Provider (PCP)											
Sparano Antonio Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Pyle Bert William lii Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Ortiz Gordon Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<b>&lt;</b>	<	<	<	<	<	<	<	<	<	<
Greenwood Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Phelps Carlton Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Monsour Sophia	Practitioner - Non-Primary Care Provider (PCP)	<										
Hamilton Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Espinoza Liz Ms.	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Fields Jennifer L	Practitioner - Non-Primary Care Provider (PCP)	<										
Klaiber Sarah Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
Robins Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Rosati Carl	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Katz Benjamin S Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Wang Qiong Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Bulford Lionel A Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	ζ.	<	<	<	<	<	<
Kiff Jane	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	ζ.	<	<	<	<	<	<
Paty Philip S K	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Frasier Charz	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Kerins Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Marshall Jonah Scott Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Pozniakas James T Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<	<
Madigan Heather	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Jacobson Sig-Linda Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Crosier Amanda	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Hundertmark Janet Ms.	Practitioner - Non-Primary Care Provider (PCP)	<										
Nathan Jerry	Practitioner - Non-Primary Care Provider (PCP)	<		<			<					
Gainor Jonathan P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Darrigo Gail Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Cayford Vanessa L	Practitioner - Non-Primary Care Provider (PCP)											
Stein Julie Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Martone Stephan Louis	Practitioner - Non-Primary Care Provider (PCP)											
Jaitovich Adolfo	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Templeton Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Dubay Rachel	Practitioner - Non-Primary Care Provider (PCP)											
Roddy Sean Peter Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldstoff Michael S Md	Practitioner - Non-Primary Care Provider (PCP)											
Mchugh Brian Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Dodd Debra L	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<	<
Jones Richard Eaton Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Friedman Cynthia Susan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Lambert Lisa Ann	Practitioner - Non-Primary Care Provider (PCP)											
Gold Eric W Rpa	Practitioner - Non-Primary Care Provider (PCP)	<										
Doolin Thomas M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Hoffert Eugene Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Franklin Peter Augustus Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
John Delmonte Jr	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Spooner Elizabeth M Dunn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Applewhite Megan Kunz	Practitioner - Non-Primary Care Provider (PCP)											
Przybyla Adrian M	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<	<	<	<	<		<	<	<	<
Camillo Reginald Alivia Md	Practitioner - Non-Primary Care Provider (PCP)											
Lopez Stephen	Practitioner - Non-Primary Care Provider (PCP)	<										
Yager Jennifer M	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<		<	<	<	<	<	<	<	<
Gold Kristin	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>										
Ferritto Candice R	Practitioner - Non-Primary Care Provider (PCP)											
Daniels David	Practitioner - Non-Primary Care Provider (PCP)											
Rittenhouse Kathy	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Seguinot Elizabeth Ms.	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<						<	<		<
Hill Rachel	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>										
Smith Brendon	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<		<	<	<	<	<	<	<	<
Haber Marc	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>										
Gargiulo Janet Elaine Md	Practitioner - Non-Primary Care Provider (PCP)											
Marsh Patricia L Rpa	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<		<	<	<	<	<	<	<	<
Larosa Joseph M Md	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<	<	<	<	<	<	<	<	<	<
Soscia Gina Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Capek Lucie Md Pllc	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Boehm Hans M	Practitioner - Non-Primary Care Provider (PCP)											
Doti Christopher Warren	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<	<	<	<	<		<	<	<	<
Demaree Julie E Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Samuels Barbara Nan	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Tranchese John	Practitioner - Non-Primary Care Provider (PCP)											



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Usb Co.         Practitioner - Nuch-Primary Care Provider (PCP)         CV	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Lam         Practitioner - Non-Primary Case Provider (PCP)         X	Bhullar Ravneet	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	<	<	ζ.	<	ζ.	ζ.	<
Lian         Practitioner - Nun-Primary Cate Provider (PCP)         C <th< td=""><td>Sattar Fouad A Md Pc</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Sattar Fouad A Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Obo         Practitioner - Non-Primary Care Provider (PCP)         X	Chen Vivian Min-Lan	Practitioner - Non-Primary Care Provider (PCP)											
Stalight   Paralitioner Non-Primary Care Provider (PCP)	Ribons Lisa Ann Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Pacititioner - Non-Primary Care Provider (PCP)	O Malley Rebecca Leigh	Practitioner - Non-Primary Care Provider (PCP)	<										
er Paul         Practitioner - Non-Primary Care Provider (PCP)         X	Amory Colum	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Pacitioner - Non-Primary Care Provider (PCP)	Barela Christopher Paul	Practitioner - Non-Primary Care Provider (PCP)											
Lesille         Practitioner - Non-Primary Carle Provider (PCP)         V	Pugh John A	Practitioner - Non-Primary Care Provider (PCP)	<										
h         Pacitioner - Non-Primary Care Provider (PCP)         Image: Control of the provider (PCP)         <	Smith Jacqueline Leslie	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Devlin Jean Smith	Practitioner - Non-Primary Care Provider (PCP)	<										
seph         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the provider (PCP)	Amanda Hordos	Practitioner - Non-Primary Care Provider (PCP)											
Inh         Practitioner - Non-Primary Care Provider (PCP)         ✓ <th< td=""><td>Duncan Luke Joseph</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></th<>	Duncan Luke Joseph	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Inin         Practitioner - Non-Primary Case Provider (PCP)         V <th< td=""><td>Vukovic Joseph Thomas</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Vukovic Joseph Thomas	Practitioner - Non-Primary Care Provider (PCP)	<										
strick         Practitioner - Non-Primary Care Provider (PCP)         V         <	Quidort Aaron John	Practitioner - Non-Primary Care Provider (PCP)											
M         Practitioner - Non-Primary Care Provider (PCP)         X<	Dewey James Patrick	Practitioner - Non-Primary Care Provider (PCP)											
M         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the control of th	Stacey Sarah R	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
bed Ali Mid         Practitioner - Non-Primary Care Provider (PCP)         IX	Maclellan Allison M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Md         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the control of t	Monzur Mohammed Ali Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
sen Md         Practitioner - Non-Primary Care Provider (PCP)         C         <	Hughes Peter M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
s Md         Practitioner - Non-Primary Care Provider (PCP)         V <th< td=""><td>Knoeller Amy Eileen Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></th<>	Knoeller Amy Eileen Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         V<	Desemone James Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Ad Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of the p	Scott Walter	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Add       Practitioner - Non-Primary Care Provider (PCP)       Amount of the practition o	Kennedy Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Rpa Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of the	Lozman Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)											
A Pa Practitioner - Non-Primary Care Provider (PCP) Image: Care PCP) Image: Ca	Tarte Michelle L Rpa	Practitioner - Non-Primary Care Provider (PCP)	<										
pa Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Sandagato Todd A Pa</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Sandagato Todd A Pa	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Vinh Phuong Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
C Practitioner - Non-Primary Care Provider (PCP)	Hettrich Amy L Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Juylar C       Practitioner - Non-Primary Care Provider (PCP)       J         Practitioner - Non-Primary Care Provider (PCP)       J	Chopra Rupal Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
	Dawson Schuylar C	Practitioner - Non-Primary Care Provider (PCP)	<										
	Khullar Neha	Practitioner - Non-Primary Care Provider (PCP)											



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Lalonde Jordan L	Practitioner - Non-Primary Care Provider (PCP)	<									
Estrada Fabiola Alisson	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<b>&lt;</b>		< <	<b>\</b>	<b>&lt;</b>	<b>〈</b>	<b>\</b>	<	<b>&lt;</b>
Mehta Swati	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <	` <b>\</b>	<	<	<	<	<
Lazarus Sol	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <		<	<	<	<	<
Zhang Lu	Practitioner - Non-Primary Care Provider (PCP)										
Sani Farzad Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>				<	<	<	<
Millar Robert David Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <	` <b>\</b>	<	<	<	<	<
Hughes Cindy Weiss Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <		<	<	<b>~</b>	<	<
Raj Capoor	Practitioner - Non-Primary Care Provider (PCP)										
Gupta Vinod Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <	<	<	<	<b>~</b>	<	<
Chen Wei Yu Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Wiest Daniel R Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <	< <	<	<	<b>~</b>	<	<
Mainetti Linda	Practitioner - Non-Primary Care Provider (PCP)										
Argoff Charles E Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <	< <	<	<	<b>~</b>	<	<
De Lair Paula Crehan	Practitioner - Non-Primary Care Provider (PCP)	<			<	<	<		~	<	<
Inghilterra Karen	Practitioner - Non-Primary Care Provider (PCP)										
Napoli Michael A Dpm	Practitioner - Non-Primary Care Provider (PCP)										
Shah Samit Naresh	Practitioner - Non-Primary Care Provider (PCP)										
Schulman-Marcus Joshua	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <	< <	<	<	<b>~</b>	<	<
Ash James Edward	Practitioner - Non-Primary Care Provider (PCP)	<									
Mohammad Eltlajjar	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <	<	<	<	<b>~</b>	<	<
Zacher Megan Marie	Practitioner - Non-Primary Care Provider (PCP)	<									
Winters Brooke	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <	< <	<			<	<
Tessitore Donald Francis Iii	Practitioner - Non-Primary Care Provider (PCP)	<									
Young Michael Edwin	Practitioner - Non-Primary Care Provider (PCP)										
Tannner Elyse O	Practitioner - Non-Primary Care Provider (PCP)										
Guido Rochelle	Practitioner - Non-Primary Care Provider (PCP)										
Nunnery Edwin Watson Iii	Practitioner - Non-Primary Care Provider (PCP)										
Payne Andrew	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <	<	<	<	<b>~</b>	<	<
Newey Laura Rebecca	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	< <	<b>'</b>	<	<	<b>~</b>	<	<
Fitzpatrick Kathleen Ann	Practitioner - Non-Primary Care Provider (PCP)										



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Murphy Sean M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Thibodeau Lorraine G Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Daoui Rachid	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Tessler Patric	Practitioner - Non-Primary Care Provider (PCP)											
Lechowicz Andrzej Jan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Devlin Brady E Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Rizzo Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)	<					<					
Jaffe Joshua Md	Practitioner - Non-Primary Care Provider (PCP)	<				<	<		<		<	<
Murray Brian P	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Keating Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Cramer Judy	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Amyot Edmond Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Rosensweig Nancey Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Kirkpatrick Douglas Peter	Practitioner - Non-Primary Care Provider (PCP)	<										
Herr Allen Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Czajka Ellen M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Waters Timothy Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Cowder Gulnaz Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Devkota Aaushma	Practitioner - Non-Primary Care Provider (PCP)	<										
Kozlowski Robert Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Alshaer Khalil	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Hansen Philip	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Tirgari Franck Taghi	Practitioner - Non-Primary Care Provider (PCP)	<										
Arcuri Theresa M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Blachman Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Howe Adam Shattuck	Practitioner - Non-Primary Care Provider (PCP)											
Wall Martha	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Shapiro Lois A	Practitioner - Non-Primary Care Provider (PCP)											
Moore Robert J	Practitioner - Non-Primary Care Provider (PCP)	<										
Thornton Amber M	Practitioner - Non-Primary Care Provider (PCP)											
Berlanti Eileen	Practitioner - Non-Primary Care Provider (PCP)											



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		Jecia										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i 3	3.d.iii	4.b.i	4.b.ii
Fraser Michelle	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Vigars Raven	Practitioner - Non-Primary Care Provider (PCP)											
Waldman John B Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Mcconnell Theresa Marie	Practitioner - Non-Primary Care Provider (PCP)	<										
Landy Robert Jay Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Cousins Joseph	Practitioner - Non-Primary Care Provider (PCP)	<										
Curtin William Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Mendola Antony J Md	Practitioner - Non-Primary Care Provider (PCP)											
Lucas Kenneth Gerald	Practitioner - Non-Primary Care Provider (PCP)											
John W Simon Md Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Meyer Dale R Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Dowling Thomas C	Practitioner - Non-Primary Care Provider (PCP)											
Riccio Alexandra	Practitioner - Non-Primary Care Provider (PCP)	<			<	<	<				<	
Pregont Scott Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Banbury Steve	Practitioner - Non-Primary Care Provider (PCP)	<										
Detschelt Elizabeth L	Practitioner - Non-Primary Care Provider (PCP)											
Beyer Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Infantino Benjamin	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Patel Ashit	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Adam Octavian R	Practitioner - Non-Primary Care Provider (PCP)											
Birdsey Karen Diane	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Denis Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)											
Yager Janet	Practitioner - Non-Primary Care Provider (PCP)	<										
Kachurek David P	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Harrica Rebecca Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Feinberg Zachary Allan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Geurtze Lori	Practitioner - Non-Primary Care Provider (PCP)											
Stippa Yuri A	Practitioner - Non-Primary Care Provider (PCP)											
Strong Julie	Practitioner - Non-Primary Care Provider (PCP)											
Mcbean Dacia	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<b>&lt;</b>
Zhang Li	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Michaels Rachel Mrs.	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Kinoshita Shiori	Practitioner - Non-Primary Care Provider (PCP)											
Ferdinand Francis Darrell	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<b>&lt;</b>
Bolnick Jay	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Folger Walter H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<b>\</b>	<b>&lt;</b>	<	<	<	<	<b>〈</b>
Kuo Ramsay	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<	<	<	<	<	<	<	<b>\</b>
Mittal Peeyush Md	Practitioner - Non-Primary Care Provider (PCP)											
Kumar Raman Md	Practitioner - Non-Primary Care Provider (PCP)											
Mongiovi Russell J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Tschinkel Marybeth	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Parmar Vinodrai Motilal Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Furci Thomas James Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Elmendorf Sarah Louise Md	Practitioner - Non-Primary Care Provider (PCP)											
Byrne Nicole M Dds	Practitioner - Non-Primary Care Provider (PCP)											
Fitzpatrick James Henry	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Kathleen A Cnm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Williams David C	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Barraclough Victor	Practitioner - Non-Primary Care Provider (PCP)	<										
Mami Ahmed	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Geci-Black Michael	Practitioner - Non-Primary Care Provider (PCP)	<										
Serafin William Joseph Jr	Practitioner - Non-Primary Care Provider (PCP)											
Samson Susan Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Ettekal Yashar	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Boyd-Smith Molly	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Griggs Lee	Practitioner - Non-Primary Care Provider (PCP)	<										
Marchini Kathryn Ann	Practitioner - Non-Primary Care Provider (PCP)											
Palmer Bradford A	Practitioner - Non-Primary Care Provider (PCP)											
Akujuo Adanna Chinaka Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Dunkerley Christopher J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Tariq Sayed	Practitioner - Non-Primary Care Provider (PCP)	<										
Lavelle Daniel Thor	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Ghauri Sabira Bilqees Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Ceccucci Janice Lynn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Gross Julia M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Demmitt Andrew K	Practitioner - Non-Primary Care Provider (PCP)	<										
Anderson Marilyn	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Ehlers Melissa Anne Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Clark David A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Mutterer Patricia I	Practitioner - Non-Primary Care Provider (PCP)											
Offord Stephen Robert Md	Practitioner - Non-Primary Care Provider (PCP)	<					<					
Decunzo Louis Peter Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Lee Edward Choongho Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
Maisel Barry Oscar Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<	<	<	<	<
Miller Stuart J Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Roberts Kevin Wilson Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Deteso Damon Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Tharman Florence E	Practitioner - Non-Primary Care Provider (PCP)											
Lee Richard Sangjoon	Practitioner - Non-Primary Care Provider (PCP)											
Mitchell Barry W Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<	<	<	<	<
Bourke Diane A Md	Practitioner - Non-Primary Care Provider (PCP)	<				<b>~</b>	<	<		<	<	<
Gines Annie I Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Chandler Arthur C lii Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Lee Joong Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Goodemote Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Tichich Jennifer Brown	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Hogan William James Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<						<	<		<
Mcgovern Christine Elizabeth Rpa	Practitioner - Non-Primary Care Provider (PCP)	<										
Bakhos Charles	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Endress Sean M	Practitioner - Non-Primary Care Provider (PCP)											
Lackey Mary Michele	Practitioner - Non-Primary Care Provider (PCP)											
Welliver Robert Charles Jr	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<		<	<	<	<
Huston Jason Michael	Practitioner - Non-Primary Care Provider (PCP)	<										



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Provider Name   Provider Catagory   2.1		Participating in Projects	ects										
Pacilitore - Non-Primary Case Provides (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii		3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Care Provider (PCP)   C   C   C   C   C   C   C   C   C	Geard P Barry Md	Practitioner - Non-Primary Care Provider (PCP)											
th. Bractitioner - Non-Primary Carle Provider (PCP)  Practitioner - Non-Primary Carle Provider (PCP)  Practitioner - Non-Primary Carle Provider (PCP)  Practitioner - Non-Primary Carle Provider (PCP)  du Practitioner - Non-Primary Carle Provider (PCP)  practitioner - Non-Pr	Kee Elaine F	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)	Connell Ashley Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Pacilitioner - Nun-Primary Care Provider (PCP)   V   V   V   V   V   V   V   V   V	Ahmad Nina	Practitioner - Non-Primary Care Provider (PCP)											
Pacitioner - Non-Primary Case Provider (PCP)	Huz Jonathan	Practitioner - Non-Primary Care Provider (PCP)											
Midd         Practitioner - Non-Primary Care Provider (PCP)         V <th< td=""><td>Saqib Najmus Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>ζ.</td><td>ζ.</td><td>&lt;</td><td>ζ.</td><td>&lt;</td><td>ζ.</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>ζ.</td></th<>	Saqib Najmus Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	ζ.	<	ζ.	<	<	<	<	ζ.
Sinfe Agnes         Practitioner - Nun-Primary Care Provider (PCP)         V	Smith Thomas Clinton Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.		ζ.	ζ	ζ.	ζ	<b>&lt;</b>	<	ζ	ζ.
Mid         Practitioner - Non-Primary Care Provider (PCP)         X	Alexander-Decker Christine Agnes	Practitioner - Non-Primary Care Provider (PCP)											
Analie Practitioner - Non-Primary Care Provider (PCP)  Analie Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Mn Practitioner - Non-Primary Care Provider (PCP)  Practitioner	Kercull Robert George Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	ζ.	ζ.	<	ζ.	<	<	<	<	ζ.
helle         Patatitioner - Non-Primary Care Provider (PCP)         X <t< td=""><td>Hollowell Jean Gaye Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Hollowell Jean Gaye Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)	Hoosier-Paty Dawn Michelle	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
mm         Practitioner - Non-Primary Care Provider (PCP)         X	Berry Wendy J	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
m Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary C	Purcell Peter F Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the co	Finger W Edward Jr Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Mongan John Patrick	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Clair Cecelia	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Lee Rosemary K Rpa	Practitioner - Non-Primary Care Provider (PCP)											
slad     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Pack Pack Pack Pack Pack Pack Pack Pack	Narayan Ananth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the co	Soryal George Fayk Melad	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Zahir Mehjabin	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
S Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary C	Whalen Elizabeth F Md	Practitioner - Non-Primary Care Provider (PCP)											
Sha Muriam Practitioner - Non-Primary Care Provider (PCP)  Sha Muriam Practitioner - Non-Primary Care Provider (PCP)  Md  Practitioner - Non-Primary Care Provider (PCP)  Prac	Rossi Elizabeth S	Practitioner - Non-Primary Care Provider (PCP)											
sha Muriam Practitioner - Non-Primary Care Provider (PCP) Image: Care Pro	Rathert Nicholas	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primar	Chaudhary Ayesha Muriam	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Rajan Shobana	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)	Kittell Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Papa Katy Lynn	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Md       Practitioner - Non-Primary Care Provider (PCP)       V       <	Spadafora Erika	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  V V V V V V V V V V V V V V V V V V V	Foulke Llewellyn	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Kronick Steven D Md	Practitioner - Non-Primary Care Provider (PCP)											
	Zamer Joshua D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<



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	Participating in Projects	jects	=		-							
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Kaufman Lawrence S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<b>&lt;</b>		<	<
Mcmahon Scott F	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	ζ.	ζ.	<b>&lt;</b>	<	<b>&lt;</b>	<	<	<b>&lt;</b>
Brunelle Trudy	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<b>〈</b>	<	<			<	<b>&lt;</b>
Nichter Charles A Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Lingat Marie Cheryle P Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		ζ.	<	<	<	ζ.	<	<	<
Campito Mitchel A Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<	<		ζ.	<	<	<
Wagle William Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	<		<	<	<	<
Chen Ying-Jen Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Gusten William M Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	ζ.	ζ.	<	<	<	ζ.	<	<	<
Dluge-Aungst Dawn B Rpa	Practitioner - Non-Primary Care Provider (PCP)	<										
Lu Ping Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Tryon Crystal M	Practitioner - Non-Primary Care Provider (PCP)											
Morrissey Kirsten	Practitioner - Non-Primary Care Provider (PCP)											
Taylor Ben Frazier	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Shah Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Liu Baogang	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<b>&lt;</b>	<	<	<
Hutchins Elizabeth Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<b>&lt;</b>	<	<	<
Musuku Sridhar	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Fritz Jeannene	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Bromley Nicole	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Lewis Heather	Practitioner - Non-Primary Care Provider (PCP)											
Cuomo Kristyn Joelle	Practitioner - Non-Primary Care Provider (PCP)											
Hellman Lance I Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Lang Christine M Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Gordon Peter Eliot Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	ζ.	<	<	<
Sandison Michael RI Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Williams-Weekes Terri A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Ulster-Greene Arc - Rehab Clinic: Persad-Sikula, Jennifer (Ot)	Practitioner - Non-Primary Care Provider (PCP)	<										
Beach Deborah	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Marici Edward M Do	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Ortiz Jorge A Md	Practitioner - Non-Primary Care Provider (PCP)	<										



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v 2	2.b.iii 2	2.d.i 3	3.a.i :	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Nock Arlene E	Practitioner - Non-Primary Care Provider (PCP)											
Beer Ruth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>〈</b>	<b>〈</b>	<		<b>〈</b>	<b>〈</b>	<b>〈</b>	<b>&lt;</b>
Nelson Dina S Md	Practitioner - Non-Primary Care Provider (PCP)											
Blass Joel Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Reutzel Laura	Practitioner - Non-Primary Care Provider (PCP)	<	<b>&lt;</b>	<b>\</b>	<	<b>〈</b>	<		<b>&lt;</b>	<	<b>〈</b>	<b>&lt;</b>
Mary Annelle Collins	Practitioner - Non-Primary Care Provider (PCP)	<	<b>&lt;</b>		<b>〈</b>	<b>〈</b>	<b>\</b>	<b>&lt;</b>	<b>&lt;</b>	<	<b>〈</b>	<b>&lt;</b>
Christian Patricia S	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	<b>\</b>	<u> </u>	<b>&lt;</b>	<	ζ	ζ.	<b>\</b>
Tanya Nicole Needham	Practitioner - Non-Primary Care Provider (PCP)	<										
Bahrassa Farhad	Practitioner - Non-Primary Care Provider (PCP)	<										
Dagostino Monica Dawn	Practitioner - Non-Primary Care Provider (PCP)	<										
Risley Laura Cathryn	Practitioner - Non-Primary Care Provider (PCP)											
D'Arcy Edward	Practitioner - Non-Primary Care Provider (PCP)	<										
Arellano Jason	Practitioner - Non-Primary Care Provider (PCP)	<										
Mackert Susan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Falco Kathryn Anne	Practitioner - Non-Primary Care Provider (PCP)											
Albright Lauren Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<b>&lt;</b>	<	<	<	<	<
Mcerlean Mara Ann Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Silverstein Mesidor S Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Li Eric	Practitioner - Non-Primary Care Provider (PCP)	<										
Glaser Lewis A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<	<	<	<	<
Morley John N Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	_	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<	<	<	<	<
Reynolds Frederick D	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Churchill Laura Hutchins	Practitioner - Non-Primary Care Provider (PCP)	<										
Duthaler Todd Douglass Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<b>✓</b>	<b>&lt;</b>	<	<	<	<	<
Hassan Jones Lynn B	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<		<	<	<	<
Mccafferty Gaye	Practitioner - Non-Primary Care Provider (PCP)	<	<	_	<b>&lt;</b>	<	<	<	<		<	<
Stanger Craig Allen Md	Practitioner - Non-Primary Care Provider (PCP)											
Morris Bruce Alan	Practitioner - Non-Primary Care Provider (PCP)											
Newsome Donna	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<	<b>&lt;</b>	<	<	<	<	<
Lenic Kathleen	Practitioner - Non-Primary Care Provider (PCP)	<	<	_	<b>&lt;</b>	<b>〈</b>	<b>&lt;</b>	<	<		<	<
Chandolias Nikolaos	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>〈</b>	<u> </u>	<	<	<	<	<



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<	<	<	<	ζ.	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Lee Jamison
											Practitioner - Non-Primary Care Provider (PCP)	Mercer Timothy Earl
										<	Practitioner - Non-Primary Care Provider (PCP)	Moss Vance J Md
											Practitioner - Non-Primary Care Provider (PCP)	Trehan Manoj K Md
											Practitioner - Non-Primary Care Provider (PCP)	Demboski David P Rpa
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Fisher William Thomas Md
<	<		<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Priest Michael Richard
											Practitioner - Non-Primary Care Provider (PCP)	Gellert Jane Carla Phd
											Practitioner - Non-Primary Care Provider (PCP)	Pearson Elyse S Md
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Fox John M Dds
											Practitioner - Non-Primary Care Provider (PCP)	Provost Anneliese
<	<	<		<	<	<				<	Practitioner - Non-Primary Care Provider (PCP)	Meagher Colin Patrick
											Practitioner - Non-Primary Care Provider (PCP)	Bachman Andrew Paul
<	<	<	<	<	<	<	<b>~</b>		<	<	Practitioner - Non-Primary Care Provider (PCP)	Adger-Antonikowski Angela
<	<		<	<	<	<	<b>~</b>		<	<	Practitioner - Non-Primary Care Provider (PCP)	Mcintyre Elizabeth M
<	<	<	<		<	<	<b>~</b>	<	<	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Bailey Laura M
<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Kogan Barry Allan Md
<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Brodsky Laura F
<	<	<		<	<	<				<	Practitioner - Non-Primary Care Provider (PCP)	Chowdhery Naseer Amd
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Young Pamela Y Rpa
										<	Practitioner - Non-Primary Care Provider (PCP)	Patel Anar J
<	<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Condry James Dearien Jr Md
										<	Practitioner - Non-Primary Care Provider (PCP)	Falduti James
<	<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Liebers Edward Martin Md
<	<	<	<	<	<	<	<b>~</b>	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Darling Ralph C lii Md
<	<	<	<	<	<	<	<b>~</b>		<	<	Practitioner - Non-Primary Care Provider (PCP)	Nazeer Tipu
											Practitioner - Non-Primary Care Provider (PCP)	Shersky Jenna
											Practitioner - Non-Primary Care Provider (PCP)	Mermelstein Peter L
											Practitioner - Non-Primary Care Provider (PCP)	Martin Robbie Ms.
											Practitioner - Non-Primary Care Provider (PCP)	Nourollah-Zadeh Emad
<b>〈</b>	<	<	<	ζ.	ζ.	<	<		<	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Shawna Debonis
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Name Provider Category	Provider
										cts	Participating in Projects	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Cavaliere Rosella Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<		<	<
Sarmiento Augusto Salvosa	Practitioner - Non-Primary Care Provider (PCP)	<	<						<	<		<
Schwartz M Miles	Practitioner - Non-Primary Care Provider (PCP)											
Klim Kathleen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<			<	<
Morawski John L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Paravella Dana W	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Carsello Carrie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Cappadocia Carin	Practitioner - Non-Primary Care Provider (PCP)											
Patil Vinit V	Practitioner - Non-Primary Care Provider (PCP)	<										
Melius Jonathan Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Pieterse Portia Lucille	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Glaser Jordan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Solga Matthias	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Johnson Abigail Ruth	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Byrnes Crystal	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>~</b>	<	<	<	<	<	<	<
St. John Michelle Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Pilpel Sylvia E Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Karo Ronald Solomon Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Khera Kanwarjit S Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Tan Henry T Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Tirabassi Michael V	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Holterman Robert Kurt	Practitioner - Non-Primary Care Provider (PCP)											
Samy Sanjay Anantha Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Sharma Vibhavasu	Practitioner - Non-Primary Care Provider (PCP)	<										
Zelig Craig	Practitioner - Non-Primary Care Provider (PCP)											
Lacy Peter Charles	Practitioner - Non-Primary Care Provider (PCP)	<										
Racela Gene	Practitioner - Non-Primary Care Provider (PCP)	<										
Bove Maria	Practitioner - Non-Primary Care Provider (PCP)											
Brangaitis Sara	Practitioner - Non-Primary Care Provider (PCP)	<										
Stephenson Lisa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Poulos Artemis E	Practitioner - Non-Primary Care Provider (PCP)	<					<	<			<	<



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FIOVIDEI NAIIIE	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Johnson Sheena Marie	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<b>&lt;</b>	ζ.	ζ.	<b>&lt;</b>		<	<	<b>〈</b>	<
Lipscomb Deanna M	Practitioner - Non-Primary Care Provider (PCP)	<										
Langford Stacey	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Adamo Matthew Armand Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Sukul Vishad	Practitioner - Non-Primary Care Provider (PCP)											
Chaudhary Faisal Rashid	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<	<	<	<	<	<	<	<
Siegel Eric	Practitioner - Non-Primary Care Provider (PCP)	<										
Kestler Margaret	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Oommen Shobin Md	Practitioner - Non-Primary Care Provider (PCP)											
Newman Lisa C	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Akter Salma	Practitioner - Non-Primary Care Provider (PCP)											
Mccabe Marie	Practitioner - Non-Primary Care Provider (PCP)											
Telisky Ashley	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Mclaughlin Rick L	Practitioner - Non-Primary Care Provider (PCP)											
Graham Jill M	Practitioner - Non-Primary Care Provider (PCP)	<										
Sternbach Yaron Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Jennings Timothy A	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Chase Michael P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Irwin Robert W Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<		<	<
Schafer William R	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Simmons Betty	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Shuster David Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Mesick Stephen Blair Md	Practitioner - Non-Primary Care Provider (PCP)											
Baker Caren Anne	Practitioner - Non-Primary Care Provider (PCP)											
Reddy Suguna C	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Eugene Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
D Robbins Podiatry Pc	Practitioner - Non-Primary Care Provider (PCP)											
Peluso Peter	Practitioner - Non-Primary Care Provider (PCP)	<										
Greene Jill	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<			<	<
Ward Kathleen A	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Sheehan Kelly L	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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	Participating in Projects	ects	 > 	) ;	) F 	) L	) ) 	) ::	3 F 	<b>.</b> ∷	F ::	F ::
Michelle D Kuden	Provider Category  Provider Category	Z.a.I	z.a.III	2.a.v	2.D.III	2.0.1	s.a.l	3.a.II	3.D.I	3.Q.III	4.D.I	4.D.II
Seecharan Tina	Practitioner - Non-Primary Care Provider (PCP)											
Lee Minsun	Practitioner - Non-Primary Care Provider (PCP)	<										
Mathai Gimi	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	<b>\</b>	<	<b>&lt;</b>	<b>&lt;</b>	<	<	<
Brayton Deanna	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	<b>〈</b>	<	<b>&lt;</b>	<b>&lt;</b>		<	<
Godley Kathryn	Practitioner - Non-Primary Care Provider (PCP)											
Byrne William Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<	<b>\</b>	<	<	<	<	<	<
Ritaccio Anthony Louis Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Militar Epifanio Iguidez Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Baker Judith A	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Jameson Gerardus L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>~</b>	<b>~</b>	<	<	<	<	<	<
Mouzakes Jason Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Cunningham Bobbi	Practitioner - Non-Primary Care Provider (PCP)	<										
Beesley Bruce A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	~	<	<	<	<	<	<
Shaver Jeannelle M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Rios Angel Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<b>~</b>	<	<	<	<	<	<
Triner Wayne R Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Mookherjee Sulagna Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Pericak Arlene	Practitioner - Non-Primary Care Provider (PCP)	<										
Sood Vinay Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>~</b>	~	<	<	<	<	<	<
Dedona Andrea M	Practitioner - Non-Primary Care Provider (PCP)	<										
Steinberg Barry	Practitioner - Non-Primary Care Provider (PCP)	<										
Fisher Hugh A G Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>~</b>	~	<		<	<	<	<
Sidhu Mandeep Singh	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Friedman Simon Harold Md	Practitioner - Non-Primary Care Provider (PCP)											
Rodenmayer Wade Harold Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>~</b>	~	<	<	<	<	<	<
Bafuma Patrick J Rpa	Practitioner - Non-Primary Care Provider (PCP)											
D'Arcy Allison T Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Tierney Rachel M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Porter Melissa E	Practitioner - Non-Primary Care Provider (PCP)											
Gicewicz Adam	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Enright Caitlin Ms.	Practitioner - Non-Primary Care Provider (PCP)	<										
Niyazov Daniil	Practitioner - Non-Primary Care Provider (PCP)											
Picard Lynn Miss	Practitioner - Non-Primary Care Provider (PCP)											
Fabian Thomas	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Forrest George P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Chernoff Daniel Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Venditti Ferdinand Joseph Jr	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<		ζ.	<	ζ.	ζ	<	<	ζ	ζ.
Cavaliere Ludovico F R Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Merante Laura	Practitioner - Non-Primary Care Provider (PCP)	<										
Buhac John Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Bonner Lori Lee	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Kang Harriet Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<		<	<
Silk Paul R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>	<	<	<	<		<	<	<	<
Samuels Sharon B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Taormina Nancy	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Gokey Ellen L	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Dolinsky Christophe	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
lannuccillo Anthony	Practitioner - Non-Primary Care Provider (PCP)	<										
Hasnain Mujtaba A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Gildener-Leapman Neil	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Tilney Peter	Practitioner - Non-Primary Care Provider (PCP)	<										
O'Connell Sherie M	Practitioner - Non-Primary Care Provider (PCP)	<										
Millett Morgan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Mangulis Meta	Practitioner - Non-Primary Care Provider (PCP)											
Jeannine Marie Rother	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Verra Mark A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Romero Jenny Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Gillen Robert W Phd	Practitioner - Non-Primary Care Provider (PCP)	<										
Henry Clarence Bruce Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Matthews Elizabeth Susan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<b>&lt;</b>
Hellwitz Frederic Jon Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<

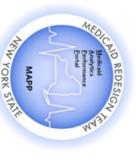


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	Participating in Projects	ojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Hart David Ernest Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<b>&lt;</b>
Stam Katherine L Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Parikh Shirish Jayant Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<		<	ζ.	<	<
Parikh Reena	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	<	<	<	ζ.	ζ.	<	<
Wheeler Julie Ann Np	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.		<	<	<	<	ζ.	ζ.	ζ	<b>&lt;</b>
Ackerman Ellen Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Shou Jason Dr.	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<	<	<	<	<	<	<	<
Dillon Jessica L	Practitioner - Non-Primary Care Provider (PCP)	<										
Gregory Jenann J	Practitioner - Non-Primary Care Provider (PCP)	<										
Dalfino John Charles	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<b>&lt;</b>	<	<	<	<
Galay Igor	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<	<
Monaco-Brown Meredith	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<b>&lt;</b>	<	<	<	<
Knott Liam Thomas	Practitioner - Non-Primary Care Provider (PCP)											
L'Heureux Jennifer Rose	Practitioner - Non-Primary Care Provider (PCP)											
Labarge Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Foster Melissa Lynne	Practitioner - Non-Primary Care Provider (PCP)											
Sanderson Meaghan Anne	Practitioner - Non-Primary Care Provider (PCP)											
Coombes John Michael Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<	<	<	<	<
Savage Colleen Dunn Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Bock Katja Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<	<	<	<
Block-Galarza Jessie A Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Bailey Kelly Ann Np	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<	<
Smith Jennifer	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<	<
Choudhary Madhuchhanda Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
Wood Bret James Do	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
Herzog John Christopher	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<	<	<	<
Gallagher Ellen E	Practitioner - Non-Primary Care Provider (PCP)	<				<b>&lt;</b>	<		<		<	<
Harvey Martha Zaida	Practitioner - Non-Primary Care Provider (PCP)											
Shapshay Stanley M Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<		<	<	<	<	<	<	<	<
Bentley Tyrone	Practitioner - Non-Primary Care Provider (PCP)	<				<	<	<		<	<	<
Norton Mary Alice	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<

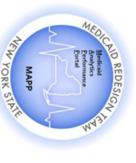


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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Siskin Gary P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Nelligan John	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<	<
Tyler Ira M Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Battu Kalyana Md	Practitioner - Non-Primary Care Provider (PCP)	<					<					
Lubbna Valliani	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<b>&lt;</b>	<	<		ζ.	<	<	ζ.
Jared Scott Jerome	Practitioner - Non-Primary Care Provider (PCP)											
Ulster-Greene Arc - Rehab Clinic: Fried, Jilian (Slp)	Practitioner - Non-Primary Care Provider (PCP)	<										
Forster-Green Jennifer Mrs.	Practitioner - Non-Primary Care Provider (PCP)	<										
Coloprisco Sara Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Carpenter Courtney	Practitioner - Non-Primary Care Provider (PCP)	<										
O'Malley Beth	Practitioner - Non-Primary Care Provider (PCP)											
Wiczulis Alicia	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<b>&lt;</b>	<
Lydecker Alicia Gail	Practitioner - Non-Primary Care Provider (PCP)											
Savoy Sharmez Gresshel	Practitioner - Non-Primary Care Provider (PCP)											
Williams Eric Taylor	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<b>&lt;</b>	<
Bigney Kyle	Practitioner - Non-Primary Care Provider (PCP)											
Margolies Caroline	Practitioner - Non-Primary Care Provider (PCP)											
Murray Sherrie L	Practitioner - Non-Primary Care Provider (PCP)	<				<	<	<		<	<	<
Edge Walter E li Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Funk Deborah Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Slatch Carolyn Jean Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Betzhold James John Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Digiovanni Louis A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Shin Catherine Hekyung	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Northrup Patricia Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Dorflinger Joseph Lcsw	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>	<	<	<	<	<			<	<
Cohen Donna Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>	<	<	<	<	<	<	<	<	<
Allison Stefanie L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Karen M Powers	Practitioner - Non-Primary Care Provider (PCP)	<										
Durham-Fowler Jennifer A	Practitioner - Non-Primary Care Provider (PCP)	<										
Moll Peter Raymond	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Provider Name   Provider Name   Provider Catagory   2.4		Participating in Projects	ects										
Practitions - Nun-Primary Case Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Care Provider (PCP)         V<	Rowney Andrew	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<b>〈</b>	<	<b>〈</b>		ζ.	<
Practitioner - Non-Primary Care Provider (PCP)         V<	Almony Danielle P	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Nun-Primary Care Provider (PCP)   V   V   V   V   V   V   V   V   V		Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Case Provider (PCP)	Shaw Daniella Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Bernardi Shaina	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	ζ.	<
Practitioner - Non-Primary Care Provider (PCP)	Sandbach Katherine Ashley	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Oliveri Courtney	Practitioner - Non-Primary Care Provider (PCP)	<	<						<	<		<
Practitioner - Non-Primary Case Provider (PCP)	Desouza Anthony Justin	Practitioner - Non-Primary Care Provider (PCP)											
Pacitioner - Non-Primary Care Provider (PCP)   X   X   X   X   X   X   X   X   X	Sterling Maarika Heli	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Mckenna Dennis Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Nigam Ankesh Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         X<	Sacco Joseph D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<	<	<	<
Com         Practitioner - Non-Primary Care Provider (PCP)         X	Walsh Raymond Francis Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Rehab Clinic: Koim-Walsh, Katherine (Pt)         Practitioner - Non-Primary Care Provider (PCP)         X	Goldenberg Kelly A Cnm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Rehab Clinic: Koim-Walsh, Katherine (Pt)         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the cont	Long Heather Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Md         Practitioner - Non-Primary Care Provider (PCP)         IX         IX <th< td=""><td>Ulster-Greene Arc - Rehab Clinic: Koim-Walsh, Katherine (Pt)</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Ulster-Greene Arc - Rehab Clinic: Koim-Walsh, Katherine (Pt)	Practitioner - Non-Primary Care Provider (PCP)	<										
Add Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary	Perl Lawrence Mark Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Isria  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Prim	Sussman Daniel L Md	Practitioner - Non-Primary Care Provider (PCP)											
pee Practitioner - Non-Primary Care Provider (PCP)  laria Practitioner - Non-Primary Care Provider (PCP)  y Practitioner - Non-Primary Care Provider (PCP)  y Practitioner - Non-Primary Care Provider (PCP)  practitioner - N	Earshen Amy	Practitioner - Non-Primary Care Provider (PCP)	<					<					
laria Practitioner - Non-Primary Care Provider (PCP)  y Practitioner - Non-Primary Care Provider (PCP) Practitioner - N	Dick Ronald Larrabee	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<	<	<	<
y Practitioner - Non-Primary Care Provider (PCP)  hael Practitioner - Non-Primary Care Provider (PCP) Practitioner - No	Vandepol-Rimash Maria	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>~</b>	<	<	<	<	<	<	<
hael Practitioner - Non-Primary Care Provider (PCP)	Dunn Elizabeth Mary	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Kayajian Daniel Michael	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Practitioner - Non-Primary Care Provider (PCP)       V <t< td=""><td>Mavashev Mikhail</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></t<>	Mavashev Mikhail	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Image: Control of the practition of	Jarvinen Kirsi M 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)       W         Practitioner - Non-Primary Care Provider (PCP)       W         Practitioner - Non-Primary Care Provider (PCP)       W         W       W	Rau Stefan Thomas	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	ζ.	<
Practitioner - Non-Primary Care Provider (PCP)	Nagem Hassan A	Practitioner - Non-Primary Care Provider (PCP)											
L       Practitioner - Non-Primary Care Provider (PCP)       V <t< td=""><td>Seale-Simpson Marjorie Elizabeth</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Seale-Simpson Marjorie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  V  V  V  V  V  V  V  V  V  V  V  V  V	Chu Michael H	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Kim Kelly-Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	ζ.	<
	Reeves Sherry L	Practitioner - Non-Primary Care Provider (PCP)	<										

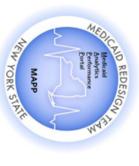


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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i 3	3.d.iii 4	4.b.i 4	4.b.ii
Choi Lynn Young	Practitioner - Non-Primary Care Provider (PCP)											
Christensen Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Kistinger Amanda	Practitioner - Non-Primary Care Provider (PCP)											
Lasky Amanda A	Practitioner - Non-Primary Care Provider (PCP)											
Winseman Jeffrey Scott Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>&lt;</b>	<	<
Zimmerman Earl A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<				<
Eisele George Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Levine Carolyn Robbins	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<				<
Atlas Ian	Practitioner - Non-Primary Care Provider (PCP)											
Heasley Paul Edward Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Morier Albert Michal Od	Practitioner - Non-Primary Care Provider (PCP)											
Towner Robert A Md	Practitioner - Non-Primary Care Provider (PCP)											
Ellery Joan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<b>~</b>	<
Foster David E	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Dorsey Daniel Collins	Practitioner - Non-Primary Care Provider (PCP)											
Lenihan Michael William Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<b>&lt;</b>	<b>&lt;</b>	<
Mian Badar Munir Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Sandra L Foster	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<				<
Paul Jeffrey Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Hajar Marilyn	Practitioner - Non-Primary Care Provider (PCP)											
Singh Jitendra	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Monrroy Prado Mauricio Ricardo	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Miranda L Dunham Fnpc	Practitioner - Non-Primary Care Provider (PCP)	<										
Santos Roberto	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Bredwood Jacqueline E	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<		<
Gilbertson Dorothy	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Tillack Lindsey	Practitioner - Non-Primary Care Provider (PCP)	<										
Theresa Carpenter	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Banerjee Shubhasree	Practitioner - Non-Primary Care Provider (PCP)											
Donnarumma Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<b>&lt;</b>
Hausman Julia H	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Provider Name   Provider Changory   24.1 24.1 24.1 24.1 24.1 24.1 24.1 24.1		Participating in Projects	jects										
Pactitioner - Non-Primary Care Provider (PCP)  Usias  Pactitioner - Non-Primary Care Provider (PCP)  Pactitioner - Non-Primary Care Provider (PCP)  All Alexandrowna  Pactitioner - Non-Primary Care Provider (PCP)  All Alexandrowna  Pactitioner - Non-Primary Care Provider (PCP)  All Care Provider	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Pacisiticaer - Note-Primary Care Provider (PCP)   C   C   C   C   C   C   C   C   C	Sherer Yiping	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<		<	<	<b>〈</b>	<b>&lt;</b>	<b>〈</b>		<	<
byvosas         Pacititioner Non-Primary Care Provider (PCP)         CV	Janasek Karolina	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
A Riga         Predictioner - Non-Primary Care Provider (PCP)         XX	Lee Breanne Alyssa	Practitioner - Non-Primary Care Provider (PCP)											
MA Base         Predictioner - Non-Primary Case Provider (PCP)         XX	Kirkpatrick Yulia Alexandrovna	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<b>&lt;</b>	<b>\</b>	ζ.	ζ.	ζ.	ζ.	<b>\</b>
MMM         Practitioner - Non-Primary Care Provider (PCP)         MM         MM <t< td=""><td>Varone Ricky A Rpa</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>ζ.</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></t<>	Varone Ricky A Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.	<	<	<
self Elward         Practitioner - Non-Primary Care Provider (PCP)         XX	Ravi Natarajan Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Valoy Md         Practitioner - Non-Primary Care Provider (PCP)         IX	Schuster Michael Edward	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		ζ.	<	<	<
Walery Mid         Practitioner - Non-Primary Care Provider (PCP)         W. W	Artino Lisa M	Practitioner - Non-Primary Care Provider (PCP)	<										
Md         Practitioner - Non-Primary Case Provider (PCP)         INC.         INC	Salenger Page Valery Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
End EMd         Practitioner - Non-Primary Cate Provider (PCP)         IX	Conti David J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)   V   V   V   V   V   V   V   V   V	Roberts Maureen E Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<	<
Aber Johns         Practitioner - Non-Primary Care Provider (PCP)         V	Kim Chong	Practitioner - Non-Primary Care Provider (PCP)	<										
Sall Crim         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the Contr	Evans Christopher Johns	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)   V   V   V   V   V   V   V   V   V	Knapp Robin Gail Cnm	Practitioner - Non-Primary Care Provider (PCP)	<				<b>~</b>	<		<b>&lt;</b>		<	<
Eugene         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the control	Shir Irene	Practitioner - Non-Primary Care Provider (PCP)											
id         Practitioner - Non-Primary Care Provider (PCP)         Image: Care Provider (PCP)         Ima	Redding Jack Eugene	Practitioner - Non-Primary Care Provider (PCP)	<										
sr         Practitioner - Non-Primary Care Provider (PCP)         C	Starkman David	Practitioner - Non-Primary Care Provider (PCP)											
By Mid         Practitioner - Non-Primary Care Provider (PCP)         COUNTY	Durphy Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	~	<	<	<	<b>&lt;</b>	<	<
ew Md         Practitioner - Non-Primary Care Provider (PCP)         COME	Bunch Marjorie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<	<
ther Practitioner - Non-Primary Care Provider (PCP)  NMd  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-P	Lefkovits Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<	<
Shma Practitioner - Non-Primary Care Provider (PCP) C	Redmond Heather	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<			<	<
shma       Practitioner - Non-Primary Care Provider (PCP)       V	Defreest Lori	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<	<
AMM     Practitioner - Non-Primary Care Provider (PCP)     V<	Venugopal Sushma	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<	<
Jarayana Murthy     Practitioner - Non-Primary Care Provider (PCP)     V <td>Phung Quentin Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td><b>~</b></td> <td>&lt;</td> <td><b>&lt;</b></td> <td><b>&lt;</b></td> <td><b>&lt;</b></td> <td>&lt;</td> <td>&lt;</td>	Phung Quentin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<	<
Shaden       Practitioner - Non-Primary Care Provider (PCP)       V        V       V       V       V       V       V       V       V       V       V       V       V       V       V       V        V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V	Divvela Satyanarayana Murthy	Practitioner - Non-Primary Care Provider (PCP)	<										
Shaden Practitioner - Non-Primary Care Provider (PCP)  Shaden Practitioner - Non-Primary Care Provider (PCP)  Shaden Practitioner - Non-Primary Care Provider (PCP)  Lee Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Solutioner - Non-Primary Care Provider (PCP)	Mabry Myra A	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)       IV	Werner Nancy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Eldakar-Hein Shaden	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)	Brooks John Roderick	Practitioner - Non-Primary Care Provider (PCP)											
	Gsell Jennifer Lee	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>~</b>	<	<	<	<	<	<
	Behzad-Noori Maysam	Practitioner - Non-Primary Care Provider (PCP)											



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											Practitioner - Non-Primary Care Provider (PCP)	Duncan Maria-Anne
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Alapati Sailaja
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Metwally Mark
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Monroe Richard
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Rashid Numan
<	<		<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Pinto Gregory L Md
<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Esposito Russell J Do
										<	Practitioner - Non-Primary Care Provider (PCP)	Choudry Ahmad Bilal
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Moses Eric Daniel Md
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Chang Robert Dds
										<	Practitioner - Non-Primary Care Provider (PCP)	Ganey Michael Edward
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Wallis Warren M
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Wharton Seth W Md
											Practitioner - Non-Primary Care Provider (PCP)	Tobin Ellis H Md
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Maben Wayne Charles Md
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Snyder Martha
<	<		<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Carroll Kathleen
<	<		<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Daniels Karen
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Ares Carlos Alfredo Md
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Silver Steven M Md
											Practitioner - Non-Primary Care Provider (PCP)	Byrne Christopher
										<	Practitioner - Non-Primary Care Provider (PCP)	Chaphe Carol
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Nigam Sujatha A Md
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Tristram Debra A Md
											Practitioner - Non-Primary Care Provider (PCP)	Belanger Nicole Jeanine
											Practitioner - Non-Primary Care Provider (PCP)	Deporto Robert Do
<b>〈</b>	<	<	ζ.	ζ.	ζ.	ζ.	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Rothman Deborah
											Practitioner - Non-Primary Care Provider (PCP)	Henderson Elisabeth Catherine
											Practitioner - Non-Primary Care Provider (PCP)	Fitzgerald Daniel Joseph
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Akuoko Nana
<	<			<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Barhydt Echi
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										ects	Participating in Projects	



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Clark Patricia L	Practitioner - Non-Primary Care Provider (PCP)											
Cooley Christine	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Homan Suzanne Michelle	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Singh Sukhraj	Practitioner - Non-Primary Care Provider (PCP)											
Rand Janne	Practitioner - Non-Primary Care Provider (PCP)											
Trierweiler Richard Warren	Practitioner - Non-Primary Care Provider (PCP)											
Lucca Samantha	Practitioner - Non-Primary Care Provider (PCP)	<										
Elacqua Mary S	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Copeland Terese Agnes Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Gerber Allen Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Sama Jalin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Nabagiez John Md	Practitioner - Non-Primary Care Provider (PCP)											
Defrancisco John Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Manor Denis P Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenberg Stuart A Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Kuettel Thomas J Md	Practitioner - Non-Primary Care Provider (PCP)											
Hunter Laureen A Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Hendrick William Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Diaz-Parker Carl E	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Scotti Lorenzo Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Kabir Mohammad Humayun Md	Practitioner - Non-Primary Care Provider (PCP)	<					<					
Cadigan Beth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Gadhavi Prahlad	Practitioner - Non-Primary Care Provider (PCP)											
Saeed Syed	Practitioner - Non-Primary Care Provider (PCP)	<										
Hnath Jeffrey	Practitioner - Non-Primary Care Provider (PCP)											
Dufort Elizabeth Mariann	Practitioner - Non-Primary Care Provider (PCP)	<										
Morgan Matthew	Practitioner - Non-Primary Care Provider (PCP)	<										
Smith Janeen A	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Gandarillas Jesus M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Mulholland Michael Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Victor Shanamae Annalisa	Practitioner - Non-Primary Care Provider (PCP)											



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	Participating in Projects	ojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
O'Brien Daniel	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Mcneilly Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Bechler Kelena Elizabeth Casey	Practitioner - Non-Primary Care Provider (PCP)											
Rossetti David	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Prime Donna Rpa	Practitioner - Non-Primary Care Provider (PCP)	<										
Zieker Christopher Robert Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<	<	ζ.	ζ.	<	<	<	<	<
El-Mohtar Kody Khallad Assad Md	Practitioner - Non-Primary Care Provider (PCP)	<						_				
Lau Kevin Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<	<
Boguniewicz Anna B	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Hendrickson Paul Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Michalek Ann V Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Kahn Judith Eve	Practitioner - Non-Primary Care Provider (PCP)											
Amoroso Jennifer Lcsw	Practitioner - Non-Primary Care Provider (PCP)	<										
Ells Peter Francis Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Weber David Md	Practitioner - Non-Primary Care Provider (PCP)											
Cutry Anthony	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Brendese Stephen C	Practitioner - Non-Primary Care Provider (PCP)	<				<	<	<		<	<	<
Posada Jose Gonzalez Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Weintraub Lauren	Practitioner - Non-Primary Care Provider (PCP)	<										
Spencer Taylor	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Laplante Steven P	Practitioner - Non-Primary Care Provider (PCP)	<b>&lt;</b>	<		<	<	<	<	<	<	<	<
Levine Matthew D Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Greer Alyssa Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Ellen Joseph Harry lii	Practitioner - Non-Primary Care Provider (PCP)	<										
Weisenburn Darla M	Practitioner - Non-Primary Care Provider (PCP)											
Mccooey Candice	Practitioner - Non-Primary Care Provider (PCP)											
Flink-Bochacki Rachel Meredith	Practitioner - Non-Primary Care Provider (PCP)											
Lafortune Yarnell	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Johnson Matthew C	Practitioner - Non-Primary Care Provider (PCP)	<										
Enzien Petra Victoria Dds	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	<	<	<	<		<	<
Memmelaar Angela R	Practitioner - Non-Primary Care Provider (PCP)	<				<	<	<		<	<	<

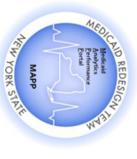


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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

Provider Name   Provider Nam		Participating in Projects	ects										
3 a Paraliterior - Nan-Primary Care Provider (PCP)  1 Paraliterior - Nan-Primary Care Provider (PCP)  2 Paraliterior - Nan-Primary Care Provider (PCP)  2 Paraliterior - Nan-Primary Care Provider (PCP)  3 Paraliterior - Nan-Primary Care Provider (PCP)  4 Paraliterior - Nan-Primary Care Provider (PCP)  4 Paraliterior - Nan-Primary Care Provider (PCP)  5 Paraliterior - Nan-Primary Care Provider (	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Bractitioner - Non-Primary Care Provider (PCP)  and Practitioner - Non-Primary Care Provider (PCP)  and Practitioner - Non-Primary Care Provider (PCP)  and Practitioner - Non-Primary Care Provider (PCP)  bractitioner - Non-Primary Care Provider (PCP)  and Care Provider (PCP)  and Care Provider (PCP)  bractitioner - Non-Primary Care Provider (PCP)  and Care Provider (PCP)  bractitioner - Non-Primary Care Provider (PCP)  care Provider (PCP)  bractitioner - Non-Primary Care Provider (PCP)	Mansen Roberta	Practitioner - Non-Primary Care Provider (PCP)	<										
ine ine in Precisioner Non-Primary Care Provider (PCP)  and Practitioner Non-Primary Care Provider (PCP)  and Care Provid	Piazza Ashley G	Practitioner - Non-Primary Care Provider (PCP)											
Intrick Mod   Practitioner - Non-Primary Case Provider (PCP)   X	Hogan Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)											
and off control         Practitioner - Non-Primary Care Provider (PCP)         XX         XX <td>Verdini John Patrick Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td>&lt;</td> <td>&lt;</td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td>	Verdini John Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Insistine         Placatitioner - Non-Primary Care Provider (PCP)         IX	Berkowitz Richard	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<b>&lt;</b>	<	<	<	<
bewander         Paractitioner - Non-Primary Care Provider (PCP)         XX	Yamin Mary Christine	Practitioner - Non-Primary Care Provider (PCP)	<				<	<		<		<	<
Practitioner - Non-Primary Care Provider (PCP)	Capello Seth Alexander	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
bit blobs         Practitioner - Non-Primacy Case Provider (PCP)         Image: Case Provider (PCP)	Hayes Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<b>&lt;</b>	<	<	<	<
nt Dds         Practitioner - Non-Primary Care Provider (PCP)         Image: Care Provider (PCP) <th< td=""><td>Merrill Gary Stott Do</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Merrill Gary Stott Do	Practitioner - Non-Primary Care Provider (PCP)	<										
Enablith Dabe         Practitioner - Non-Primary Care Provider (PCP)         Image: Care Provider (PCP)	Filanova Vincent Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<b>&lt;</b>	<	<	<	<
Zaberh Dale         Practitioner - Non-Primary Care Provider (PCP)         V	Murphy Sarah	Practitioner - Non-Primary Care Provider (PCP)											
dine M         Practitioner - Non-Primary Case Provider (PCP)         X         <	Schoch Kim Elizabeth Dale	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<	<	<	<	<
dine M         Practitioner - Non-Primary Care Provider (PCP)         X         <	Coletti Jamie L	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>~</b>	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Nabozny Geraldine M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Weaver Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)         Image: Continuous of the continuo	Janssen Daniel James	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Scardillo Judith	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Krull Joanna R	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Tourtellott Lauren	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<	<	<		<	<
Practitioner - Non-Primary Care Provider (PCP)	Ambati Shashikant	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Suchowiecki Kristin M	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)	Lobe Montgomery	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)       IX	Winans Emily Christina	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP) V V V V V   Practitioner - Non-Primary Care Provider (PCP) V V V V V   Practitioner - Non-Primary Care Provider (PCP) V V V V V V   Practitioner - Non-Primary Care Provider (PCP) V	Fina Lauren N	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)       Image: Care Provider	Burdick Jeffrey J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)       IV	Cohen Jason	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)       Image: Continuous of the practition of the pr	Nardacci Elizabeth Anne	Practitioner - Non-Primary Care Provider (PCP)	<										
Ward Md       Practitioner - Non-Primary Care Provider (PCP)       V	Steinberg Mitchell Lee Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)											
Vid	Stoecklin William	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
	Cohen Aaron Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
	Pasanen Marcie J Rpa	Practitioner - Non-Primary Care Provider (PCP)											



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* Safety Net Providers in Gree	
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	Participating in Projects	jects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Wright Kathryn	Practitioner - Non-Primary Care Provider (PCP)											
Mursi Hanan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Au Angela K Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Deroo Andrew	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		ζ.	<	<	<b>&lt;</b>	ζ.	ζ.	<	<
Lyubarova Radmila	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.		ζ.	ζ.	<	ζ.	ζ.	ζ.	<	<b>&lt;</b>
Vivenzio Maria	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	ζ.	<	<	<b>&lt;</b>	ζ.	ζ.	<	<
Shkolnik Boris	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		ζ.	<	<	<	ζ.	<	<	<
Brewer Brandy Yvette	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		ζ.	<	<	<	ζ.	<	<	<
Weitzel Megan Adele	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Lenseth Maria Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Bushart Matthew Thomas	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Callinan Nora K	Practitioner - Non-Primary Care Provider (PCP)											
Sanderson Kaya Miss	Practitioner - Non-Primary Care Provider (PCP)	<										
Brunet Katelyn	Practitioner - Non-Primary Care Provider (PCP)	<										
Tetreault Nicole Marie	Practitioner - Non-Primary Care Provider (PCP)											
Fitzmaurice Brittany	Practitioner - Non-Primary Care Provider (PCP)											
Stack Kimberly Marie	Practitioner - Non-Primary Care Provider (PCP)											
Krugley Richard A Md	Practitioner - Non-Primary Care Provider (PCP)											
Greenspan James Scott Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Mok Ki Tae Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Tassinari Robin Baker Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Washington Ronald A Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Pearlstein Gary E Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Greenberg Clifford A Md	Practitioner - Non-Primary Care Provider (PCP)											
Dittes Paul	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Biscossi Michele Lee	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Onghai Benson Go Md	Practitioner - Non-Primary Care Provider (PCP)											
Syed Zainul-Abideen Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Basile Dominick Md	Practitioner - Non-Primary Care Provider (PCP)											
Israel Claudia	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Flood Christopher Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<



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Entimology Elsenn   Provider Name		Participating in Projects	ects										
basel         Practitioner - Nan-Primary Care Provider (PCP)         Image: Company Care Provider (PCP)         Image: Compa	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
basid         Peaclitioner- Non-Primary Care Provider (PCP)         C <th< td=""><td>Ehrenberg Eileen</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Ehrenberg Eileen	Practitioner - Non-Primary Care Provider (PCP)	<										
Install         Plactitioner - Non-Primary Care Provisit (PCP)         X	Kobos Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
phote Lawrence Practitioner - Non-Primary Care Provider (PCP)  a Practitioner - Non-Primary Care Provider (PCP)  b Practitioner - Non-Primary Care Provider (PCP)  and Practitioner - Non-Primary Care Provider (PCP)  and Marie  Practitioner - Non-Primary Care Provider (PCP)  And Practitioner - Non-Primary Care Provider (PCP)  b Practitioner - Non-Primary Care Provider (PCP)  And Practitioner - Non-Primary Care Provider (PCP)  b Practitioner - Non-Primary Care Provider (PCP)  And Practitioner - Non-Primary Care Provider (PCP)  b Practitioner - Non-Primary Care Provider (PCP)  b And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  b And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And And Practitioner - Non-Primary Care Provider (PCP)  c And	Ferrara Justin Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>~</b>	<	<	<	<	<	<	<	<
ob         Practitioner - Non-Primary Cane Provider (PCP)         X	Malabanan Christopher Lawrence	Practitioner - Non-Primary Care Provider (PCP)											
Peaclitione1-Nox-Primary Case Provider (PCP)	Pahwa Suneet Singh	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	<	<	ζ.	ζ.	<	<	<
Myklon         Pastitioner - Non-Primary Case Provider (PCP)         V <t< td=""><td>Veet Deanna Marie</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></t<>	Veet Deanna Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Pauli         Practitioner - Non-Primary Carle Provider (PCP)         V         <	Aoun Matthew Clayton	Practitioner - Non-Primary Care Provider (PCP)											
In a Marie         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the Cont	Blimling Gregory Paul	Practitioner - Non-Primary Care Provider (PCP)											
by JPc Md         Practitioner - Non-Primary Care Provider (PCP)         Image: Care Provider (PCP)	Nickels-Nelson Gina Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Vinciguerra Timothy J Pc Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Fabre Lynn D	Practitioner - Non-Primary Care Provider (PCP)											
Luis Md         Practitioner - Non-Primary Care Provider (PCP)         CX	Mehta Manish Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>~</b>	<	<	<		<	<	<	<
International (Color)         Practitioner - Non-Primary Care Provider (PCP)         Image: Color Provider (PCP) <td>Sanchez Javier Luis Md</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td>&lt;</td> <td>&lt;</td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td>	Sanchez Javier Luis Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
rnn Md         Practitioner - Non-Primary Care Provider (PCP)         X         <	Dicerbo Nancy	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
yl Ann Md         Practitioner - Non-Primary Care Provider (PCP)         IX	Asher Shellie Lynn Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
nMd Practitioner - Non-Primary Care Provider (PCP)  Type Md Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  And Practitioner - Non-Primary Care Provider (PCP)  And Practitioner - Non-Primary Care Provider (PCP)  Practition	Mohsin Intikhab	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Igge Mid         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the provider of the practition of the pract	Desimone Cheryl Ann Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Andriakos Peter George Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Ind         Practitioner - Non-Primary Care Provider (PCP)         Image: Care of the control of the	Allen Christine	Practitioner - Non-Primary Care Provider (PCP)											
Idd         Practitioner - Non-Primary Care Provider (PCP)         Image: Continuous of the conti	Palmieri Philip J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>~</b>	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (P	Garcia Juan Carlos Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Benevento Lori Marie	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Robertson Richard C	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)       Image: Care PCP)       Image: Care P	Lazar Beverly	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)	Duncan Pamela	Practitioner - Non-Primary Care Provider (PCP)	<										
mee Practitioner - Non-Primary Care Provider (PCP)   mee Practitioner - Non-Primary Care Provider (PCP)	Gabriel Nancy	Practitioner - Non-Primary Care Provider (PCP)	<					<					
Practitioner - Non-Primary Care Provider (PCP)	Callahan Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Radu Gabriel	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
htiago Practitioner - Non-Primary Care Provider (PCP)	Dall Jacqueline Aimee	Practitioner - Non-Primary Care Provider (PCP)	ζ.				<	<		<		<	<
Practitioner - Non-Primary Care Provider (PCP)	Nguyen-Chavez Killauda	Practitioner - Non-Primary Care Provider (PCP)											
	Espiritu Marvee Gay Santiago	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Mode   Provider Name   Provider Category   2.1		Participating in Projects	ects										
Paratitioner - Nan-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Care Provider (PCP)	Milks-Hines Marianne Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Woltjer Thomas Allen	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Cane Provides (PCP)	Ward Molly	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Black Mandy	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Practitioner - Non-Primary Care Provider (PCP)	Cabuhat Aleta	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	ζ.	ζ.	ζ.	<	<	ζ.
Practitioner - Non-Primary Care Provider (PCP)	Kinlan Bernard P	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Backlund Nicole Erin	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Capuano Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Lennon Alyssa Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Case Provider (PCP)         X<	Miller Erin	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Forget Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
awrence W J r Md         Practitioner - Non-Primary Care Provider (PCP)         V	Scialdone Claude Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	<										
ward V J MM         Practitioner - Non-Primary Care Provider (PCP)         IX	Robinson Lawrence W Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
skina Md         Practitioner - Non-Primary Care Provider (PCP)         X	Bennett Edward V Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Rangwala Sakina Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
arcel         Practitioner - Non-Primary Care Provider (PCP)         X <t< td=""><td>Ng Bernard</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Ng Bernard	Practitioner - Non-Primary Care Provider (PCP)	<										
Fractitioner - Non-Primary Care Provider (PCP)         S         S         C         S<	Tafen Wandji Marcel	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
FS         Practitioner - Non-Primary Care Provider (PCP)         C	Zack Yelena S	Practitioner - Non-Primary Care Provider (PCP)	<										
rS         Practitioner - Non-Primary Care Provider (PCP)         C	Vatsky Seth	Practitioner - Non-Primary Care Provider (PCP)	<										
Immosi Tanya L         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the	Grover Surender S	Practitioner - Non-Primary Care Provider (PCP)	<										
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ods     Practitioner - Non-Primary Care Provider (PCP)       v     Practitioner - Non-Primary Care Provider (PCP)       ary     Practitioner - Non-Primary Care Provider (PCP)       dsay A     Practitioner - Non-Primary Care Provider (PCP)       nne     Practitioner - Non-Primary Care Provider (PCP)       practitioner - Non-Primary Care Provider (PCP)     V       V     V       practitioner - Non-Primary Care Provider (PCP)     V       V     V	Gil Raquel M	Practitioner - Non-Primary Care Provider (PCP)											
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Practitioner - Non-Primary Care Provider (PCP)	Schweikarth Lindsay A	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)	Liss Allison	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
ille M Md  Practitioner - Non-Primary Care Provider (PCP)	Milham Carrie Anne	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	ζ.			<	<
Practitioner - Non-Primary Care Provider (PCP)	Yellen Jacob	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	ζ.	ζ.	<	<	<	<
	Kanaan Camille M Md	Practitioner - Non-Primary Care Provider (PCP)	<										



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Python John Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<	<
Judge Erin M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<b>&lt;</b>	<b>&lt;</b>	<	<
Czerwinski Maria H Md	Practitioner - Non-Primary Care Provider (PCP)	<			<	<	<				<	
Afroze Farzana	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<b>&lt;</b>	<b>&lt;</b>	<	<
Swaminathan Jyoti	Practitioner - Non-Primary Care Provider (PCP)											
Barlin Joanne Nuqui	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Jeffrey Raouf Ridha	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Shur Natasha	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<b>&lt;</b>	<	<	<
Cornish Chad Matthew	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<b>&lt;</b>	<b>&lt;</b>	<	<
Hoogkamp Austine Miss	Practitioner - Non-Primary Care Provider (PCP)											
Luthra Munish	Practitioner - Non-Primary Care Provider (PCP)	<										
Pettigrew-Duffield Pamela	Practitioner - Non-Primary Care Provider (PCP)	<										
Jones Chandra	Practitioner - Non-Primary Care Provider (PCP)	<										
Robinson Stacy P	Practitioner - Non-Primary Care Provider (PCP)											
Amin Hetal Thakor Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Dow Amanda Lynne	Practitioner - Non-Primary Care Provider (PCP)											
Singh Gurpreet	Practitioner - Non-Primary Care Provider (PCP)	<										
Thevenin Claudwardy	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Gilmore Kelli	Practitioner - Non-Primary Care Provider (PCP)	<										
Chavez Rosenny Carolina	Practitioner - Non-Primary Care Provider (PCP)											
Carr Catina	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Lee Jennifer N	Practitioner - Non-Primary Care Provider (PCP)											
Griffin-Simmonds Kimberly	Practitioner - Non-Primary Care Provider (PCP)											
Rohan Darren I Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Clinton Henry Louis Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Oberg Gary David	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Pietrocola Donna M Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Hughes Robert John Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Brown Alice D	Practitioner - Non-Primary Care Provider (PCP)	<										
Limes Britton J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<	<
Furst Branko Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Procitioner - Non-Primary Case Provider (PCP)		Participating in Projects	ojects	=	-								
Padalitioner - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Pacilitions - Non-Primary Clare Provider (PCP)	Bartfield Joel M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Dirisio Darryl John Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Pacilitioner - Non-Primary Care Provider (PCP)	Semenoff David L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	ζ.	ζ.	ζ.	ζ.	<	<	<
Preditioner - Non-Primary Care Provider (PCP)	Dempsey Stephen J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Case Provider (PCP)	Lamar Stacey Anne	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	ζ.	ζ.	ζ.	<	<	<	<
Practitioner - Nun-Primary Care Provider (PCP)	Weissbart Clyde H Md	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Ravitz Stephen B Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Allen Ronald W Pa	Practitioner - Non-Primary Care Provider (PCP)											
e         Practitioner - Non-Primary Case Provider (PCP)         ★	Nikiforov Konstantin Md	Practitioner - Non-Primary Care Provider (PCP)											
Md         Practitioner - Non-Primary Care Provider (PCP)         X	Debarbieri Victoria Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Practitioner - Non-Primary Care Provider (PCP)	Kennedy Sean Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the co	Shapiro Mikhail Do	Practitioner - Non-Primary Care Provider (PCP)											_
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Kim Richard Lee	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
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Practitioner - Non-Primary Care Provider (PCP)  n Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Pri	Suchowiecki Mark J	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)	Kane Sujata R	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Schwartz Adam Franklin	Practitioner - Non-Primary Care Provider (PCP)											
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d Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V V   d Practitioner - Non-Primary Care Provider (PCP) V <t< td=""><td>Schultze Robert L Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Schultze Robert L Md	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Mastrianni David M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>~</b>	<	<b>~</b>	<b>~</b>	<	<
Practitioner - Non-Primary Care Provider (PCP)	Bernardini Gary Leo Md	Practitioner - Non-Primary Care Provider (PCP)	<										
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Practitioner - Non-Primary Care Provider (PCP)	Itenberg Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	<										
	Morelli Amy M Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
	Persaud Vyas Durga Md	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name   Provider Plane   Provider Edeago   2		Participating in Projects	ects										
Id         Id         Paralitiorar - Non-Primary Care Provider (PCP)         IX         IX <th< th=""><th>Provider Name</th><th>Provider Category</th><th>2.a.i</th><th>2.a.iii</th><th>2.a.v</th><th>2.b.iii</th><th>2.d.i</th><th>3.a.i</th><th>3.a.ii</th><th>3.b.i</th><th>3.d.iii</th><th>4.b.i</th><th>4.b.ii</th></th<>	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
MM         Mediciorar - Non-Primary Care Provider (PCP)         CI         C	Molho Eric Steven Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
mand Mid         Practitioner - Nun-Primary Cane Provider (PCP)         X	Hughes Richard A Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
ward Mod         Practitioner - Nun-Primary Case Provider (PCP)         CX	Celmins Dzintra Freimane Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Case Provider (PCP)	Santella Donald Richard Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	ζ.	<	ζ.	<	<	<
Paciticone: Non-Primary Clare Provider (PCP)	Yocono Mark A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	<	ζ.	<	ζ.	<	<	<
Practitioner - Non-Printary Care Provider (PCP)	Palat David S Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Pacitioner - Non-Primary Care Provider (PCP)	Melbourne John Md	Practitioner - Non-Primary Care Provider (PCP)											
beeg         Pracilioner - Non-Primary Care Provider (PCP)         Color of Care PCP)         Color of Care	May Doreen T Rpa	Practitioner - Non-Primary Care Provider (PCP)	<										
ss         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the control of t	Pollock Max Roseneberg	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Kenning Tyler James	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
istine Practitioner - Non-Primary Care Provider (PCP)  Pactitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Midd Practitioner - Non-Primary Care Provider (PCP)  Midd Practitioner - Non-Primary Care Provider (PCP)  Midd Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Midd Pract	Godoy Heidi Erika	Practitioner - Non-Primary Care Provider (PCP)											
nd Sally M         Practitioner - Non-Primary Care Provider (PCP)         X	Geraghty Nicole Kristine	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Michailides-Townsend Sally M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Divider (PCP)  Div	Jacob Jackcy	Practitioner - Non-Primary Care Provider (PCP)											
ne         Practitioner - Non-Primary Care Provider (PCP)         IX         IX <th< td=""><td>Bernhardt Jenna</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Bernhardt Jenna	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)   V V V V V V V V V V V V V V V V V V	Green Elizabeth Anne	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>&lt;</b>		<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Spence Tisha L	Practitioner - Non-Primary Care Provider (PCP)											
had Practitioner - Non-Primary Care Provider (PCP)  by Practitioner - Non-Primary Care Provider (PCP)  Did Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-	Menshausen Amber	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<b>&lt;</b>	<	<		<	<
rhad Practitioner - Non-Primary Care Provider (PCP)   ey Practitioner - Non-Primary Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Pcopider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Pcopider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Pcopider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Pcopider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Pcopider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Pcopider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Pcopider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Care Pcopider (PCP)   Practitioner - Non-Primary Care Pcopider (PCP) Image: Care Pcopider (PCP)   Practitioner - Non-Primary Care Pcopider (PCP) Image: Care Pcopider (PCP)   Practitioner - Non-Pr	Rice Bradley Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
ey Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Pri	Miah Chowdhury Furhad	Practitioner - Non-Primary Care Provider (PCP)											
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Practitioner - Non-Primary Care Provider (PCP)  JMd  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primar	Adler Allan	Practitioner - Non-Primary Care Provider (PCP)											
A Practitioner - Non-Primary Care Provider (PCP) V <td< td=""><td>Jones Stephen Paul</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></td<>	Jones Stephen Paul	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Idd Practitioner - Non-Primary Care Provider (PCP) V <	Fiore Alicia J Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Md       Practitioner - Non-Primary Care Provider (PCP)       Image: Control of the provider	Beegle Scott H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
th J Md Practitioner - Non-Primary Care Provider (PCP)  th J Md Practitioner - Non-Primary Care Provider (PCP)  Md Practitioner - Non-Primary Care Provider (PCP)  Md Practitioner - Non-Primary Care Provider (PCP)	Schaffer Hal K E Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Md       Practitioner - Non-Primary Care Provider (PCP)       Image: Control of the practition of the pract	Abel-Bogner Lisa	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Englander Meridith J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>&lt;</b>		<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)	Deanda Abelardo Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Brodsky Stephen Md	Practitioner - Non-Primary Care Provider (PCP)											
	Otto James J Md	Practitioner - Non-Primary Care Provider (PCP)	<										



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

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	Participating in Projects	ojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Fay Mary E	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>&lt;</b>	<	<b>&lt;</b>	ζ	<b>&lt;</b>	<
Cullen Kathryn	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>〈</b>	<	<	<	<b>〈</b>	<	<
Li Chunhua	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Frasier Kasandra C	Practitioner - Non-Primary Care Provider (PCP)	<										
Mueller Benjamin	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<b>&lt;</b>
Washburn Kate	Practitioner - Non-Primary Care Provider (PCP)	<	<						<b>&lt;</b>	ζ		<b>&lt;</b>
Utter Lauren	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<b>&lt;</b>	<			<b>&lt;</b>	<
Hegel Rebecca	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>〈</b>	<	ζ	ζ	<	<
Blanchard Raymond Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Zysik Meghan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Foley Jeffrey A	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Derouin Laura C	Practitioner - Non-Primary Care Provider (PCP)	<										
Lobo Melvyn Albert Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Wickman Douglas	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Hayes Joseph Robert Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Conley Thomas Eugene Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Flamer Harold E Md	Practitioner - Non-Primary Care Provider (PCP)											
Kimble David Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Oechsner Helena Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Singh Chanderdeep Md	Practitioner - Non-Primary Care Provider (PCP)											
Prichett Janice	Practitioner - Non-Primary Care Provider (PCP)	<	<						<	<		<
Holcomb Alvin D Md	Practitioner - Non-Primary Care Provider (PCP)											
Torregrossa Martha	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<			<	<
Rubin Abigail Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Arunakul Nathapong	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Kevin Jones	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Morgan John	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Roldan Ernesto	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Lafif Zeshan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Zanetti Alexandra	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Nietsch Hubertus Heinrich	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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O'Brien Sara	Practitioner - Non-Primary Care Provider (PCP)											
Eden Robert Alexander Md	Practitioner - Non-Primary Care Provider (PCP)											
Taggert John B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>	<	<	<	<	<	<	<	<	<
Fisher Marilyn Ann Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Fellegi Aniko Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Lucas Judith Anne Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<b>&lt;</b>	<	<	<	<	<	<
Wolfson Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Sellnow Kathleen	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Wood Colleen T Np	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Pliscofsky Gail	Practitioner - Non-Primary Care Provider (PCP)	<			<	<	<				<	
Suna Carla Joyce	Practitioner - Non-Primary Care Provider (PCP)	<										
Crawley Claire Ms.	Practitioner - Non-Primary Care Provider (PCP)	<										
Frawley Bridget Kathleen	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Tadros Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Zhu Xinjun	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Nappi Anthony Gerald Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Southworth Krista Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Mastro Elizabeth J	Practitioner - Non-Primary Care Provider (PCP)											
Reid Derrece Kaliesha	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Vishwanath Vijay	Practitioner - Non-Primary Care Provider (PCP)											
Whalen Shane	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<			<	<
Oetomo Audrey	Practitioner - Non-Primary Care Provider (PCP)	<										
Nelson Kirbie	Practitioner - Non-Primary Care Provider (PCP)											
Warner Jenna L	Practitioner - Non-Primary Care Provider (PCP)											
Horn Sandra Lee	Practitioner - Non-Primary Care Provider (PCP)											
Wolf Lisa J Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Dadian Nishan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Carsillo Vincent James li Do	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>	<	<	<	<	<	<	<	<	<
O'Leary Anthony M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Madeb Isaac Md	Practitioner - Non-Primary Care Provider (PCP)											
Bayoumy Sayed Mahmoud Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<



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Wilkins Lance Julius Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<b>&lt;</b>
Jafri Mokarram H Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>〈</b>	<	<	<	<	<	<b>&lt;</b>	<b>&lt;</b>
Romer Richard Alan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Chao Jerome Donald Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	<b>&lt;</b>	<	<b>&lt;</b>	ζ	<b>&lt;</b>	<	ζ	<b>&lt;</b>
Kearney Andrew S Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Miller John	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	ζ.	<
Faliszek James	Practitioner - Non-Primary Care Provider (PCP)	<										
Krampert Ryan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<	<	<b>&lt;</b>	<	<	ζ	<
Shawa Hassan	Practitioner - Non-Primary Care Provider (PCP)	<										
Whiteside Beth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Mckenzie Jeff	Practitioner - Non-Primary Care Provider (PCP)											
James Ronald M	Practitioner - Non-Primary Care Provider (PCP)	<										
Cullinan Katelyn Mary	Practitioner - Non-Primary Care Provider (PCP)											
Chang Theodore Tuan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Valliere Julie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Salman Loay	Practitioner - Non-Primary Care Provider (PCP)											
Jones David M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Tobolsky Shimon Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Daley Lisa M Md	Practitioner - Non-Primary Care Provider (PCP)											
Gorczynski Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Jagoda Albert G Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Heather Coe Pa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Mcfarlane Jessica	Practitioner - Non-Primary Care Provider (PCP)	<										
Samira Y Khera Md	Practitioner - Non-Primary Care Provider (PCP)											
Subik Maria	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Desanctis Sara E	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Hoffman Jill Diane	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Perkins Pamela	Practitioner - Non-Primary Care Provider (PCP)	<										
Hindson David Fessler	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<	<	<	<	<	<	<	<
Boone Cheyenne Allen	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Farooqi Wiqar	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Colby Jacob	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Scott Rachel	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Burke Kelly Laurice	Practitioner - Non-Primary Care Provider (PCP)	<										
Gosnell Laura Catherine	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	ζ.	ζ.	<	<	<	<
Storey James R Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	<	ζ.	ζ.	<	<	<	ζ.
Moffatt Jean	Practitioner - Non-Primary Care Provider (PCP)	<										
Alger-Mayer Sharon A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	ζ.	<	<	<	<
Rossignol Darcy	Practitioner - Non-Primary Care Provider (PCP)	<										
Lagrave Brent Foster	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Stern Jeffrey H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>~</b>	<	<	<	<	<	<	<	<
Kaufman Ronald P Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Schick Karen Wynne Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>~</b>	<	<	<		<	<	<	<
Kiehl Anita Md	Practitioner - Non-Primary Care Provider (PCP)											
Dakakni Tarek	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<	<	<	<	<	<	<
Narayan Sarah	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<	<	<	<
Postal Madge	Practitioner - Non-Primary Care Provider (PCP)	<										
Crosby Erin Claire	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<	<	<	<
Wells Catherine	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<b>&lt;</b>	<	<		<	<	<	<
Marchland Maurice E	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<b>&lt;</b>	<	<		<	<	<	<
Bertino Christoper J Rpa-C	Practitioner - Non-Primary Care Provider (PCP)											
Halsdorf Courtney Soon Hee	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<b>&lt;</b>	<	<	<	<	<	<	<
Keenan Christophe	Practitioner - Non-Primary Care Provider (PCP)	<										
Jones Nancy Henderson	Practitioner - Non-Primary Care Provider (PCP)											
Slavin Laura N	Practitioner - Non-Primary Care Provider (PCP)	<										
Monroe Lucas	Practitioner - Non-Primary Care Provider (PCP)	<										
Pawlik Allison Miss	Practitioner - Non-Primary Care Provider (PCP)											
Juyia Rushad Farhad	Practitioner - Non-Primary Care Provider (PCP)	<										
Salgado Marlon	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<b>&lt;</b>	<	<	<	<	<	<	<
Grosek James J	Practitioner - Non-Primary Care Provider (PCP)											
Kohan Victoria	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<	<	<			<	<
Harter Jillian	Practitioner - Non-Primary Care Provider (PCP)	<										



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Lapham Julie Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Lahut Barbara K	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Macdermott Richard Pratt Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Boyar George Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	ζ.	ζ.	ζ.	<	<	<
Oconnor William Walter Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	ζ.	ζ.	ζ.	<	ζ.	<
Mckibbin-Vaughan Tom	Practitioner - Non-Primary Care Provider (PCP)											
Qandah Juleen Jandali	Practitioner - Non-Primary Care Provider (PCP)	<										
Clark Sara N Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Mann Stephanie Elise	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Jhandier Muhammad Nauman	Practitioner - Non-Primary Care Provider (PCP)	<										
Lemke David	Practitioner - Non-Primary Care Provider (PCP)	<										
Agag Richard Louis	Practitioner - Non-Primary Care Provider (PCP)	<										
Bruno Natalie	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Callanan Amanda Irene	Practitioner - Non-Primary Care Provider (PCP)											
Ziemann Joanne	Practitioner - Non-Primary Care Provider (PCP)											
Thompson Shannon E	Practitioner - Non-Primary Care Provider (PCP)	<										
Phillips Roland Turner Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	<	<	<	<	<	<	<	<
Kondo Nicholas Ivan	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>	<	<	<	<	<	<	<	<	<
Foyt David Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Laury Daniel Henri	Practitioner - Non-Primary Care Provider (PCP)											
Pinheiro Joaquim Manuel B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Robinson M Brigit Np	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Moreland Mark David	Practitioner - Non-Primary Care Provider (PCP)											
Ehlers Mary Ellen Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Giuffrida Lashawnda L	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Parnes Steven M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Crnkovic Anica Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<	<	<	<	<	<	<
Goldstein Elsa Teresa Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Schweitzer Frances Robyn Phd	Practitioner - Non-Primary Care Provider (PCP)											
Sorel Bertrand	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>	<	<	<	<	<	<	<	<	<
Schwab Marjorie	Practitioner - Non-Primary Care Provider (PCP)	<										



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Shamoun Jack Elie Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Bryan Richard	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<b>&lt;</b>
Fleming Cathy	Practitioner - Non-Primary Care Provider (PCP)	<										
Bovee Norman	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
De Filippo Jennifer L	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Gresseau Shirley Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<b>&lt;</b>
Klopott Zvi	Practitioner - Non-Primary Care Provider (PCP)											
Medina Christopher	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Clements Philip C	Practitioner - Non-Primary Care Provider (PCP)											
Eastman Michelle Lee	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Collens Richard Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Judson Marc A	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Keating Patricia Lcsw	Practitioner - Non-Primary Care Provider (PCP)	<										
Ellwood Rebecca	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Miller Linda	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Reese Linda Jeanne	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Stutz Helen Rita Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Serrapica Michael A	Practitioner - Non-Primary Care Provider (PCP)											
Rifenberick Mary Ann Carol	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Brutus Valerie	Practitioner - Non-Primary Care Provider (PCP)	<										
Ursillo Christopher Ryan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Durie Nicole	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Cunningham Lynn A	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Dupuis Angela Marie	Practitioner - Non-Primary Care Provider (PCP)											
Leifer Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Kennedy Danielle Miss	Practitioner - Non-Primary Care Provider (PCP)											
Omorogbe Tina	Practitioner - Non-Primary Care Provider (PCP)	<										
Paulsen Rana	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Tram Carrie Beth	Practitioner - Non-Primary Care Provider (PCP)											
Waxman Michael Jay	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Dearth Christine Cillis Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Bloss Christopher A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Schoenfeld Barton Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>~</b>		<	<b>&lt;</b>	<	<	<	<	<	<
Mane Archana Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<		<b>&lt;</b>	<b>〈</b>	<	<b>&lt;</b>	<b>〈</b>	ζ.	<	<b>&lt;</b>
Fritz Howard Philip Jr Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	ζ.	ζ.	<	<b>&lt;</b>	<b>〈</b>	ζ.	<	<
Hinds Marcel Eldon Md	Practitioner - Non-Primary Care Provider (PCP)	<	~		<	<	<	<	<	<	<	<
Dickson Matthew J Md	Practitioner - Non-Primary Care Provider (PCP)	<	~	<	ζ.	<b>〈</b>	<	<	<	ζ.	<	<
Gudesblatt Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Prasad Manju Md	Practitioner - Non-Primary Care Provider (PCP)	~	<		<	<	<	<	<	<	<	<
Pearce Jennifer M Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Goel Nirmit	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>										
Starnes Hal Fletcher Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Nepo Anne G Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Reilly Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<		<	<	<	<	<	<	<	<
Galusha Jill Brisbin	Practitioner - Non-Primary Care Provider (PCP)	~										
Lewis Kathleen T	Practitioner - Non-Primary Care Provider (PCP)	~	<		<	<	<	<	<		<	<
Yates Patricia K	Practitioner - Non-Primary Care Provider (PCP)	~										
Hubbell Jr Robert	Practitioner - Non-Primary Care Provider (PCP)	~	<		<	<b>&lt;</b>	<	<	<	<	<	<
Ulster-Greene Arc - Rehab Clinic: Foster, Richard (Lmsw)	Practitioner - Non-Primary Care Provider (PCP)	~										
Guidarelli Heather Mary	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Yukhvid Dmitriy	Practitioner - Non-Primary Care Provider (PCP)											
Lieberum Bridget	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Carlin Kristine Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Hodes Jamie L	Practitioner - Non-Primary Care Provider (PCP)	~	<		<	<	<	<	<	<	<	<
Doehler Jocelyn E	Practitioner - Non-Primary Care Provider (PCP)	~										
Morris Adam	Practitioner - Non-Primary Care Provider (PCP)											
Plummer Christopher Paul	Practitioner - Non-Primary Care Provider (PCP)											
Scherer Harvey D	Practitioner - Non-Primary Care Provider (PCP)	~	<		<	<	<	<	<		<	<
Pappas Mike	Practitioner - Non-Primary Care Provider (PCP)											
Falk Arthur N Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Belova Natalya Md	Practitioner - Non-Primary Care Provider (PCP)	~	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Remson Karen M Np	Practitioner - Non-Primary Care Provider (PCP)											



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	Participating in Projects	ojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Penesso Tara	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	<	<	<	<		<	<
Shaw Colleen Margaret	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Rai Rohit Kumar	Practitioner - Non-Primary Care Provider (PCP)											
Conner Sean Richard	Practitioner - Non-Primary Care Provider (PCP)	<										
Daraban Nicoleta Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	<b>&lt;</b>	ζ.	<	<	<b>&lt;</b>	ζ.	ζ.	<	<b>&lt;</b>
Kiley Kevin	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	<	<	ζ.	<	ζ.	<	<
Garbarino Kathleen Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<		<	<	<	<
Lema Gutierrez Sergio Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Paiva Priscilla	Practitioner - Non-Primary Care Provider (PCP)	<										
Frey Michelle West	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	<	<	<	<	<	<	<
Hall Erin Christina	Practitioner - Non-Primary Care Provider (PCP)	<										
Gorman Erin Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Oby Stephen	Practitioner - Non-Primary Care Provider (PCP)	<										
Prajapati Ravish Kanchanlal	Practitioner - Non-Primary Care Provider (PCP)											
Testa Samantha Marie	Practitioner - Non-Primary Care Provider (PCP)											
Ayre Harvey Brandon Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<	<	<	<
D'Accurzio Michael A Rpa	Practitioner - Non-Primary Care Provider (PCP)	<										
Ostrowski Kathleen Lanka	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Ciarmiello Sue	Practitioner - Non-Primary Care Provider (PCP)											
Miller Nelson L Md	Practitioner - Non-Primary Care Provider (PCP)	<			<	<	<				<	
Kesner Rubin Do	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Vena Stephen Albert	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Siebeneck Hillary	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Wolfe Heidi	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Collins Jeanette Jennie Np	Practitioner - Non-Primary Care Provider (PCP)											
Dorfman Annette	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Baranov Dmitri	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Heller Joshua Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Rana Nirmala Psy.D	Practitioner - Non-Primary Care Provider (PCP)											
Brady Christina Marie	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Eromo Ersno Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Kang Kibbum	Practitioner - Non-Primary Care Provider (PCP)	<										
Sundquist Britta Kristina	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Josmi	Practitioner - Non-Primary Care Provider (PCP)	<										
Morrison Barhara Jean	Practitioner - Non-Primary Care Provider (PCP)											
Paige John Alexander	Practitioner - Non-Primary Care Provider (PCP)	<										
Keeley Lauren	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	<	<	ζ.			<	ζ.
Holley Michael W	Practitioner - Non-Primary Care Provider (PCP)											
Daniels Randi L	Practitioner - Non-Primary Care Provider (PCP)	<										
Beck Judith B	Practitioner - Non-Primary Care Provider (PCP)											
Shah Dhiraj M Md	Practitioner - Non-Primary Care Provider (PCP)											
Odabashian Harry C Md	Practitioner - Non-Primary Care Provider (PCP)											
Richmond Linda Elwwod	Practitioner - Non-Primary Care Provider (PCP)											
Lynch Timothy Joseph Francis Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Evans Sarah M Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Rendich Kathleen	Practitioner - Non-Primary Care Provider (PCP)	<										
Shahabuddin Arif	Practitioner - Non-Primary Care Provider (PCP)											
Dennis J Basila	Practitioner - Non-Primary Care Provider (PCP)	<										
Tse Sara Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
D'Agostino Leah	Practitioner - Non-Primary Care Provider (PCP)											
Atwater Lyndsey M	Practitioner - Non-Primary Care Provider (PCP)											
Barrett Emily Ms.	Practitioner - Non-Primary Care Provider (PCP)	<										
Reed Thomas	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Wilson Allison Marie	Practitioner - Non-Primary Care Provider (PCP)	<			<	<	<				<	
Krouse Anjelica	Practitioner - Non-Primary Care Provider (PCP)											
Finn Daniel Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Bruce Melody A Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Kaslovsky Robert A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Gordon Shelley	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Thompson Dan Ralph Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Bauer William M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
King-Hall Pamela	Practitioner - Non-Primary Care Provider (PCP)	<										



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Provider Name   Provider Catagogy   2.4   2.4   2.4   2.4   3.4		Participating in Projects	ojects										
Made   Predictioner - Non-Primary Carle Provider (PCP)   C.   C.   C.   C.   C.   C.   C.   C	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Milds         Practitioner - Non-Primary Care Provider (PCP)         X <t< td=""><td>Shahata Hani L Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>ζ.</td><td></td><td></td><td></td><td>ζ.</td><td>&lt;</td><td>&lt;</td><td></td><td>ζ.</td><td>ζ.</td><td><b>&lt;</b></td></t<>	Shahata Hani L Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.				ζ.	<	<		ζ.	ζ.	<b>&lt;</b>
Sign of July         Practitioner - Non-Primary Cane Provider (PCP)         X	Cooper Benjamin Z Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<b>〈</b>	<		<	ζ.	<b>&lt;</b>	<
Issilin         Practitioner-Non-Primary Cate Provider (PCP)         IX	Blinkhorn Richard John Jr	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>〈</b>	<	<	<	<	<	<
Peaclitioner - Non-Primary Cate Provider (PCP)	Reimenschneider Justin	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
leal         Practitioner - Non-Primary Cale Provider (PCP)         IX         <	Cintron Melanie Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Jones Rushton Michael	Practitioner - Non-Primary Care Provider (PCP)	<										
Pactitioner - Non-Primary Care Provider (PCP)	Rasoully Yama	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Malone William J Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Pacitioner - Non-Primary Care Provider (PCP)	Smith Rachel E	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         V<	Cherukupalli Divya	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Warren Claudia	Practitioner - Non-Primary Care Provider (PCP)											
nn         Practitioner Non-Primary Care Provider (PCP)         V </td <td>Ahner Elizabeth</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td></td>	Ahner Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  d Practitioner - Non-Primary Care Provider (PCP)  Md Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primar	Voccia Ryan James	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Md  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary	Lesson Catherine Ann	Practitioner - Non-Primary Care Provider (PCP)	<										
d         Practitioner - Non-Primary Care Provider (PCP)         IX	Scott Lynn Marie	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the co	Spear Alison Heather Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the co	Soab Medical Pc	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  Md  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary	Schramm Charles	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Md         Practitioner - Non-Primary Care Provider (PCP)         X	Wohlfahrt Kristine Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Intercition of Non-Primary Care Provider (PCP)       Image: Care Provider	Gruenthal Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Ixa Karen  Ixa Karen  Practitioner - Non-Primary Care Provider (PCP)  Ixa Karen  I	Kemp Jonathan R	Practitioner - Non-Primary Care Provider (PCP)											
la Karen     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)<	Bock Devon E Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
examoter Mid       Practitioner - Non-Primary Care Provider (PCP)       Image: Control of the practition of	Smith-Booth Brenda Karen	Practitioner - Non-Primary Care Provider (PCP)											
John Md         Practitioner - Non-Primary Care Provider (PCP)         V	Mitchell Robert Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	<										
JI Dpm       Practitioner - Non-Primary Care Provider (PCP)       V        V       V       V       V       V       V       V       V       V       V       V       V       V       V       V        V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V       V	Case Christopher John Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
IMd       Practitioner - Non-Primary Care Provider (PCP)       Image: Control of the provider of the provider of the practition of the practiti	Dinovis James Paul Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)       Image: Company Care Provider (PCP)       Ima	Hanakova Marcela 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)	Oretsky Dawn L	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
eronica Practitioner - Non-Primary Care Provider (PCP) J	Pokharel Sunil	Practitioner - Non-Primary Care Provider (PCP)	<										
	Bown Melissa Ann	Practitioner - Non-Primary Care Provider (PCP)	<										
	Cronin Kathleen Veronica	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Amanda Jill Clemence	Practitioner - Non-Primary Care Provider (PCP)	<										
Wolff Gillian Frances	Practitioner - Non-Primary Care Provider (PCP)											
Chan Meredith	Practitioner - Non-Primary Care Provider (PCP)											
Kudyakov Renat	Practitioner - Non-Primary Care Provider (PCP)											
Desmarais Bridget Marie	Practitioner - Non-Primary Care Provider (PCP)											
Wilmott Laura A	Practitioner - Non-Primary Care Provider (PCP)											
Bloomfield Naomi Terry Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Guilfoyle Gary Owen	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Kredentser Daniel C Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Singh Tejinder P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Michael Paul Harris	Practitioner - Non-Primary Care Provider (PCP)											
Taccad-Reyes Sandra Carlos Md	Practitioner - Non-Primary Care Provider (PCP)	<				<	<	<		<	<	<
Tan Alfonso Md	Practitioner - Non-Primary Care Provider (PCP)											
Brakman Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Dascher M Catherine	Practitioner - Non-Primary Care Provider (PCP)	<										
Siebeneck Aaron J Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Kolahifar Jafar Md	Practitioner - Non-Primary Care Provider (PCP)											
Salama Meir Md	Practitioner - Non-Primary Care Provider (PCP)											
Sharma Chandra M Md	Practitioner - Non-Primary Care Provider (PCP)											
Pauze Daniel K Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Shinaishin Mamhoud Akif	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Mcguire Judith	Practitioner - Non-Primary Care Provider (PCP)	<										
Provost Justin Alan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Cirilla Dennis Jacob li Do	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<	<	<	<	<	<	<
Vaisman Vadim	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<	<	<	<	<	<	<
Blot-Sanon Guirlaine	Practitioner - Non-Primary Care Provider (PCP)											
Warner Courtney Jill	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Dolen Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Ferris Jaime	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Kostun Zachary William	Practitioner - Non-Primary Care Provider (PCP)											
Melendez Maureen	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<



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	Participating in Projects	jects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Silverman Eric Ross	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Coiteux Yvonne C	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Staley Michelle	Practitioner - Non-Primary Care Provider (PCP)	<										
Baxter Sean Michael	Practitioner - Non-Primary Care Provider (PCP)											
Asif Arif	Practitioner - Non-Primary Care Provider (PCP)	<										
Koeppen Arnulf Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Ferrillo Martin	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<	<
Jacobs Fred I Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Fagan Tana Lee	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Stain Steven Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Hertz Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Comber Paul Gerald Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Mcdade Rowena	Practitioner - Non-Primary Care Provider (PCP)	<										
Roth Malcolm Z Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Blackburn Chame Curtis Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<b>&lt;</b>	<	<	<
German John William Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Potenciano Angelo	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Driscoll Sarah	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Rai Sonia	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Emmons George Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Burns Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)	<										
Dodge Amelia	Practitioner - Non-Primary Care Provider (PCP)	<										
Strauss David Noah Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Valerice Stania	Practitioner - Non-Primary Care Provider (PCP)											
Carsello Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Brula Abdul Qadir	Practitioner - Non-Primary Care Provider (PCP)	<										
Shamoun Karen Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Mccloskey Meaghan	Practitioner - Non-Primary Care Provider (PCP)											
Ulster-Greene Arc - Rehab Clinic: Chase, Barbara (Lmsw)	Practitioner - Non-Primary Care Provider (PCP)	<										
Calistri Christine Jane Np	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Lee Hwa	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Provider Name   Provider Name   Provider Category   2a   2a   2a   2a   2a   2a   2a   2		Participating in Projects	pjects										
Practitioner - Non-Primary Case Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Livshits Julia	Practitioner - Non-Primary Care Provider (PCP)											
Start   Produtioner - Non-Primary Care Provider (PCP)	Aldaas Eyad	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Nun-Primary Care Provider (PCP)	Barry Suzanne Mcgrorty	Practitioner - Non-Primary Care Provider (PCP)											
Preditioner - Non-Primary Case Provider (PCP)	Lipat Portia	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Case Provider (PCP)	Murphy Michael Vincent	Practitioner - Non-Primary Care Provider (PCP)											
Lauren         Practitioner - Non-Primary Care Provider (PCP)         X         <	Dusablon Hilary	Practitioner - Non-Primary Care Provider (PCP)											
Add         Practitioner - Non-Primary Care Provider (PCP)         CV         CV <t< td=""><td>Buoncore Michele Lauren</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Buoncore Michele Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Kandath David D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Case Provider (PCP)	Birnbaum Eliot L	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	ζ.	ζ.	<	ζ.	ζ.	ζ.	<
Practitioner - Non-Primary Care Provider (PCP)	Abel David	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)   V V V V V V V V V V V V V V V V V V	Puranik Arun Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Fitz Bronwyn	Practitioner - Non-Primary Care Provider (PCP)											
nery Jr         Practitioner - Non-Primary Care Provider (PCP)         V	Peter Elliott Fisk	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
nery Jr         Practitioner - Non-Primary Care Provider (PCP)         Image: Care Provider (PCP) <t< td=""><td>Menge Paul E Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Menge Paul E Md	Practitioner - Non-Primary Care Provider (PCP)											
Yn Courtney         Practitioner - Non-Primary Care Provider (PCP)         You will will will will will will will wil	William H Montgomery Jr	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
yn Courtney         Practitioner - Non-Primary Care Provider (PCP)         C	Palmer Michelle N	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
yn Courtney         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the con	Turinsky Andrew	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         Image: Care PCV (PCP)         Image: Care PCV (PCP)         Image: Care PCV (PCP)	Cunningham Cathryn Courtney	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the co	Ochal Michelle	Practitioner - Non-Primary Care Provider (PCP)	<					<					
Practitioner - Non-Primary Care Provider (PCP)         Image: Care Provider (P	Nagaraj Sharita	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         C<	Green, Jr. Leroy	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Sparbeck Nicole	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         Susan Md         Practitioner - Non-Primary Care Provider (PCP)         Susan Md         Susan Md         Susan Md         Practitioner - Non-Primary Care Provider (PCP)         Susan Md         Susan Md <td>Donovan Sean</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td>&lt;</td> <td>&lt;</td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td>	Donovan Sean	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
rr Md         Practitioner - Non-Primary Care Provider (PCP)         V <t< td=""><td>Trifoso Shawn</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Trifoso Shawn	Practitioner - Non-Primary Care Provider (PCP)											
Susan Md       Practitioner - Non-Primary Care Provider (PCP)       V	Kelty Robert Walter Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Yamada Jennifer Susan Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Jacob Rana B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Wurl Derrick R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)	Chang Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Tier Beatrice Louise	Practitioner - Non-Primary Care Provider (PCP)											
	Powers Marianne Np	Practitioner - Non-Primary Care Provider (PCP)	<										

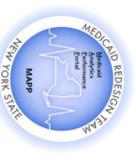


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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Poli Kim Ann Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.		ζ.	ζ.	<	ζ.	ζ.	<	<	ζ.
Ford David L Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.		ζ.	<b>〈</b>	<	ζ.	ζ.	<	<b>&lt;</b>	ζ
Kayastha Sanjiv Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<b>&lt;</b>
Lepow Martha L Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Murnane Matthew J Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.		<b>&lt;</b>	ζ.	<	ζ.	ζ.	<	<	ζ.
Gill Tarig N Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Lasky Charles W Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	ζ.	<	<	<	<
Peters Robert Lcsw	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	ζ.			<	<
Listman James A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Itty Any	Practitioner - Non-Primary Care Provider (PCP)											
Macdowell Richard Taylor Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Rowlands John	Practitioner - Non-Primary Care Provider (PCP)	<										
Beller Jennifer Perrine	Practitioner - Non-Primary Care Provider (PCP)											
Mccartney Jeffrey Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Deeb Erin M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>&lt;</b>	<	<
Malhotra Anuj	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<b>&lt;</b>	<	<
Lee David	Practitioner - Non-Primary Care Provider (PCP)											
Powers Crystal	Practitioner - Non-Primary Care Provider (PCP)	<										
Gebremichael Amine Fessemagiorgis	Practitioner - Non-Primary Care Provider (PCP)	<										
Ren Mei Yu	Practitioner - Non-Primary Care Provider (PCP)											
llowit Emily Katharine	Practitioner - Non-Primary Care Provider (PCP)	<				<	<	<		<	<	<
Post David Robert	Practitioner - Non-Primary Care Provider (PCP)	<										
Mccormack Benjamin	Practitioner - Non-Primary Care Provider (PCP)											
Byrne Timothy W Pt	Practitioner - Non-Primary Care Provider (PCP)											
Goldin-Denio Margaret	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Fein Steven Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Ceballos Jeanne Forziat	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Carl Allen L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>&lt;</b>	<	<
Cox Lorraine Renee	Practitioner - Non-Primary Care Provider (PCP)	<										
Dodd Jack Edward Jr	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	<	<	<	<	<	<	<	<	<
Kanikkannan Sowmya	Practitioner - Non-Primary Care Provider (PCP)											



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* Safety Net Providers in Greer	
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	Participating in Projects	jects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Coffman Megan	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<b>〈</b>		<	<b>&lt;</b>	<	<b>〈</b>	<b>〈</b>	<	<	<b>〈</b>
Biglane Rayma	Practitioner - Non-Primary Care Provider (PCP)											
Smith Derek W	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Bonville Daniel James Do	Practitioner - Non-Primary Care Provider (PCP)	<										
Muhammad Imtiaz	Practitioner - Non-Primary Care Provider (PCP)											
Hansel Lori Csw	Practitioner - Non-Primary Care Provider (PCP)	<										
Lee Sharon	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	ζ.	<	<	<
Bravo Enrico A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.	<	<	<
Horvath David	Practitioner - Non-Primary Care Provider (PCP)											
Woodard Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	ζ.	<	<	<
Hanley Cara	Practitioner - Non-Primary Care Provider (PCP)											
Casivant Belinda M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	ζ.	<	<	<
Byrt William T Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Paddock Bradley H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Stephen Larson	Practitioner - Non-Primary Care Provider (PCP)											
Minott Yvonne B	Practitioner - Non-Primary Care Provider (PCP)											
Caesar Mimieux Vanetta	Practitioner - Non-Primary Care Provider (PCP)											
Falk Naomi S Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Maxwell Lois	Practitioner - Non-Primary Care Provider (PCP)	<										
Hoffman Cindy	Practitioner - Non-Primary Care Provider (PCP)											
Ungerland Michael J Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
O'Meara-Zimmer Kimberly J Np	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<	<	<	<
Hyde Natalie Ann	Practitioner - Non-Primary Care Provider (PCP)	<				<	<	<		<	<	<
Roberto J Ochoa	Practitioner - Non-Primary Care Provider (PCP)											
Gobunsuy Romel	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<	<	<	<
Viswanathan Prakash	Practitioner - Non-Primary Care Provider (PCP)											
Fantauzzi John Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Kathryn Hogan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Valley Katie Jayne	Practitioner - Non-Primary Care Provider (PCP)	<										
Lunsford Erica Janae	Practitioner - Non-Primary Care Provider (PCP)											
Blaisdell Lauren Mackenzie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Hosaka Mia	Practitioner - Non-Primary Care Provider (PCP)	<										
Larson Una B	Practitioner - Non-Primary Care Provider (PCP)	<	<b>&lt;</b>		<	ζ	<	ζ.	<	ζ	ζ.	<
Laskey Sarah	Practitioner - Non-Primary Care Provider (PCP)	<										
Miller Sharon Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Brinkmann Ananda T	Practitioner - Non-Primary Care Provider (PCP)											
Lynch Timothy Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	ζ.	<	<	<	ζ.	ζ.	<
Kavanaugh-Black Andrew J Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Farnsworth Wayne J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Beer Yoram Md	Practitioner - Non-Primary Care Provider (PCP)											
Zeronda Stephanie Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Eldredge Amy Beth	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Bull Stephanie J	Practitioner - Non-Primary Care Provider (PCP)	<										
Su Xiao	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Kathleen Puffer	Practitioner - Non-Primary Care Provider (PCP)	<										
Raitses Pauline	Practitioner - Non-Primary Care Provider (PCP)											
Weil Dympna Lynch	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<	<	<	<	<	<	<	<	<	<
Nichol Carrie Burgess	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Larow Catherine Mary	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<	<	<	<	<	<	<	<	<	<
Caracci James Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Lukowitsky Mark	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Mills Jessica L A	Practitioner - Non-Primary Care Provider (PCP)	<										
Adjara Jennifer Ekwutosi	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Denio Diana M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Brown Krysta	Practitioner - Non-Primary Care Provider (PCP)											
Le Christopher	Practitioner - Non-Primary Care Provider (PCP)	~	<		<	<	<	<			<	<
Woodhouse Richard Phd	Practitioner - Non-Primary Care Provider (PCP)											
Abdelhamid Ayman	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Saratoga Ear & Sinus Surgery	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Mathews John Francis Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Eager Jeremy Morgan	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Mc Clellan William R	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Qualtere-Burcher Paul D Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	<	<	<	<	<	<	<
Ford Patricia Ann Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Simor Ginger Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Cummings James J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Sugent-Gray Linda J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Cooley Michael Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Jagalur Manohar R Md	Practitioner - Non-Primary Care Provider (PCP)											
Mckee Mary Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Litynski James	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Libihoul Franc	Practitioner - Non-Primary Care Provider (PCP)											
Goetz David H Md	Practitioner - Non-Primary Care Provider (PCP)	<					<					
Farah Rebeka Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Malek Sohail	Practitioner - Non-Primary Care Provider (PCP)	<										
Graziano Pauline D	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Ross-Bailey Lindsey Lee	Practitioner - Non-Primary Care Provider (PCP)											
Turner Latasha M	Practitioner - Non-Primary Care Provider (PCP)	<	<						<	<		<
Collins Kevin P	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Cote Amanda Pauline	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Lovell Melissa Miss	Practitioner - Non-Primary Care Provider (PCP)											
Trevail Molly	Practitioner - Non-Primary Care Provider (PCP)	<										
Guldenstern Erin	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Harris Judy Ann	Practitioner - Non-Primary Care Provider (PCP)	<										
Kozak Craig Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Brodsky Lilith Michele	Practitioner - Non-Primary Care Provider (PCP)											
Barrows Nancy	Practitioner - Non-Primary Care Provider (PCP)											
Goldman Rosemary Brezbrodica	Practitioner - Non-Primary Care Provider (PCP)	<										
Dworkin Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Ford Jockular B Pc Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Jindal Rahul Mahendra Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Kafilludi Ronny	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	<	<	<	<	<	<	<
Mcdermott Nancy Ellen	Practitioner - Non-Primary Care Provider (PCP)	<										



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	Farticipating in Projects	ojects		-	_	<u>-</u>	=	_	_	-	_	
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v 2.	2.b.iii 2.	2.d.i 3.	3.a.i 3.a.ii		3.b.i 3.	3.d.iii 4	4.b.i	4.b.ii
Wang Robert Shih-Ning Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Rijhsinghani Asha	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <		< <		<b>&lt;</b>		<b>\</b>	<
Raja Asim Nazir Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<b>&lt;</b>	<b>〈</b>	< <		<b>&lt;</b>	<	<b>\</b>	<
Depan Harry J Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Chaudhry Sanjay Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<b>〈</b>	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>		<b>\</b>	<
Chismark Anthony David	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<b>〈</b>	< <		<b>\</b>		<	<
Bell Joseph William	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<b>〈</b>	<b>〈</b>	<b>\</b>	< <		<b>&lt;</b>	<	<	<
Lange Josef F	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	< <	_	<		<	<
Fogg Jo	Practitioner - Non-Primary Care Provider (PCP)											
Gujral Maninder S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	< ·	<b>&lt;</b>	< <		<		<	<
Stephens Christopher S Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<b>&lt;</b>	<b>〈</b>	< <		<b>\</b>	<	<	<
Griffin Margaret Anne	Practitioner - Non-Primary Care Provider (PCP)	<										
Thirkannad Indira	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	< <		<	<	<	<
Murawski Julie Lynn	Practitioner - Non-Primary Care Provider (PCP)	<										
Morris Adrian Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Gearwar David C	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	< ·	< ·	< <		<		<	<
Visagie Anina Isabella	Practitioner - Non-Primary Care Provider (PCP)	<	<		< ·	<b>&lt;</b>	< <		<b>&lt;</b>	<	<	<
Scialabba Emily Lamont	Practitioner - Non-Primary Care Provider (PCP)											
Walter Chelsea C	Practitioner - Non-Primary Care Provider (PCP)	<										
Rosario Frances	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<		<	<	<	<
Leone Tracey Ms.	Practitioner - Non-Primary Care Provider (PCP)	<	<		< <	<b>&lt;</b>	< <				<	<
Pouliot Steffani	Practitioner - Non-Primary Care Provider (PCP)											
Burgner Jena Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Matulewicz Lori S	Practitioner - Non-Primary Care Provider (PCP)											
Jones Kiliko	Practitioner - Non-Primary Care Provider (PCP)											
Rosenthal Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Buchanan Titiana Alexeevna	Practitioner - Non-Primary Care Provider (PCP)											
Blanc Nathalie	Practitioner - Non-Primary Care Provider (PCP)	<	<						<b>&lt;</b>	<		<
Hazen Gordon Rpac	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<b>&lt;</b>	<	<b>&lt;</b>		<	<	<
Bedinotti Ingrid	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>\</b>	<b>&lt;</b>	< <		<b>&lt;</b>		<	<
Ross Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<		<		<u> </u>	<	<	<

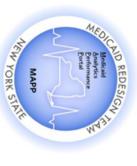


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	Participating in Projects	jects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Carlson John A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Dellolio Joseph Anthony Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Kuehler David H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Bartholomew Catherine R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Morere Donald R Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Yarze Joseph C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Fredenberg Jason R	Practitioner - Non-Primary Care Provider (PCP)	<										
Stanley Valerie Ann Np	Practitioner - Non-Primary Care Provider (PCP)	<										
Williams Kathleen	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Balter Richard R Md	Practitioner - Non-Primary Care Provider (PCP)											
Grella Rocco D Md	Practitioner - Non-Primary Care Provider (PCP)											
Davison Edwin Allen Jr Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Malone Chemin Marie	Practitioner - Non-Primary Care Provider (PCP)											
Geary Sean Patrick	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Middleton Laura Ms.	Practitioner - Non-Primary Care Provider (PCP)	<										
Mamot Baker Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Heran Meghan E	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Rillo Bella Dizon	Practitioner - Non-Primary Care Provider (PCP)	<										
Riley Nicole Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Friel Briana	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Burke Jessica Narr Phd	Practitioner - Non-Primary Care Provider (PCP)											
Shafer Carolyn H	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Snyder Howard Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Goodman Thomas L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Hinerman Rachel Sue Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Catania Lucien D Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Marsh Catherine Louise	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
De Elise J B Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Rodrigue Raymond A Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Youngelman Debbie F Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Abraham Christa Rose	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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											Practitioner - Non-Primary Care Provider (PCP)	Berger Niel Phd
<	<	<	<	ζ.	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Weinberg Gerard Md
<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Patterson Norman W Md
											Practitioner - Non-Primary Care Provider (PCP)	Kim Sun Jin Md
<	<b>&lt;</b>	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Saunders Richard A Md
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Sheeley Donald
											Practitioner - Non-Primary Care Provider (PCP)	Donovan Glenn J Dpm
<	<		<		<	<				<	Practitioner - Non-Primary Care Provider (PCP)	Celestine Erica
											Practitioner - Non-Primary Care Provider (PCP)	Rhim Changsoo
<	<	ζ.	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Gleason Mary Kathryn
											Practitioner - Non-Primary Care Provider (PCP)	Ozsvath Kathleen Md
										<	Practitioner - Non-Primary Care Provider (PCP)	Payne Melinda Lee Md
										<	Practitioner - Non-Primary Care Provider (PCP)	Astruc Manuel Md
											Practitioner - Non-Primary Care Provider (PCP)	White Lalura Rose Md
										<	Practitioner - Non-Primary Care Provider (PCP)	Conklin Jeremy
<	<		<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Dagwell Lovejoy Deborah
<	<			<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Samenfeld-Specht James
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Loeber Russell
											Practitioner - Non-Primary Care Provider (PCP)	Coyle Amy
<	<	<	<b>~</b>		<	<	<	<b>&lt;</b>	<b>~</b>	<b>&lt;</b>	Practitioner - Non-Primary Care Provider (PCP)	Gleason Zachary M
											Practitioner - Non-Primary Care Provider (PCP)	Hassan Syed Asif
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Hanspal Era
<	<b>&lt;</b>	<	<b>&lt;</b>	<	<	<	<	<	<b>&lt;</b>	<	Practitioner - Non-Primary Care Provider (PCP)	Shepard Timothy Folsom
<	<b>&lt;</b>	<	<b>&lt;</b>	<	<	<	<	<	<b>&lt;</b>	<b>&lt;</b>	Practitioner - Non-Primary Care Provider (PCP)	Miron Carrie Beth
										<b>&lt;</b>	Practitioner - Non-Primary Care Provider (PCP)	Cooper Kenneth R
<	<b>&lt;</b>	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Dirusso Michael T
<	<	ζ.	<	ζ.	<	ζ.	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Hoffman Loretta
										<	Practitioner - Non-Primary Care Provider (PCP)	Van Meter Jr Charles
										<	Practitioner - Non-Primary Care Provider (PCP)	Hazimeh Yusef Md
<b>&lt;</b>	<b>&lt;</b>	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Abraham Lisa Puthuparampil
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Chow Yvonne
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										cts	Participating in Projects	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Reed-Esper Sarah Nicole	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Menon Meera Nirmal	Practitioner - Non-Primary Care Provider (PCP)											
Heather L Juby	Practitioner - Non-Primary Care Provider (PCP)											
Rappaport Steven S Md	Practitioner - Non-Primary Care Provider (PCP)											
Adetayo Oluwaseun	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Mccauley Brian Edward	Practitioner - Non-Primary Care Provider (PCP)											
Godfrey Allison Jean	Practitioner - Non-Primary Care Provider (PCP)											
Tolosky Barbara	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
O'Connor Emily Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Joseph-Belfort Alison	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Hebert Debra A	Practitioner - Non-Primary Care Provider (PCP)	<										
Thompson Sandra Marie Np	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Di Lullo Joseph Matthew Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Leo Carol	Practitioner - Non-Primary Care Provider (PCP)	<										
Senick Joyce M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Shin Sandra Jean	Practitioner - Non-Primary Care Provider (PCP)											
De Vito Michael A Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Pani Saroj Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<b>&lt;</b>	<	<	<
Pasha Muhammad Asghar Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Pinheiro Steven Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Rieker Judy J	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Celestin Jocelyn Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Sokaris Stephen John Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Hollands Celeste Marie Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Wymer James P Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Zobal-Ratner Jitka Ludmila	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Sharlow Joan G Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Medarov Boris I	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Farren Seth Timothy	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Gibbons Susan K Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Graham Margaret	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<	<			<	<



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<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Cerda Jorge Md
											Practitioner - Non-Primary Care Provider (PCP)	Seminer Steven Joseph
										<	Practitioner - Non-Primary Care Provider (PCP)	Leinung Matthew C Md
<	<	<	<	<	<	<	<b>~</b>		<	<	Practitioner - Non-Primary Care Provider (PCP)	Engelhart Heather
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Maxwell Steven J Do
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Weiss Richard G Md
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	King Charles Christopher Md
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Dawkins Earl Anthony Rpa
<	<	<		<	<	<				<	Practitioner - Non-Primary Care Provider (PCP)	Nordhauser Micaela Urbano
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Silver George E Md
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Wolner Ron K
											Practitioner - Non-Primary Care Provider (PCP)	Hagl Amanda Marie
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Debergh Marc Taylor
											Practitioner - Non-Primary Care Provider (PCP)	Ghimire Nabodita Devkota
<	<	<	<		<	<	<b>~</b>	<b>~</b>	<	<	Practitioner - Non-Primary Care Provider (PCP)	Loytra Oleksiy
<	<		<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Wasacz Enid
<	<	<	<	<	<	<	<b>~</b>		<	<	Practitioner - Non-Primary Care Provider (PCP)	Kwon Anne
											Practitioner - Non-Primary Care Provider (PCP)	Mahmoud Ammar
											Practitioner - Non-Primary Care Provider (PCP)	Blanchette Alyse Sherwin
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Balog Amy
											Practitioner - Non-Primary Care Provider (PCP)	Kulzer Daniel
											Practitioner - Non-Primary Care Provider (PCP)	Jain Charu
										<	Practitioner - Non-Primary Care Provider (PCP)	Davila Theresa Ann
<	<			<	<					<	Practitioner - Non-Primary Care Provider (PCP)	Morihisa John
<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Maitland Ceceleta Y Md
											Practitioner - Non-Primary Care Provider (PCP)	Lu Hsien-Yi
<	<	<	<	<	<	<	<b>~</b>		<b>~</b>	<	Practitioner - Non-Primary Care Provider (PCP)	Hamilton Christophe
<	<	<		<	<	<				<	Practitioner - Non-Primary Care Provider (PCP)	Patel Shailesh Rasiklal Md Pc
<	<			<	<	<	<b>~</b>	<b>~</b>	<b>~</b>	<	Practitioner - Non-Primary Care Provider (PCP)	Menzel Charles H Md
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Buhac Jean C
<	<	ζ.	<	ζ.	ζ.	ζ.	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Bruce Victor G
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										jects	Participating in Projects	



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<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Kuhar Gordon N Md
<	<	<b>~</b>	<	<	<	<	<b>~</b>		<	<	Practitioner - Non-Primary Care Provider (PCP)	Ogbuji Princewill O Md
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Ying Rodney Lloyd Md
<	<	<	<	<	<	<	~	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Lefner Jennifer
											Practitioner - Non-Primary Care Provider (PCP)	Dalton Alyson
											Practitioner - Non-Primary Care Provider (PCP)	Youngs Ryan Douglas
											Practitioner - Non-Primary Care Provider (PCP)	Locaputo Jenna M
											Practitioner - Non-Primary Care Provider (PCP)	Williams Thomas Brian
<	<	<	<	<	<	<	<	<	<	ζ.	Practitioner - Non-Primary Care Provider (PCP)	Garcia Medina Lymaris
											Practitioner - Non-Primary Care Provider (PCP)	Lee Tae
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Byrnes Christine M
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Cole Peter Ramon Md
										<	Practitioner - Non-Primary Care Provider (PCP)	Mathew Roy
											Practitioner - Non-Primary Care Provider (PCP)	Deming Karie Ann
<	<	<	<	<	<	<	~		<	<	Practitioner - Non-Primary Care Provider (PCP)	Bakhru Usha H Md
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Dailey Michael Winter Md
										<	Practitioner - Non-Primary Care Provider (PCP)	Oakes Jennifer Audi
<	<	<b>~</b>	<	<	<	<	<b>~</b>		<	<	Practitioner - Non-Primary Care Provider (PCP)	Subudhi Manoj Kumar Md
											Practitioner - Non-Primary Care Provider (PCP)	Kaplan Mitchel A Md
											Practitioner - Non-Primary Care Provider (PCP)	Marcella Meghan Teresa
<	<	<	<	<	<	<	<b>~</b>		<	<	Practitioner - Non-Primary Care Provider (PCP)	Walke Ashley Danielle
										<	Practitioner - Non-Primary Care Provider (PCP)	Santiago Nichole
<	<	<b>~</b>	<	<	<	<	<b>~</b>	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Buzzola Rino Alberto
											Practitioner - Non-Primary Care Provider (PCP)	Harrell Tyleia J
<	<	<	<	<	<	ζ.	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Abdullah Mishal
											Practitioner - Non-Primary Care Provider (PCP)	Woodley Carlton Anthony
<	<	<b>~</b>	<	<	<	<	~		<	<	Practitioner - Non-Primary Care Provider (PCP)	Geis Gina
<	<	<b>~</b>	<	<	<	<	<b>~</b>	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Jennifer White
											Practitioner - Non-Primary Care Provider (PCP)	Halloran-Ruhle Mary
											Practitioner - Non-Primary Care Provider (PCP)	Dropkin Robert H Md Md
											Practitioner - Non-Primary Care Provider (PCP)	D Sa Peter Md
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										ects	Participating in Projects	



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Spirig Andreas M Md	Practitioner - Non-Primary Care Provider (PCP)											
Greene Elliott Stephen Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Hosannah Hilton O li Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<b>〈</b>	<	<	<
Philbin Edward F Md	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<		ζ.	<	<	<b>〈</b>	<	<	ζ.	<
Tietjen John Charles Jr	Practitioner - Non-Primary Care Provider (PCP)	<										
Adsit Mark G Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<	<	<	<	<	ζ.	<
Barnert David M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	<	<	<	<	<	<	<
Lawlor Pamela J	Practitioner - Non-Primary Care Provider (PCP)	<										
Hicks Steven D	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Kim Grace Y	Practitioner - Non-Primary Care Provider (PCP)	<										
Boucher Maria Olivares	Practitioner - Non-Primary Care Provider (PCP)											
Hida Sven	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Chen Valerie Hsinyen	Practitioner - Non-Primary Care Provider (PCP)											
Bradley Nina Grace	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<b>~</b>	<	<
Koonz Laura Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Roberts Jordan Ms.	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>~</b>	<	<
Boczko Stanley H Md	Practitioner - Non-Primary Care Provider (PCP)											
Serafini Elaine	Practitioner - Non-Primary Care Provider (PCP)	<										
Colaneri Jean	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>~</b>	<	<
Daly Pamela Lynn Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Malamood Howard Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Connors William Patrick	Practitioner - Non-Primary Care Provider (PCP)	<										
Uhr Emily	Practitioner - Non-Primary Care Provider (PCP)	<										
Swensen Keith	Practitioner - Non-Primary Care Provider (PCP)	<										
Fitzpatrick Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Seavey Donna	Practitioner - Non-Primary Care Provider (PCP)	<										
Santiago Crystal Marie	Practitioner - Non-Primary Care Provider (PCP)											
Spath Disha Chhabra	Practitioner - Non-Primary Care Provider (PCP)											
Tran Tri Van	Practitioner - Non-Primary Care Provider (PCP)											
Asare Kofi Sarkokie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Grullon-Zannou Christabel	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Parenti Anthony Ryan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<b>&lt;</b>
Manny Tara Amanda	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<b>〈</b>	<	<b>&lt;</b>	<
Kaufman Marcia	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<b>〈</b>		<	<
Khullar Anil Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Daversa Suzanne	Practitioner - Non-Primary Care Provider (PCP)											
Laddis Theodoros Md	Practitioner - Non-Primary Care Provider (PCP)	<	<b>&lt;</b>	<	<	<b>〈</b>	<	<b>〈</b>	<	<	<b>〈</b>	<b>&lt;</b>
Kutzer William M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Toussaint Jon Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Nijjar Gurkirpal S Md	Practitioner - Non-Primary Care Provider (PCP)	<	<						ζ.	<		<b>&lt;</b>
Kishore Pankaj Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Alderisio William George Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Poon Edward	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Vanaller-Smith Joanne	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Domingo David Bucao	Practitioner - Non-Primary Care Provider (PCP)											
Oyiborhoro John Mokoro A	Practitioner - Non-Primary Care Provider (PCP)											
Wilbourn Shelby L Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Phillips Victoria J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<b>&lt;</b>	<	<	<
Shif Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Massonne Mary Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Tashjian Barbara J	Practitioner - Non-Primary Care Provider (PCP)	<										
Heysler Rebecca A Np	Practitioner - Non-Primary Care Provider (PCP)	<										
Kane Tabitha	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
lyer Shridhar	Practitioner - Non-Primary Care Provider (PCP)	<										
Mohammed Aleeya Nalini Natasha	Practitioner - Non-Primary Care Provider (PCP)											
Zaman Jessica Afrose	Practitioner - Non-Primary Care Provider (PCP)											
Freeman Beth E	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Fazzio Lydia Olympia	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<b>&lt;</b>	<	<	<
Calder Katherine Anne	Practitioner - Non-Primary Care Provider (PCP)											
Lingbloom Andrew L	Practitioner - Non-Primary Care Provider (PCP)	<										
Gardner Jerry L	Practitioner - Non-Primary Care Provider (PCP)	<										
Askew Allyson Ann	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Bhatia Sudershan Kumar	Practitioner - Non-Primary Care Provider (PCP)											
Richter Seth Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	<	<	<	<	<	<	<
Barba Anne Lauren Phd	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Kreienberg Paul Boyd Md	Practitioner - Non-Primary Care Provider (PCP)											
Yeaton Howard Lance Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Sandler Steven Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<b>&lt;</b>	<	<	<	<
Tuczynski Kathryn E	Practitioner - Non-Primary Care Provider (PCP)	<										
Schaefer Bianca	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<b>~</b>	<	<	<	<	<
Barrack Bruce	Practitioner - Non-Primary Care Provider (PCP)	<										
Chu Alan L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>~</b>		<	<	<	<
Ciccateri Ruth A	Practitioner - Non-Primary Care Provider (PCP)	<			<	<	~				<	
Gold Daniel C Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>~</b>	<	<	<	<	<
Black Trevor	Practitioner - Non-Primary Care Provider (PCP)	<										
Jacobs Laura May	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	~	<	<	<	<	<
Kuriakose Binu Rpa	Practitioner - Non-Primary Care Provider (PCP)	<					~					
Reed Norma	Practitioner - Non-Primary Care Provider (PCP)	<										
Fiorini Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<	<
Heidemann Patricia Ms.	Practitioner - Non-Primary Care Provider (PCP)	<										
Lundgren Brandon Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<	<
Chaudhry Rafia Ishfaq	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	~	<	<	<	<	<
Chang Kit Laura Annelise	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~		<	<	<	<
Pelesz Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Olszowka Joseph V Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<	<
Alagna Paul G Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Qian Jiang Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Guccione Angela Lee Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Cagino Anthony John Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Postal Eric S Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Knight William	Practitioner - Non-Primary Care Provider (PCP)											
Hutton Jennifer Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	ζ.	ζ.	<		<	<	<	<
Krishnappa Kachigere Siddegowda Md	Practitioner - Non-Primary Care Provider (PCP)	<										



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Provider Name   Provider Nam		Participating in Projects	jects										
Parallitioner - Nan-Primary Case Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Amand Penalikorer - Non-Primary Case Provider (PCP)  Annand Penalikorer - Non-Primary Case Provider (P	Talbot Jean F	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	<	<	<	<	<	<	<
Amand Produktioner - Nor-Primary Care Provider (PCP)  ara  Produktioner - Nor-Primary Care Provider (PCP)  WW  Produktioner - Nor-Primary Care Provider (PCP)  WW  Produktioner - Nor-Primary Care Provider (PCP)  Produktione	Pires Ervoes John	Practitioner - Non-Primary Care Provider (PCP)	<										
Ammand         Pacititioner Non-Pinnary Care Provider (PCP)         C <th< td=""><td>Steindler Jason Harrison</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>ζ.</td><td>ζ.</td><td></td><td>&lt;</td><td>ζ.</td><td>&lt;</td><td><b>&lt;</b></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></th<>	Steindler Jason Harrison	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.		<	ζ.	<	<b>&lt;</b>	<	<	<	<
APERATIONE - NON-Primary Case Provider (PCP)  APERATIONE - NON-Prima	Mastrangelo John Armand	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	ζ.	<	<b>&lt;</b>	<	<	<	<
aria   Precitioner - Non-Primary Care Provider (PCP)	Rezak Kristen	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		<	<	<	<	<	<	<	<
serina         Patatitioner - Non-Primary Carle Provider (PCP)         X	Aron Uthayashankar	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)   V V V V V V V V V V V V V V V V V V	Pinto Dorcas Boahema	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.		ζ.	ζ.	<	ζ.	ζ.	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Little Stephen	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Bet Briana	Practitioner - Non-Primary Care Provider (PCP)											
n         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the Control of th	Santell Eric R	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<	<	<	<	<	<	<	<
n Practitioner - Non-Primary Care Provider (PCP)  Md Practitioner -	Cornell Kathleen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         X<	Dowling John Ryan	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)         X<	Martelle Joan M	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the Co	Carruthers Jay	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
eresa Ann         Practitioner - Non-Primary Care Provider (PCP)         V	Yamada Brian S	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<b>&lt;</b>	<	<	<	<
Idd         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the provider of the practitioner of the provider of the provider of the practitioner of the practitioner of the provider of the practitioner of the provider of the provider of the practitioner of the provider of the provider of the practitioner of the provider of the provider of the provider of the provider of the practitioner of the provider of the provider of the provider of the practitioner of the provider of	Hutson-Mulligan Teresa Ann	Practitioner - Non-Primary Care Provider (PCP)											
mn         Practitioner - Non-Primary Care Provider (PCP)         IX         IX <th< td=""><td>Porter Joanne C Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Porter Joanne C Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Md         Practitioner - Non-Primary Care Provider (PCP)         IX         IX <th< td=""><td>Caulfield Cora Lynn</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></th<>	Caulfield Cora Lynn	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
sw         Practitioner - Non-Primary Care Provider (PCP)         Column (Column (PCP))	Scialabba Fred P Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Pactitioner - Non-Primary Care Provider (PCP)         Image: Control of the provider of the pr	Toole Nancy E Lcsw	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<			<	<
y B         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the control of	Bughrara Nibras	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  It  Comm  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  A Pc Md  Practitioner - Non-Primary Care Provider (PCP)  A Pc Md  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  A Pc Md  A	Stepanets Gregory B	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)         V<	Tauber Kate	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
a Bajas Md     Practitioner - Non-Primary Care Provider (PCP)     V	Whyte Mary C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<b>&lt;</b>	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Cnm  Practitioner - Non-Primary Care Provider (PCP)	Boulos Maria Theresa Bajas Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Cnm Practitioner - Non-Primary Care Provider (PCP)	Moffitt Richard Scott	Practitioner - Non-Primary Care Provider (PCP)											
d Practitioner - Non-Primary Care Provider (PCP)  d Practitioner - Non-Primary Care Provider (PCP)  d Practitioner - Non-Primary Care Provider (PCP)  J Practitioner - Non-Primary Care Provider (PCP)	Wintle Catherine Ann	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)	Mcpadden Marion C Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)	Ampuero Juan	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)	Hena Muhammad A Pc Md	Practitioner - Non-Primary Care Provider (PCP)	<										
	Fiet Marcy Adirie	Practitioner - Non-Primary Care Provider (PCP)	<										



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	Participating in Projects	jects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Casale Charles Vincent Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Morrissey Nancy L	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<b>&lt;</b>
Dolph James L Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Idelchik Gary M	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Zayas Mary P	Practitioner - Non-Primary Care Provider (PCP)											
Yamamoto Junichi Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Garza Armando	Practitioner - Non-Primary Care Provider (PCP)											
Falardeau Jodi L	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<	<	<	<
Montalvan Theresa	Practitioner - Non-Primary Care Provider (PCP)	<										
Bringley Johanna Cubelli	Practitioner - Non-Primary Care Provider (PCP)											
Gray Christine	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<			<	<
Morgan Donna	Practitioner - Non-Primary Care Provider (PCP)											
Parker Megan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Hinson Sandra Garcia	Practitioner - Non-Primary Care Provider (PCP)											
Mika Philip J Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Dahl Jeanne A	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<		<b>&lt;</b>	<	<	<	<	<	<	<
Pauze Denis Robert	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
Amin Hiral Natwarlal Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Castro Michele Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Card Harold George Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Shoemaker Mark Charles	Practitioner - Non-Primary Care Provider (PCP)											
Fear Philip J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Lundberg Lori A Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Kelling Timothy Scott Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Fein Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	<	<	<	<	<
Westerling Catherine	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
White Bruce David	Practitioner - Non-Primary Care Provider (PCP)	<										
Winderl Erin M	Practitioner - Non-Primary Care Provider (PCP)	<										
Godfrey Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Bhatnagar Pawan Md	Practitioner - Non-Primary Care Provider (PCP)											
Mitchell Nancy Lynn	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<



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Provider Name   Provider Name   Provider Category   2.1   2.1   2.1   2.1   2.1   3.1		Participating in Projects	ects										
Pacilitore - Non-Primary Care Provider (PCP)	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Paciliticae - Non-Primay Case Provider (PCP)	Rosen Jonathan M Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		ζ.	<	<	ζ.	<	<	ζ.	ζ.
n Pactitioner - Non-Primary Care Provider (PCP) Pactitioner - Non-Pr	Boulos Alan Samuel Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		ζ.	<	<b>&lt;</b>	ζ.	<	<	<b>〈</b>	<b>&lt;</b>
Pacitioner - Non-Primary Care Provider (PCP)	Kennedy Thomas M Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	<	<b>〈</b>	<	<	<b>〈</b>	<	<	<	<b>&lt;</b>
Prestitioner - Non-Primary Care Provider (PCP)	Nussbaum David N Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Khoury Nidal Y Md	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Stepan Jovanna	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Mix Rosemary	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Practitioner - Non-Primary Care Provider (PCP)	Flanigan Kathleen Joan	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)   V   V   V   V   V   V   V   V   V	Betts Maia	Practitioner - Non-Primary Care Provider (PCP)	<	<						<	<		<
Ironna         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the provider (PCP)	Ghimire Prajesh Mani	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Kogan Yelena Aleksandrovna	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)         Image: Company Cane Provider (PCP)           S.         Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider (PCP)           Practitioner - Non-Primary Cane Provider (PCP)         Image: Company Cane Provider	Hubert Jonathan	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)         X<	Ginebra Claudio	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the co	Sonagere Caitlin T	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Schuck Abigail	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Car	Joice Jessica Q	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Newberg Kelsey Ruth	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the co	Daisernia Francesca Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the provider (PCP)         Image: Control	Hassett Stephen G Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Mccullough Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>	<	<	<		<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Samelson Renee Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) Practitioner - Non-Primar	Phelps Kenneth R Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V <td< td=""><td>David Jason Ellenbogen Dpm</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	David Jason Ellenbogen Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)       V <t< td=""><td>Mcgork James Rpa</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></t<>	Mcgork James Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP) V V V V V   Practitioner - Non-Primary Care Provider (PCP) V V V V V V   Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V   Practitioner - Non-Primary Care Provider (PCP) V	Meier Paul Duncan	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)       Y <t< td=""><td>Achar Naveen Md</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></t<>	Achar Naveen Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Mayes-Beasly Wendy Deloris	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Ryan Rebecca	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Practitioner - Non-Primary Care Provider (PCP)	Winzelberg Jay	Practitioner - Non-Primary Care Provider (PCP)											
	Astorga Rakel Maria	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.		ζ.	<	<	<	<	<	<	<
	Devoe Jaime	Practitioner - Non-Primary Care Provider (PCP)											



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<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Giramonti Karla Michelle
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Alpaugh Craig Alan
<	<	<	<b>~</b>	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Jacobs Hugh Frederic Md
<	<	<	<b>~</b>		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Thomas James Md
											Practitioner - Non-Primary Care Provider (PCP)	Smith Peter Dpm
<	<	<	<b>~</b>	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Pluto Luke A
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Laruffa Gia M
											Practitioner - Non-Primary Care Provider (PCP)	Hall Karin Sue Np
<	<	<	<b>~</b>	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Palms Jo-Ann
<	<	<	<b>~</b>	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Wasacz Christopher John
<	<	<	<b>~</b>		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Elsagga Elizabeth
<	<	<	<b>~</b>	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Rasoully Mai Mona
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Allmendinger Nikki
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										<	Practitioner - Non-Primary Care Provider (PCP)	Chank Shelly M
											Practitioner - Non-Primary Care Provider (PCP)	Peredo-Wende Ruben
											Practitioner - Non-Primary Care Provider (PCP)	Dib Nancy Ellen
											Practitioner - Non-Primary Care Provider (PCP)	Robstad Karl
										<	Practitioner - Non-Primary Care Provider (PCP)	Smith Raymond
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Whitney Valerie C Rpa
										<	Practitioner - Non-Primary Care Provider (PCP)	Laz Desiree F
<	<	<	<b>~</b>	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Jorgensen Todd Robert Md
<	<b>&lt;</b>	<	<b>~</b>	<	<	<	<		<	<b>&lt;</b>	Practitioner - Non-Primary Care Provider (PCP)	Khalak Rubia Md
											Practitioner - Non-Primary Care Provider (PCP)	Saltzberg Stephanie Sharyn Md
<	<	<	<	ζ.	<	ζ.	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Brooks Timothy Alan Md
					<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Williams Sherrie Ms.
										<	Practitioner - Non-Primary Care Provider (PCP)	Murtagh Colleen
	<				<	<	<			<	Practitioner - Non-Primary Care Provider (PCP)	Phoenix Jennifer
											Practitioner - Non-Primary Care Provider (PCP)	Reinhard Maggie
<	<b>&lt;</b>			<	<					<b>&lt;</b>	Practitioner - Non-Primary Care Provider (PCP)	Epstein Igor
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Pinheiro-Neto Carlos Diogenes
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										ects	Participating in Projects	



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	Participating in Projects	jects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Corbin Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Lopez Janeen Ellen	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Mazur Jordan Thomas	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Huss Sara Abigail	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Khan Manji Samira	Practitioner - Non-Primary Care Provider (PCP)	<										
Hall Duane Seymour	Practitioner - Non-Primary Care Provider (PCP)											
Tortorici Danielle Maria	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Rajpoot Minakshi	Practitioner - Non-Primary Care Provider (PCP)											
Bennett Christopher	Practitioner - Non-Primary Care Provider (PCP)											
Richards Jessica Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Kennedy Patricia Rae Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>&lt;</b>	<	<	<	<	<
Oboyski Carlsen Deborah Ms.	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Myint Win Md	Practitioner - Non-Primary Care Provider (PCP)											
Huber-Villano Patricia	Practitioner - Non-Primary Care Provider (PCP)	<										
Eckstein-Vangelder Amy L Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Mcbiles Mike Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Olszowka Angelique	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Groudine Scott Bradley Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Munshi Upender Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Flax Harold	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>&lt;</b>	<	<	<	<	<
Clark Steve Daniel Pa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Saunders Jessica Ann Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Kulkarni Subash	Practitioner - Non-Primary Care Provider (PCP)											
Amsden Tracy Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Pilitsis Julie Georgia	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Gaynor Patricia Np	Practitioner - Non-Primary Care Provider (PCP)	<										
Braga Eileen	Practitioner - Non-Primary Care Provider (PCP)											
Mcginn Arthur	Practitioner - Non-Primary Care Provider (PCP)	<										
Maccio Brenda	Practitioner - Non-Primary Care Provider (PCP)	<										
Hand Drinnon	Practitioner - Non-Primary Care Provider (PCP)	<										
Gozman Alexander	Practitioner - Non-Primary Care Provider (PCP)	<										



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Search Class Date   Provident Name		Participating in Projects	Projects										
dist         Practitionur - Non-Primary Care Provisit (PCP)         C <th< th=""><th>Provider Name</th><th>Provider Category</th><th>2.a.i</th><th>2.a.iii</th><th>2.a.v</th><th>2.b.iii</th><th>2.d.i</th><th>3.a.i</th><th>3.a.ii</th><th>3.b.i</th><th>3.d.iii</th><th>4.b.i</th><th>4.b.ii</th></th<>	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Predictioner - Nos-Primary Care Provider (PCP)	Sarah G Fox Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	<b>〈</b>	<	<	<b>&lt;</b>	<	<	<b>&lt;</b>
Preditioner - Non-Primary Care Provider (PCP)	Reach Sally	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitione - Non-Primary Caee Provider (PCP)	Guay Ryan Connor	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Weinreb David	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  In Company Care Pro	Lipson Beth	Practitioner - Non-Primary Care Provider (PCP)	<	<		ζ.	ζ.	<	<			<	<
ph Pacititioner - Non-Primary Care Provider (PCP) le Pacititioner - Non-Primary Care Provider (P	Wagg Amber Nichole	Practitioner - Non-Primary Care Provider (PCP)	<	<b>&lt;</b>	ζ.	ζ.	<b>〈</b>	<b>&lt;</b>	<b>&lt;</b>	<b>〈</b>	<b>&lt;</b>	<	<b>&lt;</b>
ph         Practitioner - Non-Primary Care Provider (PCP)         V	Ciccarelli Blair	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	ζ.	ζ.	<	<	<	<	<	<
Be	Loughlin Thomas Joseph	Practitioner - Non-Primary Care Provider (PCP)											
MM         Practitioner - Non-Primary Care Provider (PCP)         X	Frazier Catherine Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Mid         Practitioner - Non-Primary Case Provider (PCP)         IX         IX <t< td=""><td>Miller Kristin M Rpa</td><td>Practitioner - Non-Primary Care Provider (PCP)</td><td>&lt;</td><td><b>&lt;</b></td><td>ζ.</td><td>ζ.</td><td><b>〈</b></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>ζ.</td><td><b>&lt;</b></td></t<>	Miller Kristin M Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<b>&lt;</b>	ζ.	ζ.	<b>〈</b>	<	<	<	<	ζ.	<b>&lt;</b>
Mid         Practitioner - Non-Primary Care Provider (PCP)         X	Andrejuk Tomasz Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Goldberg Barry Stuart Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<b>~</b>	<	<
Practitioner - Non-Primary Care Provider (PCP)	Riddick Linda M Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>~</b>	<	<
r         Practitioner - Non-Primary Care Provider (PCP)         IX	Kanwar Vikramjit S Md	Practitioner - Non-Primary Care Provider (PCP)	<b>&lt;</b>										
r Practitioner - Non-Primary Gare Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary C	Mandato Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<b>&lt;</b>	<	<
Practitioner - Non-Primary Care Provider (PCP)	Damore Dorothy Taylor	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>~</b>	<	<
Practitioner - Non-Primary Care Provider (PCP)         Image: Care Provider (P	Williams Marguerite H	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the Edwige of the Edwig	Jolly George A Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Image: Annold         Practitioner - Non-Primary Care Provider (PCP)         Image: Annold of the practition of the	Walsh Anne Catherine	Practitioner - Non-Primary Care Provider (PCP)	<										
mold         Practitioner - Non-Primary Care Provider (PCP)         Image: Care Provider (PCP)         I	Larrabee Erin V	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>&lt;</b>	<	<
Na     Practitioner - Non-Primary Care Provider (PCP)     V </td <td>Lopez-Soler Reynold</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td></td>	Lopez-Soler Reynold	Practitioner - Non-Primary Care Provider (PCP)											
o Thomas Practitioner - Non-Primary Care Provider (PCP)	Chapman Jessica	Practitioner - Non-Primary Care Provider (PCP)											
OBrigitte Edwige         Practitioner - Non-Primary Care Provider (PCP)         V	Pastena Gaetano Thomas	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<b>~</b>	<	<
Lee Practitioner - Non-Primary Care Provider (PCP) V V V V V V V   Lee Practitioner - Non-Primary Care Provider (PCP) V <td>Bekan-Homawoo Brigitte Edwige</td> <td>Practitioner - Non-Primary Care Provider (PCP)</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td><b>~</b></td> <td>&lt;</td> <td>&lt;</td>	Bekan-Homawoo Brigitte Edwige	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<b>~</b>	<	<
Lee Practitioner - Non-Primary Care Provider (PCP) Image: Control of the control o	Konig Carolyn J	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Scuderi Devon Lee	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Practitioner - Non-Primary Care Provider (PCP)	Hopkins Susan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>~</b>	<	<
Maria       Practitioner - Non-Primary Care Provider (PCP)       V	Kallin Kimberly E	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<b>~</b>	<	<
ne Maria	Kissee Vanessa	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
	Brandon Ellen	Practitioner - Non-Primary Care Provider (PCP)											
	Jankowski Anne Maria	Practitioner - Non-Primary Care Provider (PCP)											



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Millet Learne Manie         Provider Name         Provider Casegory         2a.i         2a.ii         2a.v         2b.iii         2d.ii           Escobar Diago Md         Practitioner - Non-Primary Care Provider (PCP)         W <t< th=""><th></th><th>Participating in Projects</th><th>cts</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>		Participating in Projects	cts									
Malaie         Practitioner - Non-Primary Care Provider (PCP)         CI         CI           MM         Practitioner - Non-Primary Care Provider (PCP)         CI         CI         CI           Ma Md         Practitioner - Non-Primary Care Provider (PCP)         CI         CI <th>Provider Name</th> <th>Provider Category</th> <th>2.a.i</th> <th>2.a.iii</th> <th></th> <th></th> <th>3.a.i 3</th> <th>3.a.ii 3</th> <th>3.b.i 3</th> <th>3.d.iii ′</th> <th>4.b.i</th> <th>4.b.ii</th>	Provider Name	Provider Category	2.a.i	2.a.iii			3.a.i 3	3.a.ii 3	3.b.i 3	3.d.iii ′	4.b.i	4.b.ii
Mid         Practitioner - Non-Primary Care Provider (PCP)         V         V         V           Bta Mid         Practitioner - Non-Primary Care Provider (PCP)         V	Millett Jeanne Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<	<	<	<	<
tal Mid         Practitioner - Non-Primary Care Provider (PCP)         C         C         C           eact Carol Mid         Practitioner - Non-Primary Care Provider (PCP)         C	Escobar Diego Md	Practitioner - Non-Primary Care Provider (PCP)										
Bractitioner - Non-Primary Care Provider (PCP)         X         X         X           Intel C         Practitioner - Non-Primary Care Provider (PCP)         X	Angelotti Marietta Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Bract Lond Md         Practitioner - Non-Primary Case Provider (PCP)         ✓	Claus Jeffrey K	Practitioner - Non-Primary Care Provider (PCP)	<	<			<b>&lt;</b>	<	<	<	<	<
Inetitic C         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the cont	Coombes Sereena Carol Md	Practitioner - Non-Primary Care Provider (PCP)	<									
Md         Practitioner - Non-Primary Care Provider (PCP)         V	Blackington Colette C	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<b>&lt;</b>	<	<	<b>&lt;</b>	<	<b>\</b>
Md     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       Aszlo Md     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       Ann     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       Ann     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       LRpa     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       LERpa     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       esa     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       esa     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       esa     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       esa     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       esa     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       esa     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       esa     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       esa     Practitioner - Non-Primary Care Provider (PCP)     V     V     V       esa     Practitioner - Non-Primary Care Provider (PCP)     V     V     <	Trickey David L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<						_	<	<
Mid         Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the control of	Chen Jane Do	Practitioner - Non-Primary Care Provider (PCP)										
aszlo Md         Practitioner - Non-Primary Care Provider (PCP)         C         C           Ahnn         Practitioner - Non-Primary Care Provider (PCP)         C         C           Ahnn         Practitioner - Non-Primary Care Provider (PCP)         C         C           Ahnn         Practitioner - Non-Primary Care Provider (PCP)         C         C           LRPa         Practitioner - Non-Primary Care Provider (PCP)         C         C           LRPa         Practitioner - Non-Primary Care Provider (PCP)         C         C           a         Practitioner - Non-Primary Care Provider (PCP)         C         C           a         Practitioner - Non-Primary Care Provider (PCP)         C         C           a         Practitioner - Non-Primary Care Provider (PCP)         C         C           usis         Practitioner - Non-Primary Care Provider (PCP)         C         C           usis         Practitioner - Non-Primary Care Provider (PCP)         C         C           usis         Practitioner - Non-Primary Care Provider (PCP)         C         C           usis         Practitioner - Non-Primary Care Provider (PCP)         C         C           usis         Practitioner - Non-Primary Care Provider (PCP)         C         C           usis         Prac	Chalmers Paul Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<		<	<	<	<
Ahn     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       ath     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       resa     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       resa     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       resa     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       resa     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       response     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       response     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       response     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       response     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       response     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       response     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       response     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       response     Practitioner - Non-Primary Care Provider (PCP)     Image: Company Care Provider (PCP)       response     Pra	Laufer Andras Laszlo Md	Practitioner - Non-Primary Care Provider (PCP)	<	<			<b>&lt;</b>	<	<	<b>&lt;</b>	<	<
ath     Practitioner - Non-Primary Care Provider (PCP)     Control       L Rpaa     Practitioner - Non-Primary Care Provider (PCP)     Control       resa     Practitioner - Non-Primary Care Provider (PCP)     Control       resp     Practitioner - Non-Primary Care Provider (PCP)     Control	Espey Kathleen Ann	Practitioner - Non-Primary Care Provider (PCP)	<									
LRpa     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)       a     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)       a     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)       balvatore Md     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)       a     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)       a     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)       buise     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)       care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       care Provider (PCP)     Image: Care Provider (PCP)     Imag	Renaud Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<			<b>&lt;</b>	<b>&lt;</b>	<	<	<	<
resa  Practitioner - Non-Primary Care Provider (PCP)  a  Practitioner - Non-Primary Care Provider (PCP)  Available of Practitioner - Non-Primary Care Provider (PCP)  a  Practitioner - Non-Primary Care Provider (PCP)  Available of Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Available of Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Available of Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Available of Practitioner - Non-Primary Care Provider (PCP)  P	Mosher Seana L Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<b>&lt;</b>	<	<	<b>&lt;</b>	<	<
a Practitioner - Non-Primary Care Provider (PCP)  balvatore Md Practitioner - Non-Primary Care Provider (PCP)  clward Md Practitioner - Non-Primary Care Provider (PCP)  a Practitioner - Non-Primary Care Provider (PCP)  buisse Provider (PCP)  con Practitioner - Non-Primary Care Provider (PCP)  con Practitioner - Non-Primary Care Provider (PCP)  practitioner - Non-P	Brady Ann Theresa	Practitioner - Non-Primary Care Provider (PCP)										
Salvatore Md       Practitioner - Non-Primary Care Provider (PCP)       Image: Company Care Provider (PCP)       Image: Care Provider (PCP)<	Balkoski Victoria	Practitioner - Non-Primary Care Provider (PCP)	<	<			<b>&lt;</b>	<	<	<	<	<
cdward Md       Practitioner - Non-Primary Care Provider (PCP)       Image: Ima	Bonura Frank Salvatore Md	Practitioner - Non-Primary Care Provider (PCP)										
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puise     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Attri B     Practitioner - Non-Primary Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provider (PCP)       Image: Care Provider (PCP)     Image: Care Provider (PCP)     Image: Care Provide	Hebrank Jessica	Practitioner - Non-Primary Care Provider (PCP)	<	<			<b>&lt;</b>	<	<		<	<
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  A Practitioner - Non-Primary Care Provider (PCP)  Ratri B Practitioner - Non-Primary Care Provider (PCP)  Son Practitioner - Non-Primary Care Provider (PCP)	Medin Karen Louise	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)  a Practitioner - Non-Primary Care Provider (PCP)  topher Practitioner - Non-Primary Care Provider (PCP)  Katri B Practitioner - Non-Primary Care Provider (PCP)  Fractitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)	lyer Aparna	Practitioner - Non-Primary Care Provider (PCP)	<									
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Practitioner - Non-Primary Care Provider (PCP)  stopher  Practitioner - Non-Primary Care Provider (PCP)  Natri B  Practitioner - Non-Primary Care Provider (PCP)	Varlamov Anna	Practitioner - Non-Primary Care Provider (PCP)	<	<			<b>&lt;</b>	<	<	<	<	<
stopher       Practitioner - Non-Primary Care Provider (PCP)       Care Provider (PCP)         n Katri B       Practitioner - Non-Primary Care Provider (PCP)       Stophan Stoph	Dzeletovic Ivana	Practitioner - Non-Primary Care Provider (PCP)										
rson Practitioner - Non-Primary Care Provider (PCP)  rson Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Dr. Practitioner - Non-Primary Care Provider (PCP)	Yakawiak Christopher	Practitioner - Non-Primary Care Provider (PCP)										
rson Practitioner - Non-Primary Care Provider (PCP)	Noble-Johnson Katri B	Practitioner - Non-Primary Care Provider (PCP)										
Dr.       Practitioner - Non-Primary Care Provider (PCP)       V       V         Practitioner - Non-Primary Care Provider (PCP)       V       V         Practitioner - Non-Primary Care Provider (PCP)       V       V	Alexander Volfson	Practitioner - Non-Primary Care Provider (PCP)										
Dr.       Practitioner - Non-Primary Care Provider (PCP)       V       V         Practitioner - Non-Primary Care Provider (PCP)       V       V	Zhao Ling	Practitioner - Non-Primary Care Provider (PCP)										
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)	Safa Radwan Dr.	Practitioner - Non-Primary Care Provider (PCP)	<	<			<b>&lt;</b>	<	<	<b>&lt;</b>	<	<
Practitioner - Non-Primary Care Provider (PCP)	Miller Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<			<	<	<	<b>&lt;</b>	<	<
	Wolfe Heather	Practitioner - Non-Primary Care Provider (PCP)	<									
Mcshane Danine A Practitioner - Non-Primary Care Provider (PCP)	Mcshane Danine A	Practitioner - Non-Primary Care Provider (PCP)	<									



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										<	Practitioner - Non-Primary Care Provider (PCP)	Comley Sood Shannon Md
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Russo Thomas
											Practitioner - Non-Primary Care Provider (PCP)	Shoucri Sherif
											Practitioner - Non-Primary Care Provider (PCP)	Hovsepian Sonya Layla
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Lange Amber L
										<	Practitioner - Non-Primary Care Provider (PCP)	Jeffrey Alfred Reynante
										<	Practitioner - Non-Primary Care Provider (PCP)	Perwaiz Muhammad Khurram
<	<	<	<		<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Leung Anna
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Barcomb Timothy F
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Schongar Marie Antoinette
<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Eames Frederick Md
<	<	<	<		<	<	<	<	<b>&lt;</b>	<	Practitioner - Non-Primary Care Provider (PCP)	Hoover Eric Md
										<	Practitioner - Non-Primary Care Provider (PCP)	Kircher Mark Taylor Md
<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Kepner Heather Marie Np
<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Keating Lawrence
										<	Practitioner - Non-Primary Care Provider (PCP)	Beer Paul Marius Md
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Herlihy Kevin J Md Pc
										<	Practitioner - Non-Primary Care Provider (PCP)	Luidens Mary K Md
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Doyle Melissa M Csw
<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Deserre Steven Francis Cnm
<	<	<	<	<	<	<	<		<b>&lt;</b>	<	Practitioner - Non-Primary Care Provider (PCP)	Valerian Brian Thomas Md
										<	Practitioner - Non-Primary Care Provider (PCP)	Bass Anna
<	<	<	<	<	<	<	<	<	<b>&lt;</b>	<	Practitioner - Non-Primary Care Provider (PCP)	Jorgensen Shawn P Md
<	<	ζ.	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Schoen Fredric S Md
<	<		<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Lamanna Jeanina
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Del Giacco Desmond Rudolph Md
										ζ.	Practitioner - Non-Primary Care Provider (PCP)	Woolley Wendy Lee Do
											Practitioner - Non-Primary Care Provider (PCP)	Garcia Sarah Lenore
											Practitioner - Non-Primary Care Provider (PCP)	Filippova Olga Timurovna
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Kent Kenneth
											Practitioner - Non-Primary Care Provider (PCP)	Papaleo Alyssa
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										cts	Participating in Projects	•



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		•										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i :	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Cytryn Jacalyn J Mdd	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Melamed Daniel E Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<b>\</b>	<b>&lt;</b>	<	<	<b>\</b>	<	<b>&lt;</b>
Sofia Susan	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<b>&lt;</b>
Wildemann Susan	Practitioner - Non-Primary Care Provider (PCP)											
Berger Sondra Kristen Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Yarinsky Steven Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>〈</b>	<	<	<	<	ζ.
Mayer Dan Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Weaver Jacqueline Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Gara Maureen	Practitioner - Non-Primary Care Provider (PCP)	<				<	<		<		<	<
Kennedy Tracy	Practitioner - Non-Primary Care Provider (PCP)	<										
Singh Ashuwinder K Np	Practitioner - Non-Primary Care Provider (PCP)											
Ward Buffi Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Boxt Lawrence M Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Mason Appleton Adams Iii	Practitioner - Non-Primary Care Provider (PCP)	<										
Edmond James A Md Pc	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<		<	<	<	<	<
Simmons Richard J	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<				<	<
Ferrando-Dehtiar Natalia Victorovna	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<		<		<	<	<
Scordino Jessica	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<		<		<	<	<
Kaiser Laura Marie	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Pratt Kathleen Ms.	Practitioner - Non-Primary Care Provider (PCP)	<										
Ramesh Subedi	Practitioner - Non-Primary Care Provider (PCP)	<										
Batool Asra	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Burrell Keisha Kay	Practitioner - Non-Primary Care Provider (PCP)	<				<	<		<		<	<
Buffa Heather	Practitioner - Non-Primary Care Provider (PCP)	<										
Mccarthy Brigid	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Ennis Corey Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Regal Ellen Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Misiano Julie	Practitioner - Non-Primary Care Provider (PCP)	<										
Ramos Glenn Patrick	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<b>~</b>	<	<	<	<	<
Sonn James Jin Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Rowden Adam Kendall Do	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Casivant Melissa M	Practitioner - Non-Primary Care Provider (PCP)	<										
Rivard Donald J Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Horgan Michael Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Canete Jonathan J Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Horn James F Md	Practitioner - Non-Primary Care Provider (PCP)	<	ζ.	ζ.	ζ.	<	<	<	<	ζ.	<	ζ.
Gill Zaheer Ashraf Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Sai B Gandham Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Hall Amanda Justine	Practitioner - Non-Primary Care Provider (PCP)											
Nwanodi Oroma Beatrice	Practitioner - Non-Primary Care Provider (PCP)											
Ali Jameel	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<	<	<	<	<	<	<	<	<	<
Dundon Renee Rpa	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<		<	<	<	<	<	<	<	<
Plotkin Richard Eric Md	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<b>&lt;</b>		<	<	<	<	<	<	<	<
Panara Ned J Md	Practitioner - Non-Primary Care Provider (PCP)											
Francomano Thomas John Md	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<	<	<	<	<	<	<	<	<	<
Deblock Heidi Frutchy Md	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<		<	<	<	<	<	<	<	<
Doelken Peter	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>										
Wadler Jeffrey R	Practitioner - Non-Primary Care Provider (PCP)											
Mcchesney James D Md	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<	<	<	<	<		<	<	<	<
Han Kyung Bok Md	Practitioner - Non-Primary Care Provider (PCP)											
Shapiro Lee S Md	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<	<	<	<	<	<	<	<	<	<
Goldstein Ari Benjamin	Practitioner - Non-Primary Care Provider (PCP)											
Adepoju Grace Adeola	Practitioner - Non-Primary Care Provider (PCP)											
Ramirez-Zamora Adolfo	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<		<	<	<	<	<	<	<	<
Porter Allison Kay	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<		<	<	<	<	<	<	<	<
Blau Adam	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Jalaja	Practitioner - Non-Primary Care Provider (PCP)	<b>&lt;</b>										
Chanofsky Shannon	Practitioner - Non-Primary Care Provider (PCP)											
Schnell Jessica Mae	Practitioner - Non-Primary Care Provider (PCP)	<b>~</b>	<	<	<	<	<		<	<	<	<
Tiesi Dayna Ms.	Practitioner - Non-Primary Care Provider (PCP)	<										
Herrington Jillian Elyse	Practitioner - Non-Primary Care Provider (PCP)											
Patel Reemaben Rajendrabhai	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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Provider Name   Provider Conagony   2.3   2.3   2.3   2.3   2.3   3.3		Participating in Projects	ects										
Warial         Practitioner - Nun-Primary Care Provider (PCP)         Color of Care (PCP)         Color of Ca	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Practitioner - Non-Primary Cane Provides (PCP)	Schleifstein Ryanna Maria	Practitioner - Non-Primary Care Provider (PCP)											
Mid         Placitioner - Nun-Primary Case Provider (PCP)         V	Murphy Kevin P Md	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Case Provider (PCP)	Qualia Cary Michael Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Van Dyck Timothy K	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Add         Placatitioner - Non-Primary Care Provider (PCP)         XX         <	Carney Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	ζ	<	ζ.	ζ.	<
yode Practitioner - Non-Primary Care Provider (PCP)  Md  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Md  Practitioner - Non-Primary Care Provider (PCP)  Md  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Md  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provi	Bernad Jason Edward Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	ζ.	<	<	<	ζ.	<	ζ.	ζ.	<
Pacitioner - Non-Primary Case Provider (PCP)	Oluwole Olakunle Kayode	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)   X	Gorham Sara	Practitioner - Non-Primary Care Provider (PCP)	ζ.	ζ.	ζ.	<	<	ζ.	ζ.	<	ζ.	ζ.	<
Practitioner - Non-Primary Care Provider (PCP)	Mcmaster Aimee	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)   V   V   V   V   V   V   V   V   V	De Arup Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Utter Denise Maria	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Mid         Practitioner - Non-Primary Care Provider (PCP)         C	Harnick Robert Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Md       Practitioner - Non-Primary Care Provider (PCP)       X       <	Nautiyal Amit Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)         C<	Binetti Brian Richard Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP)         Image: Control of the provider of the p	Al Kawass Anas	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<b>&lt;</b>	<	<	<
Practitioner - Non-Primary Care Provider (PCP)  Id Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary	Mueller Kelly	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)	Mishra Pragnyadip	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>~</b>	<	<	<	<b>&lt;</b>	<	<	<
Izabeth         Practitioner - Non-Primary Care Provider (PCP)         IX	Gray Wendy Jo	Practitioner - Non-Primary Care Provider (PCP)	<										
izabeth Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Pri	Winter Sophia Elsie	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  Id Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary	Hughes Katherine Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Indigen to the practitioner - Non-Primary Care Provider (PCP)	Nichols Mary Kay	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)   Do Pc Practitioner - Non-Primary Care Provider (PCP)	Packard R Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<	<	<	<	<	<	<
Do Pc Practitioner - Non-Primary Care Provider (PCP)   Do Pc Practitioner - Non-Primary Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)   Practitioner - Non-Primary Care Provider (PCP) Image: Company Care Provider (PCP)	Koella John Eric Md	Practitioner - Non-Primary Care Provider (PCP)											
Do Pc       Practitioner - Non-Primary Care Provider (PCP)       Image: Care Provider (PCP)	Stemper Erin Clarke	Practitioner - Non-Primary Care Provider (PCP)	<										
Practitioner - Non-Primary Care Provider (PCP) V V V V V   Practitioner - Non-Primary Care Provider (PCP) V V V V V V   Sher Practitioner - Non-Primary Care Provider (PCP) V V V V V V V V    Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary	Mitchell I Weinstein Do Pc	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)       IV	Mishra Rina Md	Practitioner - Non-Primary Care Provider (PCP)	<										
sher Practitioner - Non-Primary Care Provider (PCP)	Socaris Sophia Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<b>&lt;</b>	<	<	<	<	<	<	<
Practitioner - Non-Primary Care Provider (PCP)       Image: Care PCP)       Image: Care P	Senior Sharon Dawn	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  V V V V V V V V V V V V V V V V V V V	Weisberg Michael Usher	Practitioner - Non-Primary Care Provider (PCP)											
Practitioner - Non-Primary Care Provider (PCP)	Padi Madhu	Practitioner - Non-Primary Care Provider (PCP)											
	Whiteside Michael	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<



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**DSRIP Implementation Plan Project** 

### Better Health for Northeast New York (PPS ID:1)

Provider NameValero Maximo B Jr MdPPetrie BrandyPIskhakov EdwardPLenney Risa HPClark JenniferPQualtere Thomas AnthonyPDatt ChandradaiPSidhu Dilip SinghPAzam Nyla KhalidPLostritto NicoleP	Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)	2 2 a.i.	<b>₹ ₹ ₹ 3 3 3 3 3 3 3 3 3 3</b>	2.a.v 2.b.iii	<b>₹ ₹ ₹ 3 1 1 1 1 1 1 1 1 1 1</b>	3.a.i	3.a.iii	3.b.i	3.d.iii	4.b.i	4.b.ii
Jr Md  Anthony	Practitioner - Non-Primary Care Provider (PCP)	< < < < < < < < < < < < < < < < < < <					< <	< < < < < < < < < < < < < < < < < < <			3
Anthony	Practitioner - Non-Primary Care Provider (PCP)	< < < < < < < < < < < < < < < < < < <					< < < < < < < < < < < < < < < < < < <	< <	<		<b>S</b>
Anthony	Practitioner - Non-Primary Care Provider (PCP)	< < <	<u> </u>	C			<	< <		\$	<u> </u>
Anthony	Practitioner - Non-Primary Care Provider (PCP)	<b>S S</b>	<u> </u>	<b>T</b>			< <	<		3	<u> </u>
Anthony	Practitioner - Non-Primary Care Provider (PCP)	<b>S</b>	<b>S</b>	<b>T</b>			< <	< <			<
Anthony	Practitioner - Non-Primary Care Provider (PCP)	<u> </u>	<u> </u>			<	<b>S</b>	<	<u> </u>		
	Practitioner - Non-Primary Care Provider (PCP)	<	<u> </u>	₹		<	<	<	<b>K</b>	3	
	Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)  Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<	<	<b>K</b>	3	
	Practitioner - Non-Primary Care Provider (PCP)	<	<	<		<	<	<b>\</b>	<b>~</b>		
	Proctitioner - Non-Brimany Caro Broyider (BCB)								•		<
Alvarez Nicolle D	Practitioner - Non-Primary Care Provider (PCP)	<									
Wynia Blake Andrew P	Practitioner - Non-Primary Care Provider (PCP)										
Weller Samantha Jean P	Practitioner - Non-Primary Care Provider (PCP)										
Aison Johnson Sarah	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<			<	<
Mcferran Kristin P	Practitioner - Non-Primary Care Provider (PCP)										
Hargarve Alexis Diane	Practitioner - Non-Primary Care Provider (PCP)										
Cutler Amos B Md P	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>&lt;</b>		<	<	<b>~</b>	~	<	<
Ostrov Arthur H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	< <	<b>&lt;</b>	<	<	<b>~</b>	~	<	<
Miller Beatrice E	Practitioner - Non-Primary Care Provider (PCP)										
Sanders Alan M Md P	Practitioner - Non-Primary Care Provider (PCP)	<	<	< <	<	<	<	<	<	<	<
Weiss Robin P	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~	<	<
Dexter Scott C Md P	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<
Santoro Ian Hebberd Md P	Practitioner - Non-Primary Care Provider (PCP)	<									
Simon Elisabeth P	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~	<	<
Rischert Bruce P	Practitioner - Non-Primary Care Provider (PCP)	<	<	< <	<	<	<	<	<	<	<
Bowen Katherine P	Practitioner - Non-Primary Care Provider (PCP)	<									
Ramani Shoba P	Practitioner - Non-Primary Care Provider (PCP)	<									
Daniela Iulia Sima	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	~	<	<
Kumar Sudha Md P	Practitioner - Non-Primary Care Provider (PCP)	<		<		<			<	<	
Tran Alexis May	Practitioner - Non-Primary Care Provider (PCP)										
Ferenczy Ann Ms.	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating in Projects	ojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Tauber David	Practitioner - Non-Primary Care Provider (PCP)	ζ.	<	ζ.	<	<	ζ.	ζ.	<	<	ζ.	<
Petith-Paulsen Joan M	Practitioner - Non-Primary Care Provider (PCP)	<										
Northrop Jennifer	Practitioner - Non-Primary Care Provider (PCP)	<	<	<b>〈</b>	<	<	<	<b>〈</b>	<	<	<	<b>&lt;</b>
Speed Stacie	Practitioner - Non-Primary Care Provider (PCP)	<										
Olexa Laurel Wilber	Practitioner - Non-Primary Care Provider (PCP)	<										
Autin Robert	Practitioner - Non-Primary Care Provider (PCP)	<										
Evans Mary Teresa	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	ζ.	<	<	<	<
Tejada Almonte Juan Salvador	Practitioner - Non-Primary Care Provider (PCP)											
Greene Julie	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Oreilly Kevin T	Practitioner - Non-Primary Care Provider (PCP)	<										
Cardinale Carmen	Practitioner - Non-Primary Care Provider (PCP)	<				<	<	<		<	<	<
Trumbull Sue-Ellen	Practitioner - Non-Primary Care Provider (PCP)											
Lamanna Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Castma Naika Clara	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Cuccolo Brian	Practitioner - Non-Primary Care Provider (PCP)											
Griffith Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)											
Cafaro Dana Marie	Practitioner - Non-Primary Care Provider (PCP)											
Comar F Dayle Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Smith-Foy Barbara	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Diana Mary G Md	Practitioner - Non-Primary Care Provider (PCP)	<				<	<		<		<	<
Lafleur Carolyn Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Baran Andrij Ostap Dimitry Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Boss Donna Jean	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Martin Mary Anne	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Kosinski Norbert Dpm	Practitioner - Non-Primary Care Provider (PCP)											
White Mark Donald Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Hogan Eileen Fox	Practitioner - Non-Primary Care Provider (PCP)	<										
Krishnakumar Dundappa Hongalgi Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Greenblatt Daniel Edward	Practitioner - Non-Primary Care Provider (PCP)	<				<	<	<		<	<	<
Higgins Amy R	Practitioner - Non-Primary Care Provider (PCP)	ζ.										
Paul Arlette Mary	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Rhymaun Rachel E	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Uskach Eugenia	Practitioner - Non-Primary Care Provider (PCP)											
Kausar Rehana	Practitioner - Non-Primary Care Provider (PCP)											
Tyler Christopher D	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<		<	<	<	<
Kite Charles Havener Jr	Practitioner - Non-Primary Care Provider (PCP)											
George D Waterman Jr	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<b>〈</b>	<b>〈</b>	<	<	<	<	ζ.
Adams Darius John Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Pan Phillip Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Camp Rodney L Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<b>~</b>	<	<	<	<
Lloyd Adam Taylor	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<b>~</b>	<	<	<	<	<
Glozman Alexandr Josifovich	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<b>&lt;</b>	<	<	<	<
Petronis Karen	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Torosoff Mikhail T Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Bielawa Robert A Rpa	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<	<
Tohtz Damon Alaric	Practitioner - Non-Primary Care Provider (PCP)											
Leduc Laura Howard	Practitioner - Non-Primary Care Provider (PCP)	<										
Weidner Mark H Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<b>~</b>	<	<	<	<	<
Clark Donald Robert Pt	Practitioner - Non-Primary Care Provider (PCP)	<										
Brasch Robert C Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~		<	<	<	<
Lyons Trent William	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~		<	<	<	<
Stevens Laura Kathryn Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Pacheco Joshua Michael	Practitioner - Non-Primary Care Provider (PCP)	<										
Kimball Randall Mark	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<	<
White Noah	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	~	<	<	<	<	<
Haroon Omer Ahmad	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Shepard Leigh A	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	~	<	<	<	<	<
Shemo Laura	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Mcwhorter Lauren	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Hromada Andrew Ramin	Practitioner - Non-Primary Care Provider (PCP)											
llowit Micah Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Masters Cindy N	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<



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

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**DSRIP Implementation Plan Project** 

### Better Health for Northeast New York (PPS ID:1)

Provider Name Frollo Michelle Amy	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Frollo Michelle Amv												
	Practitioner - Non-Primary Care Provider (PCP)											
Debonis James M Dmd	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Valerio Dennis J Dds	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Koren David Joel Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Sarchino William J Dpm	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Chaudry Shahina K Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Rizzo Vito Joseph Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Dweck Laurie Jo	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Larsen Karen	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Starkman Marjorie E Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Nadal Laurie Lambert	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<			<	<
Tan Josenia Narcisa Mailed	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Libruk Tara Kristine	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Haverly Colleen Anne	Practitioner - Non-Primary Care Provider (PCP)	<										
Nair Arjun	Practitioner - Non-Primary Care Provider (PCP)	<										
Frisch Adam Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Kuchis Michelle Katherine	Practitioner - Non-Primary Care Provider (PCP)	<										
Hunter Christina Joy	Practitioner - Non-Primary Care Provider (PCP)											
Baxter Kelly A	Practitioner - Non-Primary Care Provider (PCP)	<										
Dexter Martha Evelyn	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Monahan Meredyth Leigh	Practitioner - Non-Primary Care Provider (PCP)	<										
Vyas Pratik	Practitioner - Non-Primary Care Provider (PCP)											
Perkins Elyse	Practitioner - Non-Primary Care Provider (PCP)											
Desai Nimesh Shashikant Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Galati Lisa T Md	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<	<	<	<
Coombs Kenneth E Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Aboelsaad Farag Wanees Farag Md	Practitioner - Non-Primary Care Provider (PCP)	<										
Cosgrove Ellen F Md	Practitioner - Non-Primary Care Provider (PCP)	<	<	<	<	<	<	<	<	<	<	<
Kleyman Emily Phd	Practitioner - Non-Primary Care Provider (PCP)											
Michele Griguts	Practitioner - Non-Primary Care Provider (PCP)	<	<		<	<	<	<	<		<	<
Marcus Dennis Carl Md	Practitioner - Non-Primary Care Provider (PCP)	<										



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1	
* Safety Net Providers in Green	

<	<	<	<	<	<	<	<		<	<	Clinic	Columbia Memorial Hospital
						<				<	Clinic	Columbia Cnty Health Dept
<	<					<				<	Clinic	Greene Cnty Pub Hith Nurs Ser
<	<					<				<	Clinic	Greene Cy Public Hlth Nursing
<	<		<	<	<	<	<		<	<	Clinic	Ucp Assn Of The Capital Dist
		<	<			<				<	Clinic	Albany County Health Dept
	<				<	<	<			<	Clinic	Planned Pthd Mohawk Hudson
											Clinic	Saratoga Cnty Bd Supvrs Phns
<	<	<				<	<		<	<	Clinic	Com Hith Ctr Of Smh & Nih Inc
											Clinic	Schenectady Family Health Ser
										<	Clinic	Schenectady Cnty Public HIth
											Clinic	Seton Health System
										<	Clinic	Samaritan Hospital
											Clinic	Unity House Of Troy Mh
<	<			<	<	<	<	<	<	<	Clinic	Teppo Deborah Lynn Lcsw
<	<	<	<	<	<	<	<		<	<	Hospital	Albany Medical Ctr Hospital
<	<	<	<	<	<	<	<	<	<	<	Hospital	Saratoga Hospital
<	<	<	<	<	<	<	<		<	<	Hospital	Columbia Memorial Hospital
											Hospital	Seton Health System
										<	Hospital	Samaritan Hospital
											Practitioner - Non-Primary Care Provider (PCP)	Davis Lindy Lockwood
<	<	<	<	<	<	<	<b>~</b>		<	<	Practitioner - Non-Primary Care Provider (PCP)	Gennari Lindsay
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Matthew I Stein Md
<	<	<		<	<	<				<	Practitioner - Non-Primary Care Provider (PCP)	Berkovich Betsy
<	<	<	<		<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Hirt Deborah
										<	Practitioner - Non-Primary Care Provider (PCP)	Shaw Patricia Ahern
<	<	<	<	<	<	<	<		<	<	Practitioner - Non-Primary Care Provider (PCP)	Steiner Anna
<	<			<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Teppo Deborah Lynn Lcsw
										<	Practitioner - Non-Primary Care Provider (PCP)	Napier Mark B Md
<	<		<	<	<	<	<b>~</b>		<	<	Practitioner - Non-Primary Care Provider (PCP)	Bienick Kelly
<	<	<	<	<	<	<	<	<	<	<	Practitioner - Non-Primary Care Provider (PCP)	Field William Edward Ii Md
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										Projects	Participating in Projects	



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### Better Health for Northeast New York (PPS ID:1)

Provider Name  Saratoga Hospital  Upper Hudson Planned Parent  Albany Medical Ctr Hospital  Pp Of Mid-Hudson Valley Inc  Vanaller-Smith Joanne	Clinic Provider Category  Clinic Clinic	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Saratoga Hospital  Upper Hudson Planned Parent  Albany Medical Ctr Hospital  Pp Of Mid-Hudson Valley Inc  Vanaller-Smith Inanne	Clinic Clinic	<b>&lt; &lt;</b>	<	<	<	<b>〈</b>	<b>〈</b>	<b>\</b>	ζ			
Upper Hudson Planned Parent Albany Medical Ctr Hospital Pp Of Mid-Hudson Valley Inc Vanaller-Smith Inanne	Clinic Clinic	<								<	<	<
Albany Medical Ctr Hospital Pp Of Mid-Hudson Valley Inc Vanaller-Smith Inanne	Clinic					<	<		<		<	<
Pp Of Mid-Hudson Valley Inc  Vanaller-Smith .loanne		<	<		<	<	<	<	<	ζ	<	<
Vanaller-Smith .loanne	Clinic											
	Clinic											
Ridge Health Services Inc	Clinic											
Parsons Child And Family Ctr	Clinic	<	<		<	<	<	<			<	<
Healthcare Partners Of Saratoga Ltd	Clinic											
Omrdd/Support-Link Inc Cd	Case Management / Health Home											
Unity House Of Troy Mh	Case Management / Health Home											
Mental Health Association In	Case Management / Health Home											
Samaritan Hospital	Case Management / Health Home	<										
Albany Cnty Dept/Child Y&F Mh	Case Management / Health Home	<					<	<				
Omrdd/Center For Disabled Sun	Case Management / Health Home	<	<		<	<	<	<	<		<	<
Green County Mental Hith Mh	Case Management / Health Home	<	<			<	<	<			<	<
Mha Of Columbia-Greene Mh	Case Management / Health Home	<b>&lt;</b>	<		<			<			<	<
Omrdd/Center For Disabled-Ta	Case Management / Health Home	<b>&lt;</b>	<		<	<	<	<	<		<	<
Omrdd/Cath Charities Dds-Ta	Case Management / Health Home	<	<	<	<	<	<	<			<	<
Omrdd/Wildwood Programs-Cd	Case Management / Health Home	<			<			<		<	<	<
Omrdd/Schenectady Arc	Case Management / Health Home											
Resource Ctr/Acc Liv-Ta	Case Management / Health Home											
Omrdd/Warren/Washington Arc	Case Management / Health Home											
Omrdd/Living Resources Corp	Case Management / Health Home	<b>&lt;</b>			<				<	<	<	<
Omrdd/Family & Child Svc	Case Management / Health Home											
Omrdd/Dutchess Co Arc	Case Management / Health Home											
Omrdd/Columbia County Arc	Case Management / Health Home	<		<	<			<	<		<	
Omrdd/Center For Disabled-Cd	Case Management / Health Home	<	<		<	<	<	<	<		<	<
Omrdd/Cath Charities Dds-Cd	Case Management / Health Home	<	<	<	<	<	<	<			<	<
Omrdd/Alternative Liv Grp	Case Management / Health Home											
Clearview Center Mh	Case Management / Health Home	<	<				<				<	<
Astor Home For Children Fbt	Case Management / Health Home											

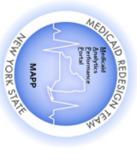


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		Jecra										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i 3	3.d.iii	4.b.i	4.b.ii
Catholic Charities/Albany Ai	Case Management / Health Home	<	<	<	<	<	<	<			<	<
Aids Council Of Neny Ai	Case Management / Health Home	<	ζ.		<	<		<	<		<	<
Rehabilitation Supp Svcs C	Case Management / Health Home	<	<		<			<	<		<	<
Columbia Cty Mh Ctr Mh	Case Management / Health Home	<	<			<	<	<			<	<
Transitional Svcs Assoc Inc	Case Management / Health Home	<	<		<			<				
Schenectady County Pub HIth	Case Management / Health Home	<										
Albany County Mh	Case Management / Health Home	<				<	<	<			<	
Rensselaer Cnty Unified Mh	Case Management / Health Home											
Living Res Corp Schodack Icf	Case Management / Health Home											
Catholic Charities Serena Icf	Case Management / Health Home											
Visiting Nurs Svc/Schtd & Sar Cnty	Case Management / Health Home	<	<		<				<	<	<	<
Albany County Doh Div Of Nurs	Case Management / Health Home	<				<			<	<		
Ucp Assn Of The Capital Dist	Case Management / Health Home											
Columbia Cy Dept Of Health	Case Management / Health Home	<				<						
Greene Cy Public Hith Nursing	Case Management / Health Home	<				<					<	<
Family And Child Services Schen Day	Case Management / Health Home											
Wildwood Programs Inc Rec Rsp	Case Management / Health Home											
Opwdd/Support Link Msc Sunmount	Case Management / Health Home											
Alternative Living Group Spt	Case Management / Health Home											
Parsons Child And Family Ctr	Case Management / Health Home	<	<		<	<	<	<			<	<
Columbia Co Arc Ics	Case Management / Health Home											
Rcal Inc Day/Ch	Case Management / Health Home											
Schenectady Arc	Case Management / Health Home											
Hubbell Jr Robert	Mental Health	<	<		<	<	<	<	<	<	<	<
Goodemote Melissa	Mental Health											
Swaminathan Jyoti	Mental Health											
Abel-Bogner Lisa	Mental Health	<	<		<	<	<	<	<	<	<	<
Perkins Pamela	Mental Health											
Torregrossa Martha	Mental Health	<	<	<	<	<	<	<			<	<
Gellert Jane Carla Phd	Mental Health											
Tohtz Damon Alaric	Mental Health											



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Better Health for Northeast New York (PPS ID:1)

Provider Name   Provider Name   Provider Galagory   2.4   2.4   2.4   2.4   2.4   2.4   3.4   3.4   3.4   3.4   3.4   4.5   2.5		Participating in Projects	ects	-		-	-						
Med         Monoil Health         Image	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Medid Health  Morrial Health	S	Mental Health	<						<			<	<
Books         Mercral Health         Image: Control of the Control of	Payne Melinda Lee Md	Mental Health											
Aya         Mernal Health         I.V.	Huber-Villano Patricia	Mental Health	<										
by         Montal Health         Image: Montal Health	Mosher Seana L Rpa	Mental Health											
y (bh)         Montal Heath         Z         U	Remson Karen M Np	Mental Health											
With         Mental Health         C	Krishnappa Kachigere Siddegowda Md	Mental Health	<										
Montal Health   Montal Healt	Unity House Of Troy Mh	Mental Health											
Mental Health         C         <	Hoffman Cindy	Mental Health											
Mental Health  Mental	Israel Claudia	Mental Health	<										
Montal Health         X         <	Ulster-Greene Arc	Mental Health	<				<						
by         Mental Health         C	Lacy Peter Charles	Mental Health	<										
csw         Mental Health         S	Rossetti David	Mental Health	<	<		<	<	<	<			<	<
cssw         Mental Health         Image: Control of the Control of th	Halloran-Ruhle Mary	Mental Health											
Mental Health         X         <	Amoroso Jennifer Lcsw	Mental Health	<										
lies inc         Mental Health         Image: Control of the control o	Graham Margaret	Mental Health	ζ.	<			<	<	<			<	<
ties Inc         Mental Health         X	Mcginn Arthur	Mental Health	<										
Ciclation In         Mental Health         CV	Mohawk Opportunities Inc	Mental Health											
pociation in         Mental Health         Image: Courtney of the property of the pro	Schaefer Bianca	Mental Health	ζ.	<		<	<	<	<	<	<	<	<
yn Courtney         Mental Health         X	Mental Health Association In	Mental Health											
KLosw         Mental Health         Image: Control of the Internation of the Internati	Cunningham Cathryn Courtney	Mental Health	<										
hild Societ         Mental Health         Image: Control of the contro	Chaudry Shahina K Lcsw	Mental Health											
Dial         Mental Health         Image: Control of the control of th	Northeast Parent Child Societ	Mental Health	<	<		<	<	ζ.	<			<	<
ert         Mental Health         Image: Control of the	Fazzio Lydia Olympia	Mental Health	ζ.	<		<	<	<	<	ζ.	<	<	<
Mental Health       Image: Control of the	Nadal Laurie Lambert	Mental Health	ζ.	<		<	<	<	<			<	<
Child Family         Mental Health         Image: Control of the contr	Samaritan Hospital	Mental Health	ζ.										
Child Family     Mental Health     X	Beck Judith B	Mental Health											
Mental Health   Mental Health   Mental Health   Mental Health   Mental Health	Albany Cnty Dept Child Family	Mental Health	ζ.					<	<				
Mental Health       Mental Health       Mental Health       V <td>Ciarmiello Sue</td> <td>Mental Health</td> <td></td>	Ciarmiello Sue	Mental Health											
Mental Health  Mental Health  It is	Kishore Pankaj Md	Mental Health	<	<		<	<	ζ.	<	<	<	<	<
Mental Health	Gabay Michelle	Mental Health											
	Potenciano Angelo	Mental Health	<	<		<	<	<	<	<	<	<	<

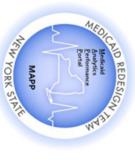


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Provider Name	Provider Category	CIS 2.a.i	2.a.iii	2.4.4	2.b.iii	2.d.i	ည ည 	ω ⊒:	3.b.i	3.d.iii	4.b.i	4 b ii
Mittal Peeyush Md	Mental Health											
Simor Ginger Md	Mental Health	<	<	<	<	<	<	<b>&lt;</b>	<	<	<	<
Kennedy Tracy	Mental Health	<										
Di Lullo Joseph Matthew Md	Mental Health	<										
Sciacca Cheri	Mental Health	<	<		<	<	<	<	<	<	<	<
Godfrey Daniel Stephen	Mental Health											
Burke Jessica Narr Phd	Mental Health											
Fredenberg Jason R	Mental Health	<										
Dodd Jack Edward Jr	Mental Health	<	<	<	<	<	<	<	<	<	<	<
Pericak Arlene	Mental Health	<										
Albany County Comm Svs Board	Mental Health	<				<	<	<			<	
Tashjian Barbara J	Mental Health	<										
Qualtere Thomas Anthony	Mental Health											
Newsome Donna	Mental Health	<	<		<	<	<	<	<	<	<	<
Mutterer Patricia I	Mental Health											
Heller Joshua Andrew	Mental Health											
Boehm Hans M	Mental Health											
Abdelhamid Ayman	Mental Health	ζ.	<		<	<	<	<	<	<	<	<
Libihoul Franc	Mental Health											
Allen Christine	Mental Health											
Kleyman Emily Phd	Mental Health											
Rana Nirmala Psy.D	Mental Health											
Green County Mental Hith Mh	Mental Health	<	<			<	<	<			<	<
Barba Anne Lauren Phd	Mental Health	<	<		<	<	<	<	<	<	<	<
Dorflinger Joseph Lcsw	Mental Health	ζ.	<	<	<	<	<	<			<	<
Nikiforov Konstantin Md	Mental Health											
Achar Naveen Md	Mental Health	<	<	<	<	<	<	<	<	<	<	<
Mha Of Columbia-Greene Mh	Mental Health	<	<		<			<			<	<
Mainetti Linda	Mental Health											
Hansel Lori Csw	Mental Health	ζ.										
Glozman Alexandr Josifovich	Mental Health	<	<	<	<	<	<	<	<	<	<	<



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Valliere Julie	Mental Health	<	<		<	<	<	<	<	<	<	<
Cowder Gulnaz Md	Mental Health	<										
Hertz Robert Md	Mental Health											
Smith-Booth Brenda Karen	Mental Health											
Klim Kathleen	Mental Health	<	ζ	<	<	<	ζ.	ζ.			<	<
Schweitzer Frances Robyn Phd	Mental Health											
Toole Nancy E Lcsw	Mental Health	<	<	<	<	<	<	ζ.			<	<
Soscia Gina Lcsw	Mental Health											
Peters Robert Lcsw	Mental Health	<	<	<	<	<	<	<			<	<
Morris Adrian Anthony Md	Mental Health											
Doyle Melissa M Csw	Mental Health	<	<		<	<	<	<	<	<	<	<
Inghilterra Karen	Mental Health											
Kulkarni Subash	Mental Health											
Oberg Gary David	Mental Health	<	<	<	<	<	<	ζ.	<	<	<	<
Klopott Zvi	Mental Health											
Ehrenberg Eileen	Mental Health	<										
Bourke Diane A Md	Mental Health	<				<	<	<		<	<	<
Corbin Jeffrey S Md	Mental Health	<										
Winseman Jeffrey Scott Md	Mental Health	<	<		<	<	<	<	<	<	<	<
Albany Medical College	Mental Health	<	<		<	<	<	<	<	<	<	<
Shif Mark Md	Mental Health											
Wolner Ron K	Mental Health	<	<	<	<	<	<	<	<	<	<	<
Wallis Warren M	Mental Health	<	<		<	<	<	<	<	<	<	<
Tucker Cheryl S	Mental Health											
Roldan Ernesto	Mental Health	<	<		<	<	<	ζ.			<	<
Padi Madhu	Mental Health											
Nordhauser Micaela Urbano	Mental Health	<				<	<	ζ.		<	<	<
Gillen Robert W Phd	Mental Health	ζ.										
Millett Jeanne Marie	Mental Health											
Mendola Antony J Md	Mental Health											
James Ronald M	Mental Health	<										



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Problet Richard         Problet Catago yor         23.3         23.9         23.9         23.1         23.9         23.1		Participating in Projects	ects										
Marrial Health   Marr	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Mondal Hoalth	Plotkin Richard Eric Md	Mental Health	<	ζ.		<	<	<	<	<	<	<	<
Montal Health   Montal Healt	Lucas Judith Anne Md	Mental Health											
Brait         Montal Health         Z         W         Z         W         Z	Astruc Manuel Md	Mental Health	<										
Montral Health	Merrill Gary Stott Do	Mental Health	<										
Rept         Mental Health         Image: Color of the	Van Dyck Timothy K	Mental Health	<	ζ.	<	<	<	<	<	<	<	<	<
Fib         Montal Health         Image: Color of the Section of the S	Clearview Center Mh	Mental Health	<	<				<				<	<
bit Montal Health  Mental Health  Me	Astor Home For Children Fbt	Mental Health											
Aberd         Mental Health         Mental Health         C	St Catherines Ctr/Child Fbt	Mental Health	<				<						
Mental Health  M	Rtf Hs Of The Good Shepherd	Mental Health											
Mental Health	Workshop Inc, The	Mental Health											
Mental Heath         X <t< td=""><td>Rappaport Steven S Md</td><td>Mental Health</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Rappaport Steven S Md	Mental Health											
Mental Health         Mental H	Hazen Gordon Rpac	Mental Health	<	<		<	<	<	<	<	<	<	<
Mental Health         Image: Company of the compa	Lasalle School Inc	Mental Health											
C         Mental Health         X         <	Kronick Steven D Md	Mental Health											
CC         Mental Health         X	Capital District Psych Ctr	Mental Health	<					<	<			<	<
CC         Mental Health         IX	Sussman Daniel L Md	Mental Health											
nc         Mental Health         IX		Mental Health	<	<		<			<	<		<	<
Inc         Mental Health         Image: Control of the American Health	Columbia Cty Mh Ctr Mh	Mental Health	<	<			<	<	<			<	<
Fulton         Mental Health         Image: Control of the state of	Transitional Svcs Assoc Inc	Mental Health	ζ.	<		<			<				
Fulton         Mental Health         Image: Control of the control of	Philmont Hearth Inc	Mental Health	<										
Mental Health         X         <	Catholic Fam Comm Ser Fulton	Mental Health											
Mental Health         Image: Control of the Contr	Nijjar Gurkirpal S Md	Mental Health	ζ.	<						<	<		<
Mental Health         X         <	Marcus Dennis Carl Md	Mental Health	ζ.										
Mental Health         X         <	Amyot Edmond Md	Mental Health	<	<	<	<	<	<	<	<	<	<	<
Mental Health         V         <	Harnick Robert Md	Mental Health	ζ.	ζ.	ζ.	<	<	<	ζ.	<	<	<	<
Mental Health         Image: Control of the property of the pr	Priest Michael Richard	Mental Health	ζ.	ζ.		<	ζ.	<	ζ.	<		<	<
	Four Winds Saratoga	Mental Health	<					<	<			<	<
	Pallas David Mark Md	Mental Health											
	Krugley Richard A Md	Mental Health											
	Persaud Vyas Durga Md	Mental Health											
	Woodhouse Richard Phd	Mental Health											



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Schwartz M Miles Mental Health	Moffatt Jean Mental Health	Daversa Suzanne Mental Health	Heather L Juby Mental Health	Kepner Heather Marie Np  Mental Health	Reimenschneider Justin William Mental Health	Hebrank Jessica Mental Health	Samenfeld-Specht James Mental Health	Van Meter Jr Charles Mental Health	Carruthers Jay Mental Health	Dollard Michael Anthony Mental Health	Oommen Shobin Md Mental Health	Albany Medical Ctr Hospital Mental Health	Saratoga Hospital Mental Health	Columbia Memorial Hospital Mental Health		Greene Cnty Pub Hith Nurs Ser  Mental Health	Albany County Health Dept Mental Health	Capital District Pc Mental Health	Menzel Charles H Md Mental Health	Bello Scott C Md Mental Health	Mitchell Robert Alexander Md Mental Health	Kaplan Mitchel A Md Mental Health	Albany Cnty Community Svc Bd Mental Health	Scherer Harvey D Mental Health	Saratoga Cnty Comm Srvs Brd Mental Health	Kolahifar Jafar Md Mental Health	Depaul Addiction Services Inc Mental Health	Koeppen Arnulf Md Mental Health	Capital District Pc Mental Health	Sandler Steven Md Mental Health	
																															FIONIG
																															on caregory
	<					ζ.	<	ζ.	ζ.			ζ.	ζ.	ζ.	ζ.			<	<		<		<	<	<				<	<	
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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Brady Christina Marie	Mental Health	<										
Racela Gene	Mental Health	<										
Sandra L Foster	Mental Health	<	<b>~</b>	<	<	<	<	<			<	<
Samuels Barbara Nan	Mental Health	<										
Adger-Antonikowski Angela	Mental Health	<	~		<	<	<	<	<	<	<	<
Vanaller-Smith Joanne	Mental Health											
Daniels Karen	Mental Health	<	~		<	<	<	<	<		<	<
Leo Carol	Mental Health	<										
Penesso Tara	Mental Health	<	<		<	<	<	<	<		<	<
Brunelle Trudy	Mental Health	<	~	<	<	<	<	<			<	<
Zacher Megan Marie	Mental Health	<										
Ulster Green Nysarc Flatbush Bld 2	Mental Health											
Knight William	Mental Health											
Greene Jill	Mental Health	<	<	<	<	<	<	<			<	<
Greenblatt Daniel Edward	Mental Health											
Mcmahon Scott F	Mental Health	<	<	<	<	<	<	<	<	<	<	<
Pieterse Portia Lucille	Mental Health	<	<		<	<	<	<	<	<	<	<
Balkoski Victoria	Mental Health	<	<		<	<	<	<	<	<	<	<
Kulzer Daniel	Mental Health											
Stephen Larson	Mental Health											
Ghauri Sabira Bilqees Md	Mental Health	<										
Serafin William Joseph Jr	Mental Health											
Amanda Jill Clemence	Mental Health	<										
Loeber Russell	Mental Health	<	<	<	<	<	<	<	<	<	<	<
Rehabilitation Support Services Inc	Mental Health	<	<		<			<	<		<	<
Mastro Elizabeth J	Mental Health											
Mcmahon Laura	Mental Health											
Elnagar Khalid Abdelsalam	Mental Health	<										
Vena Stephen Albert	Mental Health	<	<		<	<	<	<	<	<	<	ζ.
Mueller Benjamin	Mental Health	<	<		<	<	<	<	<	<	<	<b>〈</b>
Yager Janet	Mental Health											

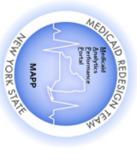


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	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Mccabe Marie	Mental Health											
Brula Abdul Qadir	Mental Health	<										
Young Linda	Mental Health											
Berger Niel Phd	Mental Health											
Jared Scott Jerome	Mental Health											
Rillo Bella Dizon	Mental Health	<										
Parsons Child And Family Ctr	Mental Health	<	<		<	<	<	<			<	<
Albany Medical College	Mental Health	<	<		<	<	<	<	<	<	<	<
lyer Aparna	Mental Health	<										
Zack Yelena S	Mental Health	<										
Mamot Baker Margaret	Mental Health											
Hamilton Christophe	Mental Health											
Leung Anna	Mental Health	<	<		<	<	<		<b>&lt;</b>	<	<	<
Lukowitsky Mark	Mental Health	<	<		<	<	<	<	<	<	<	<
Durham-Fowler Jennifer A	Mental Health	<										
Jeffrey Alfred Reynante	Mental Health	<										
Andre Rachel Mary	Mental Health	<					<	<			<	<
Shapiro Lois A	Mental Health											
Endress Sean M	Mental Health											
Ferritto Candice R	Mental Health											
Krull Joanna R	Mental Health											
Kim Chong	Mental Health	ζ.										
Gordon Shelley	Mental Health	<	<		<	<	<	<	<		<	<
Lee Jamison	Mental Health	<	<		<	<	<	<	<	<	<	<
Zhao Ling	Mental Health											
Saratoga Hospital	Mental Health											
Monsour Sophia	Mental Health	<										
Liss Allison	Mental Health	<	<		<	<	<	<	<	<	<	<
Horvath David	Mental Health											
Debarbieri Victoria Marie	Mental Health	ζ.	<		<	<	<	<	<		<	<
Cohen Donna Marie	Mental Health	<	<	<	<	<	<	<	<	<	<	<



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Colognosis Dian Ann   Condet Name   Provider Conegoy   Za   Za   Za   Za   Za   Za   Za   Z		Participating in Projects	ects										
Mortal Health Mo	Provider Name	Provider Category	2.a.i	2.a.iii		2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Akon         Medial Health         X	Gray Wendy Jo	Mental Health	<										
Merital Health Montal Health M	Coloprisco Sara Ann	Mental Health	<	<		<	<	<	<	<	<	<	<
Merital Health Merita	Lewis Heather	Mental Health											
MM         Medical Headth         CX	Bromley Nicole	Mental Health	<	<		<	<	<	<	<	<	<	<
A Mental Health  Ment	Yager Jennifer M	Mental Health	<	<		<	<	<	<	<	<	<	<
Merial Health  Merial	Crosier Amanda	Mental Health	<	<		<	<	<	<	<	<	<	<
3         Mental Health         CI	Dillon Jessica L	Mental Health	<										
were L         Mental Health         Image: Color of the Color of th	Bernardi Shaina	Mental Health	<	<		<	<	<	<	<	<	<	<
Wy         Mental Heath         X         <	Lee Minsun	Mental Health	<										
Etle L         Mental Health         C	Berkovich Betsy	Mental Health	<				<	<	<		<	<	<
Montal Health	Mayers Bernadette L	Mental Health											
Montal Health         Image: Control of the Americal Health         Image: Contr	Smith Brendon	Mental Health	<	ζ.		<	<	<	<	<	<	<	<
Montal Health         V.	Chanofsky Shannon	Mental Health											
Mental Health         X         <	Holley Michael W	Mental Health											
Mental Health         X         <	Bentley Tyrone	Mental Health	<				<	<	<		<	<	<
Mental Health         IX	Mursi Hanan	Mental Health	<	<		<	<	<	<	<	<	<	<
Mental Health         Image: Color of the color of	Leifer Ann	Mental Health	<	<	<	<	<	<	<	<	<	<	<
nn         Mental Health         IV	Petrie Brandy	Mental Health	<	<		<	<	<	<	<	<	<	<
nn         Mental Health         X	Morgan Donna	Mental Health											
d         Mental Health         X         <	Lesson Catherine Ann	Mental Health											
d         Mental Health         Image: Control of the state of the s	Lucca Samantha	Mental Health	<										
'S'e	Haroon Omer Ahmad	Mental Health	<	<		<	<	<	<	<	<	<	<
Se	Epstein Igor	Mental Health											
Se Se	Kwon Anne	Mental Health											
n Ryan Is Ilian Elyse udan	Serrapica Michael A	Mental Health											
llian Elyse udan	Dowling John Ryan	Mental Health											
llian Elyse udan B	Monroe Lucas	Mental Health											
udan B	Herrington Jillian Elyse	Mental Health											
8	Michelle D Kudan	Mental Health											
	Gilmore Kelli	Mental Health											
	Espinoza Liz B	Mental Health											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Hundertmark Janet M	Mental Health											1
Washburn Kate E	Mental Health											<u> </u>
Blimling Gregory Paul	Mental Health											1
Ross-Bailey Lindsey Lee	Mental Health											<u> </u>
Moreland Mark David	Mental Health											1
Tran Tri Van	Mental Health											<u> </u>
Winter Sophia Elsie	Mental Health											1
Horn Sandra Lee	Mental Health											<u> </u>
O'Malley Beth	Mental Health											
PROMESA	Substance Abuse	~						~			~	~
Pearl Street Counseling Cente	Substance Abuse											<u> </u>
Senior Hope Counseling Inc	Substance Abuse	~		~			~					1
Never Alone Inc	Substance Abuse											1
Clearview Center Mh	Substance Abuse											
Seton Health System	Substance Abuse											1
Child & Fam Guid Ctr Adict Sv	Substance Abuse											1
Lasalle School Inc	Substance Abuse											I
Conifer Park	Substance Abuse	~					~					1
Hope House, Inc.	Substance Abuse											
820 River Street Inc.	Substance Abuse	~					~	~			~	<b>~</b>
Four Winds Saratoga	Substance Abuse											1
Addictions Care Ctr Of Albany	Substance Abuse	~					~	~			~	<b>~</b>
Twin Cty Recovery Svcs Inc	Substance Abuse	~						~			~	~
Depaul Addiction Services Inc	Substance Abuse	~		~								I
Saratoga Cnty Comm Srvs Brd	Substance Abuse	~				~		~			~	<b>~</b>
Alcoholism Council Schen Cnty	Substance Abuse											1
Albany Cnty Community Svc Bd	Substance Abuse	~				~	~	~			~	1
Albany County Health Dept	Substance Abuse											 I
Belvedere Health Services Llc	Substance Abuse	~	~				~					 I
Carillon Nrs Rehab Ctr Adhc	Nursing Home											 I
Whittier Rehab & Skilled Nrs Ctr	Nursing Home											



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Orchard Nursing & Rehab Ctr Daughters Of Sarah Non Occ Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing A Rehab Ctr Nursing Home Nursing Home Nursing A Rehab Ctr Nursing Home Nursing A Rehab Ctr Nursing Home Nurs													* Safety Net Providers in Green
Orchard Nursing & Rehab Crr Duughters Of Sarah Non Occ Nursing Home Nursing Rehab Crr Nursing Home Nursing Rehab Crr Nursing Home Nursing Rehab Crr Nursing Home Nursing Rehab Create Nursing Home Nursing Rehab Create Nursing Home Nursing Rehab Crr Nursing Home Nursing Rehab Crr Nursing Home Nursing Home Nursing Rehab Crr Nursing Home Nursing Home Nursing Rehab Crr Nursing Home Nursing Rehab Crr Nursing Hom											Projects		
Daughters Of Sartah Nan Occ   Nursing Home	4.b.ii 4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i		
Rasterskill Care Skilled Nirs & Reh   Nursing Home												Nursing Home	Orchard Nursing & Rehab Ctr
Home For Aged Blind Adhic/Aadc				<u> </u>				<u> </u>	<b>&gt;</b>		~	-	
East Neck Nursing & Rehab Ctr	<b>~</b>	~	~	~	>	>	>	~		<b>~</b>	~	Nursing Home	Kaaterskill Care Skilled Nrs & Reh
Van Renselaer Manor Snf         Nursing Home         Image: Control of the Springs Nursing & Ren Ctr         Nursing Home         Image: Control of the Springs Nursing & Ren Ctr         Image: Control of the Springs Nursing				<u> </u>					>		~	Nursing Home	Home For Aged Blind Adhc/Aadc
The Springs Nursing & Reh Ctr Nursing Home Nursing Home Nursing Home Nursing Home Nursing A Rehab Cente Nursing Home Nursi												Nursing Home	East Neck Nursing & Rehab Ctr
Stanton Nursing & Rehab Cente         Nursing Home         Image: Company Nursing Home         Image: Comp												Nursing Home	
Peninsula Gen Nursing Home   Nursi												Nursing Home	The Springs Nursing & Reh Ctr
Wesley Health Co Inc Snf   Nursing Home   Nursing												Nursing Home	Stanton Nursing & Rehab Cente
Komanoff Ctr/Geriatric Rehab         Nursing Home         Image: Control of the Contr												Nursing Home	Peninsula Gen Nursing Home
Avenue Nursing & Rehab Ctr Sn  Nursing Home  Nursing Seehab Cent  Nursing Home  Nursing Home  Nursing Seehab Ctr  Nursing Home  Nursing Home  Nursing Nursing & Rehab Ctr  Nursing Home												Nursing Home	Wesley Health Cc Inc Snf
St Margarets Center												Nursing Home	Komanoff Ctr/Geriatric Rehab
Teresian House Nrsg Hm Co Inc												Nursing Home	Avenue Nursing & Rehab Ctr Sn
Poughkeepise Crossings   Nursing Home	<b>~</b>	~		~	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	~		~	~	Nursing Home	St Margarets Center
Catskill Crossings         Nursing Home         Image: Common Snf         Nursing Home         Image: Common Snf         Nursing Home         Image: Common Snf         Image:												Nursing Home	Teresian House Nrsg Hm Co Inc
Evergreen Commons Snf         Nursing Home         Image: Common Snf         Nursing Home         Image: Common Snf         Image: Common Snf <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Nursing Home</td><td>Poughkeepise Crossings</td></th<>												Nursing Home	Poughkeepise Crossings
Shore View Nursing Home  Nursing Nere  Nursing Home  Nursing Rehab Ctr  Nursing Home  Nursing A Rehab Ctr  Nursing Home  Nursing A Rehab Ctr  Nursing Home												Nursing Home	Catskill Crossings
Morningside House Nursing Hom  Albany County Nursing Home  Nursing & Rehab Center  Nursing Home  Nursing Home  Nursing Home  Nursing & Rehab Ctr  Nursing Home  Nursing Wella Dair Nrsg & Rehab Ctr  Nursing Home  N												Nursing Home	Evergreen Commons Snf
Albany County Nursing Home Nursing & Rehab Center Nursing Home Nursing & Rehab Cent Nursing Home Nursing & Rehab Cent Nursing Home Nursing & Rehab Ctr Nursing Home Nursing Hom												Nursing Home	Shore View Nursing Home
Dutchess Ctr Rehab Healthcare     Nursing Home     Image: Control of the part o												Nursing Home	Morningside House Nursing Hom
Sea-Crest Health Care Center  Nursing Home  Nursing & Rehab Cent  Nursing Home  Nursing Home  Nursing Home  Nursing & Rehab Ctr  Nursing Home  Nursing & Rehab Ctr  Nursing Home  Nursing & Rehab Ctr  Nursing Home											~	Nursing Home	Albany County Nursing Home
Barnwell Nursing & Rehab Cent  Rosewood Rehabilitation & Nrs Ctr  Nursing Home  Mills Pond Nursing & Rehab Ctr  Nursing Home  Nursing Home  Nursing & Rehab Cntr  Nursing Home												Nursing Home	Dutchess Ctr Rehab Healthcare
Rosewood Rehabilitation & Nrs Ctr  Mills Pond Nursing & Rehab Ctr  Nursing Home  Julie Blair Nrsg & Rehab Cntr  Fulton Center Rehabilitation & Heal  Nursing Home  Rsrnc Llc  Csrnc Llc  Jopal Sayville Llc  Nursing Home												Nursing Home	Sea-Crest Health Care Center
Mills Pond Nursing & Rehab Ctr  Julie Blair Nrsg & Rehab Cntr  Nursing Home  Fulton Center Rehabilitation & Heal  Nursing Home  Nursing Home  Csrnc Llc  Nursing Home									<b>~</b>		~	Nursing Home	Barnwell Nursing & Rehab Cent
Julie Blair Nrsg & Rehab CntrNursing HomeImage: Control of the												Nursing Home	Rosewood Rehabilitation & Nrs Ctr
Fulton Center Rehabilitation & Heal  Rsrnc Llc  Nursing Home  Csrnc Llc  Nursing Home												Nursing Home	Mills Pond Nursing & Rehab Ctr
Rsrnc Llc Nursing Home  Csrnc Llc Nursing Home Jopal Sayville Llc Nursing Home											~	Nursing Home	Julie Blair Nrsg & Rehab Cntr
Csrnc Llc         Nursing Home         Image: Csrnc Llc         Image:		1									~	Nursing Home	
Jopal Sayville Llc Nursing Home									~		~	Nursing Home	Rsrnc Llc
												Nursing Home	Csrnc Llc
		1										Nursing Home	Jopal Sayville Llc
Jopal Bronx, Llc Nursing Home												Nursing Home	Jopal Bronx, Llc



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Golden Hill Planning Corp	Nursing Home											1
Livingston S & V Operations Llc	Nursing Home											1
Evergreen Commons Rehab & Nursing C	Nursing Home											1
Warren Operations Associates Llc	Nursing Home											1
Walgreen Eastern Co Inc	Pharmacy											1
Martins Foods Of So Burlington	Pharmacy											1
Schoch Kim Elizabeth Dale	Pharmacy	~	~	~	~	~	~	~	~	~	~	~
Martins Foods Of So Burlington Inc	Pharmacy											1
Walgreen Eastern Co Inc	Pharmacy											1
Martins Foods Of So Burlington Inc	Pharmacy											1
Walgreen Eastern Co Inc	Pharmacy											1
Martins Food Of South Burlington	Pharmacy											1
Martins Foods Of South Burlington	Pharmacy											1
Walgreens Eastern Co Inc	Pharmacy											1
Price Chopper Operating Co Inc	Pharmacy											1
Samaritan Hospital	Pharmacy											1
Four Corners Pharmacy Llc	Pharmacy											1
Price Chopper Operating Co In	Pharmacy											1
Martin'S Foods So Burlington	Pharmacy											1
Martins Foods Of So Burlingto	Pharmacy											1
Price Chopper Operating Co In	Pharmacy											1
Martins Foods So Burlington I	Pharmacy											1
Cutie Pharma-Care Inc	Pharmacy											1
Golub Corpration,The #196	Pharmacy											1
Golub Corporation The #191	Pharmacy											1
Martins Foods So Burlington	Pharmacy											1
Martins Foods Of S Burlington	Pharmacy											1
Martins Foods Of So Burling I	Pharmacy											1
Golub Corporation The	Pharmacy											1
Martin'S Foods So Burlington3	Pharmacy											1
Golub Corporation #186	Pharmacy											i



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* Safety Net Providers in Green											
	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v 2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Martins Foods Of S Burlington	Pharmacy										
Golub Corporation The	Pharmacy										
Price Chopper Operating Co In	Pharmacy										
Martins Foods So Burlington	Pharmacy										
Golub Corporation The	Pharmacy										
Golub Corporation #042	Pharmacy										
Martins Foods Of S Burlington	Pharmacy										
Golub Corporation The	Pharmacy										
Golub Corporation The #003	Pharmacy										
Empire Home Infusion Svc Inc	Pharmacy										
Martins Foods So Burlington	Pharmacy										
Martin'S Food Of S Burlington	Pharmacy										
Martin'S Food Of S Burlington	Pharmacy										
Golub Corporation The	Pharmacy										
Seton Health System	Pharmacy										
Martins Foods So Burlington I	Pharmacy										
Golub Corporation	Pharmacy										
Martins Foods So Burlngtn 320	Pharmacy										
Martins Foods Of So Burl 391	Pharmacy										
Golub Corporation	Pharmacy										
Martin Foods Of So Burlington	Pharmacy										
Golub Corporation	Pharmacy										
Martins Foods So Burlington	Pharmacy										
Golub Corporation	Pharmacy										
Martins Foods So Burlington	Pharmacy										
Martins Food Of So Burlington	Pharmacy										
Gem Drug Corporation	Pharmacy										
Golub Corporation The	Pharmacy										
Martin Foods Of So Burlington	Pharmacy										
The Golub Corporation Price C	Pharmacy										
Golub Corporation The	Pharmacy										



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	Participating in	Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Watervliet Pharmacy Inc	Pharmacy											
Marra S Pharmacy Inc	Pharmacy											
Planned Pthd Mohawk Hudson	Pharmacy	~			~	~	~				~	
Saratoga Hospital	Pharmacy											
Albany Medical Ctr Hospital	Pharmacy	~	~		~	~	~	~	~	~	~	~
Walgreen Eastern Co Inc 10955	Pharmacy											
Martins Foods Of So Burlington	Pharmacy											
Walgreen Eastern Co Inc 10752	Pharmacy											
Walgreen Eastern Co Inc #09971	Pharmacy											
Walgreen Eastern Co Inc 11841	Pharmacy											
Walgreen Eastern Co Inc 11639	Pharmacy											
Martins Foods Of So Burlington	Pharmacy											
Walgreens Eastern Co Inc	Pharmacy											
Walgreens Eastern Co Inc	Pharmacy											
Walgreens Eastern Co Inc	Pharmacy											
Golub Corporation	Pharmacy											
Kinney Drugs Inc	Pharmacy											
Martins Foods Of South Burlington I	Pharmacy											
Martins Foods Of South Burlington	Pharmacy											
Martins Foods Of South Burlington	Pharmacy											
Town Total Health Lic	Pharmacy											
Town Total Health Lic	Pharmacy											
Golub Corporation	Pharmacy											
Albany Medical Center	Pharmacy	~	~		~	~	~	~	~	~	~	~
Martins Foods Of South Burlington L	Pharmacy											
Community Hospice Inc	Hospice											
Alcohol And Substance Abuse Prevention Council Of Saratoga County	Community Based Organizations											
Alissa Debaun	Community Based Organizations											
Anna Dufford	Community Based Organizations											
Avillage, Inc.	Community Based Organizations											
Black Nurses Coalition, Inc.	Community Based Organizations	~				~						



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	Participating in	Projects										
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Boces Capit	Community Based Organizations											
Boys And Girls Club Of Albany	Community Based Organizations											 
Brenda Robinson	Community Based Organizations											
Brianna Fuller	Community Based Organizations											
Brianna K. Fuller	Community Based Organizations											
Capital District Center For Independence, Inc.	Community Based Organizations											
Capital District Ymca	Community Based Organizations											
Capital Region Boces	Community Based Organizations											
Carrie Isensee	Community Based Organizations											
Cassie Secor	Community Based Organizations											
Catholic Charities Of Columbia And Greene Counties	Community Based Organizations	~	~	~	~	~	~	~			~	~
Catholic Charities Senior And Caregiver Support Services	Community Based Organizations	~	~	~	~	~	~	~			~	~
Catskill Hudson Area Health Education Center	Community Based Organizations											
Center For Law And Justice	Community Based Organizations											 
Charles Kite	Community Based Organizations											 
Community Caregivers	Community Based Organizations	~	~	~	~	~						 
Compeer, Inc.	Community Based Organizations											
Consumer Directed Choices, Inc.	Community Based Organizations	~		~								 
De Paul Housing Management	Community Based Organizations	~		~								
De Paul Housing Management: Bishop Broderick Apartments	Community Based Organizations	~		~								 
De Paul Housing Management: Bishop Hubbard Senior Apartments	Community Based Organizations	~		~								
De Paul Housing Management: Branson Manor Senior Apartments	Community Based Organizations	~		~								
De Paul Housing Management: Cabrini Acres Senior Apartments	Community Based Organizations	~		~								
De Paul Housing Management: Carondelet Commons Senior Apartments	Community Based Organizations	~		~								
De Paul Housing Management: Father Leo O'Brien Senior Community	Community Based Organizations	~		~								
De Paul Housing Management: Fontbonne Manor Senior Apartments	Community Based Organizations	~		~								 
De Paul Housing Management: Franciscan Heights Senior Community	Community Based Organizations	~		~								



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
De Paul Housing Management: Marie-Rose Manor	Community Based Organizations	~		~								
De Paul Housing Management: Sanderson Court Senior Apartments	Community Based Organizations	~		~								
De Paul Housing Management: St. Jude Apartments	Community Based Organizations	~		~								
De Paul Housing Management: St. Vincent'S Apartments	Community Based Organizations	~		~								
De Paul Housing Management: The Lawrence Commons	Community Based Organizations	~		~								
George Soryal	Community Based Organizations											
Greene County Rural Health Network	Community Based Organizations											
Healthy Capital District Initiative	Community Based Organizations	~				~				~		
Homeless And Travelers Aid Society	Community Based Organizations											
Hope House, Inc.	Community Based Organizations											
Hudson Mohawk Area Health Education Center	Community Based Organizations	~										
In Our Own Voices, Inc.	Community Based Organizations	~	~			~		~			~	~
Indepdent Living Center Of The Hudson Valley, Inc.	Community Based Organizations	~				~						
Interfaith Partnership For The Homeless	Community Based Organizations											
Jillian Herrington, Np	Community Based Organizations											
Joanna Jozwiak	Community Based Organizations											
Katherine Hughes	Community Based Organizations											
Kimberly Riggi	Community Based Organizations											
Kyra Hayes	Community Based Organizations											
Laura Fernandez	Community Based Organizations											
Lorraine Asti	Community Based Organizations											
Lynn M. Scott	Community Based Organizations	~			~		~			~	~	
Mark Oldendorf, Md	Community Based Organizations											
Matthew C. Aoun	Community Based Organizations											
Mei Yu Ren	Community Based Organizations											
Mental Health Assosication Of Nys	Community Based Organizations											
Mental Health Empowerment Project, Inc.	Community Based Organizations	~										
Nicole Riley	Community Based Organizations											
Ny Start	Community Based Organizations											
Rhonda M. Esposito	Community Based Organizations											
Ronny Kafiluddi	Community Based Organizations											



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Sarah Slader-Waldorf	Community Based Organizations											
Shelters Of Saratoga	Community Based Organizations	<				<						
Siba Haykal	Community Based Organizations											
St. Paul'S Center, Inc.	Community Based Organizations											
The Alternative Living Group, Inc.	Community Based Organizations											
The Next Step, Inc.	Community Based Organizations											
The Quality And Technical Assistance Center Of Ny - Qtac - Ny (University At Albany Foundation)	Community Based Organizations											
Thomas Townsend-Pitt	Community Based Organizations											
Troy Crossings, Llc Dba The Pines At Heartwood	Community Based Organizations											
Westchester Independent Living Center	Community Based Organizations											
Wildwood Programs, Inc.	Community Based Organizations	<			<			<		<	<	<
Tessler Patric	All Other											
Chang Robert Dds	All Other	<	<	<	<	<	<	<	<	<	<	<
Tera N Hetrick-Platte Md	All Other	<	<	<	<	<	<		<	<	<	<
Dhanani Rahim Md	All Other	<										
Schneider Nicole Marie	All Other	<				<	<	<		<	<	<
lannuccillo Anthony	All Other	<										
Larsen Karen	All Other	<	<		<	<	<	<	<	<	<	<
Jennifer White	All Other	<	<	<	<	<	<	<	<	<	<	<
Rasoully Yama	All Other	<	<		<	<	<	<	<	<	<	<
Schoch Kim Elizabeth Dale	All Other	<	<	<	<	<	<	<	<	<	<	<
Pappas Mike	All Other											
Eldredge Daniel	All Other	<	<	<	<	<	<	<	<	<	<	<
Kiley Kevin	All Other	<	<		<	<	<	<	<	<	<	<
Olszowka Angelique	All Other	<	<	<	<	<	<	<	<	<	<	<
Weil Dympna Lynch	All Other	<	<	<	<	<	<	<	<	<	<	<
Bonville Daniel James Do	All Other	<										
Support Link Inc Nhtd	All Other											
Dykstra Todd Bryan Rpa	All Other	<				<	<	<		<	<	<
Stetzer Lee	All Other	<	<	<	<	<	<		<	<	<	<
Laplante Steven P	All Other	<	<		<	<	<	<	<	<	<	<



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Whiteside Beth	All Other	<	<	<	<	<	<		<	ζ.	<	<
Abraham Lisa Puthuparampil	All Other	<	<	<	<	<	<		<	<	<	<
David Jason Ellenbogen Dpm	All Other											
Dolinsky Christophe	All Other	ζ.	<	<b>&lt;</b>	ζ.	<	ζ.	<b>〈</b>	<b>&lt;</b>	<	ζ.	<
Northrop Jennifer	All Other	<	<	<	ζ	<	ζ	ζ	<	<	ζ	<
Whiteside Michael	All Other	<	<	<	<	<	<		<	<	<	<
Martorana Sebastian Vincent	All Other	<b>&lt;</b>				<	ζ.	ζ.		<	ζ	<b>&lt;</b>
Salimah Dhanani Md	All Other	<	<		<	<	<	<	<	<	<	<
William H Montgomery Jr	All Other	<	<	<	<	<	<	<	<	<	<	<
Craig Maier	All Other	<	<	<	<	<	<		<	<	<	<
Tanya Nicole Needham	All Other	<										
Elguero Carlos	All Other	<	<	<	<	<	<		<	<	<	<
Kathryn Hogan	All Other	<	<		<	<	<	<	<	<	<	<
Mohammad Eltlajjar	All Other	<	<		<	<	<	<	<	<	<	<
Lagrave Brent Foster	All Other	<	<	<	<	<	<	<	<	<	<	<
Lee Rosemary K Rpa	All Other											
Samy Sanjay Anantha Md	All Other	<	<		<	<	<	<	<	<	<	<
Tariq Sayed	All Other	<										
Wickman Douglas	All Other	<	<		<	<	<	<	<	<	<	<
Stutz Helen Rita Md	All Other	<	<		<	<	<	<	<	<	<	<
Greer Alyssa Rpa	All Other	<	<	<	<	<	<	<	<	<	<	<
Hazimeh Yusef Md	All Other	<										
Teppo Deborah Lynn Lcsw	All Other	<	<	<	<	<	<	<			<	<
Madala Padmaja Md	All Other	<	<						<	<		<
Amsden Tracy Rpa	All Other	<	<		<	<	<	<	<	<	<	<
Allison Stefanie L Md	All Other	<	<	<	<	<	<		<	<	<	<
Daraban Nicoleta Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Reutzel Laura	All Other	<	<	<	<	<	<		<	<	<	<
Noyes Kimberly	All Other	<	<		<	<	<	<	<	<	<	<
Health System Services Ltd	All Other											
Dougherty Katherine	All Other	<	<		<	<	<	<	<	<	<	<

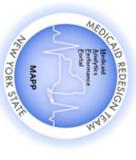


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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Chopra Rupal Md	All Other	<b>~</b>	<b>~</b>	<	<	<	<		<	<	<	<
Laufer Andras Laszlo Md	All Other	<	<b>~</b>		<	<b>&lt;</b>	<	<	<	<	<	<
Butterfield Rebecca C Md	All Other	<	<		<	<	ζ.	ζ.	ζ.	ζ.	ζ.	<b>&lt;</b>
Canete Jonathan J Md	All Other	<										
Napier Mark B Md	All Other	<										
Dickson Matthew J Md	All Other	<	~	<	<	<	<	<	<	<	<	<
Fitzpatrick Michael Md	All Other	<	<b>~</b>		<	<	<	<	<	<	<	<
Yamamoto Junichi Md	All Other	<b>~</b>	<b>~</b>		<	<	<	<	<	<	<	<
Hanakova Marcela Md	All Other	<	<b>~</b>		<	<b>&lt;</b>	<	<	<	<	<	<
PROMESA	All Other	~						<			<	<
Kuo Ramsay	All Other	<	<	<	<	<	<	<	<	<	<	<
Betit Alan	All Other	<				<	<	<		<	<	<
Pauze Daniel K Md	All Other	<	<		<	<	ζ.	ζ.	<	<	<	<
Weisberg Michael Usher	All Other											
Moses Eric Daniel Md	All Other	<b>~</b>	<		<	<	<	<	<	<	<	<
Qualia Cary Michael Md	All Other	<b>~</b>	<		<	<	<	<	<	<	<	<
Neubert Stefanie S	All Other	<b>~</b>										
Lahtinen-Aley Kristina Marie Md	All Other	<b>~</b>	<	<	<	<	<		<	<	<	<
Rohan Darren I Md	All Other	~										
Smitas Catherine Malone Md	All Other	<b>~</b>				<	<	<		<	<	<
Strauss David Noah Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Smith Marsha	All Other	<	<	<	<	<	<		<	<	<	<
Ens Healthcare Man Llc Tbi	All Other	<b>~</b>										
Gusten William M Md	All Other	<b>~</b>	<	<	<	<	<	<	<	<	<	<
Condry James Dearien Jr Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Raveendranath Brooke A	All Other	<				<	ζ.	ζ.		<	<	<
Beauchamp Cara E Rpa	All Other	<	<	<	<	<	ζ.		<	<	<	<
Ciccateri Ruth A	All Other											
Bleser Karen Md	All Other	<										
Angelotti Marietta Md	All Other	<										
Nelson Dina S Md	All Other											



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Barillas-Arias Lilliana	All Other											
Aboelsaad Farag Wanees Farag Md	All Other	<										
Marshall Jonah Scott Md	All Other	<	<	ζ.	<	<	<	<	<	<	<	<
Saltzberg Stephanie Sharyn Md	All Other											
Varone Ricky A Rpa	All Other	<	<	<	<	<	<	<	<	<	<	<
Thomas James Md	All Other	<	<	<	<	<	<		<	<	<	<
Wolf Lisa J Rpa	All Other	<	<	ζ.	<	<	<	<	<	<	<	<
Shahata Hani L Md	All Other	<				<	<	<		<	<	<
Kucherina Andrey Md	All Other											
Wasniewski Holly L Md	All Other	<				<	<	<		<	<	<
Goetz David H Md	All Other	<					<					
Integrated Medical Professionals PI	All Other											
Hinds Marcel Eldon Md	All Other	<	<		<	<	<	<	<	<	<	<
Unity House Of Troy Mh	All Other											
Woolley Wendy Lee Do	All Other	<										
Mckinney Sue Peterson Rpa	All Other	<				<	<	<		<	<	<
Ulster-Greene Arc	All Other	<				<						
Bhatnagar Pawan Md	All Other											
Noori Khalid A Md	All Other											
Bloss Christopher A Md	All Other	<	<	<	<	<	<		<	<	<	<
Nguyen Hung Dinh Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Greenwald Lisa	All Other	<	<	<	<	<	<		<	<	<	<
Deckelbaum Scott Howard Md	All Other	<	<	<	<	<	<		<	<	<	<
Osborn Kyle Thomas Md	All Other	<	<	<	<	<	<		<	<	<	<
Greenfield Country Medicine PIIc	All Other	<	<	<	<	<	<	<	<	<	<	<
Miller Kristin M Rpa	All Other	<	<	<	<	<	<	<	<	<	<	<
Yamada Jennifer Susan Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Gorczynski Christopher Md	All Other	<	<		<	<	<	<	<	<	<	<
Beyer Todd David Md	All Other	<	<		<	<	<	<	<	<	<	<
Morgan Ayman Md	All Other	<				<	<	<		<	<	<
Yamada Brian S	All Other	<	<	<	<	<	<	<	<	<	<	<



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	Participating in Projects	ts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Clark Sara N Md	All Other	<										
Chen Jane Do	All Other											
Cadigan Beth Md	All Other	<	<		<	<	<	<	<	<	<	<
Lynch Timothy Joseph Francis Dds	All Other	<	<	<	<	<	<	<	<	<	<	<
Katz Benjamin S Md	All Other	<										
Mann Stephanie Elise	All Other	<										
Rodden Mary Np	All Other	<										
Hobbs Patricia	All Other	<	<	<	<	<	<		<	<	<	<
Owen Claudina	All Other	<	<	<	<	<	<	<	<	<	<	<
Mcmaster Aimee	All Other	<b>&lt;</b>										
Vandepol-Rimash Maria	All Other	<	<	<	<	<	<	<	<	<	<	<
Burke Michael Kevin Md	All Other	<b>&lt;</b>	<	<	<	<	<		<	<	<	<
Ferrillo Martin	All Other	<	<	<	<	<	<	<	<	<	<	<
Faroqui Fazal G Do	All Other											
Schuster Michael Edward	All Other	<b>&lt;</b>	<	<	<	<	<		<	<	<	<
Stephens Christopher S Rpa	All Other	<	<	<	<	<	<	<	<	<	<	<
Pearl Street Counseling Cente	All Other											
Sood Vinay Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Broderick Bethany Md	All Other											
Hellwitz Frederic Jon Md	All Other	<	<	<	<	<	<		<	<	<	<
Capello Seth Alexander	All Other	<	<	<	<	<	<	<	<	<	<	<
Doolin Thomas M Rpa	All Other											
Retina Consultants Pllc	All Other	<										
Tan Henry T Md	All Other	<b>&lt;</b>	<		<	<	<	<	<	<	<	<
Eden Robert Alexander Md	All Other											
Coombes John Michael Christopher Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Coombes Sereena Carol Md	All Other	<										
Katz Linda G Np	All Other	<	<	<	<	<	<		<	<	<	<
Bailey Kelly Ann Np	All Other	<	<	<	<	<	<	<	<	<	<	<
Verrico Ivelisse Ann Md	All Other	<	<		<	<	<	<	<	<	<	<b>&lt;</b>
Sgambati Carl Willard Md	All Other	<	<	<	<	<	<	<	<	<	<	<



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Provider Category  2.a.i 2.a.iii 2.a.v 2.b.iii 2.d.i  2.a.i 2.a.v 2		jects										
All Other All Ot		2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
All Other    All		<										
All Other		<										
All Other		<	<	<	<	<	<		<	<	<	<
Ideas Of New		<										
SSBAMM         All Other         ICC         ICC <t< td=""><td></td><td>&lt;</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		<										
All Other		<										
All Other All Ot		<	<		<	ζ	<	ζ	<	ζ.	<	<
All Other		<										
All Other		<				<	<	ζ.		ζ.	<	<
MI Other  All Other		<				<	<	<		<	<	<
All Other   All		<	<		<	<	<	<	<	<	<	<
All Other		<			<				<	<	<	<
All Other   All		<	<		<	<	<	<	<		<	<
All Other   All												
Md         All Other         3         4		<										
Np         All Other         C		<	<	<	<	<	<	<	<	<	<	<
Up         All Other         Image: Control of the cont		<					<					
All Other		<b>&lt;</b>	<	<	<	<	<	<	<	<	<	<
All Other		<	<		<	<	<	<	<	<	<	<
All Other		<	<	<	<	<	<	<			<	<
All Other       All Other		<										
All Other       All Other		<	<	<	<	<	<		<	<	<	<
All Other       All Other												
All Other		<	<	<	<	<	<	<	<	<	<	<
All Other		<	<	<	<	<	<		<	<	<	<
All Other		<	<		<	<	<	<	<	<	<	<
All Other  All Other  All Other  All Other  All Other		<										
All Other  All Other  All Other  All Other		<	<		<	<	<	<	<	<	<	<
All Other  All Other  All Control  All Contr		<										
All Other		<	<	<	<	<	<	<	<	<	<	<
	Samantha Md All Other	<	<	<	<	<	<		<	<	<	<



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<	<	<	<	<	<	<	<	<	<	<	All Other	Reynolds Frederick D
					<					<	All Other	Kamal Syed Anwar Md
											All Other	Shir Irene
<	<	~	<	<	<	<	<		<	<	All Other	Kerr Hamish Alistair Md
											All Other	Lamar Stacey Anne
<	<	<	<	<	<	<	<		<	<	All Other	Friedman Cynthia Susan
<	<	<	<		<	<	<	<	<	<	All Other	Hickey Lynn Leitner Md
<	<	~	<	<	<	<	<	<	<	<	All Other	Flanagan Jean Ansari Md
										<	All Other	Connors William Patrick
										<	All Other	Wladis Edward Joel Md
<	<	<	<	<	<	<	<		<	<	All Other	Pomichter John Stanley Md
<	<	<	<	<	<	<	<	<	<	<	All Other	Herzog John Christopher
<	<	<		<	<	<				<	All Other	Compa Kristen Leigh Md
<	<	~	<	<	<	<	<	<	<	<	All Other	O'Meara-Zimmer Kimberly J Np
<	<	<	<		<	<	<	<	<	<	All Other	Palmer Michelle N
<	<	<	<		<	<	<	<	<	<	All Other	De Elise J B Md
											All Other	Northeast Parent Child Societ
										<	All Other	Wang Robert Shih-Ning Md
											All Other	Fareed Fareed Nabiel
										<	All Other	Silverstein Mesidor S Md
<	<	<	ζ.	ζ.	ζ.	ζ.	ζ.		<	<	All Other	Blackburn Chame Curtis Md
										<	All Other	Mijovic-Das Snezana Ana H
<b>\</b>	<	<	<	<	<	<	<	<	<	<	All Other	Dadian Nishan
<	<	<	<	<	<	<	<		<	<	All Other	De Arup Md
										<	All Other	Comley Sood Shannon Md
										<	All Other	Khera Kanwarjit S Md
<b>〈</b>	<	<	ζ.	ζ.	ζ.	ζ.	ζ.	<	<	<	All Other	Flynn Dedra Md
<	<	<	<	<	<	<	<	<	<	<	All Other	Afsarkeshmiri Armin Md
<	<	<	<	<	<	<	<	<	<	<	All Other	Bernad Jason Edward Md
											All Other	Kim Sun Jin Md
<	<	~	<		<	<	<	<	<	<	All Other	Leonidas Leonard Al Md
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										rojects	Participating in Projects	



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	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Samaritan Hospital	All Other	<										
Irani Danesh S Rpa	All Other	<	<	<	<	<	<		<	<	<	<
Horn Elizabeth C	All Other	<										
Zeronda Stephanie Rpa	All Other	<	<b>〈</b>	<b>&lt;</b>	<	ζ	<	<	ζ	<b>〈</b>	<b>&lt;</b>	<b>&lt;</b>
King-Hall Pamela	All Other	<										
D'Avella Wendy K	All Other	<	<	<	<	<	<		<	<	<	<
Thompson Shannon E	All Other	<										
Mcgaffin Christina E	All Other	<				<	<	<		<	<	<
Rosas Kevin E Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Lloyd Adam Taylor	All Other	<	<		<	<	<	<	<	<	<	<
Hicks Steven D	All Other	<	<	<	<	<	<		<	<	<	<
Lindstrom Jennifer E Md	All Other	<	<		<	<	<	<	<	<	<	<
German John William Md	All Other	<	<		<	<	<	<	<	<	<	<
Pilpel Sylvia E Md	All Other	<	<		<	<	<	<	<	<	<	<
Barats Lev Leonidovich Md	All Other	<	<	<	<	<	<		<	<	<	<
Moss Vance J Md	All Other	<										
Center F/Disab Svcs Rsp	All Other	<	<		<	<	<	<	<		<	<
Ungerland Michael J Rpa	All Other	<	<		<	<	<	<	<	<	<	<
Zamer Joshua D Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Pan Phillip Md	All Other	<	<		<	<	<	<	<	<	<	<
Nigam Ankesh Md	All Other	<	<		<	<	<	<	<	<	<	<
Shpak Mikhail M Do	All Other											
Catholic Charities Dds Rsp	All Other	<	<	<	<	<	<	<			<	<
Gildersleeve Rebecca Ann Md	All Other	<	<	<	<	<	<		<	<	<	<
Woodruff Barbara A Rpa	All Other	<				<	<	<		<	<	<
Campagna Kristine J Do	All Other	<	<	<	<	<	<		<	<	<	<
Deteso Damon Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Defrancisco John Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Living Resources Corp Rsp	All Other	<			<				<	<	<	<
Nigam Sujatha A Md	All Other	<	<		<	<	<	<	<	<	<	<
Berman Jessica Dembitz Md	All Other	<				<	<	<		<	<	ζ.



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<	<	<	<	<	<	<	<	<	<	<	All Other	Hettrich Amy L Rpa
<	<	<	<	<	<	<	<	<	<	<	All Other	Hunter Laureen A Rpa
										<	All Other	Gold Eric W Rpa
<	<	<	<		<	<	<	<	<	<	All Other	Deserre Steven Francis Cnm
											All Other	Mckibbin-Vaughan Tom
<	<	<	<		<	<	<	<	<	<	All Other	Tolentino Rommel M Md
<	<	<		<	<	<				<	All Other	Spindler John B Rpa
<	<	<		<	<	<				<	All Other	Greenblatt Carol Lynn Do
<	<	<	<		<	<	<	<	<	<	All Other	Mance Joan M
<	<	<	<	<	<	<	<	<	<	<	All Other	Taggert John B Md
<	<	<		<	<	<				<	All Other	Martin Kristen Hedger Md
<	<	<	<	<	<	<	<		<	<	All Other	Oke Benjamin
										<	All Other	Stemper Erin Clarke
										<	All Other	Cytryn Jacalyn J Mdd
<	<	<	<	<	<	<	<		<	<	All Other	Cossey Jason L
<	<	<	<	<	<	<	<	<	<	<	All Other	Blackington Colette C
										<	All Other	Lehine Tanya
<	<	<	<	<	<	<	<	<	<	<	All Other	Kelling Timothy Scott Md
<	<	<	<	<	<	<	<		<	<	All Other	Mookherjee Sulagna Md
<	<	<	<	<	<	<	<		<	<	All Other	Bughrara Nibras
<	<	<	<	<	<	<	<	<	<	<	All Other	Caiazza Margaret
											All Other	Santiago Allan Realin Md
											All Other	Sethi Dinesh Md
											All Other	Biglane Rayma
											All Other	Ward Buffi Marie Md
											All Other	Soab Medical Pc
<	<	<	<	ζ.	<	ζ.	<		<	<	All Other	Jellinger Robert M Md
<	<		<	<	<	<	<		<	<	All Other	Center F/Disab Svcs Fsr 1
<	<		<	<	<	<	<		<	<	All Other	Center F/Disab Svcs Fsr 2
<	<	<	<		<	<	<		<	<	All Other	Saunders Patricia V Md
											All Other	Fellegi Aniko Md
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										ects	Participating in Projects	



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	Participating in Projects	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Carsillo Vincent James li Do	All Other	<	<	<	<	<	<	<	<	<	<	<
Dicerbo Nancy	All Other	<	<		<	<	<b>&lt;</b>	<	<	<	<	<
Mortazavi Shervin Md	All Other											
Vascular Group Plic	All Other											
Li Eric	All Other	<										
Schneider Jennifer L Rpa	All Other	<	<	ζ.	<	<	<	<	<	<	<	<
Wood Bret James Do	All Other	<	<		ζ.	<	<b>&lt;</b>	<	<	<b>〈</b>	<	<
Makavana Jayeshkumar J Md	All Other											
Kearney Andrew S Rpa	All Other	<	<	<	<	<	<	<	<	<	<	<
Aragona Sharon L	All Other	<	<	<	<	<	<		<	<	<	<
Stoecklin William	All Other	<	<		<	<	<	<	<	<	<	<
Murray Amy J	All Other	<	<		<	<	<	<	<	<	<	<
Churchill Laura Hutchins	All Other	<										
Bredwood Jacqueline E	All Other	<	<		<	<	<	<	<	<	<	<
Brady Helen H	All Other	<	<		<	<	<	<	<	<	<	<
Yadegari-Lewis Nasrene Md	All Other	<				<	<	<		<	<	<
Haldeman lii Richard J	All Other	<	<						<	<		<
Brown Alice D	All Other	<										
Clair Cecelia	All Other											
Breen Martin Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Schottler-Thal Carrin Md	All Other	<	<		<	<	<	<	<	<	<	<
Lobo Melvyn Albert Md	All Other	<										
Glick Cheryl M	All Other	<				<	<	<		<	<	<
Petronis Karen	All Other											
Dawson Schuylar C	All Other	<										
Marici Kathleen Md	All Other	<	<		<	<	<	<	<	<	<	<
Oechsner Helena Md	All Other	<	<		<	<	<	<	<	<	<	<
Berger Sondra Kristen Dpm	All Other	<	<		<	<	<	<	<		<	<
Di Lullo Joseph Matthew Md	All Other	<										
Murray Sherrie L	All Other	<				<	<	<		<	<	<
Braga Eileen	All Other											



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Provider Name  Brady Ann Theresa  Kim Regina Y Md	All Other 2	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Brady Ann Theresa Kim Regina Y Md	All Other											
Kim Regina Y Md	AII 0+5-2											
		ζ										
Spear Alison Heather Md	All Other	ζ.	ζ.		<	<	<	ζ.	<	<	<	ζ.
Cleveland Byrd Md	All Other	ζ.	ζ.		<	<	<	ζ.	<	<	<	<b>&lt;</b>
Long Heather Md	All Other	ζ.	ζ.		ζ.	<	<b>&lt;</b>	ζ.	<	<	<	<b>&lt;</b>
Daoui Rachid	All Other	<	ζ.	ζ.	<	<	<	ζ.	<	<	<	<b>&lt;</b>
Young Pamela Y Rpa	All Other	<	<		<	<	<	<	<	<	<	<
Russo Thomas	All Other	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
Naumowicz Edward T	All Other	<										
Jones David M	All Other	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
Gurrala Geetha Md	All Other	<				<	<	<		<	<	<
Cleney Holly K Md	All Other	<	<	<	<	<b>&lt;</b>	<		<	<	<	<
Baker Judith A	All Other	<	<		<	<	<	<	<	<	<	<
Alexander-Decker Christine Agnes	All Other											
Raja Asim Nazir Md	All Other	<	<		<	<	<	<	<	<	<	<
Byrne William Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Liebers Edward Martin Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Englander Meridith J Md	All Other	<	<	<	<	<	<		<	<	<	<
Valerian Brian Thomas Md	All Other	<	<		<	<	<	<	<	<	<	<
Miller Marilyn	All Other	<					<					
Kondo Kathleen	All Other											
Flik Anna Grattan Md	All Other	<	<		<	<	<	<	<	<	<	<
Limes Britton J Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Paul Arlette Mary	All Other											
Ford David L Md	All Other	<	<		<	<	<	<	<	<	<	<
Lu Ping Md	All Other	<	<	<	<	<	<		<	<	<	<
Gill Zaheer Ashraf Md	All Other	<										
Chang Andrew Md	All Other	<	<		<	<	<	<	<	<	<	<
Samson Susan Marie	All Other	<	<		<	<	<	<	<	<	<	<
Maxwell Steven J Do	All Other	ζ.	ζ.		<	<	<	<	<	<	<	<
Mustafa Marianne A Md	All Other	<	ζ.	ζ.	<	<	<	<	<	<	<	<



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	Participating in Projects	ts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Rosensweig Nancey Cnm	All Other											
Schongar Marie Antoinette	All Other	<	<		<	<b>〈</b>	<b>〈</b>	<	<	<	<	<
Malin Julia Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Meyer Vincent Edwin Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Dedona Andrea M	All Other	<										
Phelan Carol Beberwyk	All Other	<			<		<			<		
Belova Natalya Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Nicholson Timothy Joseph	All Other	<	<	<	<	<	<		<	<	<	<
Ralph Walter M Jr Md	All Other											
Sugent-Gray Linda J	All Other	<	<	<	<	<	<	<	<	<	<	<
Dluge-Aungst Dawn B Rpa	All Other	<										
Hyland Maureen Annette	All Other	<										
Eckstein-Vangelder Amy L Rpa	All Other											
Trapp Joseph J	All Other	<	<	<	<	<	<	<	<	<	<	<
Sgarlata Donna L	All Other	<	<	<	<	<	<		<	<	<	<
Shafer Carolyn H	All Other	<	<	<	<	<	<	<	<	<	<	<
Roske Julia H Rpa	All Other	<	<	<	<	<	<b>&lt;</b>		<	<	<	<
Wiest Daniel R Rpa	All Other	<	<		<	<	<	<	<	<	<	<
Ochal Michelle	All Other	<					<					
Rodrigue Raymond A Rpa	All Other	<	<	<	<	<	<		<	<	<	<
O'Brien Michael F	All Other	<	<	<	<	<	<	<	<	<	<	<
Diaz-Parker Carl E	All Other	<	<	<	<	<	<		<	<	<	<
Enzien Ernest M Jr Md	All Other	<	<	<	<	<	<		<	<	<	<
Albany Med Ctr Hospital	All Other	<	<		<	<	<	<	<	<	<	<
Erlikh Tamara Md	All Other											
Case Christopher John Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Yamin Mary Christine	All Other	<				<	<		<		<	<
Warner Deborah P	All Other	<	<	<	<	<	<		<	<	<	<
Santoro Eileen	All Other	<	<	<	<	<	<	<	<	<	<	<
Rendich Kathleen	All Other	<										
Rabbin Linda S	All Other	<	<	<	<	<	<		<	<	<	<



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	Participating in Projects	rojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Olszewski Peter	All Other	<	<b>&lt;</b>	<b>&lt;</b>	ζ.	<	ζ.		<	ζ.	ζ.	<b>&lt;</b>
O'Loughlin Suzanne	All Other	<b>&lt;</b>	<	<b>&lt;</b>	<b>〈</b>	<	<		<	<b>〈</b>	<	<
Morse Joyce	All Other											
Marsh Catherine Louise	All Other	<	<b>&lt;</b>		ζ.	<	ζ.	ζ.	<b>&lt;</b>	ζ.	ζ.	<b>&lt;</b>
Janowski Darcy A	All Other	<	ζ.	ζ.	ζ.	<	ζ.		<	ζ.	ζ.	<
Griffin Margaret Anne	All Other	<										
Gabriel Nancy	All Other	<					<					
Flax Harold	All Other	<	_	<	<	<	<	ζ.	<	<	<	<
Dahl Jeanne A	All Other	<	<b>&lt;</b>		ζ.	<	ζ.	ζ.	<	ζ.	ζ.	<
Chank Shelly M	All Other	<										
Gara Maureen	All Other	<				<	<		<b>~</b>		<	<
Kaplan Eugene Daniel Md	All Other	<	<	<	<	<	<	<	~	<	<	<
Offord Stephen Robert Md	All Other	<					<					
Chen Wei Yu Md	All Other	<										
Cahill Ryan M Do	All Other											
Hyde Natalie Ann	All Other	<				<	<	<		<	<	<
Borden Eric Charles Md	All Other	<		<	<	<	<	<	<	<	<	<
Price Marc David Md	All Other	<	<	<	<	<	<	ζ.	<	<	<	<
Boulos Alan Samuel Md	All Other	<			<	<	<	<	~	<	<	<
Rodriguez-Goodemot Renee B Md	All Other	<		<	<	<	<	<	<b>~</b>	<	<	<
Hirt Deborah	All Other	<		<	<	<	<		<b>~</b>	<	<	<
Hechanova Arnel B Md	All Other	<	<		<	<	<	<	<b>~</b>	<	<	<
Falk Naomi S Md	All Other	<										
Singh Chanderdeep Md	All Other											
Green County Mental Hith Mh	All Other	<	<			<	<	<			<	<
Jones Stephen Paul	All Other	<			<	<	<	<	<b>~</b>	<	<	<
Carrasco Andrea Y Md	All Other	<	<	<	<	<	<	<	<b>~</b>	<	<	<
Bayoumy Sayed Mahmoud Md	All Other	<		<	<	<	<	<	<	<	<	<
Navarro Brian Scott Md	All Other	<				<	<	<		<	<	<
Pani Saroj Md	All Other	<	<		<	<	<	<	<	<	<	<
Hassett Stephen G Md	All Other	<	<		<	<	<	<	<	<	<	<

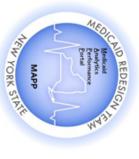


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Provider Name	Provider Category 2	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4 h i	A h ii
							9.00.			9.9	1.5.	4.0
Mcgovern Christine Elizabeth Rpa	All Other	<										
Siebeneck Aaron J Dpm	All Other	<	<	<	<	<	<		<	<	<	<
Prasad Manju Md	All Other	<	<		<	<	<	<	<	<	<	<
Barba Anne Lauren Phd	All Other	<	<		<	<	<	<	<	<	<	<
Murray Brian P	All Other	<	<	<	<	<	<	<	<	<	<	<
Field William Edward Ii Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Catania Lucien D Md	All Other	<										
Assevero Anna-Maria D Md	All Other	<	<		<	<	<	<	<	<	<	<
Giramonti Karla Michelle	All Other	<	<	<	<	<	<		ζ.	<	<	<
Chan Cindy Hoying Md	All Other	<				<	<	<		<	<	<
Peregrim Kimberly A Do	All Other											
Senior Hope Counseling Inc	All Other	<		<			<					
Whyte Mary C Md	All Other	<	<		<	<	<	<	<	<	<	<
Wood Colleen T Np	All Other	<	<	<	<	<	<	<	<	<	<	<
Chakraborty Ranen Kumar Md	All Other	<	<	<	<	<	<		<	<	<	<
Pauze Denis Robert	All Other	<	<		<	<	<	<	<	<	<	<
Dittes Paul	All Other	<	<	<	<	<	<	<	<	<	<	<
Getzke Nancy L Np	All Other	<	<		<	<	<	<	<	<	<	<
Albright Lauren Ann	All Other	<	<		<	<	<	<	<	<	<	<
Wohlfahrt Kristine Marie	All Other	<	<		<	<	<	<	<	<	<	<
Fabre Lynn D	All Other											
Seaman Tami Md	All Other	<	<	<	<	<	<		<	<	<	<
Center F/Disab Svcs Spv	All Other	<	<		<	<	<	<	<		<	<
Coates Andrew Donnally Md	All Other											
Multi County Cdc Spt	All Other	<										
Multi County Cdc Spv	All Other	<										
Greenblatt Michael J Md	All Other	<	<	<	<	<	<		<	<	<	<
Living Resources Corp Spt	All Other	<			<				<	<	<	<
Living Resources Corp Spv	All Other	<			<				<	<	<	<
Tobolsky Shimon Rpa	All Other	<	<		<	<	<	<	<	<	<	<
Lopez Janeen Ellen	All Other	<	<	<	<	<	<		<	<	<	<



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Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	cts	) 	<b>-</b>	> F	) L	) ;	:	> -			Σ Τ ::
Kasarda Karen Marie Rpa	All Other	< !	1.0.1	7.a.v	1.5.	<b>\</b>	<b>S</b>	₹ ca.	0.51	<b>\</b>	< <u>{</u>	< !
Larner Virginia Blake Rpa	All Other	<				<	<	<		<	<	<
Catholic Charities Dds Spv	All Other	<	ζ.	<	ζ.	ζ.	<b>&lt;</b>	<			<	<b>&lt;</b>
Shin Sandra Jean	All Other											
Maheshwari Anil	All Other											
Knapp Robin Gail Cnm	All Other	<				<	<		<b>&lt;</b>		<	<
Denovio Bradley M Rpac	All Other	<				<	<	<		<	<	<
Marsh Patricia L Rpa	All Other	<	<		<	<	<	<	<	<	<	<
Campbell Kathleen Kissane Rpa	All Other	<				<	<	<		<b>&lt;</b>	<	<
Mcgarry Karen A Rpa	All Other	<				<	<	<		<	<	<
Catholic Char Dds Hcbs 15	All Other	<	<	<	<	<	<	<			<	<
Emmons George Dpm	All Other											
Petraccione Lisa F Rpa	All Other	<				<	<	<		<	<	<
May Doreen T Rpa	All Other	<										
Braden Diane Beers	All Other	<	<		<	<	<	<	<	<	<	<
Lingat Marie Cheryle P Md	All Other	<	<		<	<	<	<	<	<	<	<
Living Resources Corp Hcbs 6	All Other	<			<				<	<	<	<
Matthews Elizabeth Susan	All Other	<	<	<	<	<	<	<	<	<	<	<
Braungart Carol Fritz	All Other	<				<	<	<		<	<	<
Goldberg Barry Stuart Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Stein Rhonda Danielle Md	All Other	<	<						<	<		<
Center F/Disab Svcs Hcbs 12	All Other	<	<		<	<	<	<	<		<	<
Torosoff Mikhail T Md	All Other	<	<		<	<	<	<	<	<	<	<
Hopkins Patricia M Md	All Other	<										
Mandato Kenneth Md	All Other	<	ζ.	<	ζ.	<	<		<	<	<	<
Ens Health Care Services Llc	All Other	<										
Natalenko Irina Md	All Other											
Dempsey Stephen J Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Eaton Carolyn A Md	All Other	<				<	<	<		<	<	<
Giantinoto Salvatore J Do	All Other											
Meltz Theresa Ann Rpac	All Other	<	<		<	<	<	<	<	<	ζ	<



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Muller Susan Marie Md  Dooley Kevin M Md  Puthuparampil Beulah J Md  Brennan-Jordan Nancy	All Other All Other All Other All Other All Other All Other	2.a.i	<b>₹ ₹ ₹ ₹ 1 1 1 1 1 1 1 1 1 1</b>	2.a.v		<b>₹</b> ₹ 2.d.i	3.a.i	<b>₹</b> 3.a	3.b.i	3.d.iii	< < < 4.b.i	4.b.ii
Espey Kathleen Ann Conway Lillian Marie	All Other All Other	< < <	<			<	<	<	<	<	<	<
Jorgensen Shawn P Md Pierce Jean Catherine Rpa	All Other	< <	<b>&lt;</b>	<	<b>&lt; &lt;</b>	<b>&lt; &lt;</b>	<b>&lt;</b>	<b>&lt; &lt;</b>	<b>&lt; &lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>
Gabriel Daniel Md	All Other	<	<		<	<	<	<	<	<	<	<
Gradner Jill A Md	All Other	<	<	<	<	<	<		<	<	<	<
Pribis Anneke B Md  Catholic Char Dds Hcbs 14	All Other All Other	ζ ζ	<	<	<	<	<	<			<	<
Capitalcare Medical Group Llc	All Other	<				<	<	<	<	<	<	<
Dailey Michael Winter Md	All Other	<	~		<	<	<	<	<	<	<	<
Mian Badar Munir Md	All Other	<	<	<	<	<	<		<	<	<	<
Hutton Jennifer Dpm  Living Resources Hm Care Ag	All Other	<b>&lt;</b>	<	<	<b>&lt; &lt;</b>	<	<		< <	<b>&lt;</b>	<b>&lt;</b>	<b>〈</b>
Wilkins Lance Julius Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Center F/Disab Svcs Semp	All Other	<	<		<	<	<	<	<		<	<
The Workshop Inc Smp  Warren Washington Arc Smp	All Other											
Living Resources Corp Smp	All Other	<			<				<	<	<	<
Mcgork James Rpa  Lemons Lorraine S Do	All Other	ζ ζ	<	<	<	ζ ζ	< <	<b>〈</b>	<	<b>&lt;</b>	ζ ζ	< <
Hochster Howard James Md	All Other											
Di Marco Tracie Lee Asher Shellie I vnn Md	All Other	K	~		Κ.	ζ.	Κ.	K	Κ.	K	K	ζ.
Wise Birute Marija Md	All Other	<	<	<	< <	< <	< <	•	< <	<	<	< <
Mehta Manish Md	All Other	<	<b>~</b>	<	<	<	<		<	<	<b>~</b>	<
Carrelle Raymond J Md	All Other	<	<	ζ.	<	<	<		<	<	<	<
Sandagato Todd A Pa	All Other											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Bauer William M Md	All Other	<	<	<	<	<	<	ζ.	<	<	<	<
Wayne Joseph T Md	All Other	<	<		<	<	<	<	<	<	<	<
Mouzakes Jason Md	All Other	<	<		<	<	<	ζ.	<	<	<	<
Ens Hlth Care Mgmt Llc	All Other	<										
Shur Irina N Md	All Other											
Pelnik-Fecko Tricia Ann Md	All Other	<	<		<	<	<	ζ.	<	<	ζ.	<
Karatnycky Adrian Paul Md	All Other	<										
Belvedere Enterprises Llc Tbi	All Other	<	<				<					
Pope Ronald James Do	All Other	<	<		<	<	<	<	<	<	<	<
Curtin William Md	All Other	<										
Silver George E Md	All Other	<	<	<b>&lt;</b>	<	<	<	<	<	<	<	<
Santoro Ian Hebberd Md	All Other	<										
Hunter Philip Raymond Md	All Other	<				<	<	<		<	<	<
Price Darin Michael Md	All Other	<				<	<	<		<	<	<
Deming Karie Ann	All Other											
Catholic Char Dds Hcbs 13	All Other	<	<	<b>&lt;</b>	<	<	<	<			<	<
Shulof Jennifer Amy	All Other	<	<	<b>~</b>	<	<	<		<	<	<	<
Saqib Najmus Md	All Other	<	<	<b>&lt;</b>	<	<	<	<	<	<	<	<
Andrejuk Tomasz Md	All Other	<	<		<	<	<	<	<	<	<	<
Domnich Ilya Md	All Other											
Palmieri Suzanne Do	All Other	<										
Living Resources Corp Hcbs 5	All Other	<			<				<	<	<	<
Ehlers Melissa Anne Md	All Other	<	<		<	<	<	<	<	<	<	<
Ozsvath Kathleen Md	All Other											
Thompson Dan Ralph Md	All Other	<										
Cardiel Alexander Md	All Other	<	<	<b>~</b>	<	<	<	<	<	<	<	<
Demboski David P Rpa	All Other											
Sama Jalin Md	All Other	<	<		<	<	<	<	<	<	<	<
Dawodu Segun Toyin	All Other	<										
Johnson Charles A Do	All Other	<	<		<	<	<	<	<	<	<	<
Hinerman Rachel Sue Md	All Other	<	<		<	<	<	<	<	<	<	<



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	Participating in Projects	rojects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
James Philip C Md	All Other	<	<	<b>&lt;</b>	ζ.	ζ.	<	<	<b>〈</b>	<	<	<
Pasha Muhammad Asghar Md	All Other	<	<		ζ.	ζ.	<	<	ζ.	<	<	<
Aitken Geri Lynn Do	All Other	<				ζ.	<	<		<	<	<
Pyle Bert William lii Md	All Other	<	<	ζ.	ζ.	ζ.	<	<	ζ.	<	<	<b>&lt;</b>
Mckenna Dennis Patrick Md	All Other	<	<		ζ.	ζ.	<	<	ζ.	<	<	<b>&lt;</b>
Sherwood David Edward Md	All Other	<			ζ.		<			<		
Gupta Saaket Md	All Other	<	<	<	ζ.	ζ.	<b>&lt;</b>		ζ.	<	<	<
Richter Seth Joseph Md	All Other	<	<		ζ.	ζ.	<	<	ζ.	<	<	<b>&lt;</b>
Jorgensen Stephanie E Md	All Other	<	<	<	<	<	<		<	<	<	<
Mcconnell Theresa Marie	All Other	<										
Romero Jenny Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Fear Philip J Md	All Other	<	<	<	<	ζ.	<	<	<	<	<	<
Living Res Certified Hha	All Other	<			<				<	<	<	<
Poli Kim Ann Md	All Other	<	<		<	<	<	<b>&lt;</b>	<	<	<	<
Laddis Theodoros Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Ricker Kerry Elizabeth Do	All Other	<	<	<	<	<	<	<	<	<	<	<
Onghai Benson Go Md	All Other											
Mitchell Nancy Lynn	All Other	<	<	<	<	<	<		<	<	<	<
Norton Mary Alice	All Other	<	<		<	<	<	<	<	<	<	<
Youngelman Debbie F Md	All Other											
Prime Donna Rpa	All Other	<										
Crnkovic Anica Md	All Other	<	<		<	<	<	<	<	<	<	<
Ehlers Mary Ellen Md	All Other	<										
Tonneau Benoit Md	All Other	<				<	<	<		<	<	<
Petersen Lauris Jon	All Other											
Mead Daniel H Pa	All Other	<	<	<	<	<	<		<	<	<	<
Morelli Amy M Rpa	All Other	<	<	<	<	ζ.	<	<	<	<	<	<
Brueggemann Christina Mchugh	All Other	<	<	<	<	<	<		<	<	<	<
Flood Christopher Daniel Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Cah Center For Disabled	All Other	<	<		<	<	<	<	<		<	<
Omrdd/Warren/Washington Arc	All Other											



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	Participating in Projects	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
St Peters Licensed Home Care	All Other	<										
Ceballos Jeanne Forziat	All Other	<	<		<	<	<	<	<	<	<	<
Dirisio Darryl John Md	All Other	<	<		<	<	<	<	<	<	<	<
Duthaler Todd Douglass Md	All Other	<	<	<	<	<	ζ.	<	<	ζ.	<	<
Jacobson Kirsten Elizabeth Md	All Other	<b>&lt;</b>	<		<	<	ζ.	<	<	ζ.	ζ.	<
Macdermott Richard Pratt Md	All Other	<										
Zimring Debra Carol Md	All Other	<b>&lt;</b>				<	ζ.	<		ζ.	ζ.	<
Bown Melissa Ann	All Other	<										
Sternbach Yaron Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Roddy Sean Peter Md	All Other											
Slatch Carolyn Jean Md	All Other	<	<		<	<	<	<	<	<	<	<
Comber Paul Gerald Md	All Other	<										
Munshi Upender Md	All Other	<	<		<b>&lt;</b>	<	<	<	<	<	<	<
Gaston Shenelle R Md	All Other	<				<	<	<		<	<	<
Boulos Maria Theresa Bajas Md	All Other	<	<	<	<	<	<		<	<	<	<
Carillon Nrs Rehab Ctr Adhc	All Other											
Gleason Mary Kathryn	All Other	<	<		<	<	<	<	<	<	<	<
Funk Deborah Md	All Other	<										
Mcpadden Marion C Cnm	All Other											
Allen Ronald W Pa	All Other											
Bell Joseph William	All Other	<	<	<	<	<	<	<	<	<	<	<
Brasch Robert C Md	All Other	<	<	<	<	<	<		<	<	<	<
Murphy Kathleen A Cnm	All Other	<	<	<	<	<	<	<	<	<	<	<
Ng Bernard	All Other	<										
Howard Elizabeth A Md	All Other	<	<		<b>&lt;</b>	<	<	<	<	<	<	<
Shetty Tharun	All Other											
Evans Stephanie B Md	All Other											
Nardacci Elizabeth Anne	All Other	<										
Wurl Derrick R Md	All Other	<	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Chase Michael P Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Palmieri Philip J Md	All Other	<	<	<	<	<	<	<	<	<	<	<



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

Provider Name  Morris Adrian Anthony Md  Venditti Ferdinand Joseph Jr	All Other Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Morris Adrian Anthony Md Venditti Ferdinand Joseph Jr	All Other											
Venditti Ferdinand Joseph Jr												
	All Other	<	<		<	<	<	<	<	<	<	<
Tietjen John Charles Jr	All Other	<										
Dunn Elizabeth Mary	All Other											
Sahgal Sumir P Md	All Other											
Reed-Esper Sarah Nicole	All Other	<	<	<	<	<	<		<	<	<	<
Murphy Christine M Md	All Other	<				ζ.	<	ζ.		ζ.	<	<
Albany Med College Radiology	All Other	<	<		<	<	<	<	<	<	<	<
Deporto Robert Do	All Other											
Jafri Mokarram H Jr Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Shapiro Mikhail Do	All Other											
Dunne Christa Md	All Other	<	<		<	<	<	<	<		<	<
Smith Peter Dpm	All Other											
Jorgensen Todd Robert Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Lundberg Lori A Dpm	All Other	<	<	<	<	<	<	<	<	<	<	<
Bulford Lionel A Dds	All Other	<	<	<	<	<	<	<	<	<	<	<
Pintauro Robert	All Other											
Lindman Harry David Md	All Other	<										
Qian Jiang Md	All Other	<	<		<	<	<	<	<	<	<	<
Whalen Elizabeth F Md	All Other											
Gomez-Di Cesare Caroline M Md	All Other	<	<						<	<		<
Consumer Directed Choices Inc	All Other	<		<								
Lahut Barbara K	All Other	<	<	<	<	<	<		<	<	<	<
Kelleher Ruth Ellen	All Other	<			<		<			<	<	
Jacob Rana B Md	All Other	<	<	<	<	<	<		<	<	<	<
Dawkins Earl Anthony Rpa	All Other	<	<		<	<	<	<	<	<	<	<
Maitland Ceceleta Y Md	All Other	<	<	<	<	<	<		<	<	<	<
Stam Katherine L Do	All Other	<	<	<	<	<	<		<	<	<	<
Marici Edward M Do	All Other	<	<		<	<	<	<	<	<	<	<
Lau Kevin Md	All Other	<	<	<	<	ζ.	<	<	<	<	<	<
Kudria Inna Md	All Other	<	<		<	<	<	<	<	<	<	<



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										<	All Other	Block-Galarza Jessie A Md
<	<	<	<		<	<	<	<	<	<	All Other	Gebhard Paul E Jr Md
											All Other	Nussbaum Jack Md
<	<	<	<	<	<	<	<	<	<	<	All Other	Hogan-Moulton Amy E Md
<	<	<	<	<	<	<	<		<	<	All Other	Folger Walter H Md
<	<	<	<	<	<	<	ζ.	<	<	<	All Other	Buhac John Md
<	<	<	<	<	<	<	<		<	<	All Other	Ogbuji Princewill O Md
											All Other	Schultze Robert L Md
<	<	<		<	<	<				<	All Other	Merriman Joann
<	<	<		<	<	<				<	All Other	Donohue Robert
											All Other	Hajar Marilyn
<	<	~	<	<	<	<	<		<	<	All Other	Litynski James
								-			All Other	Holterman Robert Kurt
<	<	<	<	<	<	<	<	<	<	<	All Other	Goldenberg Kelly A Cnm
											All Other	Kumar Raman Md
<	<	<b>~</b>	<	<	<	<	<	<	<	<	All Other	Wright Stuart B Md
											All Other	Rule Jennifer
<	<	~	<	<	<	<	<		<	<	All Other	Alarcon Gabriel Baldomero Md
<	<	<	<	<	<	<	<		<	<	All Other	Murphy William Patrick Md
<	<	<		<	<	<		-		<	All Other	Drzymalski Zofia Wanda Md
<	<	~	<	<	<	<	<		<	<	All Other	Levine Carolyn Robbins
<	<	<	<	<	<	<	<	<	<	<	All Other	Saluja Ravinder Kaur Md
											All Other	Cordi Heidi P
											All Other	D Robbins Podiatry Pc
<	<	<	<	<	<	<	<		<	<	All Other	Galati Lisa T Md
											All Other	Teetz Rick David Md
<	<	ζ.	<		<	<	ζ.	ζ.	<	<	All Other	White Mark Donald Md
<b>&lt;</b>	<	<	<		<	<	<	<	<	<	All Other	Gandham Vijaya L Md
<	<	<	<	<	<	<	<		<	<	All Other	Listman James A Md
<	<	<	<	<	<	<	<		<	<	All Other	Foyt David Md
<	<	~	<	<	<	<	<	<	<	<	All Other	Hanley Audra J Md
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										cts	Participating in Projects	



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	ts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Dexter Scott C Md		<	<		<	<	<	<	<	<	<	<
Lenefsky Ronald I Md	All Other											
Czerwinski Maria H Md	All Other	<			<	<	<				<	
Buhlinger Christine A Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Towner Robert A Md	All Other											
Monzur Mohammed Ali Md	All Other	<	<	<	<	<	<	<	<	<	<	<
New York Oncology Hematology	All Other	<										<
Foster David E	All Other	<	<	<	<	<	<	<	<	<	<	<
Daley Lisa M Md	All Other											
Living Resource Corp Tbi	All Other	<			<				<	<	<	<
Watsky Jay G Md	All Other	<	<		<	<	<	<	<	<	<	<
Eldeiry Samer S Md	All Other	<	<		<	<	<	<	<	<	<	<
Ramani Ananthakrishnan Md	All Other	<	<		<	<	<	<	<	<	<	<
Dearth Christine Cillis Md	All Other	<	<		<	<	<	<	<	<	<	<
Kondo Nicholas Ivan	All Other	<	<	<	<	<	<	<	<	<	<	<
Cohen Aaron Howard Md	All Other											
Beegle Scott H Md	All Other	<	<		<	<	<	<	<	<	<	<
Patel Mahendra Ambalal Md	All Other											
Kamath Sachin Narsinha Md	All Other											
O'Brien Joanne Elizabeth	All Other	<	<		<	<	<	<	<	<	<	<
Graney Sheela Md	All Other	<			<		<			<		
Rosales Manuel Ramos Md	All Other											
Baldini Gleda P Md	All Other	<	<		<	<	<	<	<	<	<	<
Azad Abul Kazam Md	All Other	<				<	<	<		<	<	<
Damore Dorothy Taylor	All Other	<	<		<	<	<	<	<	<	<	<
Paeglow Robert John Md	All Other	<	<		<	<	<		<	<	<	<
Kogan Barry Allan Md	All Other	<	<	<	<	<	<		<	<	<	<
Sai B Gandham Md	All Other	<										
Cirenza Emanuel Nicholas Md	All Other	<	<	<b>&lt;</b>	<	<	<		<	<	<	<
Ares Carlos Alfredo Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Napoli Michael A Dpm	All Other											



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

Provider Name  Reider Jacob Michael Md  Santalla Donald Bishard Md	Provider Category  All Other	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Reider Jacob Michael Md	All Other	\										
Cantalla Danald Diahard Md			<	<	<	<	<		<	<	<	<
Califelia Dollard Nicitalu Ivid	All Other	<	<	<	<	<	<	<	<	<	<	<
Kaufman Lawrence S Md	All Other	<	<		<	<	<	<	<		<	<
Greenspan James Scott Md	All Other	<	<		<	<	<	<	<	<	<	<
Chowdary Sunita Kollu Md	All Other											
Allard Ingrid M Md	All Other	<	<		<	<	<	<	<	<	<	<
Diaz Alan	All Other											
Taccad-Reyes Sandra Carlos Md	All Other	<				<	<	<		<	<	<
Gordon Peter Eliot Md	All Other	<	<		<	<	<	<	<	<	<	<
Birnbaum Eliot L	All Other	<	<	<	<	<	<	<	<	<	<	<
Scialdone Claude Joseph Md	All Other	<										
Celestin Jocelyn Md	All Other	<	<		<	<	<	<	<	<	<	<
Kiehl Anita Md	All Other											
Albany Medical College	All Other	<	<		<	<	<	<	<	<	<	<
Taneja Sanjay Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Brennan Tracey Lynn Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Sagar Sushil Md	All Other											
Chang Theodore Tuan Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Visiting Nurse Assoc	All Other	<	<		<				<	<	<	<
Tietgens Sharon T Md	All Other	<	<		<	<	<	<	<	<	<	<
Parikh Nita S	All Other	<	<	<	<	<	<		<	<	<	<
Nazeer Tipu	All Other	<	<		<	<	<	<	<	<	<	<
Krizar Stephen Lewis Md	All Other	<	<		<	<	<	<	<	<	<	<
Kostun William A Md	All Other											
Jennings Timothy A	All Other	<	<		<	<	<	<	<	<	<	<
Gerety Gregg F Md	All Other	<	<		<	<	<	<	<	<	<	<
Clements Philip C	All Other											
Caruso Lori A	All Other											
Carlson John A Md	All Other	<	<		<	<	<	<	<	<	<	<
Boguniewicz Anna B	All Other	<	<		<	<	<	<	<	<	<	<
Bakst Gary Md	All Other	<	<		<	<	<	<	<	<	<	<



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	its										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Empire Home Infusion Svc Inc	All Other											
White Lalura Rose Md	All Other											
Ali Shehzad	All Other	<										
Brasch Mary L Md	All Other	<				ζ.	<	<		<	<	ζ.
Thibodeau Lorraine G Md	All Other	<	<		<	<	<	<	<	<	<	<
Merkhan Samuel Kabriyel Md	All Other	<	<		<	<	<	<	<	<	<	<
Herr Allen Michael Md	All Other	<	<	<	<	<	<		<	<	<	<
Hawthorne Jami M	All Other	<	<	<	<	<	<		<	<	<	<
Kirkpatrick Douglas Peter	All Other	<										
Schynoll Gerald Klaus Md	All Other	<	<		<	<	<	<	<	<	<	<
Millett Jeanne Marie	All Other	<	<		<	<	<	<	<	<	<	<
Mane Archana Md	All Other	<	<		<	<	<	<	<	<	<	<
Diaz Miguel Remigio Md	All Other	<	<	<	<	<	<		<	<	<	<
Sirico Theresa A Do	All Other	<				<	<	<		<	<	<
Cotugno Steffani Do	All Other	<				<	<	<		<	<	<
Chava Prabhakar Rao Md	All Other	<	<	<	<	<	<		<	<	<	<
Shustarovich Alla Md Pc	All Other											
Kufs William Michael Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Kimble David Michael Md	All Other	<	<		<	<	<	<	<	<	<	<
Diana Mary G Md	All Other	<				<	<		<		<	<
Roche Sean Patrick Md	All Other	<	<	<	<	<	<		<	<	<	<
Chernoff Daniel Michael Md	All Other	<	<	<	<	<	<		<	<	<	<
Albany Medical College Of Uni	All Other	<	<		<	<	<	<	<	<	<	<
Livshits Aleksandr Md	All Other											
Mendola Antony J Md	All Other											
Gupta Vinita Md	All Other	<	<		<	<	<	<	<	<	<	<
Desemone James Md	All Other	<	<		<	<	<	<	<	<	<	<
Kanwar Vikramjit S Md	All Other	<										
Lechowicz Andrzej Jan Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Alagna Paul G Md	All Other	<										
Salenger Page Valery Md	All Other	<	<	<	<	<	<	<	<	<	<	<



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Qualtere-Burcher Paul D Md	All Other	<	<		<	<	<	<	<	<	<	<
Morawski John L Md	All Other	<b>&lt;</b>	<b>~</b>		<	<	<	<	<	<	<	<
Hoffert Eugene Joseph Md	All Other	<b>~</b>	<b>~</b>	<	<	<	<		<	<	<	<
Kreienberg Paul Boyd Md	All Other											
Signor Connie J	All Other	<b>&lt;</b>	<b>~</b>		<	<	<	<	<	<	<	<
Baghel Ashok Md	All Other											
Cosgrove Ellen F Md	All Other	<b>&lt;</b>	<b>~</b>	<b>~</b>	<	<	<	<	<	<	<	<
Wymer James P Md	All Other	<b>~</b>										
Ribons Lisa Ann Do	All Other	<b>~</b>	<b>&gt;</b>	<	<	<	<		<	<	<	<
Siskin Gary P Md	All Other	<b>&lt;</b>	<b>~</b>	<b>~</b>	<	<	<		<	<	<	<
Holcomb Alvin D Md	All Other											
Yousuf Asim Md	All Other	<	<	~	<	<	<		<	<	<	<
Jameson Gerardus L Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Gupta Vinod Kumar Md	All Other	<	<		<	<	<	<	<	<	<	<
Any-Time Home Care Inc Tbi	All Other	<			<	<			<			
Lucas Judith Anne Md	All Other	<	<		<	<	<	<	<	<	<	<
Kanaan Camille M Md	All Other	<										
Deblock Heidi Frutchy Md	All Other	<	<		<	<	<	<	<	<	<	<
Cutler Amos B Md	All Other	<	<	<b>~</b>	<	<	<	<	<	<	<	<
Zabinski-Kramer Kathleen Md	All Other	<	<		<	<	<	<	<	<	<	<
Moore Susan Elaine Md	All Other	<										
Bock Devon E Md	All Other											
Dexter Martha Evelyn	All Other	<	<		<	<	<	<	<	<	<	<
Syed Zainul-Abideen Md	All Other	<										
Sipperly Stephen F Do	All Other	<	<	<	<	<	<		<	<	<	<
Kemp Jonathan R	All Other											
Lee Edward Choongho Md	All Other	<	<		<	<	<	<	<	<	<	<
Oconnor William Walter Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Mitkoff Nathan B Md	All Other	<	<		<	<	<	<	<	<	<	<
Schenectady Co Chap Nys Arc	All Other											
Clearview Center Mh	All Other											



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Astor Home For Children Fbt	All Other											
St Catherines Ctr/Child Fbt	All Other	<				<						
Wadler Jeffrey R	All Other											
Senick Joyce M	All Other	<	ζ.	<	ζ.	<	<	<	ζ.	<	<	<
Mongiovi Russell J	All Other	<	<	<	<	<	<	<	<	<	<	<
Volfinzon Leonid Medical Pc	All Other											
Downey Kathleen Md	All Other	<	<	<	<	<	<		<	<	<	<
Jacobs Hugh Frederic Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Chaudhry Sanjay Md	All Other	<b>&lt;</b>	<	<	<	<	<	<	<	<	<	<
Mifsud Mindy	All Other	<	<	<	<	<	<	<	<	<	<	<
Catholic Charities Tbi	All Other	<	<	<	<	<	<	<			<	<
Robertson Richard C	All Other	<										
Seton Health System	All Other											
Samuels Sharon B Md	All Other	<	<		<	<	<	<	<	<	<	<
Bock Katja Elizabeth Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Mccullough Andrew Md	All Other	<	<	<	<	<	<		<	<	<	<
Albany Medical College Of Uni	All Other	<	<		<	<	<	<	<	<	<	<
Riddick Linda M Md	All Other	<	<		<	<	<	<	<	<	<	<
Spirig Andreas M Md	All Other											
Mason Appleton Adams Iii	All Other	<										
Child & Fam Guid Ctr Adict Sv	All Other											
Woods Margaret Mary Md	All Other	<				<	<	<		<	<	<
Kuhar Gordon N Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Mckeon Elisabeth Waterman Md	All Other	<	<		<	<	<	<	<	<	<	<
Grella Rocco D Md	All Other											
Sonn James Jin Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Bevilacqua Lisa Rose Md	All Other	<				<	<	<		<	<	<
Ortiz Gordon Michael Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Millar Robert David Md	All Other	<	<		<	<	<	<	<	<	<	<
Sanders Alan M Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Schumacher Thomas C Md	All Other	<	<	<	<	<	<	<	<	<	<	<



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Provider Name         All Other           Sacco Joseph P Md         All Other           Stern Jeffrey H Md         All Other           Hoover Eric Md         All Other           Mastrianni David M Md         All Other           Liporace Ralph L Md         All Other           Landy Robert Jay Dpm         All Other           Landy Robert Jay Dpm         All Other           Lee Josephine M Md         All Other           Simon Elisabeth         All Other           Michailides-Townsend Sally M         All Other           Fusella Joseph li Do         All Other           Hendrickson Paul Steven Md         All Other           Gaylord James Md         All Other           Gostello Kevin B Md	Participating in Projects	O,										
Md  Ad Sally M  Ad Sally M  Md  Md  Md  Md  Md  Md  Md  Md  Md	Provider Category	2.a.i 2	2.a.iii	2.a.v 2	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Md  Ad Sally M  Ad Sally M  Md  Md  Mins Rpac  Illins Rpac  Illins Rpac		<b>〈</b>	<b>〈</b>		<b>〈</b>	<b>〈</b>	<b>&lt;</b>	<	<b>〈</b>	ζ	<	ζ.
Md  d Sally M  wen Md  Md  Md  Mins Rpac  llins Rpac	All Other					<b>〈</b>	<	<	<	<b>〈</b>	<	ζ.
Md  d Sally M  syen Md  Md  Md  Mins Rpac  llins Rpac  llins Rpac	All Other	<	<	<	<	<	<		<	<	<	<
d Sally M  Wen Md  Md  Md  Mins Rpac  Illins Rpac	All Other		<b>&lt;</b>		<b>&lt;</b>		<b>&lt;</b>	<	<	<b>〈</b>	<	ζ.
	All Other	<										
	All Other											
	All Other	<	<	<	<	<	<		<	<	<	<
	All Other		<b>\</b>				<	<	<	<	<	<
	All Other	<	<			<	<	<	<	<	<	<
			<				<	<	<	<	<	<
	All Other	<				<	<	<		<	<	<
	All Other	<				<	<	<		<	<	<
	All Other											
	All Other	<	<	<	<	<	<		<	<	<	<
		<										
	All Other	<	<	<	<	<	<		<	<	<	<
	All Other		<		<b>&lt;</b>	<	<	<	<	<	<	<
	All Other	<										
	All Other		<	<	<	<	<		<	<	<	<
	All Other	<	<	_	<b>&lt;</b>	<	<	<	<	<	<	<
	All Other											
	All Other	<	<		<b>&lt;</b>	<	<	<	<	<	<	<
	All Other	<		<b>&lt;</b>		<	<		<	<	<	<
	All Other	<										
		<	<b>&lt;</b>	<b>&lt;</b>	<	<	<	<	<	<	<	<
				<		<	<		<	<	<	<
	All Other	<	<		<	<	<	<	<	<	<	<
		<					<					
Hellman Lance I Md All Other	All Other	<	<b>&lt;</b>	<	<	<	<	<	<	<	<	<
Boenau Ioliene Beth Md All Other		<	<	<	<	<	<	<	<	<	<	<

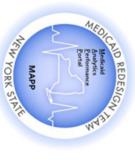


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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

Provider Name  Pinto Gregory L Md  Kircher Mark Taylor Md  Kesner Rubin Do  Porter Joanne C Md  Higgins Elizabeth A Md  Mitchell I Weinstein Do Pc  Davison Edwin Allen Jr Md  Lee Arthur Farren Md Pc  Gujral Maninder S Md  Fishel Stephen C Md  Pezzulo John Phillip Md  Schnakenberg Eric C Md  Knapp George Sterling Md  Thorn Lisa Marie Md  Cohoes City School District  Card Harold George Md	Participating in Projects           All Other         2           All Other         3           All Other         4           All Other         3           All Other         4           All Other         4	3	<b>₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹</b>	2.a <sub>v</sub>				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		<b>₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹</b>	\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	3 3 3 3 3 3 3 3 4 4 b iii
Cohoes City School District  Card Harold George Md	All Other All Other	< <	<	<	<	< <	< <	< <	<	< <	< <	< <
Schaffer Hal K E Md  Jones Richard Eaton Dpm	All Other	<b>&lt; &lt;</b>	<	<	<	<	<	<	<	<	<	<
Reilly Michael J Md Salama Meir Md	All Other All Other											
Molho Eric Steven Md  Morris Barbara A Md	All Other All Other	< <	<		<	<	<	<	<	<	<	<
Migden Hedy L Whittier Rehab & Skilled Nrs Ctr	All Other											
Viola Theresa Md King Charles Christopher Md	All Other	< <	<		<	< <	< <	< <	<	< <	< <	< <
Knoeller Amy Eileen Md Accent Health Care Services	All Other	<	<	<	<	<	<	<	<	<	<	<
Berkowitz Richard  Lackey Mary Michele	All Other	<	<	<	<	<	<	<	<	<	<	<
					-				-	-		



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Luidens Mary K Md	All Other	ζ.										
Morley John N Md	All Other	ζ.	<b>&lt;</b>		ζ.	<b>&lt;</b>	<	<	ζ.	<	<	<b>\</b>
Accent Health Care Svcs Inc	All Other											
Daly Pamela Lynn Dpm	All Other	<	<	ζ.	ζ.	<	<	<	ζ.	<	<	ζ.
Balot Barry Hal Md	All Other											
Verra Mark A Md	All Other	<	<	ζ.	ζ.	<	<	<	ζ.	<	<	ζ.
Patel Nileshkumar Gokal Md	All Other											
Dweck Laurie Jo	All Other	<	<	<	<	<	<	<	<	<	<	<
Spingarn David H Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Desai Nimesh Shashikant Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Columbia Cty Mh Ctr Mh	All Other											
Shaker Pediatrics Pc C	All Other	<			<		<			<		
Glaser Lewis A Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Mchugh Brian Anthony Md	All Other	<	<	<	<	<	<	<	<	<	<	<b>&lt;</b>
Starnes Hal Fletcher Jr Md	All Other	<										
Merecki Eugene Karl Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Larosa Joseph M Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Lemanski Paul Md	All Other	<				<	<	<		<	<	<
Hope House, Inc.	All Other											
Triner Wayne R Md	All Other	<										
Bellin Joyce Lea Pa	All Other	<				<	<	<		<	<	<
Thomas Christopher W Md	All Other	<										
Living Resources Corp. Dyckman	All Other	<			<				<	<	<	<
Militar Epifanio Iguidez Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Bedford Sharon L Md	All Other	<	<	<	<	<	<		<	<	<	<
Bruce Victor G	All Other	<	<		<	<	<	<	<	<	<	<
Pascual Arsenio George Md	All Other	<				<	<	<		<	<	<
Nijjar Gurkirpal S Md	All Other	<	<						<	<		<
Kaufman Ronald P Jr Md	All Other	<	<		<	<	<	<	<		<	<
Bartholomew Catherine R Md	All Other	<	<		<	<	<	<	<	<	<	<
Miller Cynthia H Md	All Other	<	<		<	<	<	<	<	<	<	<

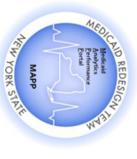


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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

Provider Name   Provider Canagoyy   23, 11   2		Participating in Projects	jects										
All Others  All Ot	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Mathematical Control of Math	Leinung Matthew C Md	All Other	<										
All Others  All Ot	Arnold Hendrick Jr Md	All Other	<	<	<	<	<	<		<	<	<	<
All Others	Weiss Robin	All Other	<	<b>&lt;</b>		ζ.	<	<b>&lt;</b>	<	ζ.	ζ.	<	<
All Other	Dort Janice Beth	All Other	<	<	<	<	<	<		<	<	<	<
All Other	Romer Richard Alan Md	All Other	<	<b>&lt;</b>	ζ.	ζ.	<	<b>&lt;</b>	<	ζ.	ζ.	<	<
All Other	Andriakos Peter George Md	All Other	<	<	<	<	<	<	<	<	<	<	<
AMO Merican Control Co	Python John Patrick Md	All Other	<	ζ.	ζ.	ζ.	<	ζ.	ζ.	ζ.	ζ.	<b>&lt;</b>	<
AMM Allother	Jacobson Sig-Linda Md	All Other	<										
AMMA       All Other       X <t< td=""><td>Han Kyung Bok Md</td><td>All Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Han Kyung Bok Md	All Other											
All Other       X	Warszawa-Ambros Maryla A Md	All Other	<			<		<			<		
All Other All Ot	Schick Karen Wynne Md	All Other	<	<	<	<	<	<		<	<	<	<
All Other   All	Cole Peter Ramon Md	All Other	<	<		<	<	<	<	<	<	<	<
All Other	Skory David S Md	All Other											
All Other       X	Morin Michael P Md	All Other	<				<	<	<		<	<	<
All Other	Cavaliere Ludovico F R Md	All Other	<										
All Other	Anand Vinod Md	All Other	<	<		<	<	<	<	<	<	<	<
All Other       All Other         All Other       C. C	Byrt William T Md	All Other	<										
All Other	Kuettel Thomas J Md	All Other											
All Other	Flatau Irene Ruth Md	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other       3	Golden Owen Md	All Other											
All Other       X	Nielson Robert P Jr Md	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other       4	Fuhrman Solomon M Md	All Other	<					<					
All Other	Argoff Charles E Md	All Other	<	<		<	<	<	<	<	<	<	<
All Other	Cerda Jorge Md	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other	Schwartz Kenneth Md	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other       \$\frac{1}{3}\$ (\$\frac{1}{3}\$)       \$\frac{1}{	Darling Ralph C lii Md	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other  All Other  All Other  All Other  All Other	Frank Alex Harris Md	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other         STATE OF THE	Mathews John Francis Md	All Other	<										
Vid   All Other     All Other	Mirza Shahida Parveen Md	All Other	<	<	<	<	<	<		<	<	<	<
All Other	Haber Eugene Curtis Md	All Other	<				<	<	<		<	<	<
	Wilbourn Shelby L Md	All Other	<										

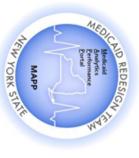


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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	n Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Gilroy Shelley Ann Md	All Other	<	<		<	<	<	<	<	<	<	<
Albany Medical College Of Uni	All Other	<	<		<	<	<	<	<	<	<	<b>&lt;</b>
Albany Medical College Of Uni	All Other	<	<		<	<	<	<	<	<	<	<
Albany Medical College Of Uni	All Other	<	<		<	<b>~</b>	<	<	<	<	<	<
Albany Medical College Of Uni	All Other	<	<		<	<	<	<	<	<	<	<
Albany Medical College Of Uni	All Other	<	<		<	<b>~</b>	<	<	<	<	<	<
Albany Medical College Of Uni	All Other	<	<		<	<	<	<	<	<	<	<
Living Res Corp Cardinal Ave	All Other	<			<				<	<	<	<
Camp Rodney L Md	All Other	<	<		<	<	<	<	<	<	<	<
Schenectady County Pub Hith	All Other	<										
Kandath David D Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Schenectady Cnty Public HIth	All Other	<										
Salehi Freshteh Md	All Other											
Saunders Richard A Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Khullar Anil Kumar Md	All Other	<										
Amin Hiral Natwarlal Md	All Other	<	<		<	<	<	<	<	<	<	<
Seminer Steven Joseph	All Other											
Bartfield Joel M Md	All Other	<	<		<	<	<	<	<	<	<	<
Catholic Charities Wellington	All Other	<	<	<	<	<	<	<			<	<
Samelson Renee Md	All Other	<	<		<	<	<	<	<	<	<	<
Herman David L Md	All Other	<	<		<	<	<	<	<	<	<	<
Dorsey Susan Serra Md	All Other	<	<	<	<	<	<		<	<	<	<
Marthy-Noonan Anne K Md	All Other	<	<	<	<	<	<		<	<	<	<
Hosannah Hilton O li Md	All Other	<	<		<	<	<	<	<	<	<	<
Ross Jeffrey S Md	All Other	<	<		<	<	<	<	<	<	<	<
Rienzi Peter Anthony Md	All Other	<				<	<	<		<	<	<
Coombs Kenneth E Dpm	All Other											
Roberts Maureen E Md	All Other	<	<	<	<b>~</b>	<	<	<	<	<	<	<
Esposito Russell J Do	All Other	<	<	<	<b>~</b>	<b>&lt;</b>	<		<	<	<	<
Miller Stuart J Jr Md	All Other	<	<		<	<	<	<	<	<	<	<
Dufresne W J Duke Md	All Other											



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Better Health for Northeast New York (PPS ID:1)

<	<	<		<	<	<				<	All Other	Tetreault William Robert Md
<	<	<		<	<	<b>&lt;</b>				<	All Other	Marinello Anthony James Md
<	<	<	<				<		<	<	All Other	Visiting Nurses Homecare
<	<			<	<					<b>~</b>	All Other	820 River Street Inc.
<	<	<	<	<	<	<	<	<	<	<	All Other	Brooks Timothy Alan Md
										<	All Other	Goldstein Elsa Teresa Md
<	<	<	<	<	<	<	<		<	<	All Other	Alderisio William George Md
<	<		<	<	<	<	<		<	<	All Other	Devine Maria Kansas
											All Other	Tobin Ellis H Md
			<			<	<			<	All Other	Any-Time Home Care Inc
<	<	<	<	<	<	<	<		<	<	All Other	Robinson Lawrence W Jr Md
<	<	<	<	<	<	<b>~</b>	<		<	<b>~</b>	All Other	Conti David J Md
											All Other	Mesick Stephen Blair Md
<	<	<		<	<	<				<	All Other	Spinelli Karen Ann Md
<	<	<	<	<	<	<	<	<	<	<	All Other	Sarchino William J Dpm
											All Other	Gudesblatt Mark Md
<	<	<	<		<	<	<	<	<	<	All Other	Talma Theodore E Md
<	<	<	<	<	<	<	<		<	<	All Other	Davis George Fabyan Md
<	<	<	<		<	<	<	<	<	<b>&lt;</b>	All Other	Kineke Stephen Francis Md
<	<	<	<		<	<	<	<	<	<b>~</b>	All Other	Wong Winston C Md
<	<	<	<		<	<	<	<	<	<	All Other	Duff Thomas Edward Jr Md
<	<	<	<		<	<	<	<	<	<	All Other	Kronick Gary Archer Md
<	<	<		<	<	<				<	All Other	Yan Richard
<	<	<	<	<	<	<b>~</b>	<		<	<b>~</b>	All Other	Ray David Allan Md
<	<	<	<		<	<	<	<	<	<	All Other	Quarrier John V Md
										<	All Other	Schumacher Cajsa J Md
ζ.	<	ζ.	<b>&lt;</b>	ζ.	ζ.	<	<		<	<	All Other	Sandison Michael RI Md
										<	All Other	Beer Paul Marius Md
<	<	<	<	<	<	<	<		<	<	All Other	Hughes Cindy Weiss Md
<	<	<	<	<	<	<	<		<	<	All Other	Philbin Edward F Md
											All Other	Orchard Nursing & Rehab Ctr
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										n Projects	Participating in Projects	



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Lecours Laura Yates Md	All Other	<	ζ.	ζ.	ζ.	ζ	<		ζ.	<	ζ.	<b>&lt;</b>
Adsit Mark G Md	All Other	<	<b>〈</b>	<b>〈</b>	ζ.	ζ	<	<	<b>〈</b>	<	<b>〈</b>	<
Fritz Howard Philip Jr Md	All Other	<	ζ.	ζ.	ζ.	ζ	<	ζ	ζ.	<	ζ.	<b>\</b>
Gerber Allen Md	All Other	<	<b>〈</b>		ζ.	ζ	<	ζ	ζ.	<	ζ.	<
Schenectady Family Health Ser	All Other											
Living Resources Corp. Hays	All Other	<			<				<	<	<	<
Daughters Of Sarah Non Occ	All Other	<		<								
Furci Thomas James Dpm	All Other											
Putman William Erskine M Md	All Other											
Kennedy Thomas M Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Buff Christopher Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Living Resources Corp. Dowling	All Other	<			<				<	<	<	<
Klein Ronald Steven Md	All Other											
Manjunath Kallanna Md	All Other	<	<						<	<		<
Socaris Sophia Md	All Other	<	<		<	<	<	<	<	<	<	<
Hollowell Jean Gaye Md	All Other	<										
Clinton Henry Louis Jr Md	All Other	<	<		<	<	<	<	<	<	<	<
Lafleur Carolyn Md	All Other	<										
Karo Ronald Solomon Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Campito Mitchel A Md	All Other	<	<	<	<	<	<		<	<	<	<
Palat David S Md	All Other	<										
Albany Medical College Of Uni	All Other	<	<		<	<	<	<	<	<	<	<
Morere Donald R Jr Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Gupta Sindhu Md Pc	All Other											
Burchell Randall Lawrence Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Subudhi Manoj Kumar Md	All Other	<	<		<	<	<	<	<	<	<	<
Mcerlean Mara Ann Md	All Other	<										
Kumar Arbind Md	All Other	<	<	<	<	<	<		<	<	<	<
Snyder Howard Md	All Other	<	<		<	<	<	<	<	<	<	<
Pearson Elyse S Md	All Other											
Buff Daniel David Md	All Other											



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

<	<	<	<	<	<	<	<	<	<	<	All Other	Malamood Howard Md
<	<	<	<	<	<	<	<		<	<	All Other	Albany Medical College Of Uni
											All Other	Manor Denis P Md
<	<	<	<	<	<	<	<b>&lt;</b>	<	<	<	All Other	Halbig Robert Joseph Md
<	<	<		<	<	<				<	All Other	Stevens Arthur L Md
<	<	<	<	<	<	<	<		<	<	All Other	Rosen Jonathan M Md
											All Other	Kao Wei Md
											All Other	Chang Benjamin B Md
<	<	<	<	<	<	<	<		<	<	All Other	Walker Michael Francis Md
<	<	<	<b>~</b>	<b>~</b>	<	<b>~</b>	<		<	<	All Other	Tristram Debra A Md
											All Other	Murphy Kevin P Md
<	<			<b>~</b>	<					<	All Other	Addictions Care Ctr Of Albany
<	<	<	<		<	<	<		<	<	All Other	Pride Boone Janice Md
<	<	<	<b>~</b>	<b>~</b>	<	<b>~</b>	<	<	<	<	All Other	Boyar George Md
											All Other	Basile Dominick Md
<	<			<	<	<	<	<	<	<	All Other	Catholic Charities Warren Icf
<	<	<	<	<	<	<	<	<	<	<	All Other	Condy Angela G Md
<	<	<	<b>~</b>	<b>~</b>	<	<b>~</b>	<		<	<	All Other	Smith Thomas Clinton Md
<	<	<	<b>~</b>	<b>~</b>	<	<b>~</b>	<		<	<	All Other	Kaslovsky Robert A Md
											All Other	Four Winds Saratoga
<	<	<	<	<b>~</b>	<	<	<		<	<	All Other	Kaaterskill Care Skilled Nrs & Reh
											All Other	Elmendorf Sarah Louise Md
<	<	<	<		<	<	<	<	<	<	All Other	Johnston Mary Md
<	<	<	<	<	<	<	<	<	<	<	All Other	Fein Lawrence Md
<	<	<	<				<			<	All Other	Living Res Corp Schodack Icf
<	<	<	<	<	<	<	<		<	<	All Other	Scialabba Fred P Md
<	<	<		<	<	<				<	All Other	Vachon Francois Marc Andre Md
<	<	<	<				<			<	All Other	Living Res Corp Balltown Icf
										<	All Other	Cagino Anthony John Md
<	<	<	<				<b>&lt;</b>			<	All Other	Living Resources Corp. Jefferson
										<	All Other	Boxt Lawrence M Md
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										cts	Participating in Projects	



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Sacco Joseph D Md	All Other	<	<b>〈</b>		<	<	ζ.	ζ	<	<	<	<
Paul Jeffrey Thomas Md	All Other	<	<b>〈</b>	<	<	<	ζ.	ζ.	<	<	<	<
Britton Lewis W Iii Md	All Other	<	<		<	<	<	<	<	<	<	<
Any-Time Home Care Inc	All Other	<			<	<			<			
Wagle William Md	All Other	<	<b>〈</b>	<	<	<	ζ.		<	<	<	<
Hughes Peter M Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Chalmers Paul Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Pearlstein Gary E Md	All Other	<	<		<	<	<	<	<	<	<	<
Maben Wayne Charles Md	All Other	<	<		<	<	<	<	<	<	<	<
Blass Joel Mitchell Md	All Other											
Gelman Leonard M Md	All Other	<				<	<	<		<	<	<
Carl Allen L Md	All Other	<	<		<	<	<	<	<	<	<	<
Posada Jose Gonzalez Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Neilley Henry Md	All Other	<			<		<			<		
Phillips Roland Turner Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Daggett Brian George Md	All Other	<	<		<	<	<	<	<	<	<	<
Sacolick Benzion Md	All Other											
Finn Daniel Joseph Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Goldberg Steven Marc Md	All Other	<	<	<	<	<	<		<	<	<	<
Community Hospice Inc	All Other											
Pearce Jennifer M Md	All Other	<										
Baillargeon Neal Arthur Md	All Other											
Snitkoff Louis Md	All Other	<										
Puranik Arun Md	All Other	<	<	<	<	<	<		<	<	<	<
Mitnick Neil Craig Md	All Other	<	<	<	<	<	<		<	<	<	<
Bentrovato Donald A Md	All Other	<										
Semenoff David L Md	All Other	<	<		<	<	<	<	<	<	<	<
Horn James F Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Caulfield Patrick Francis Md	All Other	<				<	<	<		<	<	<
Barnert David M Md	All Other	<	<		<	<	<	<	<	<	<	<
Eisele George Md	All Other	<	<		<	<	<	<	<	<	<	<



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	S										
Provider Name	Provider Category 2	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Home For Aged Blind Adhc/Aadc		<		<								
Edge Walter E li Md	All Other	<	<		<	<	<	<	<	<	<	<
Czajka Ellen M Md	All Other	<	<	<	<	<	<		<	<	<	<
Digiovanni Louis A Md	All Other	<	<		<	<	<	<	<	<	<	<
Jaffe Joshua Md	All Other	<				<	<		<		<	<
Eddy Vna Twin Counties	All Other	<						<			<	<
Tyler Ira M Md	All Other	<										
Sorum Paul C Md	All Other	<	<		<	<	<	<	<	<	<	<
Michalek Ann V Md	All Other	<	<		<	<	<	<	<	<	<	<
Schnide Kenneth Ben Md	All Other	<	<		<	<	<	<	<	<	<	<
Chen Ying-Jen Md	All Other	<										
Grant Stephen A Md	All Other	<				<	<	<		<	<	<
Bloomfield Naomi Terry Md	All Other	<	<	<	<	<	<		<	<	<	<
Rosenberger John Daniel Md	All Other	<	<		<	<	<	<	<	<	<	<
Com Hith Ctr Of Smh & Nih Lth	All Other	<	<		<	<				<	<	<
East Neck Nursing & Rehab Ctr	All Other											
Caramore William J Md	All Other	<	<b>&lt;</b>		<	<	<	<	<	<	<	<
Com Hith Ctr Of Smh & Nih Inc	All Other	<	<		<	<				<	<	<
Voleti Venkateswararao Md	All Other											
Gill Tarig N Md	All Other	<	<	<	<	<	<		<	<	<	<
Parikh Shirish Jayant Md	All Other	<	<	<	<	<	<		<	<	<	<
Community Care Physicians Pc	All Other	<	<	<	<	<	<		<	<	<	<
Orsi Richard A Md	All Other	<	<	<	<	<	<		<	<	<	<
Ulster-Greene Arc Palmer Icf	All Other	<				<						
Elacqua Mary S	All Other	<	<	<	<	<	<		<	<	<	<
Khan Noor Zaman Md	All Other											
Lang Christine M Md	All Other	<										
Dropkin Robert H Md Md	All Other											
Busch Robert Steven Md	All Other	<	<		<	<	<	<	<	<	<	<
Goodman Thomas L Md	All Other	<	<	<	<	<	<		<	<	<	<
Calamia Vincent Md	All Other											



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	Participating in Projects	Projects	_	_	-							
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Phelps Carlton Md	All Other	<	<	<	<	<	<		<	<	<	<
Catholic Charities Serena Icf	All Other	<	<	<b>〈</b>	<b>〈</b>	<b>〈</b>	ζ.	ζ			<	<b>&lt;</b>
Patterson Norman W Md	All Other	<	<	<b>〈</b>	<b>\</b>	<b>〈</b>	<		<	<	<	<
Knudsen Nancy Slezak Md	All Other											
Sonnekalb Michael P Md	All Other	<				ζ.	ζ.	ζ		ζ.	<	<
Hoy Christopher Dion Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Eames Frederick Md	All Other	<	<	ζ.	ζ.	ζ.	ζ.		<b>&lt;</b>	ζ.	<	<
Conlon Alan T Md	All Other	<				<	<	<		<	<	<
Vinciguerra Timothy J Pc Md	All Other	<	<		<	<	<	<	<	<	<	<
Donovan Glenn J Dpm	All Other											
Starkman Marjorie E Md	All Other	<										
Litwa Wallin J Do	All Other	<										
Bennett Edward V Jr Md	All Other	<	<		<	<	<	<	<	<	<	<
Washington Ronald A Dpm	All Other											
Horgan Michael Joseph Md	All Other	<	<		<	<	<	<	<	<	<	<
Monkash Jeff Ira Md	All Other	<	<		<	<	<	<	<	<	<	<
Lieberman Ruth L Md	All Other	<										
Wolfson Mitchell Md	All Other											
Weissbart Clyde H Md	All Other											
Baran Andrij Ostap Dimitry Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Lefkovits Andrew Md	All Other	<	<		<	<	<	<	<	<	<	<
Nolan Florence A Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Vna Albany Saratoga Rensselae	All Other	<	<		<				<	<	<	<
Francomano Thomas John Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Twin Cty Recovery Svcs Inc	All Other	<						<			<	<
Semlear Robert Dwight Md	All Other	<	<		<	<	<	<	<	<	<	<
Cioffi James Michael Md	All Other	<	<	<	<	<	<		<	<	<	<
Hendrick William Md	All Other	<	<	<	<	<	<		<	<	<	<
Goddard Bryan L Md	All Other	<				<	<	<		<	<	<
Musto Ronald V Md	All Other	<	<	<	<	<	<		<	<	<	<
Scotti Lorenzo Louis Dpm	All Other											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v 2	2.b.iii	2.d.i 3	3.a.i 3.	3.a.ii 3	3.b.i 3.	3.d.iii 4.	4.b.i 4	4.b.ii
Sattar Fouad A Md Pc	All Other											
Pozniakas James T Md	All Other	<	<	<	<	<	<b>\</b>	<b>\</b>	<b>\</b>	<b>〈</b>	<	<
Haqqie Syed S Md	All Other	<										
Bruce Melody A Md	All Other	<										
Rizzo Vito Joseph Dpm	All Other											
Weinberg Gerard Md	All Other	<	<		_	<	<b>&lt;</b>	<				<
Visiting Nurs Svc/Schtd & Sar Cnty	All Other	<	<		<					<b>&lt;</b>		<
Mcchesney James D Md	All Other	<	<	<		<	<b>&lt;</b>					<
Beer Ruth Md	All Other	<	<	<		<	<		<b>&lt;</b>		<	<
Dinovis James Paul Dpm	All Other											
Morier Albert Michal Od	All Other											
Collens Richard Md	All Other	<										
Rios Zandra M Md	All Other	<	<	<	<	<	<		<b>&lt;</b>	<b>&lt;</b>	<	<
Phelps David Millard Md	All Other	<										
Kolanchick Gary J Md	All Other	<										
Dworkin Paul Md	All Other											
Paddock Bradley H Md	All Other											
Siniapkin George C Md	All Other	<	<	<	<	<	<b>&lt;</b>	<	<b>&lt;</b>	<b>&lt;</b>	<	<
Nebres Jose F Md	All Other											
Balter Richard R Md	All Other											
Shapiro Lee S Md	All Other	<	<	<	<	<	<	<	<	<b>&lt;</b>	<	<
Schoenfeld Barton Md	All Other	<	<		<	<	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<	<
Hauer David I Md	All Other											
Depaul Addiction Services Inc	All Other	<		<								
Betzhold James John Md	All Other	<	<		<b>&lt;</b>	<	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	< ·	<b>&lt;</b>	<
Tomiak Henry P Jr Md	All Other	<						<b>\</b>				
Ostrov Arthur H Md	All Other	<	<	<	<	<	<b>&lt;</b>	<	<b>&lt;</b>	<b>&lt;</b>	<b>&lt;</b>	<
Henry Clarence Bruce Md	All Other	<	<									<
Sgambati Stephen S Jr Md	All Other											
Marshall Robert Andrew Md	All Other	<	<	<	<	<	<		<b>&lt;</b>	<	<b>&lt;</b>	<
Oldendorf Mark Walter Md	All Other											



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Rosenfield Joshua T Md	All Other											
Silk Paul R Md	All Other	<	<b>〈</b>	<	ζ.	<	ζ		ζ.	<b>〈</b>	<	<b>&lt;</b>
Ells Peter Francis Md	All Other	<b>〈</b>	ζ		ζ.	<	ζ.	ζ	ζ.	<b>〈</b>	<	<b>&lt;</b>
Fein Steven Md	All Other	<	<		<	<	<	<	<	<	<	<
Saratoga Cnty Comm Srvs Brd	All Other	<				<		<			<	<
Greene Elliott Stephen Md	All Other	<	<		<	<	<	<	<	<	<	<
Perl Lawrence Mark Md	All Other	<	<		<	<	<	<	ζ.	<	<	<
Wolff Michael Leonard Md	All Other	<	<	<	<	<	<		<	<	<	<
Bonura Frank Salvatore Md	All Other											
Alegre Catalina	All Other	<	<		<	<	<	<	ζ.	<	<	<
Strader Stephen Earl Md	All Other	<				<	<	<		<	<	<
Herlihy Kevin J Md Pc	All Other	<	<	<	<	<	<	<	<	<	<	<
Alcoholism Council Schen Cnty	All Other											
Jacobs Fred I Dpm	All Other	<	<	<	<	<	<	<	<	<	<	<
Busino William A Jr Md	All Other	<				<	<	<		<	<	<
Purcell Peter F Md	All Other	<	<		<	<	<	<	<	<	<	<
Nussbaum David N Dpm	All Other											
Lozman Jeffrey Md	All Other											
Saperstone James D Md	All Other	<				<	<	<		<	<	<
Ford Bradley A Md	All Other	<				<	<	<		<	<	<
Fusco Joseph J Md	All Other	<					<					
Bakhru Usha H Md	All Other	<	<		<	<	<	<	<	<	<	<
Shah Dhiraj M Md	All Other											
Patel Vina R Md	All Other											
Pietrocola Donna M Md	All Other	<										
Packard R Andrew Md	All Other	<	<		<	<	<	<	<	<	<	<
Capalbo Ralph H	All Other											
Baselice Marino Md	All Other	<	<	<	<	<	<		<	<	<	<
Albany Cnty Community Svc Bd	All Other	<				<	<	<			<	
Fruiterman Roy Md	All Other	<	<	<	<	<	<		<	<	<	<
Patil Nagaraja N Md	All Other	<	<	<	<	<	<		<	<	<	<



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	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Glasgow Constance Lenore Mdpc	All Other	<				<	<	<		<	<	<
Irwin Robert W Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Clark David A Md	All Other	<	<		<	<	<	<	<	<	<	<
Woods Norbert J Md	All Other	<				<	<	<		<	<	<
Walders James D Md	All Other	<	ζ.	<	<	ζ.	<		<b>〈</b>	ζ.	<	<b>&lt;</b>
Silver Steven M Md	All Other	<	<		<	<	<	<	<	<	<	<
Ismail Mohammed Md	All Other	<					<					
Agopovich Arsenio Md	All Other	<	<	<	<	<	<		<	<	<	<
Pinheiro Steven Md	All Other	<										
Browne William F Md	All Other	<										
Waldman John B Md	All Other	<										
Mika Philip J Md	All Other	<										
Nepo Anne G Md	All Other	<										
Jain Rajinder Md	All Other	<				<	<b>&lt;</b>	<b>&lt;</b>		<	<	<
Harde Hasmukh C Md	All Other	<	<		<	<	<b>&lt;</b>	<b>&lt;</b>	<	<	<	<
Roberts Kevin Wilson Md	All Other	<	<		<	<	<	<b>&lt;</b>	<	<	<	<
Mitta Swatantra K Md	All Other	<	<	<	<	<	<		<	<	<	<
Toll Richard B Md	All Other	<										
Chin Yin Lee Md	All Other											
Bello Scott C Md	All Other	<				<	<	<		<	<	<
Miller Nelson L Md	All Other	<			<	<	<				<	
Beer Yoram Md	All Other											
Van Rensselaer Manor Snf	All Other											
Vna Of Albany & Saratoga	All Other	<	<		<				<	<	<	<
Saratoga Cnty Bd Supvrs Phns	All Other											
Planned Pthd Mohawk Hudson	All Other	<			<	<	<				<	
Albany County Health Dept	All Other	<				<			<	<		
Ucp Assn Of The Capital Dist	All Other	<	<		<	<	<b>&lt;</b>	<b>&lt;</b>	<		<	<
Columbia Cy Dept Of Health	All Other	<				<						
Greene Cy Public Hith Nursing	All Other	<				<					<	<b>〈</b>
Greene Cnty Pub Hlth Nurs Ser	All Other	<				<					<	<

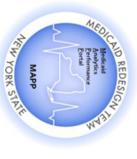


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<	<	<	<	<	<	<	<		<	<	All Other	Greater Adirondack Home Aides  Columbia Memorial Hospital
<	<		<	<	<	<	<		<	<	All Other	Lehine Guy Daniel Md Faap
											All Other	Stanton Nursing & Rehab Cente
											All Other	The Springs Nursing & Reh Ctr
<	<	<	<	<	<	<	<	<	<	<	All Other	Lasky Charles W Md
											All Other	Millora Angel B Md
											All Other	Boczko Stanley H Md
										<	All Other	Leyhane James C Md
										<	All Other	Shamoun Jack Elie Md
<	<	<	<	<	<	<	<		<	<	All Other	Macdowell Richard Taylor Md
<	<	<	<	<	<	<	<		<	<	All Other	Parnes Steven M Md
<	<	<	<		<	<	<	<	<	<	All Other	Rivard Donald J Md
<	<	<	<		<	<	<	<	<	<	All Other	Fisher Hugh A G Md
<	<	<	<		<	<	<	<	<	<	All Other	Richman Charles H Md
<	<	<		<	<	<				<	All Other	Malone Anthony F Md
										<	All Other	Petersen William A Md
										<	All Other	Jolly George A Md
											All Other	Odabashian Harry C Md
											All Other	Madeb Isaac Md
											All Other	Khoury Nidal Y Md
<	<	<	<	<	<	<	<	<	<	<	All Other	Finger W Edward Jr Dpm
											All Other	Kosinski Norbert Dpm
										<	All Other	Rosenberg Stuart A Md
<	ζ.	<	ζ.		ζ.	<	ζ.	ζ.	<	<	All Other	Lee Joong Md
											All Other	Kamath Marian D Md
<	ζ.	<	ζ.		ζ.	<	ζ.	ζ.	<b>&lt;</b>	<	All Other	Bertram Michael C Md
<	<	<	<	ζ.	<	<	ζ.		<	<	All Other	Fruiterman Mark L Md
<	<	<	<	<	<	<	<		<	<	All Other	Albany Medical College Of Uni
<	<	<	<	<	<	<	<		<	<	All Other	Trickey David L Md
						<				<	All Other	Columbia Cnty Health Dept
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										ects	Participating in Projects	



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	Participating in Projects	Ċ										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Peninsula Gen Nursing Home	All Other											
Farrell Richard Md Jr	All Other	<	<	<	<	<	<	<	<	<	<	<
Gross Eric J Md	All Other	<	<	<b>〈</b>	<	<	<		<	<b>&lt;</b>	<	<b>&lt;</b>
Wesley Health Cc Inc Snf	All Other											
Komanoff Ctr/Geriatric Rehab	All Other											
Avenue Nursing & Rehab Ctr Sn	All Other											
St Margarets Center	All Other	<	<		<	<	<	<	<		<	<
Teresian House Nrsg Hm Co Inc	All Other											
Poughkeepise Crossings	All Other											
Catskill Crossings	All Other											
Evergreen Commons Snf	All Other											
Shore View Nursing Home	All Other											
Morningside House Nursing Hom	All Other											
Albany County Nursing Home	All Other	<										
Dutchess Ctr Rehab Healthcare	All Other											
Sea-Crest Health Care Center	All Other											
Saratoga Hospital	All Other	<	<	<	<	<	<	<	<	<	<	<
Upper Hudson Planned Parent	All Other	<				<	<		<		<	<
Ford Jockular B Pc Md	All Other	<	<	<	<	<	<		<	<	<	<
Belding Alfred Md	All Other											
Albany Medical Ctr Hospital	All Other	<	<		<	<	<	<	<	<	<	<
Pp Of Mid-Hudson Valley Inc	All Other											
Tan Alfonso Md	All Other											
Owen Golden Md Pc	All Other											
Rodenmayer Wade Harold Rpa	All Other	<	<	<	<	<	<	<	<	<	<	<
Martin Jill	All Other	<				<	<	<		<	<	<
Mack Brigid	All Other	<	<	<	<	<	<		<	<	<	<
Santos Roberto	All Other	<	<		<	<	<	<	<	<	<	<
Any-Time Home Care Inc Nhtd	All Other	<			<	<			<			
Marshall Ryan	All Other	<	<		<	<	<	<	<	<	<	<
Sheehan Rebecca	All Other	<	<						<	<		<



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<	<	<	<	<	<	<	<		<	<	All Other	Jeannine Marie Rother
<	<	<	<	<	<	<	<		<	<	All Other	George D Waterman Jr
<	<	<	<		<	<	<	<	<	<	All Other	Fantauzzi John Patrick Md
<	<	<	<	<	<	<	<		<	<	All Other	Wheeler Julie Ann Np
<	<	<	<		<	<	<	<	<	<	All Other	Kepner Heather Marie Np
											All Other	Samira Y Khera Md
										<	All Other	Pettigrew-Duffield Pamela
										<	All Other	New York Pain Management Pllc
<	<	<	<		<	<	<	<	<	<	All Other	Vollmer Kelly J
<	<	<	<	<	<	<	<		<	<	All Other	Kevin Jones
										<	All Other	Ampuero Juan
<	<	<	<	<	<	<	<	<	<	<	All Other	D'Arcy Allison T Rpa
<	<	<	<	<	<	<	<	<	<	<	All Other	Phung Quentin Md
											All Other	Saxena Amit K Md
											All Other	Orlovskiy Aleksandr Md
											All Other	Family And Child Services Schen Day
											All Other	Amory Colum
											All Other	Dorsey Daniel Collins
<	<	<	<	<	<	<	<		<	<	All Other	Birdsey Karen Diane
<	<	<	<		<	<	<	<	<	<	All Other	Norton Neal David Jr Rpa
<	<	<	<		<	<	<	<	<	<	All Other	Monserrate Nicole Marie Md
											All Other	Viswanathan Prakash
										<	All Other	Van Meter Jr Charles
										<	All Other	Gardner Nathan James Rpa
<	<	<	<		<	<	<	<	<	<	All Other	Peter Elliott Fisk
<	<	<		<	<	<				<	All Other	Dollard Michael Anthony
<	<	<	<	<	<	<	<		<	<	All Other	Astorga Rakel Maria
<	<	<	<		<	<	<	<	<	<	All Other	Rosenbaum Elena
										<	All Other	Ens Health Care Management Llc Nhtd
											All Other	Camillo Reginald Alivia Md
<	<	<	<	<	<	<	<		<	<	All Other	Culp Anita
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										rojects	Participating in Projects	

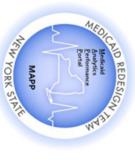


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Wildwood Programs Inc Rec Rsp Oretsky Dawn L Visiting Nurse Association Of Alban Adamo Matthew Armand Md De Waal Malefyt Stephen Karel Md	All Other All Other All Other All Other	2.a.i	<b>₹ ₹ ₹</b> 2.a.iii	2.a.v	<b>₹ ₹ ₹ . . . . . . . . . .</b>	2.d.i	3.a.	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Wildwood Programs Inc Rec Rsp Oretsky Dawn L Visiting Nurse Association Of Alban Adamo Matthew Armand Md De Waal Malefyt Stephen Karel Md	All Other All Other All Other All Other	< < < <			< < <	<	<	<b>&lt; &lt;</b>		<		
Oretsky Dawn L  Visiting Nurse Association Of Alban  Adamo Matthew Armand Md  De Waal Malefyt Stephen Karel Md	All Other All Other All Other	< < <			< <	<	<	<			<	<
Visiting Nurse Association Of Alban Adamo Matthew Armand Md De Waal Malefyt Stephen Karel Md	All Other All Other	< <			<				<	<	<	<
Adamo Matthew Armand Md  De Waal Malefyt Stephen Karel Md	All Other	<							<	<	<	<
De Waal Malefyt Stephen Karel Md	\= O+5\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				ζ.	ζ.	ζ.	<	<	<	<	<
): :: ;	A C C C	<	ζ.		<	ζ.	ζ.	<	<	<	<	<
Cirilla Dennis Jacob li Do	All Other	<	<		<	ζ.	ζ.	<	<	<	<	<
Ferrara Justin Michael	All Other	<	<	ζ.	ζ.	ζ.	ζ.	<	<	ζ	<b>〈</b>	<b>&lt;</b>
Davidoff Sam Do	All Other											
Patel Umesh	All Other	<	<		<	<	<	<	<	<	<	<
Miranda L Dunham Fnpc	All Other	<										
Daniela Iulia Sima	All Other	<	<		<	<	<	<	<	<	<	<
Abigail R Watson	All Other	<	<		<	<	<	<	<	<	<	<
Taylor Matthew Arnfin	All Other	<	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Shpitalnik Larisa	All Other											
Dorfman Annette	All Other	<	<		<	<	<	<	<	<	<	<
Casivant Melissa M	All Other											
Visagie Anina Isabella	All Other	<	<		<b>~</b>	<	<	<	<	<	<	<
Homan Suzanne Michelle	All Other	<	<		<	<	<	<	<	<	<	<
Locke Elizabeth Anne Md	All Other	<	<	<	<	<	<		<	<	<	<
Ferrando-Dehtiar Natalia Victorovna	All Other	<	<	<	<	<	<	<	<	<	<	<
Caesar Mimieux Vanetta	All Other											
Dalfino John Charles	All Other	<	<		<	<	<	<	<	<	<	<
Fitz Bronwyn	All Other											
Krishnakumar Dundappa Hongalgi Md	All Other	<	<		<	<	<	<	<	<	<	<
Southworth Krista Rpa	All Other	<	<		<b>~</b>	<	<	<	<	<	<	<
Chasin Zacharias	All Other	<										
Blinkhorn Richard John Jr	All Other	<	<		<	<	<	<	<	<	<	<
Emily Knuth	All Other	<										
Fabian Thomas	All Other	<	<		<	<	<	<	<	<	<	<
Soryal George Fayk Melad	All Other	<										
Kane Tabitha	All Other	<	ζ.		<	ζ	ζ.					



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	S										
Provider Name	Provider Category	.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Lee Christine	All Other											
Lubbna Valliani	All Other	<	<	<	<	<	<		<	<	<	<
Tryon Crystal M	All Other											
Simmons Richard J	All Other	<	<	<	<	<b>\</b>	<		<	ζ.	<	ζ.
Barcomb Timothy F	All Other	<	<		<	<	<	<	<	<	<	<
John Delmonte Jr	All Other	<	<	<	<	<	<	<	<	<	<	<
Seale-Simpson Marjorie Elizabeth	All Other											
Hogan Eileen Fox	All Other	<										
Frawley Bridget Kathleen	All Other	<	<		<	<	<	<	<	<	<	<
White Bruce David	All Other	<										
Catholic Charities Of Albany Ptl	All Other	<	<	<	<	<	<	<			<	<
Dennis J Basila	All Other	<										
Lyubarova Radmila	All Other	<	<		<	<	<	<	<	<	<	<
Bull Stephanie J	All Other	<										
Vanaller-Smith Joanne	All Other											
Gsell Jennifer Lee	All Other	<	<		<	<	<	<	<	<	<	<
Johnson Sheena Marie	All Other											
Upstate Infectious Diseases	All Other											
Ceccucci Janice Lynn	All Other	<	<	<	<	<	<	<	<	<	<	<
Ulster Green Nysarc Flatbush Bld 3	All Other	<										
Ulster Green Nysarc Flatbush Bld 2	All Other	<										
Geard P Barry Md	All Other											
Shoemaker Mark Charles	All Other											
Gariepy Michelle Elizabeth Rpa	All Other											
Smith-Foy Barbara	All Other	<	<	<	<	<	<	<	<	<	<	<
Fogg Jo	All Other											
Bolnick Jay	All Other	<										
Abel David	All Other	<										
Barry Kelli Ann	All Other	<	<	<	<	<	<		<	<	<	<
Mekosh Susan Lynn	All Other	<	<		<	<	<	<	<	<	<	<
Columbia Memorial Hospital	All Other	<	<		<	<	<	<	<	<	<	<



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	Participating in Projects	cts										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Hnath Jeffrey	All Other											
Cohen Jason	All Other	<										
Carsello Jeffrey	All Other	<	ζ.		<	<	<	<	<	<	<	<
Turinsky Andrew	All Other	<	ζ.		<	<	ζ.	<	ζ.	<b>&lt;</b>	<	<b>\</b>
Shepard Timothy Folsom	All Other	<	ζ.	<	<	<	ζ.	<	ζ.	ζ.	<	ζ.
O Malley Rebecca Leigh	All Other	<										
Cerone Jennifer Rebecca Boden	All Other	<	ζ.		<	<	<	<	<	<	<	<
Robinson Stacy P	All Other											
Allmendinger Nikki	All Other	<	<		<	<	<	<	<	<	<	<
Gainor Jonathan P Md	All Other	<	ζ.	<	<	<	<	<	<	<	<	<
Aron Uthayashankar	All Other	<										
Foulke Llewellyn	All Other	<	<		<	<	<	<b>~</b>	<	<	<	<
Shukurova Zukhra	All Other											
Plummer Christopher Paul	All Other											
Datt Chandradai	All Other											
Loytra Oleksiy	All Other	<	<	<	<	<	<		<	<	<	<
Rau Stefan Thomas	All Other	<	<	<	<	<	<	<	<	<	<	<
Pachucki Kevin Christopher Rpa	All Other	<				<	<	<		<	<	<
Parent Colleen E Md	All Other	<	<	<	<	<	<		<	<	<	<
Mcneil Carrie Lynn	All Other											
Nietsch Hubertus Heinrich	All Other	<	<		<	<	<	<	<	<	<	<
Pregont Scott Michael	All Other	<	<		<	<	<	<	<	<	<	<
Omeara Shannon Lauren	All Other	<	<	<	<	<	<		<	<	<	<
Parker Dawne Louise	All Other	<										
Mcdermott Nancy Ellen	All Other	<										
Center For Disability Svcs Nhtd	All Other	<	<		<	<	<	<	<		<	<
Denny Martin	All Other											
Brilliant Rachelle I	All Other	<	<	<	<	<	<		<	<	<	<
Oldendorf Medical Services Pllc	All Other											
Hida Sven	All Other	<	<		<	<	<	<	<	<	<	<
Brakman Patricia	All Other											



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											All Other	Rosewood Rehabilitation & Nrs Ctr
<	<	<	<	<	<	<	<		<	<	All Other	Kafilludi Ronny
											All Other	Gage Dina
								<		<	All Other	Barnwell Nursing & Rehab Cent
<	<	<	<	<	<	<	<		<	<	All Other	Gresseau Shirley Md
<	<	<	<	<	<	<	<		<	<	All Other	Spencer Taylor
<	<	<	<	<	<	<	<		<	<	All Other	Judson Marc A
<	<	<	<	<	<	<	<	<	<	<	All Other	Fiorini Jennifer
<	<	<	<		<	<	<	<	<	<	All Other	Alshaer Khalil
										<	All Other	Jones Chandra
											All Other	Richmond Linda Elwwod
											All Other	Lifesong Inc Day/Ch
										<	All Other	Saha Manish
<	<	<	<	<	<	<	<		<	<	All Other	Blaisdell Lauren Mackenzie
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<	<	<	<	<	<	<	<		<	<	All Other	Shin Catherine Hekyung
<	<	<		<	<	<				<	All Other	Gowdara Divakara Murthy Md
<b>&lt;</b>	<	<	<				<		<	<	All Other	Visiting Nurse Assoc/Albany Tbi
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											All Other	Ghauri Sabira Bilqees Md
											All Other	Mckee Mary Ann
<	<	<	<	<	<	<	<		<	<	All Other	Bakhos Charles
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<	<	<	ζ.	<	<	<	<		<	<	All Other	Waxman Michael Jay
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<	<	<	<	<	<	<	<	<	<	<	All Other	Miron Carrie Beth
										<b>&lt;</b>	All Other	Leduc Laura Howard
<	<	<	<	<	<	<	<	<	<	<	All Other	Kim Richard Lee
4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										rojects	Participating in Projects	



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Provider Name   Provider Name   Provider Category   2 a.		Participating in Projects	ects										
Malloney  All Other  A	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Al Other Al	Hhdl Inc Nhtd	All Other											
Al Oney  Al	Hart Ashley Rose	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other All Ot	Pacheco Joshua Michael	All Other	<										
Al Other Al Other Color	Murtagh Colleen	All Other	<										
All Other All Other Colors (C. C. C	Maccio Brenda	All Other	<										
All Other	Rutter Ann	All Other	ζ.	<	<	<	<	<		<	<	<	<
Sen   MI Oher	Goel Nirmit	All Other	<										
All Other	Eldakar-Hein Shaden	All Other	<										
MAI Other  MAI Other  All Other	Guptill Gloria G	All Other	<	<	<	<	<	<		<	<	<	<
All Other   All	Doelken Peter	All Other	<										
YLNp         All Other         X <t< td=""><td>Thevenin Claudwardy</td><td>All Other</td><td>&lt;</td><td>&lt;</td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></t<>	Thevenin Claudwardy	All Other	<	<		<	<	<	<	<	<	<	<
All Other	Barraclough Nancy L Np	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other         XIII Other         XIII X	Keating Lawrence	All Other	<	<	<	<	<	<		<	<	<	<
All Other   All	Alapati Sailaja	All Other	<	<		<	<	<	<	<	<	<	<
All Other   All	Dolen Michael	All Other	<	<		<	<	<	<	<	<	<	<
All Other   All	Robstad Karl	All Other											
da Jayne         All Other         III Other         III III III III III III III III III II	Cousins Joseph	All Other	<										
da Jayne         All Other         V	Cohen Erik	All Other	ζ.	<		<	<	<	<	<	<	<	<
ing & Rehab Ctr         All Other         Image of Management (Controlled Note)         Image of Management (Controlled Note)<	Dvorscak Amanda Jayne	All Other	<b>〈</b>	<	<	<	<	<		<	<	<	<
Imade Khurrram         All Other         Image of the control of the c	Mills Pond Nursing & Rehab Ctr	All Other											
el E       All Other       III Other	Perwaiz Muhammad Khurram	All Other	<										
All Other	Rhymaun Rachel E	All Other	<	ζ.		<	<	<	<	<	ζ.	<	<
All Other       All Other         All Other       S	Tilney Peter	All Other	ζ.										
All Other       C	Varlamov Anna	All Other	ζ.	ζ.		<	<	<	<	<	ζ.	<	<
d         All Other         Image: Control of the contr	Ordogh Debbie	All Other	<										
eth Ann All Other	Frisch Adam Md	All Other	ζ.	ζ.		<	<	<	<	<	ζ.	<	<
Peth L     All Other       All Other     Image: Control of the contro	Hutchins Elizabeth Ann	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other	Detschelt Elizabeth L	All Other											
All Other All Other All Other	Hayes Jennifer	All Other	ζ.	ζ.		<	<	<	<	<	ζ.	<	<
All Other	Wilson Geniene	All Other											
	Divvela Satyanarayana Murthy	All Other	<										



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All Other Manuelle   Provider dampsy   23, 23, 23, 23, 23, 23, 23, 23, 23, 23,		Participating in Projects	Projects										
Al Other  Al Oth	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
All Others  All Ot	Zahir Mehjabin	All Other	<	<		<	<	<	<	<	<	<	<
All Other   All	Eromo Ersno Md	All Other	<	<		<	<	<	<	<	<	<	<
All Other All Ot	lqbal Adeel Azmat	All Other											
All Other	Palmer Bradford A	All Other											
All Other	Reed Monica Renee	All Other	<	<		<	<	<	<	<	<	<	<
All Other       X	Mohsin Intikhab	All Other	<	<		<	<	<	<	<	<	<	<
All Other All Ot	Durie Nicole	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other	Yager Janet	All Other	<										
All Other	Phoenix Jennifer	All Other	<			<	<	<				<	
All Other	Kachurek David P	All Other	<	<	<	<	<	<		<	<	<	<
All Other	Lauren T Siy	All Other	<	<	<	<	<	<		<	<	<	<
All Other	Green Elizabeth Anne	All Other	<	<	<	<	<	<		<	<	<	<
All Other	Renaud Elizabeth	All Other	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
All Other All Ot	Cutry Anthony	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other	Lange Amber L	All Other	<	<		<	<	<	<	<	<	<	<
All Other	Support Link Msc Sunmount	All Other											
All Other   All	Ridge Health Services Inc	All Other											
All Other       3.3       3.4	Thompson-Badamosi Tanya L	All Other	<	<		<	<	<	<	<	<	<	<
All Other       33       34	Kaiser Laura Marie	All Other	<	<		<	<b>&lt;</b>	<	<	<	<	<	<
All Other       3	Young Linda	All Other	<	<		<	<	<	<	<	<	<	<
All Other	Afroze Farzana	All Other	<	<		<	<	<	<	<	<	<	<
All Other	Shin Joong	All Other	<	<	<	<	<	<		<	<	<	<
All Other       All Other	Pilitsis Julie Georgia	All Other	<	<		<	<	<	<	<	<	<	<
All Other       All Other         All Other       S	Clark Catherine Nielsen	All Other	<	<	<	<	<	<		<	<	<	<
All Other       \$\frac{1}{3}\$        \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$        \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$       \$\frac{1}{3}\$ <td>Mallapu Shravan K</td> <td>All Other</td> <th></th> <td></td>	Mallapu Shravan K	All Other											
All Other       S	Stephanie Noyes	All Other	<										
All Other         Image: Control of the control o	Janssen Daniel James	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other All Other	Libruk Tara Kristine	All Other	<	<		<	<	<	<	<	<	<	<
All Other  All Other	Alternative Living Group Spt	All Other											
	Brutus Valerie	All Other	<										
	Julie Blair Nrsg & Rehab Cntr	All Other											



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Registrictions   Provider Name   Provider Catagagy   23.1   23.		Participating in Projects	jects										
All Others  All Ot	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Ali Opiner  Ali Op	Rai Rohit Kumar												
Arbin         Al Other         Al Other <t< td=""><td>Rodriguez-Iglesias Realba</td><td>All Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Rodriguez-Iglesias Realba	All Other											
Mable May May All Other Al	Wintle Catherine Ann	All Other	<										
Mathematic National Carter   Mathematic Nat	Schnell Jessica Mae	All Other	<	<	<	<	<	<		<	ζ.	<	<
Cloopber J         All Other         ZZ	Parsons Child And Family Ctr	All Other	<	<b>〈</b>		<	<	<	ζ			ζ	<
All Other   All	Dunkerley Christopher J	All Other	<	<	<	<	<	<	ζ.	<	ζ.	<	<
s Survives LIC         All Other         X	Albany Medical College	All Other	<	<b>〈</b>		<	<	<	ζ	<	ζ.	ζ	<
Moher         All Othor         ZI	Au Angela K Md	All Other	<										
Obor         All Other         Image: Control of the co	Belvedere Health Services Llc	All Other	<	<				<					
en C         All Other         X <t< td=""><td>Medina Christopher</td><td>All Other</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></t<>	Medina Christopher	All Other	<	<	<	<	<	<		<	<	<	<
Ital         All Other         V <t< td=""><td>Brendese Stephen C</td><td>All Other</td><td>&lt;</td><td></td><td></td><td></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td></td><td><b>&lt;</b></td><td>&lt;</td><td>&lt;</td></t<>	Brendese Stephen C	All Other	<				<	<	<		<b>&lt;</b>	<	<
All Other         X	Godoy Heidi Erika	All Other											
Initial Ellen         All Other         X	Balog Amy	All Other	<	<	<	<	<	<	<	<	<	<	<
N Perez         All Other         IX	Cieszynski Veronica Eileen	All Other	<	<	<	<	<	<		<	<	<	<
SS Of Albany Inc Cs         All Other         IX         X	Mondelo Doreen Perez	All Other	<				<	<	<		<	<	<
berty Ann Np         All Other         III	Catholic Charities Of Albany Inc Cs	All Other	<	<	<	<	<	<	<			<	<
as Of Albany Inc Cs         All Other         C<	Montelone Kimberly Ann Np	All Other	<	<	<	<	<	<		<	<	<	<
as Of Albany Inc Cs         All Other         X<	Catholic Charities Of Albany Inc Cs	All Other	<	<	<	<	<	<	<			<	<
Nibany Inc Cass205         All Other         X </td <td>Catholic Charities Of Albany Inc Cs</td> <td>All Other</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td></td> <td></td> <td>&lt;</td> <td>&lt;</td>	Catholic Charities Of Albany Inc Cs	All Other	<	<	<	<	<	<	<			<	<
Gina Marie         All Other         X	Catholic Char/ Albany Inc Cssz05	All Other	<	<	<	<	<	<	<			<	<
A       All Other       Image: Control of the c	Nickels-Nelson Gina Marie	All Other	<	<b>&lt;</b>		<	<	<	<	<	<	<	<
Ilbany Inc Cssz02         All Other         3         3         4 <td>Searfoss Linda A</td> <td>All Other</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td>	Searfoss Linda A	All Other	<	<	<	<	<	<		<	<	<	<
Lynn         All Other         3         4 <t< td=""><td>Catholic Char/Albany Inc Cssz02</td><td>All Other</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td></td><td></td><td>&lt;</td><td>&lt;</td></t<>	Catholic Char/Albany Inc Cssz02	All Other	<	<	<	<	<	<	<			<	<
Inn Armand         All Other           All Other         In Other           In Thomas         All Other           All Other         In Other           In Other         <	Borden Jennifer Lynn	All Other	<	<	<	<	<	<	<	<	<	<	<
All Other       3	Mastrangelo John Armand	All Other	<	<	<	<	<	<	<	<	<	<	<
No Thomas         All Other           All Other         \$\frac{1}{2}\$           All Other         \$\frac{1}{2}\$           All Other         \$\frac{1}{2}\$           \$\frac{1}{2}\$	Mccarthy Brigid	All Other	<	<		<	<	<	<	<	<	<	<
All Other       Image: Control of the con	Pastena Gaetano Thomas	All Other	<	<	<	<	<	<		<	<	<	<
All Other       X	Sazon Alexandr	All Other	<	<	<	<	<	<		<	<b>&lt;</b>	<	<
All Other  All Other	Rashid Numan	All Other	<	<	<	<	<	<	<b>&lt;</b>	<	<	<	<
All Other	Wells Catherine	All Other	<	<	<	<	<	<		<	<	<	<
	Pugh John A	All Other	<										



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		5										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Yakawiak Christopher	All Other											
Kenning Tyler James	All Other	<	<		<	<	<	<	<	<	<	<
Asif Arif	All Other	<										
Kim Grace Y	All Other											
Hansen Philip	All Other	<	<		<	<	<	<	<		<	<
Chismark Anthony David	All Other	<	<		<	<	<	<				<
Jeannie Ngygen	All Other	<	<	<	<	<	<		<	<	<	<
Falardeau Jodi L	All Other											
Valley Katie Jayne	All Other	<										
Wilkinson Sarah Jane	All Other	<										
Snyder Ilona	All Other	<										
Carsello Carrie	All Other	<	<		<	<	<	<	<		<	<
Tirabassi Michael V	All Other	<	<		<	<	<	<		<b>&lt;</b>		<
Jones Rushton Michael	All Other	<										
Medarov Boris I	All Other	<	<		<	<	<	<	<	<	<	<
Beller Jennifer Perrine	All Other											
Oakes Jennifer Audi	All Other	<										
Marchland Maurice E	All Other	<	<	<	<	<	<		<			<
Chang Kit Laura Annelise	All Other	<	<	<	<	<	<		<	<b>&lt;</b>	<	<
Fulton Center Rehabilitation & Heal	All Other	<										
Weaver Jeffrey	All Other	<										
Steindler Jason Harrison	All Other	<	ζ.		ζ.	ζ	<	<				<
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Rasoully Mai Mona	All Other											
Black Trevor	All Other	<										
Halsdorf Courtney Soon Hee	All Other	<	<	<	<	<	<	<	<	<	<	<
Sharma Vibhavasu	All Other	<										
Garbarino Kathleen Marie	All Other	<	<	<	<	<	<		<	<b>〈</b>	<	<
Memmelaar Angela R	All Other	<				<	<	<			<	<



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Clark Kristina Marie	All Other	ζ.	<		<	<	<	<	<	<	<	<
Nemith Lindsay Mumford	All Other	<				<	<	<			<	<
Ganey Michael Edward	All Other	<										
Hasnain Mujtaba A	All Other											
Bunch Marjorie	All Other	<	<		<	<	<	<	<	<	<	<
Lopez Stephen	All Other	<										
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Lee Hwa	All Other	<	<		<	<	<	<	<		<	<
Accent Health Care Services Inc	All Other											
Mills Jessica L A	All Other	<										
Tumuluri Srilaxmi	All Other	<	<	<	<	<	<		<	<	<	<
Sidhu Mandeep Singh	All Other	<	<		<	<	<	<	<		<b>&lt;</b>	<
Shah Melissa	All Other											
Stein Julie Ann	All Other	<	<		<	<	<	<	<		<	<
Ditursi Mary Kathleen Williams	All Other	<			<		<			<	<	
Pinheiro-Neto Carlos Diogenes	All Other											
Gozman Alexander	All Other	<										
Friedrich Marcus Edmond	All Other	<	<		<	<	<	<	<		<	<
Engelhart Heather	All Other	<	<		<	<	<	<	<	<	<	<
Lipscomb Deanna M	All Other	<										
Siegel Eric	All Other	<										
O'Connell Sherie M	All Other	<										
Mary Patricia Shierly	All Other	<	<	<	<	<	<		<		<	<
Ernst Cheryl Elaine	All Other	ζ.	<	<	<	<	<		<	<	<	<
Shepard Leigh A	All Other	<	<	<	<	<	<	<	<		<	<
Ronan Alisha Lynn	All Other	<				<	<	<			<	<
Kennedy Jeffrey	All Other	<	<		<	<	<	<	<		<	<
Patel Anar J	All Other	<										
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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

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4.b.ii	4.b.i	3.d.iii	3.b.i	3.a.ii	3.a.i	2.d.i	2.b.iii	2.a.v	2.a.iii	2.a.i	Provider Category	Provider Name
										n Projects	Participating in Projects	



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

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										Projects	Participating in Projects	



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All Other  All Other	Rooney Danielle Marie Bryan Richard Mueller Kelly Parikh Reena Tafen Wandji Marcel Robinson Kristen Adetayo Oluwaseun Van Amburgh Marilyn Byrnes Crystal Millea Kerry Gilbertson Dorothy Mary Annelle Collins Tyler Christopher D Healthcare Partners Of Saratoga Ltd Chaudhary Shawn Ahmad Faliszek James Celestine Erica Shrinkhla Agrawal Kestler Margaret Kim Kelly-Ann Tatagari Jayasree Farrell Claudia Sales Kane Sujata R Mabry Myra A Gonzales Corina Luz Raggs Hope G Henson Jennifer T Russell Jennifer Brooke	All Other											
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awn Ahmad Mi Other E	Healthcare Partners Of Saratoga Ltd	All Other											
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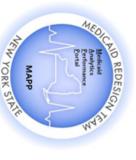


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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

Golden Hill Planning Corp	Samson Brianna P	Mansen Roberta	Morrissey Kirsten	Tan Josenia Narcisa Mailed	Sheaffer Margaret A	Burke Kelly Laurice	Taylor Ben Frazier	Cooley Michael Robert	Ellen Joseph Harry lii	Idelchik Gary M	Muhammad Rahshon	Larrabee Erin V	Gross Julia M	Masters Cindy N	Deeb Erin M	Sazon Tatiana	Wilson Allison Marie	Gardner Jerry L	Fraser Fayanne Maria	Chu Michael H	Qandah Juleen Jandali	Almony Danielle P	Quinn Barbara Hunter	Jopal Bronx, Llc	Coloprisco Sara Ann	Chauvin Rebecca L	Geary Sean Patrick	Monahan Meredyth Leigh	Turner Latasha M	Juyia Rushad Farhad	Provider Name	
All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	Provider Category	Particip
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**DSRIP Implementation Plan Project** 

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Provider Name	Provider Category 2	2 2 -	2 2 111	2 2 4	3 F III	٥ 	ည ပ	ມ =:	۵ <del>د</del>	ય 1 ≣	A b :	A H ::
Camphill Hudson Ics	All Other											
Mack Kristin Lake	All Other	<b>&lt;</b>				<	<b>&lt;</b>	<b>〈</b>		<b>&lt;</b>	<b>\</b>	<b>\</b>
Redding Jack Eugene	All Other	<										
Lee Tae	All Other											
Cooley Christine	All Other	<	<	<	<	<	<		<	<	<	<
Haber Marc	All Other	<										
Chow Yvonne	All Other	<	<		<	<	<	<	<	<	<	<
Liu Baogang	All Other	<	<		<	<	<	<	<	<	<	<
Al Kawass Anas	All Other											
White Noah	All Other	<	<b>&lt;</b>		<	<	<	<	<	<	<	<
Steckman David	All Other	<	<		<	<	<	<	<	<	<	<
Noonan Jessica	All Other	<	<		<	<	<	<	<	<	<	<
Lopez-Soler Reynold	All Other											
Narayan Ananth	All Other	<	<	<	<	<	<		<	<	<	<
Gildener-Leapman Neil	All Other											
Vatsky Seth	All Other	<										
Larsen Douglas P	All Other	<	<		<	<	<	<	<	<	<	<
Suchowiecki Kristin M	All Other	<										
Suchowiecki Mark J	All Other	<										
Karyn Marie Hughes	All Other	<				<	<	<		<	<	ζ.
Torre Jenny Ann	All Other	<				<	<	<		<	<	<
Albany Medical College	All Other	<	<		<	<	<	<	<	<	<	<
Kohanski Dawn M	All Other											
Livingston S & V Operations Llc	All Other											
Mcshane Danine A	All Other	<										
Daniels Randi L	All Other	ζ.										
Chaudhary Faisal Rashid	All Other	<	<	<	<	<	<	<	<	<	<	ζ.
Slavin Laura N	All Other	ζ.										
Post David Robert	All Other	<										
Steiner Anna	All Other											
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**DSRIP Implementation Plan Project** 

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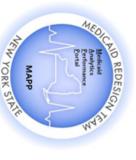


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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

Provider Name     A       Weinreb David     A       Black Mandy     A	Provider Category 2	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3 h i	ນ ∐	4 h i	:
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Kirkpatrick Yulia Alexandrovna	All Other	<	<	<	<	<	<	<	<	<	<	<
Stephenson Lisa	All Other	<	<	<	<	<	<		<	<	<	<
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Scott Walter	All Other	<	<		<	<	<	<	<	<	<	<
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Poon Edward A	All Other	<	<	<	<	<	<	<	<	<	<	<
Kittell Jennifer A	All Other	<	<	<	<	<	<	<	<	<	<	<
Stippa Yuri A	All Other											
Burrell Keisha Kay	All Other	<				<	<		<		<	<
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Lisinschi Adriana A	All Other	<	<	<	<	<	<	<	<	<	<	<
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Ambati Shashikant A	All Other											
Janasek Karolina A	All Other											
Shah Samit Naresh	All Other											
Vishwanath Vijay A	All Other											
Mishra Pragnyadip A	All Other	<	<		<	<	<	<	<	<	<	<
Chaudhry Rafia Ishfaq A	All Other	ζ	<		<	<	<	<	<	<	<	<
Donovan Sean A	All Other	<	<		<	<	<	<	<	<	<	<



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	S										
Provider Name	Provider Category 2	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Lavelle Daniel Thor	All Other	<	<		<	<	<	<		<	<	<
Matthew I Stein Md	All Other	<	<	<	<	<	<	<	<	<	<	<
Rosario Frances	All Other	<	<	<	<	<	<		<	<	<	<
Bruno Natalie	All Other	<	<		<	<	<	<		<	<	<
Miller Jennifer	All Other	<	<		<	<	<	<		<	<	<
Gicewicz Adam	All Other	<	<		<	<	<	<	<	<	<	<
Guice Stephanie M	All Other	<b>&lt;</b>			<		<					
Maclellan Allison M	All Other	<	<		<	<	<	<	<		<	<
Micca Emily S	All Other	<	<		<	<	<	<	<		<	<
Potratz Meagan A	All Other	<b>&lt;</b>				<	<	<			<	<
Nagaraj Sharita	All Other	<	<	<	<	<	<				<	<
Warner Courtney Jill	All Other	<	<	<	<	<	<	<			<	<
Millett Morgan	All Other	<	<		<	<	<	<			<	<
Defreest Lori	All Other											
Navarette Kristen Alexandra	All Other	<	<		<	<	<	<	<	<	<	<
Scordino Jessica	All Other											
Doro Kristienna Martin	All Other											
Bekan-Homawoo Brigitte Edwige	All Other											
Monrroy Prado Mauricio Ricardo	All Other	<	<		<	<	<	<	<	<	<	<
Maas Amelia Lisa	All Other											
Walke Ashley Danielle	All Other	<	<		<	<	<	<	<	<	<	<
Joice Jessica Q	All Other											
Schenectady Arc	All Other											
Wales Danielle Patricia	All Other	<	<		<	<	<	<	<	<	<	<
Vaidy Nishant	All Other											
Feinberg Zachary Allan	All Other											
Vitale Alex Nathaniel	All Other	<				<	<	<		<	<	<
Matott Heather Melissa	All Other	<	<	<	<	<	<		<	<	<	<
Rice Bradley Michael	All Other											
Clemente Kimberly	All Other	<	<	<	<	<	<	<	<	<	<	<
Espiritu Marvee Gay Santiago	All Other	<	<		<	<	<	<	<	<	<	<



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

Provider Name   Provider Ceengroy   2 Au		Participating in Projects	jects										
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Isert A.A         All Others         CX	Ethier Gloria	All Other	<	<	<	<	<	<	<	<	<	<	<
Mi Other  Mi Oth	Williams-Weekes Terri A	All Other	<	<	<	<	<	<		<	<	<	<
Lockhau         All Other	Garla Sreenivas	All Other	<	<	<	<	<	<		<	<	<	<
beth         Al Other         III Separation	Schulman-Marcus Joshua	All Other											
Lick         All Other         All Other         Color         All Other         Color         All Other         Color         All Other	Ennis Corey Elizabeth	All Other	<	<		<	<	<	<	<	<	<	<
Jamin         All Other         Color	Howe Adam Shattuck	All Other											
All Other All Ot	Goldstein Ari Benjamin	All Other											
Sarolina         All Oner         Unit	Livolsi Laruen L	All Other	<	<	<	<	<	<		<	<	<	<
bbeh         All Other         V <t< td=""><td>Chavez Rosenny Carolina</td><td>All Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Chavez Rosenny Carolina	All Other											
beth         All Oner         All Oner <th< td=""><td>Buzzola Rino Alberto</td><td>All Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Buzzola Rino Alberto	All Other											
MIOther         CV         CV <t< td=""><td>Hafner Jenna Elizabeth</td><td>All Other</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Hafner Jenna Elizabeth	All Other											
All Other All Ot	West-Brown Janet	All Other											
All Other   All	Elsagga Elizabeth	All Other	<	<	<	<	<	<		<	<b>~</b>	<	<
All Other   All	Albany Medical College	All Other	<	<		<	<	<	<	<	<	<	<
All Other	Gleason Zachary M	All Other											
All Other   All	Palms Jo-Ann	All Other											
All Other       All Other       3	Langford Stacey	All Other	<	<	<	<	<	<		<	<b>~</b>	<	<
All Other	Lyons Trent William	All Other	<	<	<	<	<	<		<	<b>&lt;</b>	<	<
All Other	Asare Kofi Sarkokie	All Other	<	<		<	<	<	<	<	<b>&lt;</b>	<	<
All Other       3	Carlin Kristine Marie	All Other	<	<		<	<	<	<	<	<b>~</b>	<	<
All Other       4 Ill Other	Jacobs Laura May	All Other	<	<		<	<	<	<	<	<b>&lt;</b>	<	<
All Other         All Other         Image: Control of the control of t	Kozak Craig Robert	All Other	<	<		<	<	<	<	<	<b>~</b>	<	<
All Other         All Other         V	Carney Michael	All Other											
abhai         All Other         I I I I I I I I I I I I I I I I I I I	Mccarty Kaitlin Elizabeth	All Other											
abhai         All Other         S         <	Castma Naika Clara	All Other	<	<		<	<	<	<	<	<b>&lt;</b>	<	<
All Other         Image: Control of the control o	Patel Reemaben Rajendrabhai	All Other	<	<		<	<	<	<	<	<b>&lt;</b>	<	<
nab & Nursing C	Dall Jacqueline Aimee	All Other	<				<	<		<		<	<
	Shinaishin Mamhoud Akif	All Other											
	Evergreen Commons Rehab & Nursing C	All Other											
	Hopkins Susan Kimberly	All Other											



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* Safety Net Providers in Green											
	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v 2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Bombard Tiffany	All Other										
Guay Ryan Connor	All Other										
Malhotra Anuj	All Other										
Safa Radwan N	All Other										
Mehta Swati	All Other										
Deimling Melissa	All Other										
Boucher Maria Olivares	All Other										
Payne Andrew	All Other										
Bamme Yevgeniya	All Other										
Sanchez Alexandria A	All Other										
Warshaw James	All Other										
Applewhite Megan Kunz	All Other										
Lamanna Rebecca	All Other										
Miah Chowdhury Furhad	All Other										
Wynia Blake Andrew	All Other										
Matolka Patrick Michael	All Other										
Huz Jonathan	All Other										
Santiago Crystal Marie	All Other										
Esposito Rhonda M	All Other										
Dannenhoffer Joanne V	All Other										
Garcia Sarah Lenore	All Other										
Little Stephen	All Other										
Wong Kristin	All Other										
Spadafora Erika	All Other										
Tran Alexis May	All Other										
Salman Loay	All Other										
Williams Thomas Brian	All Other										
Lee David	All Other										
Cullinan Katelyn Mary	All Other										
Laury Daniel Henri	All Other										
Lostritto Nicole	All Other										



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* Safety Net Providers in Green											
	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v 2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Cuomo Kristyn Joelle	All Other										
Weller Samantha Jean	All Other										
Ren Mei Yu	All Other										
Desmarais Bridget Marie	All Other										
Riley Nicole Elizabeth	All Other										
Atlas Ian	All Other										
Testa Samantha Marie	All Other										
Falco Kathryn Anne	All Other										
Kite Charles Havener Jr	All Other										
Morris Bruce Alan	All Other										
Provost Anneliese	All Other										
Griffith Jennifer Marie	All Other										
Ahmad Nina	All Other										
Hargarve Alexis Diane	All Other										
Marcella Meghan Teresa	All Other										
Akter Salma	All Other										
Barela Christopher Paul	All Other										
Brown Krysta Lynn	All Other										
Hovsepian Sonya Layla	All Other										
Banerjee Shubhasree	All Other										
Dzeletovic Ivana	All Other										
Chen Valerie Hsinyen	All Other										
Woltjer Thomas Allen	All Other										
Kostun Zachary William	All Other										
Barry Suzanne Mcgrorty	All Other										
Lee Jennifer N	All Other										
Callinan Nora K	All Other										
Blanchette Alyse Sherwin	All Other										
Bringley Johanna Cubelli	All Other										
Filippova Olga Timurovna	All Other										
Klaiber Sarah Kathleen	All Other										



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Quidort Aaron John	All Other											1
Niyazov Daniil	All Other											
Frazier Catherine Nicole	All Other											1
Komanoff Center For Geriatric & Rehab Medicine	All Other											
Burgner Jena Elizabeth	All Other											1
Warner Jenna L	All Other											1
Flink-Bochacki Rachel Meredith	All Other											
Wolff Gillian Frances	All Other											
Tetreault Nicole Marie	All Other											1
Sonagere Caitlin T	All Other											
Martone Stephan Louis	All Other											
Loso Joelle	Uncategorized											
Beighey William	Uncategorized	~	~	~	~	~	~	~	~	~	~	<b>*</b>
Haberland Jessica Dr.	Uncategorized											
Heuer Alwin	Uncategorized											
Gruskoff Marissa	Uncategorized											
Northeast Parent Child Societ	Uncategorized											
Pp Of Mid-Hudson Valley Inc	Uncategorized											
Hulett Joseph	Uncategorized											I
Cretekos Peter Mr.	Uncategorized											
Silva Cristina	Uncategorized											
Mills Tracy	Uncategorized											I
Center For Remote Medical Management Llc	Uncategorized											
Gutenmann Sarah	Uncategorized											<u> </u>
Kerwood Julie	Uncategorized											I
Albany Medical Center	Uncategorized											1
Vincent Verdile	Uncategorized	~	~		~	~	~	~	~	~	~	~
Conlee Brent	Uncategorized											· <del></del>
Rosen Linda	Uncategorized											·
Conifer Park	Uncategorized											·
Bakowski Susanne	Uncategorized											 I



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

	Participating in Projects	cts									
Provider Name	Provider Category	2.a.i 2.a	2.a.iii 2	2.a.v 2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Golub Corporation	Uncategorized										
Smith Thomas Mr.	Uncategorized										
Golub Corporation The #003	Uncategorized										
Walgreens Eastern Co Inc	Uncategorized										
Consumer Directed Choices, Inc.	Uncategorized										
Martin Foods Of So Burlington	Uncategorized										
Saratoga Hospital	Uncategorized										
Katie Gregg	Uncategorized	<b>〈</b>		<	ζ	<	ζ.	<	<	ζ.	<
Holmes Celia	Uncategorized										
Yayoi Miyajima	Uncategorized	<		<		<					
Samaritan Hospital	Uncategorized										
Sheng Juan	Uncategorized										
Martins Foods Of S Burlington	Uncategorized										
Albany County Doh Div Of Nurs	Uncategorized										
Albany Cnty Dept/Child Y&F Mh	Uncategorized										
Fortin Robert	Uncategorized										
Home For Aged Blind Adhc/Aadc	Uncategorized										
Martins Foods Of So Burlington Inc	Uncategorized										
Ulster-Greene Arc - Rehab Clinic: Nurmi, Anna (Voc. Rehab-Bacherlor'S)	Uncategorized	<									
Kaitlyn Wiley	Uncategorized	<	<	<	ζ.	<	ζ.			ζ.	<
Mcfadden-Welch Katie	Uncategorized										
Deane Sarah	Uncategorized										
Vazquez Jennifer	Uncategorized										
Sara Perkins	Uncategorized	<	<	<	<	<	<			<	<
Patricia Hale	Uncategorized	< ·	<	<	<	<	<b>~</b>	<	<	<	<
Marra S Pharmacy Inc	Uncategorized										
Sadekoski Richard	Uncategorized										
Bauer Kimberly	Uncategorized										
Fischer-Camara Bonnie	Uncategorized										
Patricia Saunders	Uncategorized	<		<	<	<		<	<	<	<
Ulster-Greene Arc - Rehab Clinic: Weigel, Amy S. (Psych/Abss)	Uncategorized	<									



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**Better Health for Northeast New York (PPS ID:1)** 

O'Hearn Aydin Uncategorized Un	3.b.i 3.d.iii	4.b.i	4.b.ii
Plitt Chanda			
Saratoga Hospital Uncategorized Uncategorize			
Columbia Memorial Hospital         Uncategorized         Image: Columbia Memorial Hospital         Image: Col			
Can Center For Disabled         Uncategorized         Image: Control of the State of Control of Contr			<b>V</b>
Ulster-Greene Arc - Rehab Clinic: Healy, Brian (Psych/Abss) Uncategorized Uncategorize			
Whitney M Young Jr., Health Center Inc  Dewey Shannyn  Uncategorized  Uncategoriz			
Dewey Shannyn Uncategorized Un			
Echt Martin Uncategorized Unca			
Dryer Stephen Uncategorized Un			
Golub Corporation The Uncategorized In Columbia Memorial Hospital In Columbia Memorial Hospital Uncategorized In Columbia Memorial Hospital In Columbia Memorial In Columbia Memorial Hospital In Columbia Memorial In Columbia Memorial Hospital In Columbia Memorial Hospi			
Columbia Memorial Hospital Uncategorized Unc			
Four Corners Pharmacy Lic Uncategorized			
Never Alone Inc  Gross Holly Dr.  Kristine E. Andrade, Md  Uncategorized			
Gross Holly Dr.  Kristine E. Andrade, Md  Uncategorized  Whitney M Young Jr., Health Center Inc  Uncategorized  Uncategorized  Wilson Justin  Albany Medical College Of Uni  Castiglione Vanessa Mrs.  Uncategorized			
Kristine E. Andrade, Md  Uncategorized  Whitney M Young Jr., Health Center Inc  Uncategorized  Uncategorized  Haynes Joel Ms.  Uncategorized  Uncategorized  Uncategorized  Uncategorized  Uncategorized  Uncategorized  Uncategorized  Uncategorized  Uncategorized  Albany Medical College Of Uni  Castiglione Vanessa Mrs.  Uncategorized			
Whitney M Young Jr., Health Center Inc  Riihimaki Meghan  Uncategorized			
Riihimaki Meghan  Haynes Joel Ms.  Uncategorized	<b>~</b>	<b>~</b>	~
Haynes Joel Ms.  Wilson Justin  Uncategorized	<b>~</b>		~
Wilson Justin  Albany Medical College Of Uni  Castiglione Vanessa Mrs.  Uncategorized			1
Albany Medical College Of Uni  Castiglione Vanessa Mrs.  Uncategorized			
Castiglione Vanessa Mrs.  Uncategorized			1
Francine D'Amato Uncategorized Uncategorized Uncategorized Uncategorized Uncategorized			1
Greene Cy Public HIth Nursing Uncategorized			1
	<b>~</b>	~	~
Saratoga Center For The Family, Inc.  Uncategorized			
Neiles Lara Uncategorized			
Rigberg Seth Uncategorized			
Wallsh Emily Uncategorized			
Johnston Ashley Mrs.  Uncategorized			
Livingston S & V Operations Llc Uncategorized			
Ostrowidzki Monika Miss Uncategorized Uncategorized			



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* Safety Net Providers in Green	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Peninsula General Nursing Home	Uncategorized Category	Z.a.i	2.a.III	Z.a.v	2.0.111	Z.u.i	3.a.i	J.a.II	3.0.1	3.u.iii	4.0.1	4.0.11
Tschinkel David	Uncategorized											
Golub Corporation The												
Eddy Vna Twin Counties	Uncategorized											
	Uncategorized											
Staiger Walter	Uncategorized											
Axelrod Howard Dr.	Uncategorized											
Vascular Group Plic	Uncategorized											
Judy Kelleher	Uncategorized											
Martins Foods Of So Burlingto	Uncategorized											
Anne Taylor, Crna	Uncategorized	~	~	~	~	~	~	~	~	~	~	<b>*</b>
Mary Riccio	Uncategorized	~	<b>~</b>		<b>~</b>	~	<b>~</b>	<b>~</b>	~	<b>~</b>	~	<b>*</b>
Wallock Michelle	Uncategorized											
Lvov Rebecca A	Uncategorized											
Child & Fam Guid Ctr Adict Sv	Uncategorized											
Virginia Pfeil	Uncategorized	~	~		~	~	~	~	~	~	~	>
Greene County Public Health Nursing Service	Uncategorized	~				~					<b>~</b>	>
Depaul Addiction Services Inc	Uncategorized											
Hwang Roy S	Uncategorized											
Back Vincent Dr.	Uncategorized											
Kuntz Louann	Uncategorized											
Poluzzi LII Raymond	Uncategorized											
Watervliet Pharmacy Inc	Uncategorized											
Schdy Cnty Public Health Svcs- Cpse	Uncategorized											
Catholic Fam Comm Ser Fulton	Uncategorized											
Lorette Paige	Uncategorized											
Marcus Leslie	Uncategorized											
Pearl Street Counseling Cente	Uncategorized											
Elaine Berkun	Uncategorized		~		~	~	~	~	~		~	~
Golub Corporation #186	Uncategorized											
Albany Cnty Dept Child Family	Uncategorized											
New Sea Crest Health Care Center, Llc	Uncategorized											



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* Safety Net Providers in Green	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Rowley Christine	Uncategorized											
Conlee Bonnie	Uncategorized											
Belvedere Of Albany	Uncategorized	~	~				~					
Kara Meunier	Uncategorized	~	~		~	~	~	~	~	~	~	<b>*</b>
Chromczak Christina Dr.	Uncategorized											
Herrington Alyssa	Uncategorized											
Iris Gonzalo-Sowle, Fnp	Uncategorized	~	~	~	~	~	~	~	~	~	~	<b>~</b>
Jablonski Rebecca	Uncategorized											
Waters Crystal	Uncategorized											
Albany Medical College Of Uni	Uncategorized											
Ulster-Greene Arc	Uncategorized											
Hope House, Inc.	Uncategorized											
Hannaford Bros. Co., Llc	Uncategorized											
Thomas Jacquelyn	Uncategorized											
Sherman David	Uncategorized											
Ulster-Greene Arc - Rehab Clinic: Califano, Michelle R. (Psych/Abss)	Uncategorized	~										
Gehman Nicole	Uncategorized											
Adams Kelly	Uncategorized											
Davis Genevieve Mrs.	Uncategorized											
Nash Katharine E	Uncategorized											
Albany Medical College Of Uni	Uncategorized											
Fiorito Thomas	Uncategorized											
Living Resources Corp. Jefferson	Uncategorized											
Dunn Nancy	Uncategorized	~										
Hirliman Jessica	Uncategorized											
Catholic Charities Of Saratoga Warr	Uncategorized											
Mazza Margaret Marie	Uncategorized											
Wood Alison	Uncategorized											
Callahan Michael	Uncategorized											
Price Chopper Operating Co In	Uncategorized											
Owen Golden Md Pc	Uncategorized											



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* Safety Net Providers in Green												
	Participating	<u> </u>										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Family And Child Service Of Schenectady Inc	Uncategorized											
Harbeck Amy	Uncategorized											
Barra Elizabeth	Uncategorized											
Eaton Mary Mrs.	Uncategorized											
Resource Medical Services Pc	Uncategorized											
Martins Foods Of South Burlington	Uncategorized											
Kelly Katie	Uncategorized											
Moore Emily Mrs.	Uncategorized											
Daughters Of Sarah Non Occ	Uncategorized											
Jainulabudeen Jalal Mr.	Uncategorized											
Dickinson Timothy	Uncategorized											
Ulster-Greene Arc - Rehab Clinic: Newkirk, Carolyn (Voc. Rehab-Master'S)	Uncategorized	~										
Workshop Inc, The	Uncategorized											
Delancey Thomas	Uncategorized											
Ulster-Greene Arc - Rehab Clinic: Merr, Steven B. (Psych/Lmhc)	Uncategorized	~										
Town Total Health Lic	Uncategorized											
Micho Jerry	Uncategorized	~	~	~	~	~	~	~	~	~	~	<b>*</b>
Martins Foods So Burlington I	Uncategorized											
Martins Foods So Burlington I	Uncategorized											
Liang Lisa	Uncategorized	~					~					
Walgreens Eastern Co Inc	Uncategorized											
Dileonardo Greve Mary	Uncategorized											
Ulster-Greene Arc - Rehab Clinic: Spada, Jennifer M. (Psych/Lmhc)	Uncategorized	~										
People Incorporated	Uncategorized											
Sumple Kristen	Uncategorized											
Living Resources Home Care Agency, Inc	Uncategorized	~			~				~	~	~	<b>*</b>
Paul Reo	Uncategorized	~	~		~	~	~	~	~	~	~	<b>*</b>
Saratoga Hospital	Uncategorized											
Della Rocca Jodi	Uncategorized											
Astor Home For Children Fbt	Uncategorized											



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	Participating Pa	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Padalino Joseph	Uncategorized											
Meyer Kelly	Uncategorized											
Family & Child Service Of Schenectady, Inc.	Uncategorized											
Family Of Woodstock, Inc	Uncategorized											
Amy Tramaloni	Uncategorized	~	~		~	~	~	~	~	~	~	<b>&gt;</b>
Jopal Sayville Llc	Uncategorized											
Reed Bashiyra	Uncategorized											
Saratoga Hospital	Uncategorized											
Dwyer Evan	Uncategorized											
Cappadocia Shane	Uncategorized											
Dutchess Ctr Rehab Healthcare	Uncategorized											
East Neck Nursing & Rehab Ctr	Uncategorized											
Conifer Park	Uncategorized											
Ward Thomas	Uncategorized											
Yohe Aryza	Uncategorized											
Mccready Meghan	Uncategorized											
Golden Hill Planning Corp	Uncategorized											
Gil Kristen	Uncategorized											
Wennstrom Joanne	Uncategorized											
Myers Sonja	Uncategorized	~	~	~	~	~	~	~	~	~	~	<b>&gt;</b>
Fruchtman Debra	Uncategorized											
Albany Cnty Community Svc Bd	Uncategorized											
Fitzgerald Gerald	Uncategorized											
Rehabilitation Support Services Inc	Uncategorized											
Bailie Christina Ms.	Uncategorized											
Constance Prince	Uncategorized											
Green County Mental HIth Mh	Uncategorized											
Com Hith Ctr Of Smh & Nih Lth	Uncategorized											
Farber Matthew	Uncategorized											
Gordon Susan	Uncategorized											
Anson Michael	Uncategorized											



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	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Murphy Jennifer	Uncategorized											
Tyson Colleen	Uncategorized	<	<	<	<	<	<	<	<	<	<	<
Affiliated Pathology Services Pc	Uncategorized											
John Brady	Uncategorized	<	<		<	ζ.	<	<	ζ.	<	<	ζ.
Carillon Nrs Rehab Ctr Adhc	Uncategorized											
Aids Council Of Neny Ai	Uncategorized											
Rossi Nicole	Uncategorized											
Feinerman Elyse	Uncategorized											
Bourne Cynthia	Uncategorized	<	<	<	<	<	<	<	<	<	<	<
Albany Medical College Of Uni	Uncategorized											
The Eddy Licensed Homecare Agency	Uncategorized											
Golub Corpration, The #196	Uncategorized											
Leigh Farry	Uncategorized	<	<		<	<	<	<	<	<	<	<
Rensselaer Operating Co. Dba Rosewood Rehabilitation And Nursing Center	Uncategorized											
Silberman Stephanie	Uncategorized											
Devereux Foundation	Uncategorized											
Harrison Beth Ms.	Uncategorized											
Rion Alexis Ms.	Uncategorized											
County Of Greene	Uncategorized											
Kristen Carrierfenster	Uncategorized	<	<		<	<	<	<	<	<	<	<
Sullivan Timothy	Uncategorized											
Ridge Health Services Inc	Uncategorized											
Callahan Megan	Uncategorized											
Ambili Nair	Uncategorized											
Marthy Lindsey Mrs.	Uncategorized											
Hallock Esther	Uncategorized											
Vna Albany Saratoga Rensselae	Uncategorized											
Rachael Trier Colucciello	Uncategorized	<	<	<	<	<	<	<	<	<	<	<
The Springs Nursing & Reh Ctr	Uncategorized											
Walgreen Eastern Co Inc	Uncategorized											
Elaine Hill	Uncategorized	<	<		<	<	<	<	<		<	<



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Martins Foods Of So Burling I	Uncategorized											
Golub Corporation The	Uncategorized											
Martins Foods Of So Burlington	Uncategorized											
PROMESA	Uncategorized											
Fortin Ronald	Uncategorized											
Sweet Curtis	Uncategorized											
Lamar Leslie	Uncategorized											
Corsi Patricia	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Martins Foods Of S Burlington	Uncategorized											
Martins Foods So Burlington	Uncategorized											
Bovee David	Uncategorized											
Aarti Pappu	Uncategorized	<b>~</b>	~		~	~	~	~	~	~	~	~
Shelby Anastasia	Uncategorized											
Visiting Nurses Homecare	Uncategorized											
Piya Ghoshal, M.D.,P.C.	Uncategorized											
Golub Corporation The	Uncategorized											
Greene Cy Public Hlth Nursing	Uncategorized											
Wilner George Dr.	Uncategorized											
Living Res Corp Cardinal Ave	Uncategorized											
All Metro Home Care Services Of New	Uncategorized											
Trinity Alliance Of The Capital Region	Uncategorized	~				~				~		~
Evergreen Commons Rehab & Nursing C	Uncategorized											
Preston Kerri	Uncategorized											
Peter Graves	Uncategorized											
Morningside House Nursing Home	Uncategorized											
H A Schachter Ernest Dicker Etal Shore View Nursing Home	Uncategorized											
Shaker Pediatrics Pc C	Uncategorized											
Regis Chauvot	Uncategorized											
Walgreens Eastern Co Inc	Uncategorized											
Norton Patricia Miss	Uncategorized											
Integrated Medical Professionals Pl	Uncategorized											



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**DSRIP Implementation Plan Project** 

**Better Health for Northeast New York (PPS ID:1)** 

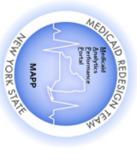
	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Mcarthur Barbara	Uncategorized											
Koelmel Margaret	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Golub Corporation	Uncategorized											
Golub Corporation #042	Uncategorized											
Conifer Park	Uncategorized											
Hope House, Inc.	Uncategorized											
Nicole Macfarland	Uncategorized	~		~			~					
Golan Lorraine	Uncategorized											
Crowther Alicia	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Spring Jessica	Uncategorized											
Dunham Amanda	Uncategorized											
Catholic Charities Of The Diocese Of Albany	Uncategorized											
Conifer Park	Uncategorized											
Living Resources Corp. Mahopac	Uncategorized											
Smith Dale	Uncategorized											
Walgreen Eastern Co Inc 11639	Uncategorized											
Kattato Dino	Uncategorized											
Pieper Gregory	Uncategorized											
Vu Duy	Uncategorized											
Health System Services, Ltd.	Uncategorized											
Conifer Park	Uncategorized											
Mary May	Uncategorized	~		~			~					
Schenectady County Pub Hlth	Uncategorized											
Conifer Park	Uncategorized											
Vascular Group Pllc	Uncategorized											
Poulin Rebekah	Uncategorized											
Albany Medical College	Uncategorized											
Kelman Chad Dr.	Uncategorized	~	~	~	~	~	<b>~</b>	~	~	~	~	<b>~</b>
Albany Medical Ctr Hospital	Uncategorized											
Planned Pthd Mohawk Hudson	Uncategorized											
Riverview Pediatrics	Uncategorized											
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**Better Health for Northeast New York (PPS ID:1)** 

	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v 2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Chauvin Patricia	Uncategorized										
Ulster-Greene Arc - Rehab Clinic: Gerstheimer, Nicole E. (Psych/Abss)	Uncategorized	~									
Alston Kayanne	Uncategorized										
Jacalynn Romeyn	Uncategorized	~	<b>&gt;</b>					~	~		<b>&gt;</b>
Dickson Samantha	Uncategorized										1
Columbia Memorial Hospital	Uncategorized	~	<b>&gt;</b>	~	~	~	~	~	~	<b>&gt;</b>	<b>&gt;</b>
Four Winds Saratoga	Uncategorized										- <del></del>
Albany Medical College Of Uni	Uncategorized										1
Walgreen Eastern Co Inc	Uncategorized										1
Miller Kathryn	Uncategorized										1
Eun Mee Ju	Uncategorized										1
Ulster-Greene Arc - Rehab Clinic: Douglas, Elliot T. (Psych/Lmhc)	Uncategorized	~									- <del></del>
Whitaker Karleen	Uncategorized	~	<b>&gt;</b>	~	~	~	~			<b>&gt;</b>	~
Tompkins Mary Mrs.	Uncategorized										- <del></del>
Schenectady Family Health Ser	Uncategorized										- <del></del>
Columbia Cnty Health Dept	Uncategorized										i
Schenectady Cnty Public Hlth	Uncategorized										<u> </u>
Querube Santana Rivas	Uncategorized										i
Lewis John Dr.	Uncategorized										i
Ulster-Greene Arc - Rehab Clinic: Delczeg, Stephanie L. (Psych, Abss)	Uncategorized	~									
Martins Foods Of South Burlington I	Uncategorized										i
Paul-Michel Dossous	Uncategorized										<u> </u>
Maryam Ibrahim	Uncategorized	~	~	~	~	~	~	~	~	~	~
Mikol Jennifer Dr.	Uncategorized										<u> </u>
New York Pain Management Pllc	Uncategorized										i
Capital District Psych Ctr	Uncategorized										- <del></del>
Witenberg Fisher Susan Dr.	Uncategorized										- <del></del>
Com Hith Ctr Of Smh & Nih Inc	Uncategorized										
Living Res Corp Schodack Icf	Uncategorized										- <del></del>
Destefano Nicholas	Uncategorized										



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

Provider Category	Participating in Projects	ojects										
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Service Of Schenectady, Inc.	Uncategorized	<	<		<	<u>s</u>	<u> </u>	<b>S</b>	<u> </u>	<u> </u>	<b>S</b>	<
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		<b>C C C</b>	C			<					<b>S S S</b>	
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Clearview Center Mh Uncategorized			3			<u> </u>						



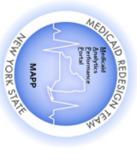
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* Safety Net Providers in Green												
	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Campbell Sharpe Peterson, Crna	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Golub Corporation	Uncategorized											
Town Total Health Llc	Uncategorized											
Mctague Sarah	Uncategorized	~	<b>~</b>		~	~	<b>~</b>	~	~	<b>~</b>	<b>~</b>	>
Spaulding Christina	Uncategorized											
Trickey Elizabeth	Uncategorized											
Kim Taik Dr.	Uncategorized											
Fennell-Gordon Colleen	Uncategorized											
Northeast Parent And Child Society, Inc.	Uncategorized	~	~		~	<b>~</b>	~	~			<b>*</b>	<b>*</b>
Welden Catherine	Uncategorized											
Drew Kenneth	Uncategorized											
Anderson Deborah	Uncategorized											
Warren Operations Associates Llc	Uncategorized											
Nueva-Espana Hermenia	Uncategorized											
St Catherines Ctr/Child Fbt	Uncategorized											
Martin'S Foods So Burlington	Uncategorized											
Price Chopper Operating Co In	Uncategorized											
Albany Medical College	Uncategorized											
Curran Christopher	Uncategorized											
Albany Medical College	Uncategorized											
Davis Richard Mr.	Uncategorized											
Loaknauth Reshma	Uncategorized											
Ucp Assn Of The Capital Dist	Uncategorized											
Katharine A. Yoler, Md	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Ruffen Frederick	Uncategorized											
Frances Cavanaugh	Uncategorized	~	~		~	~	~	~	~	~	~	~
Oldendorf Medical Services Pllc	Uncategorized											
Ulster-Greene Arc Palmer Icf	Uncategorized											
Woodworth Diana	Uncategorized											
Sheffer Marla	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Herring-Laniyo Cheryl	Uncategorized											



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	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Stanton Nursing & Rehab Cente	Uncategorized											1
Rufenacht Bonnie	Uncategorized	~	~	~	<b>~</b>	~	~	~	~	~	~	<b>&gt;</b>
Orchard Nursing & Rehab Ctr	Uncategorized											1
Columbia Memorial Hospital	Uncategorized											1
Paul D'Amico	Uncategorized											1
Capital District Pc	Uncategorized											1
Brown Kurt	Uncategorized											1
Monahan Todd	Uncategorized											1
Chitiyo Faith Ms.	Uncategorized											1
Shirley Helen Bates, Crna	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Conifer Park	Uncategorized											1
Parker Marcus Dr.	Uncategorized											1
Marianne Hunter	Uncategorized	~		~			~					1
Karen Lovell	Uncategorized	~	~		~	~	~	~	~	~	~	~
Rodwell Shane	Uncategorized											1
Leggett Steven	Uncategorized											1
Zimmerman Amy	Uncategorized											1
Martins Foods Of South Burlington L	Uncategorized											1
Kelly Bowie	Uncategorized											1
Albany Medical College Of Uni	Uncategorized											1
Senior Hope Counseling Inc	Uncategorized											1
East Greenbush Central School District	Uncategorized											1
Cronin Deborah	Uncategorized											1
Egnaczyk Joanne	Uncategorized											1
Michael Gooch	Uncategorized	~	~		~	~	~	~	~	~	~	~
Tara O'Conner	Uncategorized	~	~		~	~	~					1
Martin Olga	Uncategorized											i
Loretta Grimm	Uncategorized	~	~		~	~	~	~	~	~	~	~
Meyer Jean Arcana	Uncategorized											1
Mullin Alexandra Ms.	Uncategorized											
Martins Foods Of South Burlington	Uncategorized											1



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**DSRIP Implementation Plan Project** 

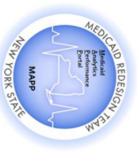
Better Health for Northeast New York (PPS ID:1)

Provider Name   Provider Name   Provider Category   2AB   2AB   2AB   2AB   2AB   3AB		Participating in Projects	cts										
No.   Uncategorized	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Initiation & Heads         Uncategorized         Incategorized         Initiation & Incategorized         Initiation & Incategorized         Incatego	Marra Katherine Mrs.												
Micro A Heal   Micro Delizació   Micro Delizac	Walgreen Eastern Co Inc	Uncategorized											
	Fulton Center Rehabilitation & Heal	Uncategorized											
Microsoptixed   Microsoptixe	Reiner Jennifer	Uncategorized											
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Beases   Uncate polized   Uncate poliz	Crotty Brynn	Uncategorized											
Incases/poitzed	Voss Kathleen	Uncategorized											
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Invices Lic         Uncategorized         Image: Control of the Contro	Saratoga Hospital	Uncategorized											
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Uncategorized         W 1         W 2         <	Kinney Drugs Inc	Uncategorized											
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Uncategorized         Uncategorized         W <td>Lillis Conor</td> <td>Uncategorized</td> <td></td>	Lillis Conor	Uncategorized											
gHm Co Inc         Uncategorized         Image (v) ized         Image (v) iz	Dean Anna	Uncategorized											
Uncategorized   Image:   Ima	Andres Alex Ms.	Uncategorized											
G Hm Co Inc	Eric W. Wallace, Md	Uncategorized	<	<	<	<	<	<	<	<	<	<	<
Uncategorized   Uncategorize	Teresian House Nrsg Hm Co Inc	Uncategorized											
Inc.         Uncategorized         Image: Control of the print of th	Golub Corporation	Uncategorized											
Amp. Hays         Uncategorized         Image: Control of the American States of the American St	Hospitality House Tc, Inc.	Uncategorized	<										
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e Inc Of Health	Mary Beth Blaustein	Uncategorized	<	<		ζ.	<	<	<	<		<	<
Of Health	Community Hospice Inc	Uncategorized											
Dept Of Health	Golub Corporation	Uncategorized											
α	Columbia Cy Dept Of Health	Uncategorized											
	Adams David	Uncategorized											
	Defazio Alaina	Uncategorized											



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Julie Blair Nrsg & Rehab Cntr	Uncategorized											
Johnson-Chappell Keirsa	Uncategorized											
Martins Foods Of South Burlington	Uncategorized											
Community Care Physicians, Pc	Uncategorized	~	~	~	~	~	~		~	~	~	~
Chamberlain Coreen	Uncategorized											
Thomsen Ferreira Sarah	Uncategorized											
Carly R. Matthews, Pa	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Stacey Lloyd, Macrc - Community Integration Counselor	Uncategorized											
Feasel Zachery	Uncategorized											
Johnson Mary Mrs.	Uncategorized											
Empire Home Infusion Svc Inc	Uncategorized											
Cutie Pharma-Care Inc	Uncategorized											
Martin'S Food Of S Burlington	Uncategorized											
Walgreen Eastern Co Inc 10752	Uncategorized											
Ginsburg Lisa	Uncategorized											
Sangchanintra Srisakula	Uncategorized											
Mariano Anthony	Uncategorized											
Hornbeck Denise	Uncategorized											
Ulster-Greene Arc - Rehab Clinic: Manning, Kirk (Ma)	Uncategorized	~										
Bull Chelsea	Uncategorized											
Clementson Emily Mrs.	Uncategorized											
Castaneda Felicia	Uncategorized											
Ong Adrien	Uncategorized											
Preusser Rachel	Uncategorized											
Albany Med Ctr Hospital	Uncategorized											
Hatch Barry	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Barnwell Nursing & Rehab Cent	Uncategorized											
New York Oncology Hematology	Uncategorized											
Albany County Comm Svs Board	Uncategorized											
Hope House, Inc.	Uncategorized											
Dipti V Nevrekar, Md	Uncategorized	~	~	~	~	~	~	~	~	~	~	~



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**DSRIP Implementation Plan Project** 

Better Health for Northeast New York (PPS ID:1)

Provider Name   Provider Name   Provider Category   2 a.		Participating in Projects	ects										
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Discriptioned   Miles   Mile	Crain Robert	Uncategorized											
ge Of Unit Uncategorizzed	Lacey Ragule	Uncategorized	<	<		<	<	<	<	<	<	<	<
ge Of Unit  Uncategorized	Jennaleigh Fish	Uncategorized	<	<		<	<	<					
Uncategorized   Uncategorize	Albany Medical College Of Uni	Uncategorized											
Uncategorized	Thomas Catherine	Uncategorized											
Builtington         Uncategorized         X	Michelle Mccoy	Uncategorized	<	<		<	<	<	<b>&lt;</b>	<		<	<
Burlington         Uncategorized         Uncategoriz	Soyoung Chung	Uncategorized	<	<		<	<	<	<	<	<	<	<
Uncategorized   Uncategorize	Martins Foods Of So Burlington	Uncategorized											
Uncategorized   Uncategorize	Saratoga Hospital	Uncategorized											
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hab Crt Sn         Uncategorized         CV         CV </td <td>Verhagen Erin Mrs.</td> <td>Uncategorized</td> <td></td>	Verhagen Erin Mrs.	Uncategorized											
abilities Services  Uncategorized  U	Avenue Nursing & Rehab Ctr Sn	Uncategorized											
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Minh         Uncategorized         V	Hope House, Inc.	Uncategorized											
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Uncategorized	Jennifer Lawlor	Uncategorized	<	<		<	<	<	<	<	<	<	<
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cicole         Uncategorized         Uncategorized </td <td>Laura Dewitt</td> <td>Uncategorized</td> <td>&lt;</td> <td>&lt;</td> <td></td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td> <td>&lt;</td>	Laura Dewitt	Uncategorized	<	<		<	<	<	<	<	<	<	<
Of Troy Mh         Uncategorized         Image: Control of the control	Colamaria Nicole	Uncategorized											
Of Troy Mh         Uncategorized         Image: Control of the control	Conifer Park	Uncategorized											
sings         Uncategorized         V	Unity House Of Troy Mh	Uncategorized											
sings         Uncategorized           Id Service Of Schenectady, Inc.         Uncategorized           Uncategorized         Incategorized           Micheal Mr.         Uncategorized           Uncategorized         Incategorized	Russo Michele	Uncategorized	<	<	ζ.	<	<	<	<	<	<	<	<
Id Service Of Schenectady, Inc.         Uncategorized         Ideal of Service Of Schenectady, Inc.         Uncategorized         Ideal of Service Of Schenectady, Inc.         Ideal of Service Of	Catskill Crossings	Uncategorized											
spital         Uncategorized         Uncategorized </td <td>Family &amp; Child Service Of Schenectady, Inc.</td> <td>Uncategorized</td> <td></td>	Family & Child Service Of Schenectady, Inc.	Uncategorized											
Micheal Mr.         Uncategorized         Image: Conne Ms.         Uncategorized         Image: Conne Ms.	Saratoga Hospital	Uncategorized											
Ionne Ms.     Uncategorized       Uncategorized     V       Cal Ctr Hospital     Uncategorized       Uncategorized     V       Uncategorized     V       V	Summerfield Micheal Mr.	Uncategorized											
Cal Ctr Hospital     Uncategorized       arth Inc     Uncategorized       Uncategorized     Uncategorized       ault Mary Ms.     Uncategorized       V     V	Richmond Dionne Ms.	Uncategorized											
al Uncategorized Uncategorized Uncategorized  Uncategorized  V V V V V V V V V V V V V V V V V V V	Larry Nelsen	Uncategorized	<		<			~					
Uncategorized  Uncategorized  V V V V V V V V V V V V V V V V V V V	Albany Medical Ctr Hospital	Uncategorized											
Uncategorized	Philmont Hearth Inc	Uncategorized											
	Maskell-Amirault Mary Ms.	Uncategorized	<	<		<	<	<	<	<	<	<	<



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	Participating in Projects	ects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Czajka Megan Ms.	Uncategorized											
Clark Allison	Uncategorized	<	<	<	<b>~</b>	<b>&lt;</b>	<	<	<b>&lt;</b>	<	<	<
Mccall Kimberly	Uncategorized											
Balber-Condon Susanrachel Ms.	Uncategorized											
Martins Food Of South Burlington	Uncategorized											
Martins Foods So Burlington	Uncategorized											
Lanning lan Mr.	Uncategorized											
Romig Jenelle	Uncategorized	<	<		<b>~</b>	<b>&lt;</b>	<	<	<	<	<	<
Living Res Certified Hha	Uncategorized											
Norelli Lisa Dr.	Uncategorized											
Capital District Pc	Uncategorized											
Martins Foods So Burlngtn 320	Uncategorized											
Saratoga Cnty Bd Supvrs Phns	Uncategorized											
Center For Disability Services, Inc.	Uncategorized	<	<		<	<	<	<	<		<	<
Jonathan P. Coll, Md	Uncategorized	ζ.	ζ.	<	<	<	<	<	<	<	<	<
Timothy Nevinger	Uncategorized											
Curran Sara	Uncategorized											
Walgreens Eastern Co Inc	Uncategorized											
Decker Jeffrey	Uncategorized											
Taylor Concordia	Uncategorized	<	<		<	<	<	<			<	<
Allen George	Uncategorized											
Risler Jenna	Uncategorized											
Lyon Sarah	Uncategorized											
Columbia Cty Mh Ctr Mh	Uncategorized											
Living Res Corp Balltown Icf	Uncategorized											
Lynn Spilman	Uncategorized	ζ.	ζ.		<	<	<	<	<	<	<	<
Price Chopper Operating Co Inc	Uncategorized											
Martins Foods Of So Burlington	Uncategorized											
Kasallis Ivy Miss	Uncategorized											
Community Care Physicians, Pc	Uncategorized	<	<	<	<	<	<		<	<	<	<
Berkowitz Adam	Uncategorized											



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	Participating in Projects	ţ									
Provider Name	Provider Category	a.i	2.a.iii	2.a.v 2.b.iii	.iii 2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Rosoff Richard	Uncategorized										
Ashley Wall	Uncategorized	<	<	<b>~</b>	<	<	<			<	<
Kennedy Shannon	Uncategorized	<	<	<	<b>'</b>	<	<	<	<	<	<
William Y. Perez, Dds	Uncategorized	<	<	< <		<	<	<	<	<	<
Hope House, Inc.	Uncategorized										
Saratoga Hospital	Uncategorized										
Healthcare Partners Of Saratoga Ltd	Uncategorized										
Protsko Allison	Uncategorized										
Zumpano Andrea	Uncategorized										
Albany Medical College Of Uni	Uncategorized										
Wade Kristie	Uncategorized										
Christopher W. Park, Md	Uncategorized	<	<	<b>&lt;</b>	<	<	<	<	<	<	<
Patricia Bjurstrom	Uncategorized	<	<	<	<	<	<	<	<	<	<
Bagyi Joyce Ms.	Uncategorized										
Saratoga Cnty Comm Srvs Brd	Uncategorized										
Mha Of Columbia-Greene Mh	Uncategorized										
Downing Melissa	Uncategorized										
George Renee	Uncategorized										
Jopal Bronx, Llc	Uncategorized										
Nancy La Pierre	Uncategorized	<	<	<	<b>&lt;</b>	<					
Wesley Health Cc Inc Snf	Uncategorized										
Bearden Deborah	Uncategorized	<				<					
Bergman Eric Mr.	Uncategorized										
Melei Katrina	Uncategorized										
Catholic Charities Jules Icf	Uncategorized										
Cary Govel Heather	Uncategorized										
Ulster-Greene Arc - Rehab Clinic: Natale (Williams), Melissa (Psych,Abss)	Uncategorized	<									
Judith Dougherty	Uncategorized	<	<	<	<	<	<	<	<	<	<
Twin Cty Recovery Svcs Inc	Uncategorized										
Pipito Salvatore	Uncategorized										
Boucher Lisa Ms.	Uncategorized										



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Conifer Park	Uncategorized											
Kingsley Andrea Mrs.	Uncategorized											
Lopez Maricarmen Dr.	Uncategorized											
Avishkar Tyagi, Md	Uncategorized	~	~	~	~	~	~	~	~	~	<b>~</b>	~
Walgreen Eastern Co Inc	Uncategorized											1
Jones Frederick	Uncategorized											
Stachnik Laura	Uncategorized											
Flagg Jennifer	Uncategorized											
Albany Medical College Of Uni	Uncategorized											
Living Resources Corp. Dyckman	Uncategorized											
Golub Corporation The #191	Uncategorized											
Martins Food Of So Burlington	Uncategorized											
Walgreen Eastern Co Inc #09971	Uncategorized											
Zink Darcy	Uncategorized											
Svenson Cathleen Ms.	Uncategorized											
Ulster-Greene Arc - Rehab Clinic: Pierce, Melissa	Uncategorized	~										
Commission On Economic Opportunity	Uncategorized											
Ally Riyadh Mr.	Uncategorized											
820 River Street Inc.	Uncategorized											
Kristen Sergott	Uncategorized	~	~		~	~	~	~	~	~	~	~
Martins Foods Of So Burl 391	Uncategorized											
Kendall Robert	Uncategorized											
Hunt Sierra	Uncategorized											
Empire Home Infusion Svc Inc	Uncategorized											
Accent Health Care Services	Uncategorized											
Martins Foods So Burlington	Uncategorized											
Lundberg Julie	Uncategorized											
Hall Shelby	Uncategorized											
Bauer Laura	Uncategorized											
Senior Services Centers Of The Albany Area, Inc	Uncategorized	~										
Marvin Laura	Uncategorized											



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	Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Paul Rodden	Uncategorized											
Jacobsen Amanda	Uncategorized											
Catholic Charities Warren Icf	Uncategorized											
Martin'S Food Of S Burlington	Uncategorized											
Mosher Nathaniel	Uncategorized											
Mental Health Association In	Uncategorized											
Mills Pond Nursing & Rehab Ctr	Uncategorized											
Lanesey Tracey	Uncategorized											
Atkinson Christopher	Uncategorized											
Felber Angela	Uncategorized											
Lange Jean Mrs.	Uncategorized											
Saratoga Hospital	Uncategorized											
Pina Peguero Paloma Dr.	Uncategorized											
Komanoff Ctr/Geriatric Rehab	Uncategorized											
Laura Igoe-Krugger	Uncategorized	~	~		~	~	~	~	~	~	~	~
Vanderhorst Stacy M	Uncategorized											
Lash Sandra	Uncategorized											
Schenectady Cnty Public HIth	Uncategorized											
Catholic Charities Wellington	Uncategorized											
Heritage Linda Ann	Uncategorized											
Cupelli Donna	Uncategorized											
Daniel A. Strauchler, Md	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Nitta Rubina	Uncategorized											
Kee To Independent Growth, Inc.	Uncategorized	~	~				~					
Albany Medical Ctr Hospital	Uncategorized											
Albany Medical College Of Uni	Uncategorized											
Capitalcare Medical Group Llc	Uncategorized											
Seton Health System	Uncategorized											
Hubbard Patricia Mary	Uncategorized											
Livingston Hills Nursing And Rehabilitation Center, Llc	Uncategorized											
Vanwormer Lynne	Uncategorized											



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Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Manal M. Schoellerman, Md	Uncategorized	~	~	~	~	~	~	~	~	~	~	<b>*</b>
Svare Heather	Uncategorized											
Busa Janeen	Uncategorized											
Sehgal Sumit	Uncategorized											
Shechter Shulamit Ms.	Uncategorized											
Chard Devan	Uncategorized											
Steven Marcal	Uncategorized	~	~		~	~	~	~	~		~	<b>*</b>
Massad Margaret	Uncategorized	~	~	~	~	~	~	~	~	~	~	<b>✓</b>
Columbia Cy Dept Of Health	Uncategorized											
Mercogliano Vincent	Uncategorized											
Csrnc Llc	Uncategorized											
Donofrio Amy Ms.	Uncategorized											
Scipio Rachel Miss	Uncategorized											
Gartley Erin	Uncategorized											
Smith Eileen Dr.	Uncategorized											
Albany Medical College Of Uni	Uncategorized											
Retina Consultants Pllc	Uncategorized											
Janine Carroll	Uncategorized	~	~		~	~	~	~	~	~	~	<b>~</b>
Kevin P. Rudny, Md	Uncategorized	~	~	~	~	~	~	~	~	~	~	<b>*</b>
Gabriel Joseph	Uncategorized											
Doody Katherine	Uncategorized											
Capobianco Lisa	Uncategorized											
Kitty Thomas	Uncategorized											
Albany County Health Dept	Uncategorized											
Martin'S Foods So Burlington3	Uncategorized											
Ulster Green Nysarc Flatbush Bld 2	Uncategorized											
Maher Matthew	Uncategorized											
Amanda Cardoze	Uncategorized	~	~		~	~	~	~			~	~
Zhang Bryan	Uncategorized											
Hart Barbara J	Uncategorized											
Lyman Bruce	Uncategorized											



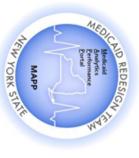
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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Martins Foods Of S Burlington	Uncategorized											
Living Resources Corp. Dowling	Uncategorized											1
Lasalle School Inc	Uncategorized											1
Mastando Toni-Ann	Uncategorized											1
Vo Nguyen	Uncategorized											1
Van Etten Brett	Uncategorized											1
Albany Medical Ctr Hospital	Uncategorized											1
Martins Foods So Burlington	Uncategorized											1
Cohoes City School District	Uncategorized											1
Catholic Charities Serena Icf	Uncategorized											1
Iannon Phillip Mr.	Uncategorized											1
Crucetti Nicholas	Uncategorized											1
Colonie Senior Service Centers, Inc.	Uncategorized											1
Sack Virginia Ms.	Uncategorized											1
Catlin Bonnie	Uncategorized											1
Monroe Nichole	Uncategorized											1
Golub Corporation The	Uncategorized											1
Vishal Verma, Md	Uncategorized	<b>~</b>	~	~	~	~	~	~	~	~	~	~
Gagnon Jason	Uncategorized											1
Upper Hudson Planned Parent	Uncategorized											1
Mcfaden Lisa	Uncategorized											1
Riley Kristen	Uncategorized											1
Saratoga Hospital	Uncategorized											1
Michael C. Lin, Md	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Wamsley John	Uncategorized											1
David Krista	Uncategorized											
Wells Thomas	Uncategorized											
Kessler Adam	Uncategorized											
Golub Corporation	Uncategorized											
Glaucoma Practice Of New York, Pllc	Uncategorized											
Columbia County Department Of Health	Uncategorized	~				~						1



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	Participatin Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
Rtf Hs Of The Good Shepherd	Uncategorized											
Walgreen Eastern Co Inc 11841	Uncategorized											
Grimm Erin	Uncategorized											
Inpatient Hospitalist Services Of N	Uncategorized											
Any-Time Home Care Inc	Uncategorized											
Albany County Health Dept	Uncategorized											
Albany Co Hith Dept Psshsp	Uncategorized	~				~			~	~		
Price Chopper Operating Co In	Uncategorized											
Nwakeze Agatha Mrs.	Uncategorized											
Rsrnc Llc	Uncategorized											
Boice Marissa	Uncategorized											
Ulster-Greene Arc (Health Home)	Uncategorized	~										
Whittier Rehab & Skilled Nrs Ctr	Uncategorized											
Falcone Eileen	Uncategorized											
Community Care Physicians Pc	Uncategorized											
Parsons Child And Family Ctr	Uncategorized											
Albany Medical Ctr Hospital	Uncategorized											
Rehabilitation Supp Svcs C	Uncategorized											
Wood Derek Mr.	Uncategorized											
Ulster Green Nysarc Flatbush Bld 3	Uncategorized											
Hhdl Inc.	Uncategorized											
Hudson River Healthcare, Inc.	Uncategorized	~	~		~	~					~	~
Martin Foods Of So Burlington	Uncategorized											
Allen Scott	Uncategorized	~	~	~	~	~	~	~	~	~	~	~
Greene Cnty Pub Hlth Nurs Ser	Uncategorized											
Martins Foods Of So Burlington Inc	Uncategorized											
Andrea Fisher	Uncategorized	~	~		~	~	~	~	~	~	~	~
Van Rensselaer Manor Snf	Uncategorized											
Belvedere Of Albany	Uncategorized	~	~				~					
Bratek Zachary	Uncategorized											
Moak Charles	Uncategorized											



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Remainistr City United Birty   Provider Connegory   2 Au   2 Au		Participating in Projects	cts			_		_		_	-		
Microsingolicidal   Micr	Provider Name	Provider Category	2.a.i	2.a.iii	2.a.v	2.b.iii	2.d.i	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii
owner ince         Uncategorized         C	Rensselaer Cnty Unitied Mh	Uncategorized											
	Whitney M Young Jr., Health Center Inc	Uncategorized	<	<						<	<		<
Modelsportzed   Modelsportze	Albany County Nursing Home	Uncategorized											
Uncategorized	Greater Adirondack Home Aides	Uncategorized											
Uncategorized	Peterson Jory	Uncategorized											
Uncategorized   Uncategorize	Martins Foods So Burlington	Uncategorized											
Uncategorized   Uncategorize	Albany County Mh	Uncategorized											
Uncategorized	Schenectady Co Chap Nys Arc	Uncategorized											
Uncategorized	Poughkeepise Crossings	Uncategorized											
Uncategorized         Uncategorized           Uncategorized         Incategorized           Incategorized         Incategorized           Incategorized         Incategorized           Incategorized         Incategorized           Incategorized         Incategorized <t< td=""><td>Hiscock Kevin Mr.</td><td>Uncategorized</td><td>&lt;</td><td><b>~</b></td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td><td>&lt;</td></t<>	Hiscock Kevin Mr.	Uncategorized	<	<b>~</b>	<	<	<	<	<	<	<	<	<
Uncategorized	Fitzpatrick Brittany	Uncategorized											
Uncategorized	The Golub Corporation Price C	Uncategorized											
Uncategorized	Golub Corporation The	Uncategorized											
Uncategorized         V         <	Saratoga Hospital	Uncategorized											
Uncategorized         Uncategorized	Leigh Borgstrom	Uncategorized	<	<		<	<	<	<			<	<
Uncategorized         Uncategorized	Mance Alicia	Uncategorized											
Uncategorized         Uncategorized	Conifer Park	Uncategorized											
Uncategorized         Uncatego	Ens Health Care Services Llc	Uncategorized											
Uncategorized         Uncategorized         Image: Company of the comp	Kaftal Laurel	Uncategorized											
Lic: Warren, Deborah (Voc. Rehab-         Uncategorized         Image: Control of the	St Margarets Center	Uncategorized											
ic: Warren, Deborah (Voc. Rehab- Uncategorized	Socaris Peter	Uncategorized											
Uncategorized         Uncategorized           Uncategorized         Uncategorized           Uncategorized         S           Uncategorized	Ulster-Greene Arc - Rehab Clinic: Warren, Deborah (Voc. Rehab-Bachelor'S)	Uncategorized	<										
Uncategorized         Uncategorized           Uncategorized            Uncategorized            Uncategorized            Uncategorized            Uncategorized            Uncategorized            Uncategorized            Uncategorized            Uncategorized            Uncategorized            Uncategorized	Cross-Briggs Julie	Uncategorized											
Uncategorized         Image: Control of the Contr	Whitney Bean	Uncategorized											
Uncategorized         Value	Vadney Nicholas	Uncategorized											
Uncategorized         Uncategorized           Uncategorized         Image: Comparized of the comparized of	Alyssa Irla	Uncategorized	ζ.	<		<	<	<	ζ.	ζ.	<	ζ.	<
Uncategorized  Uncategorized  Uncategorized  Uncategorized  Uncategorized  Uncategorized  Uncategorized  Uncategorized	Pavkov Ryan	Uncategorized											
Uncategorized       X       <	Albany Med College Radiology	Uncategorized											
Uncategorized	Margaret Cipperly	Uncategorized	ζ.	<		<	<	<	ζ.	ζ.	<	ζ.	<
	Henry Pohl	Uncategorized	<	<		<	<	<	<	<	<	<	<
	Rudden Jane	Uncategorized											



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Salhoff Donald	Uncategorized											
Maria Englert	Uncategorized	<	<		<	<	<	<	<	<	<	<
William R. Rogers, Md	Uncategorized	ζ.	<	<b>&lt;</b>	<b>&lt;</b>	ζ.	<	<	<b>\</b>	<	<	<
Mohawk Opportunities Inc	Uncategorized											
Pasternack Anita Dr.	Uncategorized											
Walker Arthur	Uncategorized											
Perretta Danielle	Uncategorized											
Ulster-Greene Arc - Rehab Clinic: Weiner, Michele A. (Psych/Abss)	Uncategorized	<										
Tai Nancy	Uncategorized											
Krneta Laura	Uncategorized											
Hansen Kristen	Uncategorized											
Vna Of Albany & Saratoga	Uncategorized											
Davis Paul J Md	Uncategorized											
Robert B. Fortuna, Md	Uncategorized	<	<	<	<	<	<	<	<	<b>&lt;</b>	<	<
Marilynn Orr	Uncategorized	<	<		<	<	<	<	<	<	<b>&lt;</b>	<
Donato Stephanie Lynn	Uncategorized											
Gem Drug Corporation	Uncategorized											
Walgreen Eastern Co Inc	Uncategorized											
Catholic Charities/Albany Ai	Home and Community Based Services											
Transitional Svcs Assoc Inc	Home and Community Based Services											
Community Maternity Svcs Bfc	Home and Community Based Services											
Catholic Charities/Albany Ai	Home and Community Based Services											
Transitional Svcs Assoc Inc	Home and Community Based Services											
Community Maternity Svcs Bfc	Home and Community Based Services											
Community Maternity Svcs Bfc	Home and Community Based Services											
Community Maternity Svcs Bfc	Home and Community Based Services											
Community Maternity Svcs Bfc	Home and Community Based Services											
The Salvation Army	Home and Community Based Services											



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### **Current File Uploads**

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No Records Found	d			
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