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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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Community Partners of WNY (PPS ID:46)

Quarterly Report - Implementation Plan for Community Partners of WNY

Year and Quarter: DY5, 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			
<u>2.a.i</u>	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed		
<u>2.b.iii</u>	ED care triage for at-risk populations	Completed		
<u>2.b.iv</u>	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed		
<u>2.c.ii</u>	Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services			
<u>3.a.i</u>	Integration of primary care and behavioral health services	Completed		
<u>3.b.i</u>	Evidence-based strategies for disease management in high risk/affected populations (adult only)	Completed		
<u>3.f.i</u>	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	Completed		
<u>3.g.i</u>	Integration of palliative care into the PCMH Model	Completed		
<u>4.a.i</u>	Promote mental, emotional and behavioral (MEB) well-being in communities	Completed		
<u>4.b.i</u>	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed		



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

Section 01 – Budget

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

Instructions:

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

Budget Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	6,871,321	7,323,198	11,841,972	10,486,340	6,871,321	43,394,151
Cost of Project Implementation & Administration	4,603,976	4,027,582	5,328,903	4,718,724	3,092,223	21,771,408
Administration	1,443,037	1,318,118	2,131,561	1,887,490	1,236,889	8,017,095
Implementation	3,160,939	2,709,464	3,197,342	2,831,234	1,855,334	13,754,313
Revenue Loss	1,236,889	1,318,118	2,131,561	1,887,490	1,236,889	7,810,947
Internal PPS Provider Bonus Payments	618,445	1,244,889	3,434,182	3,145,816	2,198,914	10,642,246
Cost of non-covered services	343,580	659,059	828,941	524,303	206,148	2,562,031
Other	68,717	73,228	118,421	209,720	137,433	607,519
Contingency fund	68,717	73,228	118,421	209,720	137,433	607,519
Total Expenditures	6,871,607	7,322,876	11,842,008	10,486,053	6,871,607	43,394,151
Undistributed Revenue	0	322	0	287	0	0

Current File Uploads

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User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text:

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

"Other" category includes contingency fund.



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Community Partners of WNY (PPS ID:46)

Review Status	IA Formal Comments
Pass & Complete	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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 DY5	Revenue	Revenue YTD	Revenue Total	
6,871,321	43,394,151	-514,528	18,924,636	

Budget Items	DY5 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	2,330,482	18,477,107	-3,531,045	-114.19%	3,294,301	15.13%
Administration	209,275					
Implementation	2,121,207					
Revenue Loss	0	2,459,529	1,236,889	100.00%	5,351,418	68.51%
Internal PPS Provider Bonus Payments	199,479	3,532,879	1,436,333	65.32%	7,109,367	66.80%
Cost of non-covered services	0	0	206,148	100.00%	2,562,031	100.00%
Other	0	0	137,433	100.00%	607,519	100.00%
Contingency fund	0					
Total Expenditures	2,529,961	24,469,515				

Current File Uploads

User ID File Type File Name File Description Upload

No Records Found

Narrative Text:

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



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Community Partners of WNY (PPS ID:46)

Review Status	IA Formal Comments
Pass & Complete	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

Funds Flow Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Waiver Revenue	6,871,321	7,323,198	11,841,972	10,486,340	6,871,321	43,394,151
Practitioner - Primary Care Provider (PCP)	1,924,050	1,977,176	3,197,342	2,726,374	1,821,316	11,646,258
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	1,236,889	1,318,118	2,131,561	1,887,490	1,236,889	7,810,947
Clinic	343,580	366,144	592,100	524,303	343,580	2,169,707
Case Management / Health Home	0	0	0	0	0	0
Mental Health	481,013	585,830	1,184,201	1,153,466	721,519	4,126,029
Substance Abuse	137,432	146,458	236,840	209,721	137,432	867,883
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	137,432	146,458	355,260	209,721	137,432	986,303
Community Based Organizations	343,580	366,144	592,100	629,163	412,296	2,343,283
All Other	824,593	1,098,431	1,421,041	1,258,326	755,537	5,357,928
Uncategorized						0
Home and Community Based Services						0
PPS PMO	1,443,038	1,318,118	2,131,563	1,887,490	1,305,606	8,085,815
Total Funds Distributed	6,871,607	7,322,877	11,842,008	10,486,054	6,871,607	43,394,153
Undistributed Revenue	0	321	0	286	0	0

Current File Uploads

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	User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text:

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



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Community Partners of WNY (PPS ID:46)

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

Review Status	IA Formal Comments
Pass & Complete	



form Incentive Payment Project

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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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 DY5	Revenue	Revenue YTD	Revenue Total
6,871,321.00	43,394,151.00	5,740,808.30	

		Percentage of Safety Net								Percent	Spent By	/ Projec	t				
Funds Flow Items	DY5 Q4 Quarterly Amount -	Funds - DY5 Q4	Safety Net Funds	Safety Net Funds Percentage	Total Amount Disbursed to Date (DY1-				l	Projects	Selected	By PPS	3			DY Adjusted	Cumulative Difference
	Update	Quarterly Amount - Update	Flowed YTD	YTD	DY5)	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	Difference	Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	1,000,740	0	0	0	0	0	0	0	0	0	0	1,821,316	10,645,518
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	77,093	0	0	0	0	0	0	0	0	0	0	0	0
Hospital	0	0.00%	0	0.00%	2,924,517	0	0	0	0	0	0	0	0	0	0	1,236,889	4,886,430
Clinic	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	343,580	2,169,707
Case Management / Health Home	0	0.00%	0	0.00%	13,009	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	721,519	4,126,029
Substance Abuse	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	137,432	867,883
Nursing Home	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospice	0	0.00%	0	0.00%	150,768	0	0	0	0	0	0	0	0	0	0	137,432	835,535
Community Based Organizations	0	0.00%	0	0.00%	2,204,437.45	0	0	0	0	0	0	0	0	0	0	412,296	138,845.55
All Other	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	755,537	5,357,928
Uncategorized	0	0.00%	0	0.00%	62,162	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
Additional Providers	0	0.00%	0	0.00%	0												
PPS PMO	209,275	100.00%	1,130,512.70	100.00%	3,770,177.56											175,093.30	4,315,637.44
Total	209,275	100.00%	1,130,512.70	100.00%	10,202,904.01												



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Current File Uploads

User 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.

Review Status	IA Formal Comments
Pass & Complete	



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Community Partners of WNY (PPS ID:46)

* Safety Net Providers in Green

vvaiv	ver Quarterly Update Amount By Provider	
Provider Name	Provider Category	DY5Q4
Practitioner - Prin	mary Care Provider (PCP)	0
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-F	Primary Care Provider (PCP)	0
	Practitioner - Non-Primary Care Provider (PCP)	0
	Hospital	0
	Hospital	0
	Clinic	0
	Clinic	0
Case Manag	ement / Health Home	0
	Case Management / Health Home	0
Me	ntal Health	0
	Mental Health	0
Subs	stance Abuse	0
	Substance Abuse	0
Nu	rsing Home	0
	Nursing Home	0
F	Pharmacy	0
	Pharmacy	0
	Hospice	0
	Hospice	0
Community	Based Organizations	0
	Community Based Organizations	0
	All Other	0
	All Other	0
Und	categorized	0
	Uncategorized	0
Home and Com	munity Based Services	0
	Home and Community Based Services	0



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Community Partners of WNY (PPS ID:46)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider								
Provider Name	IA Provider Approval/Rejection Indicator	DY5Q4						
	0							
	Additional Providers		0					



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Community Partners of WNY (PPS ID:46)

IPQR Module 1.5 - Prescribed Milestones

Instructions:

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

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



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input	Completed	5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task6. Revise plan based on consultation and finalize; obtain approval from Finance Committee	Completed	6. Revise plan based on consultation and finalize; obtain approval from Finance Committee	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee	Completed	7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 8. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Executive Committee	Completed	8. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Executive Committee	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 9. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements	Completed	9. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 10. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners	Completed	10. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task 11. Roll out education and training sessions for providers regarding the funds flow plan, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds. Individual sessions will be run for larger providers; collaborative group sessions will be run for smaller providers and for providers with close operational ties	Completed	11. Roll out education and training sessions for providers regarding the funds flow plan, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds. Individual sessions will be run for larger providers; collaborative group sessions will be run for smaller providers and for providers with close operational ties	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	



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IA Instructions / Quarterly Update

Milestone Name IA Instructions

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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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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
willestone Name	Narrative Text

No Records Found



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Community Partners of WNY (PPS ID:46)

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	8,759,298.40	8,759,298.40	8,759,298.40	8,759,298.40	8,759,298.40	43,796,492
Cost of Project Implementation & Administration	5,327,992	4,373,725	3,578,502	3,578,502	3,578,502	20,437,223
Administration	1,669,968	1,431,401	1,431,401	1,431,401	1,431,401	7,395,572
Implementation	3,658,024	2,942,324	2,147,101	2,147,101	2,147,101	13,041,651
Revenue Loss	1,431,401	1,431,401	1,431,401	1,431,401	1,431,401	7,157,005
Internal PPS Provider Bonus Payments	715,700	1,351,879	2,306,146	2,385,668	2,544,712	9,304,105
Cost of non-covered services	397,611	715,700	556,656	397,611	238,567	2,306,145
Other	79,523	79,522	79,522	159,045	159,044	556,656
Contingency Fund	79,523	79,522	79,522	159,045	159,044	556,656
Total Expenditures	7,952,227	7,952,227	7,952,227	7,952,227	7,952,226	39,761,134
Undistributed Revenue	807,071.40	807,071.40	807,071.40	807,071.40	807,072.40	4,035,358

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Community Partners of WNY (PPS ID:46)

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 DY5	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
8,759,298.40	43,796,492	1,314,126.40	24,182,394

Budget Items	DY5 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	2,349,200	15,672,664	0	0.00%	4,764,559	23.31%
Administration	210,956					
Implementation	2,138,244					
Revenue Loss	0	1,489,015	1,431,401	100.00%	5,667,990	79.19%
Internal PPS Provider Bonus Payments	201,082	2,452,419	1,776,005	69.79%	6,851,686	73.64%
Cost of non-covered services	0	0	238,567	100.00%	2,306,145	100.00%
Other	0	0	159,044	100.00%	556,656	100.00%
Contingency Fund	0					
Total Expenditures	2,550,282	19,614,098				

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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

Funds Flow Items	DY1 (\$)	DY2 (\$)	DY3 (\$)	DY4 (\$)	DY5 (\$)	Total (\$)
Non-Waiver Revenue	8,759,298.40	8,759,298.40	8,759,298.40	8,759,298.40	8,759,298.40	43,796,492
Practitioner - Primary Care Provider (PCP)	2,226,624	2,147,101	2,147,101	2,067,579	2,107,733	10,696,138
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	1,431,401	1,431,401	1,431,401	1,431,401	1,431,401	7,157,005
Clinic	397,611	397,611	397,611	397,611	397,611	1,988,055
Case Management / Health Home	0	0	0	0	0	0
Mental Health	556,656	636,178	795,223	874,745	834,984	3,697,786
Substance Abuse	159,045	159,045	159,045	159,045	159,044	795,224
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	159,045	159,045	238,567	159,045	159,044	874,746
Community Based Organizations	397,611	397,611	397,611	477,134	477,133	2,147,100
All Other	954,267	1,192,834	954,267	954,267	874,351	4,929,986
Uncategorized	0	0	0	0	0	0
Home and Community Based Services	0	0	0	0	0	0
PPS PMO	1,669,967	1,431,401	1,431,401	1,431,400	1,510,925	7,475,094
Total Funds Distributed	7,952,227	7,952,227	7,952,227	7,952,227	7,952,226	39,761,134
Undistributed Non-Waiver Revenue	807,071.40	807,071.40	807,071.40	807,071.40	807,072.40	4,035,358

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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

Benchmarks

Non-Waiver Revenue DY5	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total	
8,759,298.40	43,796,492.00	7,619,705.53	38,541,251.79	

Funds Flow Items	DY5 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY5 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	2,107,733	10,696,138
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	0	0.00%	0	0.00%	0	1,431,401	7,157,005
Clinic	0	0.00%	0	0.00%	0	397,611	1,988,055
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0.00%	0	0.00%	0	834,984	3,697,786
Substance Abuse	0	0.00%	0	0.00%	0	159,044	795,224
Nursing Home	0	0.00%	0	0.00%	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0
Hospice	0	0.00%	0	0.00%	0	159,044	874,746
Community Based Organizations	0	0.00%	0	0.00%	1,764,246.42	477,133	382,853.58
All Other	0	0.00%	0	0.00%	0	874,351	4,929,986
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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Funds Flow Items	DY5 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY5 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	210,956	100.00%	1,139,592.87	100.00%	3,490,993.79	371,332.13	3,984,100.21
Total	210,956	100.00%	1,139,592.87	100.00%	5,255,240.21		

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Community Partners of WNY (PPS ID:46)

* Safety Net Providers in Green

Non-W	laiver Quarterly Update Amount By Provider	
Provider Name	Provider Category	DY5Q4
Practitioner - Pri	mary Care Provider (PCP)	0
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-	Primary Care Provider (PCP)	0
	Practitioner - Non-Primary Care Provider (PCP)	0
	Hospital	0
	Hospital	0
	Clinic	0
	Clinic	0
Case Manag	jement / Health Home	0
	Case Management / Health Home	0
Me	ental Health	0
	Mental Health	0
Sub	stance Abuse	0
	Substance Abuse	0
Nu	rsing 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
Un	categorized	0
	Uncategorized	0
Home and Con	nmunity Based Services	0
	Home and Community Based Services	0

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Community Partners of WNY (PPS ID:46)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider							
Provider Name	IA Provider Approval/Rejection Indicator	DY5Q4					
A	0						
	Additional Providers		0				



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IPQR Module 1.11 - IA Monitoring

Instructions:



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions:

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

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

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



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



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



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



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



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



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



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

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize governance structure and sub-committee structure	If there have been changes, please describe those changes and upload any	Please state if there have been any changes during this reporting quarter.
I mailze 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
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No Records Found



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Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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IPQR Module 2.2 - PPS Defined Milestones

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name User iD File Type File Name Description Upload Date		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
Mid-Point Assessment	



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

Instructions:

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

The key challenge in the governance work steam will be the on-going engagement of all community based organizations; participating providers, public sector organizations and key stakeholders. DSRIP is clearly a significant transition from the "status quo" and will require a high degree of change management expertise as well as a concerted effort put forth toward communications. The PPS governance will be required to create a culture of trust and collaboration with all engaged parties. To those ends, an open transparent process has been and will continue to be utilized to convene appropriate partners at the appropriate cycles. Information will be shared in a non-threatening manor which clearly describes the expectations, requirements and goals of DSRIP. Participating providers will be engaged in developing solutions to challenges as they arise focusing on a "bottom-up" approach to problem solving. Data/information will be presented in documents that can be clearly understood by all constituent groups. General communication will be provided by various means (e.g. during working group meetings; via the PPS' web-site etc.)

Meetings will be held at various locations throughout the relevant service area in an effort to further engage various constituent groups (i.e. houses of worship; community centers etc.) Lastly, economic incentives will be used via our funds-flow model to reward providers which achieve the project metrics/deliverables as well as the over-arching DSRIP expected goals and outcomes. An additional risk is the competing DSRIP expectations across the service area due to the presents of multiple PPSs. This will be mitigated through shared work on aligned projects, coordination on community-wide projects, and on-going communication at the leadership and project levels.

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

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



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unionized labor-forces) will need to be informed of the strategic expectations of DSRIP and the workforce implications that will result. Consistent open communication between governance and all workforce groups will assist in mitigating concerns and afford opportunities for a constructive dialogue.



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IPQR Module 2.5 - Roles and Responsibilities

Instructions:

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

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



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Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions:

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

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



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IPQR Module 2.7 - IT Expectations

Instructions:

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

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

IPQR Module 2.8 - Progress Reporting

Instructions:

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

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

IPQR Module 2.9 - IA Monitoring

Instructions:



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Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions:

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

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

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



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



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



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



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



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



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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
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Completed	Administer VBP activity survey to network	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	YES
Task Develop VBP Work Group representative of CPWNY PPS. Consider representation from CPWNY providers, PCMH, FQHCs and managed care plans.	Completed	Develop VBP Work Group representative of CPWNY PPS. Consider representation from CPWNY providers, PCMH, FQHCs and managed care plans.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Develop VBP Work Group Charter. The primary goal of the VBP Work Group is to coordinate outreach and educational initiatives that support VBP arrangements throughout our system.	Completed	Develop VBP Work Group Charter. The primary goal of the VBP Work Group is to coordinate outreach and educational initiatives that support VBP arrangements throughout our system.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Have VBP Charter approved by Finance Governance Committee	Completed	Have VBP Charter approved by Finance Governance Committee	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Have VBP Charter approved by Executive Governance Body	Completed	Have VBP Charter approved by Executive Governance Body	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	Completed	Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Develop educational materials to be used during provider outreach and educational campaign.	Completed	Develop educational materials to be used during provider outreach and educational campaign.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Conduct education and outreach campaign for CPWNY system providers to broaden knowledge among the CPWNY network of the various VBP models and to enable the CPWNY to employ those models in a coordinated approach (campaign to include in-person and web-based educational sessions for providers).	Completed	Conduct education and outreach campaign for CPWNY system providers to broaden knowledge among the CPWNY network of the various VBP models and to enable the CPWNY to employ those models in a coordinated approach (campaign to include in-person and web-based educational sessions for providers).	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task	Completed	Develop a stakeholder engagement survey to assess the	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	



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



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



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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
Baseline Assessment.									
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 Sub-Milestone: Prioritize potential opportunities and providers for VBP arrangements.	Completed	Sub-Milestone: Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task Analyze health care bundle populations and total cost of care data provided through survey and engagement with providers, to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP.	Completed	Analyze health care bundle populations and total cost of care data provided through survey and engagement with providers, to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP.	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task Identify VBP accelerators and challenges within CPWNY related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements. Identify necessary IT infrastructure that can be utilized to monitor VBP activity (accelerators) and contracting complexity, limited infrastructure with experience in VBP or abundance of low performing providers (challenges).	Completed	Identify VBP accelerators and challenges within CPWNY related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements. Identify necessary IT infrastructure that can be utilized to monitor VBP activity (accelerators) and contracting complexity, limited infrastructure with experience in VBP or abundance of low performing providers (challenges).	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task Align providers and PCMHs to identify alignment with VBP accelerators and challenges which are best aligned to expeditiously engage in VBP arrangements.	Completed	Align providers and PCMHs to identify alignment with VBP accelerators and challenges which are best aligned to expeditiously engage in VBP arrangements.	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task Identify providers and PCMHs within the CPWNY with the greatest ability to negotiate VBP arrangements and operate in a VBP model. Identification will be based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges,	Completed	Identify providers and PCMHs within the CPWNY with the greatest ability to negotiate VBP arrangements and operate in a VBP model. Identification will be based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data.	04/01/2015	06/30/2017	04/01/2015	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
and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data.									
Task Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements. Also, Re-assess capability and infrastructure of providers identified earlier as challenged and continue to move them along the path to VBP.	Completed	Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements. Also, Re-assess capability and infrastructure of providers identified earlier as challenged and continue to move them along the path to VBP.	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task Sub-Milestone: Develop timeline for VBP adoption.	Completed	Sub-Milestone: Develop timeline for VBP adoption.	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account findings of the baseline assessment, alignment with VBP accelerators, and ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data.	Completed	Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account findings of the baseline assessment, alignment with VBP accelerators, and ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data.	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task Engage key financial stakeholders from MCOs, CPWNY and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and CPWNY performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting.	Completed	Engage key financial stakeholders from MCOs, CPWNY and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and CPWNY performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting.	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task Sub-Milestone: Finalize VBP Adoption Plan	Completed	Sub-Milestone: Finalize VBP Adoption Plan	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task Collectively review the VBP Adoption Plan with	Completed	Collectively review the VBP Adoption Plan with CPWNY.	04/01/2015	06/30/2017	04/01/2015	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
CPWNY.									
Task Update, modify and finalize VBP Adoption plan. Secure approval from Executive Governing Body	Completed	Update, modify and finalize VBP Adoption plan. Secure approval from Executive Governing Body	04/01/2015	06/30/2017	04/01/2015	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	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	YES
Milestone #7 Achieve common understanding and measurement of health care quality outcome measures associated with value based payment arrangements for the Medicaid population among the PPS and managed care organizations	Completed	Achieve common understanding and measurement of health care quality outcome measures associated with value based payment arrangements for the Medicaid population among the PPS and managed care organizations	06/30/2017	09/30/2018	06/30/2017	09/30/2018	09/30/2018	DY4 Q2	YES
Task Identify managed care organizations to collaborate with	Completed	Identify managed care organizations to collaborate with	09/30/2017	09/30/2018	09/30/2017	09/30/2018	09/30/2018	DY4 Q2	
Task Establish a set of common quality measures for the Medicaid population with managed care organizations	Completed	Establish a set of common quality measures for the Medicaid population with managed care organizations	09/30/2017	09/30/2018	09/30/2017	09/30/2018	09/30/2018	DY4 Q2	
Task Develop an outline of contractual language regarding the quality measures the PPS partners can utilize when entering into value based payment arrangements	Completed	Develop an outline of contractual language regarding the quality measures the PPS partners can utilize when entering into value based payment arrangements	09/30/2017	09/30/2018	09/30/2017	09/30/2018	09/30/2018	DY4 Q2	
Milestone #8 Enhance value based payment innovation funding to be utilized by PPS partners	Completed	Enhance value based payment innovation funding to be utilized by PPS partners	06/30/2017	09/30/2018	06/30/2017	09/30/2018	09/30/2018	DY4 Q2	YES
Task Enhance criteria for accessing the funds and how the funds would flow to PPS partners	Completed	Enhance criteria for accessing the funds and how the funds would flow to PPS partners	09/30/2017	03/31/2018	09/30/2017	03/31/2018	03/31/2018	DY3 Q4	
Task Revise the proposal format and qualifications for funds such as defining the total population, infrastructure requirements and quality	Completed	Revise the proposal format and qualifications for funds such as defining the total population, infrastructure requirements and quality measurements in the value based payment arrangement	09/30/2017	09/30/2018	09/30/2017	09/30/2018	09/30/2018	DY4 Q2	



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Community Partners of WNY (PPS ID:46)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
measurements in the value based payment									
arrangement									
Task Evaluate proposals and begin distributing funds	Completed	Evaluate proposals and begin distributing funds	09/30/2017	09/30/2018	09/30/2017	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 supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box.		

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	kbullis1	Other	46_DY5Q4_FS_MDL31_PRES6_OTH_Nov_2017_ VBP_Workplan_CPWNY_26687.pdf	Completion documentation for milestone 6.	06/09/2020 02:22 PM
Develop partner engagement schedule for partners for VBP education and training	kbullis1	Other	46_DY5Q4_FS_MDL31_PRES6_OTH_CPWNY_D Y5_Report_26686.pdf	Completion documentation for milestone 6.	06/09/2020 02:22 PM
	kbullis1	Other	46_DY5Q4_FS_MDL31_PRES6_OTH_BUL_Data_ Q1-Q3_2019_Final_26685.xlsx	Completion documentation for milestone 6.	06/09/2020 02:21 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop a Value Based Payments Needs Assessment ("VNA") Develop an implementation plan geared towards addressing	
the needs identified within your VNA	



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Community Partners of WNY (PPS ID:46)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop partner engagement schedule for partners for VBP education and training	Milestone complete documentation including PPS workplan final training and education report and sample analytics file for CBO (.XLS).
Achieve common understanding and measurement of health care quality outcome measures associated with value based payment arrangements for the Medicaid population among the PPS and managed care organizations	
Enhance value based payment innovation funding to be utilized by PPS partners	

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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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

			1		
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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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

Some challenges that could impact efforts to assess and monitor the financial health of the CPWNY providers and effectively manage the administrative and operational aspects of the finance function include: Implementation of a financial reporting infrastructure; Obtaining buy-in from DSRIP partners; Access to data for analytics related to project performance; and failure of providers to meet reporting requirements. Our IT current state assessment revealed a lack of financial reporting infrastructure. A shared reporting infrastructure is essential for timely access to metrics that impact the financial health of CPWNY providers. This risk to our Finance Function will be mitigated by adoption of a shared IT infrastructure throughout the PPS. In addition, the finance team will have access to sources of financial and performance data to identify trends, implement corrective action and update reporting.

We have developed a Data and Technology work plan specific to the finance requirements along with a reporting timeline to ensure CPWNY providers to stay on schedule for submitting reporting information as needed for submission to DOH.

Provider/Partner buy-in is a risk to the functioning of the integrated delivery network and DSRIP success. Some DSRIP objectives may negatively impact provider business models, making them skeptical to participate. Provider support is essential to meeting project requirements and earning full DSRIP payment. To mitigate this risk we will communicate to providers the funds distribution plan and ensure plan requirements, processes and payment schedules are transparent and clearly understood.

Another risk is the ability to transition from fee-for-service reimbursement to a Value Based Payment model. This change presents a significant challenge for CPWNY practices, particularly small providers and those with less experience using VBP models. CPWNY will facilitate this transition through educational campaigns which will cover the objectives of VBP models, including risk sharing. This will empower providers to make more sound and intelligent decisions and pace their practices to achieve VBP arrangements. We will engage partners to develop a flexible, multi-phased approach that enables the most appropriate and effective method of contracting on a VBP basis within our region. We also recognize this task as a challenging process where many considerations, such as contracting complexity and existing provider/MCO relationships must be taken into account. To address this challenge, our approach will take into account the strong relationships that exist between individual providers and MCOs and we will enable our providers to contract directly with regional MCOs. To successfully operate in a VBP arrangement, our partners must maintain a firm understanding of the varying degrees of risk sharing, capitation and fee for service. CPWNY will examine opportunities to facilitate and support contract negotiations between our CPWNY providers and MCOs, wherever possible. We will examine opportunities for standardization in contracting methodologies among MCOs, ultimately streamlining the process for our partners to establish VBP arrangements.

And finally, as with all entities responsible for compliance in healthcare and finance related fields, the CPWNY recognizes that there is a risk that compliance requirements will not be followed or that loss of funds may occur within the finance function. We are developing a robust compliance

and finally, as with all entities responsible for compliance in healthcare and finance related fields, the CPWNY recognizes that there is a risk that compliance requirements will not be followed or that loss of funds may occur within the finance function. We are developing a robust compliance plan that will establish policies, procedures, and guidelines for operating within the compliance requirements of NY State. In addition we will implement an active education and training initiative to ensure that all partners are aware of the compliance rules and procedures as well as procedures to follow to report or discuss compliance related actions or concerns.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams



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Instructions:

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

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

- Governance A fully supportive governance process is essential to establishing the role of Sisters of Charity Hospital as CPWNY Lead. In addition, fully established roles within the governance structure for Finance, Compliance and Audit will inform and drive the finance committee charter, its oversight of the finance function and approach to funds flow.
- DSRIP Network Capabilities and Project Implementation The successful implementation of CPWNY value based reform strategy, and execution of value based contracts, will require a developed and functioning integrated delivery network and buy-in of the network partners to the value based payment strategy.
- Reporting Requirements The DSRIP process has extensive reporting requirements linked to DSRIP payments such as the quarterly reporting is a dependency for receiving DSRIP Process Payments. This reporting is dependent upon input and submission of reports and data from the individual network providers as well as other sources of data that will require the CPWNY to access.
- □ DSRIP Projects The CPWNY finance function must have an understanding of projects selected and participation level of providers for each (Provider Participation Matrix) in order to develop a meaningful funds plan for CPWNY. In addition, CPWNY and the providers must understand project costs, impacts and other needs as part of their process of evaluating financial stability and impact going forward.
- IT and Data This work stream will be essential to providing technology to access data and to implement shared financial reporting infrastructure that is needed by CPWNY as well as the technology for reporting project level performance data that is closely linked to the payments received for DSRIP projects.
- Workforce The impact of the DSRIP projects is still being reviewed as is the costs related to those impacts and the strategies of CPWNY and each provider to mitigate that impact. Sisters of Charity Hospital will work closely with the workforce work stream to ensure that the appropriate data related to the workforce strategy and impact is being gathered and reported to meet the DSRIP requirements. Sisters of Charity and Catholic Medical Partners (CMP) as the project manager is responsible for communicating these requirements for tracking and reporting to all CPWNY providers to ensure that the CPWNY meets its requirement to report this information to DOH.
- There is a risk in financial reporting regarding the timing of payment receipt and revenue recognition, as well as expense recognition. Additionally there is performance risk for all the members, providers, PPS, regions statewide.



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IPQR Module 3.5 - Roles and Responsibilities

Instructions:

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

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



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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		to the approved plan, that reporting requirements are met and that
		communication regarding the Finance related functions is timely
		and accurate.
		Responsible for the day-to-day operations of the Banking function,
Banking Staff	Les Wangelin, Director of Corporate Accounting, and Treasury and	including the processing of the DSRIP funds received from DOH
Danking Stair	Mike Polasik, Manager of Treasury Services	and reporting of the status of funds expected and received as well
		as reconciliation of bank related statements.
		Will oversee the development and implementation of the
		compliance plan of the CPWNY Lead and related compliance
		requirements of the CPWNY as they are defined. Scope would
Compliance Officer	CPWNY Compliance Officer, TBD	include the CPWNY Lead compliance plan related to DSRIP. The
		Compliance Director will report to the Sisters of Charity Hospital,
		Catholic Health Compliance Officer, and the CPWNY Executive
		Governance Body
VBP Project Manager	Existing CMP staff, TBD	Coordinate overall development of VBP baseline assessment and
VDI I TOJECT Manager	LXISTING CIVIL STAIN, 100	plan for achieving value based payments.



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IPQR Module 3.6 - Key Stakeholders

Instructions:

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

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



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



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IPQR Module 3.7 - IT Expectations

Instructions:

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

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

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

- Population Health (Crimson) systems or technology that will support the need to access and report on data related to clinical services and outcomes for DSRIP required metrics and to meet the needs under value based payment arrangements.
- Care Coordination technology and systems that support broad network integration of services and health management capabilities.

☑ IPQR Module 3.8 - Progress Reporting

Instructions:

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

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

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

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IPQR Module 3.9 - IA Monitoring
Instructions:



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IPQR Module 4.1 - Prescribed Milestones

Section 04 – Cultural Competency & Health Literacy

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.	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3	YES
Task Step 1Analysis of health disparities based on the Community needs assessment as well as CMP Disparities NCQA ACO documentation submitted January 2015.	Completed	Step 1Analysis of health disparities based on the Community needs assessment as well as CMP Disparities NCQA ACO documentation submitted January 2015.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2Prioritize populations based on Step 1. Utilize MIX to ascertain strategies that work or havent worked for organizations: Use either CAHPS or HCAHPS as an indicator of success.	Completed	Step 2Prioritize populations based on Step 1. Utilize MIX to ascertain strategies that work or havent worked for organizations: Use either CAHPS or HCAHPS as an indicator of success.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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



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



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



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



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

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

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No Records Found

Prescribed Milestones Narrative Text

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



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Milestone Review Status

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



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IPQR Module 4.2 - PPS Defined Milestones

Instructions:

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

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

No Records Found

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



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

Instructions:

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

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

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

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



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IPQR Module 4.5 - Roles and Responsibilities

Instructions:

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

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



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IPQR Module 4.6 - Key Stakeholders

Instructions:

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

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



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IPQR Module 4.7 - IT Expectations

Instructions:

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

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

IPQR Module 4.8 - Progress Reporting

Instructions:

Instructions :

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

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

IPQR Module 4.9 - IA Monitoring

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Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions:

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

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

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



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
dollars for assessment to occur									
Task 6. Share results of readiness survey with PPS partners	Completed	6. Share results of readiness survey with PPS partners	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 7. Map future state needs from Project Implementation plan to readiness assessment to identify gaps. Roadmap of future needs will be a requirement in the current state assessment and gap analysis engagement.	Completed	7. Map future state needs from Project Implementation plan to readiness assessment to identify gaps. Roadmap of future needs will be a requirement in the current state assessment and gap analysis engagement.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Update and approve IT Project Implementation plan	Completed	8. Update and approve IT Project Implementation plan	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Evaluate current RHIO capabilities to fill identified gaps. HEALTHeLINK will be integrally involved in the current state assessment and gap analysis. Completed		9. Evaluate current RHIO capabilities to fill identified gaps. HEALTHeLINK will be integrally involved in the current state assessment and gap analysis.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop an IT Change Management Strategy.		IT change management strategy, signed off by PPS Board. The strategy should include: Your approach to governance of the change process; A communication plan to manage communication and involvement of all stakeholders, including users; An education and training plan; An impact / risk assessment for the entire IT change process; and Defined workflows for authorizing and implementing IT changes	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Tack		Impact/Risk assessment for change process	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 2. Define IT change approval process Completed 2. Define IT change approval process		04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4		
Task 3. Publish standard/non-standard change processes Completed 5. Publish standard/non-standard change processes		04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4		
Task 4. Develop education and training plan for change 4. Develop education and training plan for change processes/provide programs to mitigate risks to include: a. professional management of change as an integral		04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2		



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



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



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
5 Establish monitoring of workflow design of policies and procedures to insure accuracy and integrity of data as well as insuring HIPAA compliance. Interoperability requires technical and policy conformance among networks, technical systems and their components.		procedures to insure accuracy and integrity of data as well as insuring HIPAA compliance. Interoperability requires technical and policy conformance among networks, technical systems and their components.							
Task 6. A training plan to support the successful implementation of new platforms and processes will include but not limited to policies, procedures, new platforms, compliance updates, data set composition, reports related to data, issues and concerns through a 2 way communication forum. Training will impact CPWNY partners, facilities, operational staff, professional staff. Task 6. A training plan to support the successful implementation of new platforms and processes will include but not limited to policies, procedures, new platforms, compliance updates, data set composition, reports related to data, issues and concerns through a 2 way communication forum. Training will impact CPWNY partners, facilities, operational staff, professional staff.		04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4		
Task7. New Platform Installations will be supported through policies, procedures, training and communication	Completed	7. New Platform Installations will be supported through policies, procedures, training and communication	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Completed	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Data-IT Governance Committee responsible for implementing patient consent monitoring	Completed	Data-IT Governance Committee responsible for implementing patient consent monitoring	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
a. Current state gap analysis and assessment . HEALTHeLINK to receive a file from the PPSs containing all the attributed Medicaid patients in WNY. HEALTHeLINK will match each to the HEALTHeLINK master patient index to identify by zip code and overall, the percent of Medicaid patients that have already completed a HEALTHeLINK consent form. a. Current state gap analysis and assessment . HEALTHeLINK to receive a file from the PPSs containing all the attributed Medicaid patients in WNY. HEALTHeLINK will match each to the HEALTHELINK master patient index to identify by zip code and overall, the percent of Medicaid patients that have already completed a HEALTHELINK consent form.		04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3		
HEALTHeLINK consent form. Task 2. Leverage RHIO (HEALTHeLINK) to engage attributed lives to consent. CPWNY will provide physician communication to		04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4		



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



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



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the engagement methods. HEALTHeLINK will provide to the PPS Data-IT Governance Committee monthly reports by zip code indicating the percent of attributed Medicaid patients consented in that zip code and percent of total attributed Medicaid patients consented.		reports by zip code indicating the percent of attributed Medicaid patients consented in that zip code and percent of total attributed Medicaid patients consented.							
Milestone #5 Develop a data security and confidentiality plan.	Data security and confidentiality plan, signed off by PPS Board, including: Analysis of information security risks and design of controls to mitigate risks Plans for ongoing security testing and controls to be rolled out throughout network.		04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Perform an assessment survey to analyze current security protocols and risks	curity protocols and risks protocols and risks		04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	
Task 2. Define needs for PPS to access and establish protocols for protected data	Completed	Define needs for PPS to access and establish protocols for protected data	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task a. Use existing PPS members security policies and process for PPS	Completed	a. Use existing PPS members security policies and process for PPS	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Establish Data use/collection/exchange policies	Completed	3. Establish Data use/collection/exchange policies	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Security Audit plan established; process on it's function created	Completed	Security Audit plan established; process on it's function created	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Identify security gaps and implement itigation strategies (e.g., via surveys, testing, lots, roll-outs) 5. Identify security gaps and implement mitigation strategies (e.g., via surveys, testing, pilots, roll-outs)		04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2		
Task 6. Receive PPS board approval for security plan	Completed	eted 6. Receive PPS board approval for security plan 0		09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Create ongoing data security progress report to Data-IT Governance Committee	. Create ongoing data security progress report Data-IT Governance Committee 7. Create ongoing data security progress report to Data-IT Governance Committee		04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Regularly communicate security items (events, changes) to PPS partners 8. Regularly communicate security items (events, changes) to PPS partners		04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2		



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changes) to PPS partners									

IA Instructions / Quarterly Update

Milestone N	lame	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

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

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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
Miles (and Table Manage	Status	Deceriation	Original	Original	Start Date	End Date	Quarter	Reporting
Milestone/Task Name	Status	Description	Start Date	End Date	e Start Date	End Date	End Date	Year and
								Quarter

No Records Found

PPS Defined Milestones Current File Uploads

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



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

Instructions:

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

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

Specific Initiatives (example):

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

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

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



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IPQR Module 5.5 - Roles and Responsibilities

Instructions:

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

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



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☑ IPQR Module 5.6 - Key Stakeholders

Instructions:

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

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



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IPQR Module 5.7 - Progress Reporting

Instructions:

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

To be determined by the Data/IT Governance Committee. PMO office will utilize a PMO tool to rack deliverables and will be accessible to the lead of the IT work stream. It is perceived that regular reports will be given by the sub-groups on deliverables and key performance indicators. These reports should be given on a monthly basis at a minimum, and should include the following highlights:

- Tracking to the IT Strategic and Implementation Plans
- Documentation of process and workflow demonstrating EHR and other clinical integration platform implementations across PPS partners
- MU and PCMH tracking for PPS
- Documentation of patient engagement
- Evidence of use of telemedicine and/or other remote monitoring tools
- -Evidence of specific clinical workflow implementation

IPQR Module 5.8 - IA Monitoring

Instructions:



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Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions:

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

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

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



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



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



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



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



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

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

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

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 #	stone # 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	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
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found



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

Instructions:

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

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

IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

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



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IPQR Module 6.5 - Roles and Responsibilities

Instructions:

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

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



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IPQR Module 6.6 - Key Stakeholders

Instructions:

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

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



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IPQR Module 6.7 - IT Expectations

Instructions:

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

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

IPQR Module 6.8 - Progress Reporting

Instructions:

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

The purpose of performance measurement is to make progress toward specific objectives that support an organization's overarching goals. First we need to evaluate organizational priorities. CPWNY will need to align our organizational goals; demonstrate a relationship to positive health outcomes; determine what is under the control of the health care system; that the results are valid and reliable; demonstrate a relationship to positive health outcomes. Using a mix of structural, process, and outcome measures CPWNY will provide a comprehensive picture of our organization's health care quality. Outcome measures are essential because they show direct impact on patient health. Structural and process measures can be used in cases where outcome measures are not available or feasible. We will use these measures to identify the challenges in our organization in achieving optimum patient outcomes.

Initially, measures will use data that our PPS already collects or could collect using existing resources. Once the measurement process is more advanced, we will utilize additional resources necessary to capture data for additional performance measurement. These data will help determine whether a change we make is actually contributing to an improvement. The adjustment in data gathering and processing will be made using the Rapid Cycle Evaluation method.

Success will be measured by the process measure achievement, clinical quality outcomes, and adherence to projected performance reporting timeframes. Reports will be generated that indicate individual practitioner's and group practice's performance, compared to baselines and benchmarks, and to encourage peer to peer motivation. CPWNY will continue to measure performance, to assess the impact of reporting standards, and to make sure they don't result in unintended consequences such as under utilization.

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IPQR Module 6.9 - IA Monitoring
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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	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4	NO
Task Step 1Development of CPWNY website with information to public and partner, utilize CMP website, which is a professional association	Completed	Step 1Development of CPWNY website with information to public and partner, utilize CMP website, which is a professional association	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2Appoint regional partner professional leads (physicians, nurse practitioners, etc.) to work with all the providers particularly those who are not currently engaged. We will utilize public relations tools that will be instrumental to educate and encourage participation of providers. CMP currently has this in place for Erie and Niagara county but will need to expand to Chautauqua.	Completed	Step 2Appoint regional partner professional leads (physicians, nurse practitioners, etc.) to work with all the providers particularly those who are not currently engaged. We will utilize public relations tools that will be instrumental to educate and encourage participation of providers. CMP currently has this in place for Erie and Niagara county but will need to expand to Chautauqua.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3Appoint representatives for relevant governing bodies such as the Clinical Governance Committee, with representatives of	Completed	Step 3Appoint representatives for relevant governing bodies such as the Clinical Governance Committee, with representatives of CPWNY partners inclusive of such professions as quality, providers, community services, and	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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



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



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

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

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

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.	



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Milestone Review Status

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



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IPQR Module 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.

								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
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



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

Instructions:

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

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

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

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



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IPQR Module 7.5 - Roles and Responsibilities

Instructions:

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

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



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☑ IPQR Module 7.6 - Key Stakeholders

Instructions:

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

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



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IPQR Module 7.7 - IT Expectations

Instructions:

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

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

IPQR Module 7.8 - Progress Reporting

Instructions:

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

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

IPQR Module 7.9 - IA Monitoring

Instructions:



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Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions:

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	Completed	Population health roadmap, signed off by PPS Board, including: The IT infrastructure required to support a population health management approach Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider 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 According to IHI Leadership Blog, March 19, 2014 (web accessed March 26, 2015), Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group. Population medicine is the design, delivery, coordination, and payment of high- quality health care services to manage the Triple Aim for a population using the best resources we have available to us within the health care system. The efforts today such as the Accountable Care Organization, risk stratification methods, patient registries, Patient Centered Medical Home, and other models of team-based	Completed	According to IHI Leadership Blog, March 19, 2014 (web accessed March 26, 2015), Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group. Population medicine is the design, delivery, coordination, and payment of high-quality health care services to manage the Triple Aim for a population using the best resources we have available to us within the health care system. The efforts today such as the Accountable Care Organization, risk stratification methods, patient registries, Patient Centered Medical Home, and other models of teambased care are all part of a comprehensive approach to population medicine and population health. Step 1CPWNY Population health management roadmap, based off of the Catholic Medical Partners ACO and inclusive	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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



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



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

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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Prescribed Milestones Current File Uploads

Milestone Name Use	D File Type	File Name	Description	Upload Date
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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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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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.

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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

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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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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone Name	Narrative Text

No Records Found



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

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



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Community Partners of WNY (PPS ID:46)

IPQR Module 8.5 - Roles and Responsibilities

Instructions:

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

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



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Community Partners of WNY (PPS ID:46)

☑ IPQR Module 8.6 - Key Stakeholders

Instructions:

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

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



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IPQR Module 8.7 - IT Expectations

Instructions:

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

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

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

IPQR Module 8.8 - Progress Reporting

Instructions:

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

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



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

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IPQR Module 8.9 - IA Monitoring Instructions :



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Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions:

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

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

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



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



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



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



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



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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

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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
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.

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

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions:

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

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

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions:

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

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



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

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IPQR Module 9.5 - Roles and Responsibilities

Instructions:

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

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



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IPQR Module 9.6 - Key Stakeholders

Instructions:

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

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



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IPQR Module 9.7 - IT Expectations

Instructions:

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

The key to effective clinical integration is health care technology. An integrated health care delivery system must be able to manage a vast network of information—collecting, maintaining and providing appropriate access to administrative, clinical and financial data—in order to monitor quality and costs of care. The shared IT infrastructure will support those processes and behaviors necessary for clinical integration, including:

- •Standardization of clinical care: Deliver providers the right protocol data from clinical care guidelines at the point of care, with embedded controls that maximize adherence to these protocols.
- •Care management: Ensure that system-wide data can identify high-risk patients and establish standard protocols and processes for outreach to these patients. Care managers should follow care protocols and support caregivers by alerting them to gaps in care and reduce overutilization of services.
- •Shared measurement: Develop and implement shared clinical quality and integration measures across the network, emphasizing adherence to care guidelines and the delivery of quality care.
- •Workflow optimization: Adopt tools that standardize workflow (and which can be continually updated and innovated) to ensure the right information is captured, the right decisions are considered, and the right recipients get the information they need throughout the system.
- •Clinical integration compliance: Ensure that all stakeholders participate and comply with clinical integration through partner agreements, provider education, provider report cards and other trainings.

Ultimately, clinical integration relies on tools and solutions that are flexible, affordable, and provide appropriate access to patient data across various clinical settings such as secure messaging and alerts, patient and physician portals, EHRs, and affiliates. Ideally, health care technology should support a continuous process of alignment across the care continuum, bringing the right information to the right person at the right time, and prompting appropriate care events and narrowing gaps in care.

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

IPQR Module 9.8 - Progress Reporting

Instructions:



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

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

	IPQR Module 9.9 - IA Monitoring:				
Instructions:					



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Section 10 – General Project Reporting

☑ IPQR Module 10.1 - Overall approach to implementation

Instructions:

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

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

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

Instructions:



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

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



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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions:

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
DSRIP Central Project Management Team	Catholic Medical Partners	Responsible for ensuring efficiencies, effectiveness and synergy between and amongst the projects. Responsible for oversight of quarterly reporting by the teams. Provide education to teams regarding DSRIP. Manage a central reporting project management tool to keep projects to task and promote connectivity on what each project is doing.
Central Clinical Transformation Team	Sarah Cotter and team	Responsible for defining and driving Catholic Medical Partners (CMP) physician offices in their improvement of quality of patient outcomes, patient experience of care, and utilization through the use of health information technology, use of team based care, and overall practice process improvement. Responsible traveling and meeting with the staff at CMP physician offices, reviewing office workflow, teaching physicians & office staff to correctly document data utilizing EHR, how to run and analyze quality reports utilizing their EHR and measurement of their improvement in utilizing systems, as well as utilization of prevention and chronic illness quality reports.
Central Care Management Team	Peggy Smering and team	The Care Management team will support practices in the following: 1. Develop, implement and monitor population health management processes. 2. Identify and stratify patient populations to provide relevant interventions. 3. Identify complex, high risk patients and provide enhanced care management. 4. Implement care management interventions including pre visit planning, coaching, patient advocacy, performing holistic assessment and measuring results. 5. Assist office based staff in closing gaps in quality and in developing improvement action plans. 6. Develop, implement and monitor an effective transitional care management program. 7. Support practices with Patient Center Medical Home (PCMH)



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



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

Instructions:

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

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



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



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IPQR Module 10.5 - IT Requirements

Instructions:

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

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

IPQR Module 10.6 - Performance Monitoring

Instructions:

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

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



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for population health. The structures and /or mechanisms needed to execute this vision are a data warehouse, a data analytic system, integration of information during transitions in care and patient "touch points", population health with patient and provider engagement, quality improvement initiatives and transparency reporting.



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IPQR Module 10.7 - Community Engagement

Instructions:

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

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

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	350,000.00	175,000.00	175,000.00	100,000.00	100,000.00	37,500.00	37,500.00	37,500.00	37,500.00	1,050,000.00	
Redeployment	0.00	225,000.00	112,500.00	112,500.00	62,500.00	62,500.00	50,000.00	50,000.00	25,000.00	25,000.00	725,000.00	
New Hires	0.00	225,000.00	112,500.00	112,500.00	50,000.00	50,000.00	25,000.00	25,000.00	12,500.00	12,500.00	625,000.00	
Other	0.00	200,000.00	100,000.00	100,000.00	50,000.00	50,000.00	37,500.00	37,500.00	37,500.00	37,500.00	650,000.00	
Total Expenditures	0.00	1,000,000.00	500,000.00	500,000.00	262,500.00	262,500.00	150,000.00	150,000.00	112,500.00	112,500.00	3,050,000.00	

Current File Uploads

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



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



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



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DSRIP Implementation Plan Project

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



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

IA Instructions / Quarterly Update

Milestone Name IA Instructions Quarterly Update Des	escription
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.	awhitest	Report(s)	46_DY5Q4_WF_MDL112_PRES4_RPT_CPWNY_ Compensation_and_Benefit_Survey_Report_DY5_ 26131.pdf	Final DY5 compensation and benefit survey	04/20/2020 10:36 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's	
goals).	
Create a workforce transition roadmap for achieving defined	
target workforce state.	
Perform detailed gap analysis between current state	
assessment of workforce and projected future state.	
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.	



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Milestone Review Status

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



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Community Partners of WNY (PPS ID:46)

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	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
Milestone Name	Narrative Text

No Records Found



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

"The key risks we have identified that could impact our ability to meet our baseline process measures in the future are:

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

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions:

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

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



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IPQR Module 11.6 - Roles and Responsibilities

Instructions:

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

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



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Community Partners of WNY (PPS ID:46)

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



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IPQR Module 11.8 - IT Expectations

Instructions:

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

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

IPQR Module 11.9 - Progress Reporting

Instructions:

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

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

The Workforce Project Team will develop a process to manage the data collection and ratification for the quarterly progress reports."



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

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	User ID	File Type	File Name	File Description	Upload Date
	awhitest	Report(s)	46_DY5Q4_WF_MDL1110_RPT_CPWNY_Workforce_Staffing_Impact_(13) _DY_5_Q_1-2_(Table)_26133.xlsx	Per DOH email on 4/6; the DY5Q1 and Q2 staffing impacts file is submitted for DY5 Q3 and Q4	04/20/2020 10:46 AM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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(DY5)	3,050,000.00								

	Workforce Spe	ending Actuals	Cumulative Spending to Date	Cumulative Percent of Commitments		
Funding Type	DY5(Q1/Q2)(\$)	DY5(Q3/Q4)(\$)	(DY1-DY5)(\$)	Expended through Current DSRIP Year (DY5)		
Retraining	0.00	0.00	1,174,052.47	111.81%		
Redeployment	0.00	0.00	49,122.46	6.78%		
New Hires	0.00	0.00	2,164,183.46	346.27%		
Other	64,807.31	0.00	1,259,865.06	193.83%		
Total Expenditures	64,807.31	0.00	4,647,223.45	152.37%		

Current File Uploads

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

Narrative Text:

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

PPS reported NO workforce spend for period of DY5 Q3 and Q4



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Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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YORK SI	Community Farmers of WNT (FF3 ID.40)
IPQR Module 11.12 - IA Monitoring:	
nstructions :	



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Community Partners of WNY (PPS ID:46)

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

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

Instructions:

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

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



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Community Partners of WNY (PPS ID:46)

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



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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 c. Adopt system wide evidence based guidelines, policies and procedures.		Project		Completed	09/01/2015	10/31/2016	09/01/2015	10/31/2016	12/31/2016	DY2 Q3
Task d. Build consensus regarding a variety of performance measures and goals including access to care, clinical outcomes, functionality, satisfaction and value received and incentives.		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task e. Create a process to that tracks provider performance compared to contract terms /requirements, including corrective action plans		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task f. Establish a plan to monitor PPS provider performance periodically and report to the PPS governance, with corrective action and performance improvement initiatives, as needed.		Project		Completed	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task g. CEOs participate (through the governance board, in facilitating a network of healthcare delivery organizations and provide strategic management and leadership to their own organizations.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task h. Adopt a " no wrong door approach " policy and procedure to health care delivery, ensuring an individual can be treated, or referred to treatment, whether he or she seeks help for mental health problems, a substance abuse problem or general medical conditions. This would be reflected in educational trainings, PCMH rollout, health homes, and hospital alignments with outpatient care.		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task i. IT integration will be crucial to success of the IDS: Initiate assessments of systems and identification of gaps that will be prioritized and remedied.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task J. Complete full provider list of all PPS participants, defined by provider type, NPI and Practice name- post PPS provider network directory on web site. Maintain periodic audit trail report of log of changes to network list, periodic reports with changes to network list and contractual agreements.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task k. Develop a list of elements that will need to be part of each provider agreement/cotnract to develop draft contract		Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	
Task		Project		Completed	08/01/2015	03/31/2016	08/01/2015	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
I. Set up accountability agreements with partners (with behavioral health, ancillary providers, facilities, palliative care) as well as acute care, outpatient care, long term care, urgent care, home care, etc. Process of tracking agreements established.										
Task m. Create a process to track all executed provider contractual agreements.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task n. Engage key internal unit level PPS partners to participate in IDS project		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2Set up and maintain regular meetings /communication and involvement with all relevant stakeholders: (though there are target dates to sub steps meetings are continuous, especially when setting clinical integration metrics and informing of outcomes. SUB STEPS In relation to Step 2:		Project		Completed	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task a. Meet with Primary Care Providers - start with large Medicaid practices who need PCMH and communicate DSRIP initiatives utilizing physician lead, clinical transformation and enhanced care management team. (This is continuous)		Project		Completed	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
b. Meet with all small panel Medicaid practices utilizing Clinical Transformation team, Care Management team and Territory physicians (as needed) (This is continuous)		Project		Completed	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task c. Meet with Behavioral health through project involvement and Medical director as needed (this is continuous)		Project		Completed	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task d. Meet with post acute, long term care, community based service providers, social service organizations through project involvement, project leads. (this is continuous)		Project		Completed	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task e. Initiate meetings with payers on a monthly basis		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task f. Will use a variety of communication methods: webinars, emails, open forums, surveys, letters, Newsletters, and a fully functioning website with contacts for questions regarding our integrated network. A list of our network will be on the website with contact info.		Project		Completed	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	
Task		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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



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



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



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements.										
Providers Associated with Completion:	•			•						
Onthalia Oharitiaa Of Mara Mh										
Catholic Charities Of Wny Mh Task		Ī	1	1	1					
EHR meets connectivity to RHIO's HIE and SHIN-NY		Provider	Safety Net Nursing Home	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
requirements.		1	<u> </u>		0 1/0 1/2010	00/01/2010	0 1/0 1/2010	00,01,2010	00,01,2010	
Providers Associated with Completion:	1		1	1						
·										
Absolut Ctr Nrs Reh At Westfield Task	T	1	1		1					T
PPS uses alerts and secure messaging functionality.		Project		Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task										
Step 1Create inventory of Safety Net and non-Safety Net										
providers are signed on to HEALTHeLINK, whether they send					00/04/0045	10/01/0015	00/04/0045	40/04/0045	10/01/0015	D)// 00
complete CCD after encounter, whether they send/receive via		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
HISP, whether they can do virtual record lookup. Determine the										
EMRs they are using.										
Task										
Step 2Roll out of partner agreements that stipulate the sharing		Project		Completed	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
of health information and use of the RHIO										
Task										
Step 3In addition to agreements, HEALTHeLINK will be										
purchasing 500 authentication tokens for PPS practices that will		Project		Completed	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
make authentication for access to the RHIO information easier		l Toject		Completed	03/01/2013	03/31/2010	03/01/2013	03/31/2010	03/31/2010	D13 Q4
and no cost to the partner. This will enable providers to access										
information securely and easier.										
Task										
Step 4HEALTHeLINK will provide a community wide patient		Project		Completed	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
event notification service that keys on multiple event types and is		','''								
configurable to the practice/provider level										
Task										
Step 5Build a directory that contains the DIRECT address of										
providers and practices across the community . This would		Project		Completed	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
facilitate the direct exchange of patient information between										
healthcare settings and would be readily accessible by any										
provider/user Task										
Step 6Data exchange solution that enables Omni-directional		Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
communication between care providers and patients: a. Roll-out		i Toject		Completed	09/01/2015	03/31/2016	09/01/2013	03/31/2010	03/31/2010	טוט עיי
communication between care providers and patients. a. Roll-out										



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of patient portal to PPS partners without EMR= DY 1,Q 4; Rollout to other PPS partners= DY 2, Q 4; Integrate MobileMD with RHIO (HEALTHeLINK) = DY 1, Q4; Integrate MobileMD with PPS EMR, first PPS EMR = DY2, Q4; Integrate with all other PPS EMRs such as behavioral health, SNF, home care= DY 3, Q4 (NOTE: MobileMD is an HIE that provides comprehensive data exchange solutions and will be directly integrated with the community-wide HEALTHeLINK RHIO/SHIN-NY).										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Beach Amy Rebecca										
Task Step 1 Analyze current status of EMR systems used, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2, 1, in process, or none) by participating provider practices. Create a work plan and timelines for getting practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step2 Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload. Roll out will be in phases starting with those practices with the largest volume of Medicaid patients.		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3 Understand EMR system capabilities and if they have the ability to meet MU/PCMH for those who are not currently there. If there are gaps in capabilities create a work plan and		Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
timeline for working with the vendor or possibly transitioning some practices to more "ready" vendors(those practices that need to transition to more " ready" vendors will need more time and will not be completed until DY 3, Q4)										
Task Step 4 Have 100% of practices on EMR systems that enable them to meet MU and PCMH		Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY4 Q2	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1Create and maintain patient registries from Practices EMRs. For practices who don't currently have EMR, do manual registry based on claims data to start with , and eventually merge them to EMR registry workflow.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2Create data dictionary of registry elements		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3Ensure data is getting into the EMR via queryable fields		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4Data quality check and robust data aggregation /reporting		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5Data analytics function in place		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6Appropriate clinical oversight /review in place		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 7Maintain centralized patient registries that will be used to stratify patients by condition and by responsible providers. Prioritize by HCC (patient stratification on severity/complexity) and other coding methodologies to assist the practices in population health interventions.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Abialmouna Jihad Hassan Md										
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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1Analyze current status of EMR systems used, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2, 1, in process, or none) by participating provider practices. Create a work plan and timelines for getting practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3Create a survey or contact practices to understand practice readiness to engage in PCMH or MU activities (if not currently engaged). Create work plan for training and educating those who are ready. Create an intervention strategy to help engage those who are not ready through the use of Regional Primary Care Leaders, Hospital leadership, and other resources yet to be determined (such as providing more care management assistance or behavioral health assistance to help the practice feel more comfortable with their ability to take on PCMH Project.)		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4Create educational training materials for Meaningful Use.		Project		Completed	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Provide targeted education based on each practices needs, especially for those who did not meet MU on DY1, for either in person training, web based (WebEx), or user-group by EMR vendor training										
Task a. Provide education and training to greater than half practices on Meaningful Use		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task b. Provide education and training to greater than 75% practices on Meaningful Use		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task c. Provide education and training to 100% practices on Meaningful Use		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task d. All practices on Meaningful Use by end of DY 3= Steps listed below that correspond with PCMH 2014 standards but focusing on EMR capabilities and practice use of these capabilities:		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 5Improving quality ,safety , efficiency and reducing health disparities (these measures will help to provide better access to comprehensive patient data for patients health team; use evidence based order sets and Computer Order entry; apply clinical decision support at the point of care; generate list of patients who need care and use them to reach out to patients.)		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6Engage patients and families in their health care (these measures will provide patients and families with timely access to data; tools to make informed decisions and manage their health)		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7Improve care coordination (These measures will allow practices to exchange meaningful clinical information among a professional health care team)		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 8Improve population and public health (these measures will allow physicians to communicate with public health agencies and better track of health information across communities)		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 9Ensure adequate privacy and security protections for personal health information (These measures will help ensure : the privacy & security protections for confidential health		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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information through operating policies, procedures and technology; compliance with applicable law; and transparency of data sharing to the patient.										
Task Step 10Create educational and training materials for Patient Centered Medical Home recognition. Create a series of classes (teaching of standards, leadership skills, project management skills, IT/EMR support) for practices not yet achieved PCMH to teach the steps of how to achieved Level 3 recognition. Find practices that have already achieved Level 3 that are willing to participate as mentors and leaders to other practices that have not yet achieved and connect them.		Project		Completed	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Provide education and training to greater than half practices on PCMH		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task b. Provide education and training to greater than 75% practices on PCMH		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task c. Provide education and training to 100% practices on PCMH		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
d. All Primary Care practices achieve PCMH by end of DY3==Steps listed below that are individualized to the assessment of each practice and has meaningful use standards embedded in the applicable standard:		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 11 Ensure PCMH policies and procedures in place with a process to review, revise and reapprove (templates are provided for office adaptation, customization)		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 12Ability to run reports to track missed appointments, upcoming appointments, gaps in preventive care, gaps in chronic disease management, hospitalization and transitions of care documentation, care management interventions.		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 13Appointment Access and availability reports completed (and follow policy). Enhance recruitment of providers based on access and availability report and CAHPS surveys through hospital and IPA recruitment offices		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018		
Task		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 14Roles and job descriptions completed for practice team members in PCMH and training to PCMH as noted above										
Task Step 15Evidence Based guidelines built into the EMR along with tools to manage patient care(care management including referrals to COBs, educational tools, follow up, motivational interviewing)		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16Assessment of diversity in the practice and ability to run quality metrics based on culture, language, and ethnicity		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17Track outreach to patients in attempts to close gaps in care(along with preferred methods of contact as stipulated by the patient)		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 18Exchange of information (care coordination) reports to show timeliness of incoming and outgoing patient information. (referral agreements in place and information exchanged according to agreements and policy)		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 19Quality improvement program in the office, utilizing Rapid Cycle Evaluation		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20Evaluation of usefulness of community referrals.		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 21Medication management (monitors cost, best practice, allergies, interactions, e-scripts)		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 22 Set up a process for continued education and assistance with PCMH and Meaningful Use. PCMH renewals occur every three years, and meaningful use is yearly. So many practices will have to renew PCMH recognition during this time period, as well as continuing their MU attestations. We want to set up a process to ensure their continued success in the future. There are also standards in which you must show achievement during the interim years of recognition like the measurement and improvement of quality measures.		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q4	Project	N/A	Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1



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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 PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 1Establish monthly meetings with health plans to focus on medical management with actuarial/financial and medical/nursing staff discussing improvement initiatives, either separately or together .Catholic Medical Partners (CMP) has monthly meetings (rotating basis) with health plans reviewing utilization trends and discussing performance issues, return on investment, and payment reform. There is never an end date or completion date with healthplan meetings they will be ongoing but will add CPWNY partners to the table.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2 Currently CMP has risk arrangements and Value based contracts. We are working on with Fidelis (main product Medicaid) on Value based contracting. With existing contracts CPWNY will bring forth those partners interested in Value based contracting (ie Hospice Buffalo has expressed a desire to be included in talks for Palliative Care)		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3 Include key stakeholders in the meetings with MCOs as they express their interest in negotiating Value based contracts once data available indicating ROI.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4Meetings to escalate to Monthly as needed if value based contracting for PPS is not on target r/t to agreement of incentives, shared savings or risk arrangements.		Project		Completed	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5 Provide Executive Board with updates to Value Based Contracting progress on a quarterly basis		Project		Completed	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY4 Q2	Project	N/A	Completed	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		Completed	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Providers receive incentive-based compensation consistent with		Project		Completed	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 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
DSRIP goals and objectives.										
Task Step 1Develop a negotiating committee inclusive of representatives of our partners for discussions of value based contracts		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task A Step 2 CPWNY will utilize resources including a Contract Sub Committee and a Strategic Planning Sub Committee to engage impacted providers / partners and assist in the individual contracting done with HMO's.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 3CPWNY will use an existing shared savings compensation model and existing value based contracts for the establishment of value based agreements with the health plans. CPWNY will explore various VBP models such as total population, integrated primary care, acute care, and chronic care and payment methodologies. Plan the orderly implementation of VBP through the Strategic Planning Committee.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4 Insure that health plan data is available in a timely manner to all partners so action may be taken- CPWNY receives paid claims data and monitors cost and frequency of hospital inpatient and outpatient services , physician services, pharmacy and other expenses.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5Insure the global budgets are risk adjusted for age and gender		Project		Completed	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 6Develop a stop-loss mechanism with the health plan contracts		Project		Completed	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 7Review actuarial reports and trends with the PPS governance.		Project		Completed	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 8Compare utilization and cost to industry wide benchmarks		Project		Completed	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 9Align performance measures with community and industry standards utilizing a clinical integration program.		Project		Completed	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Milestone #11	DY4 Q2	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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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
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.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1Utilizing healthcare data analytics complete an assessment of our PPS attributed Medicaid members. Using clinical transformation team, extract data from EMRs - all Medicaid patients; sort by who has not been in office for 1 year or greater; by disease conditions (Cardiovascular, HTN, Renal, Diabetes, Behavioral health); impending doctor appointment; build in claims data to ascertain hospitalizations and ER visits to obtain holistic view of patient; Stratify population by the aforementioned and also segment by culture, ethnicity and language; Connect patients to health home (who also uses community health workers). Set up documentation in EMR to run reports on care management care plans, care transitions. To be overseen by CPWNY Clinical Transformation and CPWNY IT teams.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2 Identify and train community health workers and patient navigators- work with our CBO partners including our Health Homes to assist in developing a community health worker program.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3Survey CBOs on their capabilities, value they bring for the Medicaid patient, hours of operation and after hours access, their role in meeting the needs of the Medicaid patient to avoid hospital usage as a first line health access component. Utilize social workers to make recommendations to connect partners with various CBOs, based on population needs of the provider.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4Each county will identify their community based partners, utilizing the Community Needs Assessment as a guide after the survey in step 3 is completed, and set up agreements/contracts regarding exchange of information and their committed help for the Medicaid patient.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 5Utilizing a behavioral health subcommittee, focus workgroup, draw on existing knowledge base of behavioral health providers regarding the needs and concerns of their patient base.Based on this information develop a strategy to engage patients.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6CPWNY Care management team will assist practices, prioritizing outreach and developing a workflow on patient engagement, examining patient expressed barriers to seeking health care on an outpatient basis. Barriers may be related to lack of understanding, social, cultural, travel time, family dynamics, prioritization, etc. and utilize Community Based Organizations for overcoming these barriers.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

Prescribed Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload Date	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
All PPS providers must be included in the Integrated Delivery System.	
The IDS should include all medical, behavioral, post-acute, long-term	
care, and community-based service providers within the PPS network;	
additionally, the IDS structure must include payers and social service	
organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems	
and capabilities to implement the PPS' strategy towards evolving into an	
IDS.	
Ensure patients receive appropriate health care and community support,	
including medical and behavioral health, post-acute care, long term care	
and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR	
systems with local health information exchange/RHIO/SHIN-NY and	
sharing health information among clinical partners, including directed	
exchange (secure messaging), alerts and patient record look up, by the	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Fail	
Milestone #6	Pass & Complete	
Milestone #7	Fail	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone 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	



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

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



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

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Community Partners of WNY (PPS ID:46)

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

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

Instructions:

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

- Initially different providers will be at different states of readiness for meeting PCMH level 3 standards. This would limit the number of practices that are prepared manage patients according to DSRIP guidelines. We plan to utilize our current clinical transformation team to aide practices that have not yet achieved certification. Additional staff will be hired to address the influx of practices required to achieve certification. CPWNY will prioritize practices with the largest volume of Medicaid patients. CPWNY will utilize existing relationships with our health homes and safety net clinics to help manage patients and meet project requirements.
- There may be periods when many providers require support from the PPS to achieve common deadlines. This will create a short term demand on central resources that may not be equipped to handle the entire volume of providers at once. CPWNY will address this by starting early and prioritizing practices that require the most help. As deadlines approach, CPWNY will establish a call service to address questions about achieving requirements. CPWNY will hold group training sessions to touch multiple practices at once and provide additional resources to practices as needed. CPWNY will enlist the help of providers that have successfully met their deadlines to offer guidance to practices that are behind, reducing the burden on centralized staff. The executive governance board will review performance of all PPS providers for possible remediation.
- Key providers in a patient care pathway may not be part of the PPS's network. This may create a problem with ensuring that the provider has interest in meeting DSRIP goals when treating our patients. In our region, there are two PPS provider networks: CPWNY and Millennium Collaborative Care (MCC). As both PPS's are engaged in the ED Triage project, CPWNY will establish a mutual agreement with MCC to treat all patients according to DSRIP standards. CPWNY will develop IT infrastructure through the RHIE, Health-e-Link, which will allow CPWNY providers to exchange information with MCC providers in order to track patient progress across PPS's. For patients who see providers outside of either network, CPWNY will refer them to existing internal care management resources, such as our health homes, to ensure that the patients are receiving appropriate care, attending appointments, and meeting care plan goals.
- Some providers may resist adopting PPS-wide protocols. This would affect CPWNY's overall performance and hinder the quality of care provided to patients. As a federally recognized Accountable Care Organization, Catholic Medical Partners has experience engaging physicians in PPS-wide protocols related to quality of care and performance reporting. This is done through use of physician champions, performance incentives, providing necessary resources, and remediation programs for providers who fail to perform at the expected level. CPWNY will employ our existing and proven strategies going forward to ensure participation and engagement in PPS-wide protocols. The executive governance board will review performance of all PPS providers for possible remediation.
- Some providers may see an excess burden if they choose to implement DSRIP projects with only a subset of their patients. This may hinder provider engagement and lower performance. CPWNY will create an incentive program that rewards physicians for clinical performance and for physician engagement. CPWNY will create a policy that requires all Medicaid patients be treated according to the same standards, and will not discriminate based on their status as a member of our attributed population. CPWNY will provide resources such as care coordination, community health workers, and social workers to assist practices and alleviate the burden of DSRIP implementation.



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

	Year,Quarter	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
	Baseline Commitment	3,404	6,809	10,213	13,617
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%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (13,617) for 'DY5,Q4'

Current File Uploads

User 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.

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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



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



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
APCM standards.			(PCP)							
Providers Associated with Completion:										
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Berke Robert Md		I	<u> </u>	T	1				I	
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	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:										
Berke Robert Md										
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:		l								
Mount St Mary Hsp Hith Ctr Task	<u> </u>	1	T	T	<u> </u>		<u> </u>		I	
Item a. (Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.) will be addressed in the following steps:		Project		Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1 Analyze current status of EMR systems used, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2, 1, in process, or none) by participating provider practices. Create a work plan and timelines for getting practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2 Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload. Roll out will be in phases starting with those practices with the largest volume of Medicaid patients.		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3 Understand EMR system capabilities and if they have		Project		Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
the ability to meet MU/PCMH for those who are not currently there. If there are gaps in capabilities create a work plan and timeline for working with the vendor or possibly transitioning some practices to more "ready" vendors(those practices that need to transition to more " ready" vendors will need more time and will not be completed until DY 3, Q4)										
Task Step 4 Have 100% of practices on EMR systems that enable them to meet MU and PCMH		Project		Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task The following steps will address item b. and c. (b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable)		Project		Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1 The ER Triage project team will collaborate with CPWNY's IT team to assess community primary care providers' and Health Home's existing notification capabilities.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2 Establish procedures and policies on connectivity between ER and primary care providers; currently some of the CPWNY hospitals have real time notification to the Health Home and/or community primary care providers when a patient has presented into the ER that needs Health Home assistance.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3 The ER Triage project team will conduct meetings and assessment with other CPWNY partner hospitals on their existing connectivity with Health Home and community primary care and existing ED triage procedures and policies.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4 The ER Triage project team will develop plan to identify and address gaps to transform to real time notification to the Health Home based on existing best practices and nationally recognized guideline.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Efforts to understand EMR systems capabilities/readiness and ability to achieve /meet Medical Home, PCMH or APCM status with focus on practices/groups/practitioners not yet there. This may include a written/formalized workplan, timeline with evaluating/ascertaining vendor readiness. Will evaluate moving		Project		Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
some practices to vendors with more capabilities to achieve										
status as noted										
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).	DY3 Q4	Project	N/A	Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
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	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task There are levels of patient navigators: Level 1 may be a lay healthcare worker or have some college, and work in the community or health care settings. They often work with patients during health screening and through the diagnostic process and may link patients to screening tests or provider health information. Level 1 also work with patients to identify and reduce barriers that keep patients from getting healthcare. A Level 2 patient navigator may be a nurse or a social worker with a BS or MS degree. Some Level 2 navigators may have less education but a lot of experience as patient navigators. These navigators work with patients in healthcare or community settings after patients receive a diagnosis, through treatment or disease management, into health maintenance, and sometimes at the end of life. Level 2 navigators may focus on behavior change, adjustment to life with a chronic illness or help clients maintain a healthy lifestyle. They address barriers to healthcare, coordinate care, tailor health information to patient needs, and motivate clients to make healthy choices. (Level 2 patient navigators can also perform all functions of Level 1 as well) he following is CPWNY road map for use of patient navigators is:		Project		Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
CPWNY has experience with patient navigators, Level 2, in certain hospitals for patients other than Medicaid. The ER Triage project team, in collaboration with Health Home, will assess the capability of our partners and identify gaps in addressing the needs of Medicaid population.										
Task CPWNY will develop procedures and protocols that develop flow when a patient needs a Level 1 or 2 patient navigator that will better address the needs of the Medicaid population.		Project		Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Produce a list of non emergent encounters eligible for triage to ascertain trends and issues (as stated in Milestone #1) time of day, frequent flyers, to help guide the facilitation of protocols established.(provide lists to patient navigators of PCMH offices that will accommodate patient appointments)		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task CPWNY will engage partners with successful patient navigation performance in providing patient navigation training programs that also meet cultural competency and health literacy requirements for patient trust and engagement.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Based on assessments of Hospital partners and their existing resources, formulate a hiring/training plan with our selected CBOs to bridge resource gaps. Training program will specifically address improving Medicaid population's access to PCMH practices. Patient navigators will be trained to work along side with social workers to access community resources.		Project		Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Initial implementation at Mercy Hospital of Buffalo and Sisters of Charity Hospital. Competency to be in place for assisting the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need; assist the patient with identifying and accessing needed community support resources; assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).		Project		Completed	09/01/2015	03/30/2016	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Deployment of on site health home outreach associates in the SOC and MHOB ER during peak hours of 11:00 am to 11:00 pm so as to support/encourage/promote health home enrollment		Project		Completed	09/01/2015	03/30/2016	09/01/2015	03/30/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #4 A Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	DY2 Q4	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task ⚠ PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).		Provider	Safety Net Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Create/establish a system identification/system solution/system alert to identify that an risk patient is in the ED based on payer type and ER triage level of care (CPWNY's Partner Hospitals in the Catholic Health System currently have a system to identify ER utilization for potentially preventable ER visits by payer type Need to expand to Medicaid/Managed Medicaid and by level of severity (triage level 4 or 5), including high risk patients who have multiple preventable ER visits.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Assess what all our hospital partners have in place, identify gaps in systems and utilize Rapid Cycle Evaluation method to process improve.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task ER Triage team (inclusive of CPWNY hospital partners) will work on creation and establishment of a system wide /universal data base with reporting /analytic reporting capability. CPWNY's IT team will be involved in this endeavor.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Data quality control with appropriate clinical oversight -adjust process based on the quality control oversight.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4



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Community Partners of WNY (PPS ID:46)

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
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	



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Community Partners of WNY (PPS ID:46)

Milestone Review Status

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



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid Point Assessment	



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



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Community Partners of WNY (PPS ID:46)

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

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

Instructions:

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

- Risk: Initially different providers will be at different states of readiness/completeness regarding meeting PCMH level 3 standards. This would limit the number of practices that are prepared to schedule and manage patients according to the project guidelines. Mitigation: CPWNY plans to utilize current clinical transformation team to target and aide practices that have not yet achieved their certification. Additional staff will be hired by this team to address the influx of practices required to achieve PCMH level 3 certification. CPWNY will prioritize and focus on practices with the largest volume of Medicaid patients. CPWNY will also utilize existing relationships with our health homes and safety net clinics to help manage patients and meet project requirements.
- Risk: As providers work towards meeting the timelines set by the PPS, there may be periods when many providers require support from the PPS to achieve common PPS-wide deadlines. This will create a short term demand on central resources that may not be equipped to handle the entire volume of providers at once. CPWNY will address this by starting early and prioritizing practices that require the most help and effort to achieve specific requirements. Mitigation: As widespread deadlines approach, CPWNY will establish a call service to address questions or concerns with achieving requirements. CPWNY will hold intensive group training sessions to touch multiple practices at once and provide additional resources to practices as needed. CPWNY will enlist the help of providers that have successfully met their deadlines to act as liaisons and offer guidance to practices that are behind, and reduce the burden on centralized staff. The executive governance board will review performance of all PPS providers for possible remediation.
- Risk: Some providers may resist/refuse adopting PPS-wide protocols. This would affect CPWNY's overall performance and hinder the quality of care provided to patients in the network. Mitigation: As a federally recognized Accountable Care Organization, Catholic Medical Partners has experience engaging physicians in PPS wide protocols related to quality of care and performance reporting. This is done through use of physician champions, performance incentives, providing necessary resources to our practices, and through remediation programs for providers who fail to perform at the expected level. CPWNY will employ these existing, and proven, strategies going forward to ensure participation and engagement in PPS-wide DSRIP protocols. The executive governance board will review performance of all PPS providers for possible remediation.
- Risk: Some providers may see an excess burden if they choose to implement DSRIP projects with only a subset of their patients. This may hinder provider engagement and lower performance. Mitigation: CPWNY will create an incentive program that rewards physicians for clinical performance and for physician engagement. CPWNY will also institute a policy that requires that all Medicaid patients be treated according to DSRIP project standards, and will not discriminate based on their status as a member of our attributed population. CPWNY will provide resources such as care coordination, community health workers, and social workers to assist practices and alleviate the burden of DSRIP implementation.



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

Benchmarks				
Actively Engaged Speed				
DY3,Q4	11,740			

	Year,Quarter	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
	Baseline Commitment	2,500	7,631	8,500	11,740
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%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (11,740) for 'DY5,Q4'

Current File Uploads

User 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.

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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



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



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



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



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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
protocols we developed for Care Transitions. Please note that the Project Management Office currently has 3 social workers engaged in receiving referrals from the PPS network, as well as various existing hospital based Social Workers referring patients to social services. A referral process has been established and the team of social workers has established relationships with Meals on Wheels, Catholic Charities, Erie/Chautauqua/Niagara County Health Departments, Horizon Health Services, Health Homes, legal services, and participating behavioral health and substance abuse agencies.										
Task Step 3Expand the Project Management Office's current services to other PPS partners especially in Chautauqua County, provide trainings.		Project		Completed	09/30/2015	09/30/2016	09/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4PPS will monitor social service agencies' volume on periodic basis, which will be used to assess PPS's success in closing social economic gaps and to assess PPS's success in the future. The Project Advisory Committee will receive periodic reports. Monitoring in Erie County will be established sooner (DY1 Q4) due to the fact that the PMO has existing relationship with social service agencies		Project		Completed	12/30/2015	03/30/2018	12/30/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 5Create a process for referrals including a documented list of social services available in the community and referral agreements between hospital partners and social service agencies that document processes and timelines.		Project		Completed	04/15/2016	03/30/2018	04/15/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 6CPWNY will work with relevant social services to conduct periodic assessment based on utilization reporting identified in the gap analysis (ie access to appropriate services through of implementation of referral process, e.g. referral volume, timely follow-up after referral, etc) (this action is ongoing)		Project		Completed	03/30/2017	03/30/2018	03/30/2017	03/30/2018	03/31/2018	DY3 Q4
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	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
planned discharges.										
Providers Associated with Completion:										
Abialmouna Jihad Hassan Md										
Task	1	1	D 655 N D 5	I	I					
Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:	<u> </u>	1	I	1	I					
Angel M Macko Task	1	1	I	ı	ı	T	Ι		T	T
Policies and procedures are in place for early notification of planned discharges.		Provider	<u>Hospital</u>	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:	1	1		1	ı					
·										
Sisters Of Charity Hosp	1		1	1	1	Γ	T		Γ	1
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task										
Step 1Analyze current PPS partner hospitals care manager staffing models and processes. Review current job descriptions, training needs/gaps, and staffing levels. Determine if current processes include early notification of planned discharges.		Project		Completed	04/20/2015	09/30/2015	04/20/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2Review existing care manager protocols and create a work group including care management leads from each PPS partner hospitals to determine CPWNY protocol. Included in this protocol is a process to identify patients early in their hospital stay (including when in the ER) for a planned discharge process, patient screening for additional referrals (health home, home care, BH, Palliative Care, social service needs. Also included is a documentation plan (Current electronic documentation, gaps, and plan for future needs)		Project		Completed	08/02/2015	12/22/2015	08/02/2015	12/22/2015	12/31/2015	DY1 Q3
Task Step 3Create and Send draft protocol from workgroup to Clinical Governance Committee for review and feedback		Project		Completed	11/15/2015	03/31/2016	11/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4Finalize Care Transition protocol for care managers (Approval from Clinical Governance Committee)		Project		Completed	01/02/2016	03/30/2016	01/02/2016	03/30/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 5PPS will monitor the number of patients discharged per PPS participating hospital and assess whether the discharge process is consistent with the developed protocol and sufficient to handle patient volume. Periodic reports will be produced. (this action will be ongoing)		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 6Develop a training, communication and implementation strategy for the Care Management model.		Project		Completed	04/15/2016	12/30/2016	04/15/2016	12/30/2016	12/31/2016	DY2 Q3
Task Step 7The PPS will develop a highly reliable discharge planning process using a change management strategy / Six Sigma Method based upon the premises that proactive follow-up and risk mitigation is needed to reach the overall goal of reducing readmission by 25%. We will use the theme of "no patient left behind". The Project Management Office and Catholic Health System have Six Sigma training in place.		Project		Completed	04/15/2016	03/10/2017	04/15/2016	03/10/2017	03/31/2017	DY2 Q4
Task Step 8PPS will use Rapid Cycle Improvement and periodic reports to monitor results. Results will be communicated through the reporting system to governance boards and relevant providers. (this action will be ongoing)		Project		Completed	04/15/2016	03/30/2017	04/15/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1Analyze current policies and procedures that are in place for documenting and exchanging care transition plans from patient medical record. Including who has access, how it Is transmitted to the patient and their care team (including their primary care provider)		Project		Completed	08/01/2015	09/29/2015	08/01/2015	09/29/2015	09/30/2015	DY1 Q2
Task Step 2Determine each hospitals' and primary care center's referral network EMR interoperability capabilities (see IT		Project		Completed	08/15/2015	03/31/2016	08/15/2015	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
Assessment)										
Task Step 3Review assessment and determine gaps for exchanging care transition plans between patients and primary care providers in a timely manner. CPWNY is developing our Crimson Care Management module in partnership with HEALTHeLINK which will have the capability to receive alerts when a patient is admitted, discharged, or presents at the ER at any hospital in our PPS region.		Project		Completed	01/05/2016	09/30/2016	01/05/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 4Convene work group to determine policy and procedure for exchanging care transition plans		Project		Completed	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5Create and Send draft protocol from workgroup to Clinical Governance Committee (CGC) for review and feedback		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 6Finalize Care Transitions plan protocol (Approval from CGC)		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 7Develop a training, communication and implementation strategy for the Care transition record exchange for each PPS partner hospital and primary care practice		Project		Completed	08/02/2016	03/28/2017	08/02/2016	03/28/2017	03/31/2017	DY2 Q4
Task Step 8The PPS will develop a value based payment mission within the PPS using both process and outcome measures for the target population and metrics for both clinical and financial success. The PPS will develop a highly reliable discharge planning process using a change management strategy / Six Sigma Method based upon the premises that proactive follow-up and risk mitigation is needed to reach the overall goal of reducing readmission by 25%. We will use the theme of "no patient left behind". The Project Management Office and Catholic Health System have Six Sigma training in place.		Project		Completed	04/15/2016	03/30/2017	04/15/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Evaluate current PPS partners' existing Care Transition process		Project		Completed	08/15/2015	12/31/2015	08/15/2015	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
including the current 30-day transition of care period.										
Task Review existing care transition care period and identify gaps where PPS partners are not following a 30 day transition of care period.		Project		Completed	10/15/2015	03/28/2016	10/15/2015	03/28/2016	03/31/2016	DY1 Q4
Task Convene work group to establish procedures for practices to follow for 30 day transition of care period and monitoring including screening for patient at higher risk for re-admission.		Project		Completed	04/03/2016	09/30/2016	04/03/2016	09/30/2016	09/30/2016	DY2 Q2
Task Create and Send draft procedure from work group to Clinical Governance Committee for review and feedback.		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Finalize 30 Day Care Transition period procedure (Approval from CGC)		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Develop a training, communication and implementation strategy for the 30 day Care transition period.		Project		Completed	01/04/2017	03/28/2017	01/04/2017	03/28/2017	03/31/2017	DY2 Q4
Step 7The PPS will develop a value based payment mission within the PPS using both process and outcome measures for the target population and metrics for both clinical and financial success. The PPS will develop a highly reliable discharge planning process using a change management strategy / Six Sigma Method based upon the premises that proactive follow-up and risk mitigation is needed to reach the overall goal of reducing readmission by 25%. We will use the theme of "no patient left behind". The Project Management Office and Catholic Health System have Six Sigma training in place.		Project		Completed	04/15/2016	03/30/2017	04/15/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1Review IT assessment for all hospital partners including EMR platforms and identify where they currently document/identify discharged patients, care transition plans sent, and identify gaps in current documentation status of other necessary data fields in order to track project implementation		Project		Completed	08/10/2015	03/31/2016	08/10/2015	03/31/2016	03/31/2016	DY1 Q4



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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
progress. Our IT assessment indicates that all our PPS hospital partners are using EMR platforms and sharing with the local RHIO, HEALTHeLINK.										
Task Step 2Monitor and ensure the hospital partners are actively using the local RHIO, HEALTHeLINK.		Project		Completed	01/05/2016	06/01/2016	01/05/2016	06/01/2016	06/30/2016	DY2 Q1
Task Step 3Create work plan including hospital IT departments and/or care management departments to address and IT data documentation and reporting gaps at each hospital		Project		Completed	01/05/2016	12/31/2016	01/05/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 4Implement and communicate work plan to address and IT data documentation and reporting gaps at each hospital		Project		Completed	07/06/2016	03/30/2017	07/06/2016	03/30/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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



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Community Partners of WNY (PPS ID:46)

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	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Neme	Heer ID	File Tyme	Eile Nome	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	



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

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	IPQR Module 2.b.iv.5 - IA Monitoring
In	structions:



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

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Community Partners of WNY (PPS ID:46)

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

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

Instructions:

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

- Provider participation in telemedicine consultations requires a comprehensive credentialing process. This could create a problem for CPWNY where the time it takes for our participating providers to achieve the appropriate credentials will be too long to meet initial patient demand and achieve patient engagement targets. To mitigate this problem, while our local providers are undergoing the process of achieving the appropriate credentials, CPWNY will contract with turnkey vendors to facilitate consultations by connecting with available providers across the country. CPWNY will choose a vendor with expertise in addressing challenges of differing licensure/credentialing standards across different states. Over the timeline of the grant, if we do not reach the necessary volume of local providers interested and successful in achieving these credentials, these contracts with turnkey vendors will be renewed to supplement care based on patient demand.
- Currently, there is limited reimbursement infrastructure for telemedicine consultations. This creates a problem with engaging providers to participate in consultations if they are unsure about how they will be paid for their service. To ensure the sustainability of this project, CPWNY will then work with local health plans and Medicaid Managed Care Organizations to negotiate and develop a payment infrastructure for telemedicine consultations that is sufficient to encourage physician engagement. CPWNY will engage providers and request physician input in the development of a sustainable payment model.
- For the initial implementation, there is concern that providers may not have the appropriate IT infrastructure or technological capabilities to participate in telemedicine consultations. CPWNY will work with our information technology team to build exchange capacity between different provider sites. CPWNY will contract with turnkey vendors to help facilitate the development of appropriate IT infrastructure in a timely manner. Technologies will be rolled out gradually based on practices with high volume of Medicaid patients accessing these services and patients with acute conditions.



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

	Year,Quarter	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
	Baseline Commitment	13,862	13,862	13,862	13,862
PPS Reported Quarterly Update		0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
Quarterly Update		0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (13,862) for 'DY5,Q4'

Current File Uploads

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

No Records Found

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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



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



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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
(Rubbermaid Telemedicine cart with Cisco SX20 video codec or Polycom Group 500) is specified by SOC, which will provide continuous maintenance.										
Task CPWNY will engage in discussions with health plans to develop additional strategic initiatives that will enhance the sustainability of the project, including additional reimbursement for these services.		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #3 Define service area and participating providers, with clear delineation between telemedicine hub sites versus spoke sites.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Service area, delineated between spoke and hub sites, defined.		Provider	Spoke Sites	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:	1	1		1					I	
Womans Christian Association										
Task Service area, delineated between spoke and hub sites, defined.		Provider	<u>Hub Sites</u>	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Perform assessment of areas in our counties (Chautauqua, Erie and Niagara, Orleans) in high need of telemedicine services. Reach out to other hospitals to identify their specific needs and initiate implementation of additional telemedicine sites.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Begin roll out in Chautauqua County, starting with Women's Christian Association hospital, due to high patient demand and provider interest.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize agreements with WCA hospital. CPWNY will work on additional agreements with Brooks Memorial Hospital in Chautauqua County, Mount St Mary's Hospital in Niagara County, Medina Hospital in Orleans County, Westfield Hospital in Chautauqua County, and Bertrand Chaffee Hospital in Erie County.		Project		Completed	07/01/2015	03/30/2016	07/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task SOC is a turn key operation with a robust on-call network. To create a uniform process, they will act as the "hub" for our providers to obtain services. The spokes will be our rural hospitals and providers.		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Procure service agreements for provision of telemedicine	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	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
services such as specialty services, participating primary care and nurse triage monitoring.										
Task Service agreements in place for provision of telemedicine services.		Provider	Spoke Sites	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Service agreements in place for provision of telemedicine services.		Provider	Hub Sites	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:	•	•		•	•	•				
Womans Christian Association										
Task Service agreements, which outline specific protocols for the provision of medical services, are developed for WCA Hospital, Brooks Memorial Hospital, Mount St Mary's Hospital, and Bertrand Chaffe Hospital with all related costs and relevant services identified. The agreements are developed based on SOC's standard service protocol and are edited to incorporate the specific needs of CPWNY's participating hospitals.		Project		Completed	06/01/2015	03/30/2016	06/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Agreements will be approved by the CPWNY EGB and specific hospital agreements will be reviewed and approved in coordination with participating hospitals.		Project		Completed	06/01/2015	03/30/2016	06/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Communicate the terms of the service agreements and provider contracts to participating providers.		Project		Completed	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task The Medical Directors of each institution participating in the project will coordinate the implementation, credentialing, and integration of the services with their respective medical staff.		Project		Completed	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Develop standard service protocols, as well as consent and confidentiality standards meeting all federal and state requirements.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Telemedicine service, consent, and confidentiality protocols developed to meet federal and state requirements for: - patient eligibility - appointment availability - medical record protocols - educational standards		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	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
- continuing education credits										
Task Work with Specialists on Call and the CPWNY Clinical Governance Committee will review and approve standard service protocols and standards on consent and confidentiality that will be HIPAA-compliant.		Project		Completed	06/01/2015	12/30/2015	06/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task SOC will ensure that their approved physicians are licensed in NYS. Participating hospitals will credential SOC physicians within their medical staff.		Project		Completed	07/15/2015	12/30/2015	07/15/2015	12/30/2015	12/31/2015	DY1 Q3
Task Hospital to use SOC clinical protocols and requirements for effective record exchange and provide appropriate documentation regarding the encounter.		Project		Completed	07/15/2015	12/30/2015	07/15/2015	12/30/2015	12/31/2015	DY1 Q3
Task Timeline for accessing the on call physician will be established by contractual agreements with SOC.		Project		Completed	07/15/2015	09/30/2015	07/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task In coordination with the local hospital medical staff leadership, CPWNY will provide communication and training to participating providers on standard service protocols.		Project		Completed	07/15/2015	12/30/2015	07/15/2015	12/30/2015	12/31/2015	DY1 Q3
Task Assessment executed and reviewed to determine effectiveness of the program and make improvements. SOC is Joint Commission regulated and adheres to proper quality guidelines.		Project		Completed	01/01/2016	12/30/2016	01/01/2016	12/30/2016	12/31/2016	DY2 Q3
Milestone #6 Coordinate with Medicaid Managed Care Organizations to develop and ensure service authorization and payment strategies are in place to support sustainability of patient care uses.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Service authorization and payment strategies developed, in concert with Medicaid Managed Care companies.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task CPWNY's PMO has existing value-based risk contract relationship with local Medicaid Managed Care Organizations. CPWNY will leverage existing relationships to develop service authorizations and payment strategies to address the needs of Medicaid population.		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Convene meetings with local health plans and Managed Care Organizations to discuss payment arrangements and		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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
authorization.										
Task Finalize payment agreements with major health plans and Managed Care Organizations for provision of telemedicine services.		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Payment agreements approved by the EGB and the Finance Committee.		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Meet periodically with the MMCOs to review and improve agreements. (This action is ongoing)		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Include in service agreements provisions for the exchange of clinical information. Identify SOC capabilities for tracking and follow-up.		Project		Completed	07/15/2015	12/30/2015	07/15/2015	12/30/2015	12/31/2015	DY1 Q3
Task Review IT assessment to identify interoperability capabilities between SOC and CPWNY providers and between the local RHIO, HEALTHeLINK.		Project		Completed	07/15/2015	09/30/2016	07/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task Work with HEALTHeLINK and the IT team to develop interoperability and patient tracking capability.		Project		Completed	07/15/2015	12/31/2016	07/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task CPWNY will require participating hospitals to report utilization of patients engaged in this project. (This action is ongoing)		Project		Completed	07/15/2015	03/30/2017	07/15/2015	03/30/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

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



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement telemedicine services, aimed at reducing avoidable hospital	
use by increasing patient access to services not otherwise available	
and/or increasing specialty expertise of primary care providers and their	
staff in order to increase availability of scarce specialty services.	
Provide equipment specifications and rationale for equipment choice	
(including cost of acquisition, maintenance and sustainability of service).	
Define service area and participating providers, with clear delineation	
between telemedicine hub sites versus spoke sites.	
Procure service agreements for provision of telemedicine services such	
as specialty services, participating primary care and nurse triage	
monitoring.	
Develop standard service protocols, as well as consent and confidentiality	
standards meeting all federal and state requirements.	
Coordinate with Medicaid Managed Care Organizations to develop and	
ensure service authorization and payment strategies are in place to	
support sustainability of patient care uses.	
Use EHRs and other technical platforms to track all patients engaged in	
the project.	

Milestone Review Status

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



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid Point Assessment	



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IPQR Module 2.C.II.5 - IA Monitor	ing		
Instructions:			



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Community Partners of WNY (PPS ID:46)

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

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

Instructions:

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

- Risk: It is not financially viable to hire therapists and psychiatric providers in rural practices exclusively for DSRIP patients. This could limit access to integrated care. Mitigation: CPWNY will institute a policy that all patients are treated according to DSRIP standards, and will not discriminate by insurance or DSRIP status. Therapists and psychiatric providers will be shared by multiple primary care offices. Satellite clinics will be embedded in primary care practices so both Medicaid and commercial insurance can be billed, or enhanced rapid access referral process will be in place. CPWNY will off-set the difference between Medicaid and commercial rates to support BH services.
- Risk: Staff and providers may not understand the projects and may be reluctant to perform necessary roles. Mitigation: CPWNY will ensure that all organizations are trained in the goals of DSRIP and roles of the organization and their staff. Catholic Medical Partners has experience engaging physicians in quality improvement and performance reporting through physician champions, performance incentives, providing resources, and remediation for providers who fail to perform. CPWNY will employ these strategies to ensure engagement in DSRIP protocols. The executive governance board will review performance for possible remediation.
- Risk: Lack of care coordination technology and lack of integration of medical and social services. OPWDD services & medical services have separate systems and rules. Without a care coordination system there will be limited continuity for OPWDD individuals. Mitigation: CPWNY will invest in care coordination technology to allow communication between providers, individuals and natural supports. New technology will include ability to track information on habilitative and medical services. CPWNY will ensure that all agencies have EHR access with linkage to the data warehouse. In the event of limited resources, CPWNY will use our health homes, which have capacity for managing and tracking both health and social services, to refer OPWDD individuals.
- Risk: Lack of interoperable EMRs between PCPs and behavioral health providers. This could create a barrier for coordination and secure exchanges between providers. Mitigation: CPWNY will partner with HealtheLink and instruct practices to utilize their functionality for direct exchange of patient data. This includes capability for Bi-directional exchange of CCD/CCDA data. CPWNY plans to develop infrastructure either through HealtheLink or individual EMRs for exchange of information between all network providers.
- Risk: Difficulty in engaging patients. Lack of participation is a liability for performance. Mitigation: CPWNY will train PCPs and behavioral health providers in the social and structural determinants of health. CPWNY will use peer health coaches and telephone reminders to engage patients. CPWNY will enlist experienced partners in the development of wellness programs. Appointment scheduling will consider patient schedules and transportation to ensure compliance. CPWNY providers will engage patient family members to create a familiar support network.
- Risk: Lack of standardized protocols for identifying patients in need of primary care and behavioral health services. This may create differences in patient classification and treatment across providers and inhibit continuity of care. Mitigation: CPWNY will establish PPS-wide protocols for classifying patients and developing care plans. CPWNY will provide training of PCPs in motivational interviewing and behavioral health treatment. Behavioral health staff will be trained in fundamentals of diabetes, hypertension, obesity, and nutrition. PCPs will be trained to use Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Patient Health Questionnaire (PQH9) protocols for screening and evaluation.



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

	Year,Quarter	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
	Baseline Commitment	11,605	23,209	30,945	38,681
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
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (38,681) for 'DY5,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
	, ·		•	•

No Records Found

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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DSRIP

Community Partners of WNY (PPS ID:46)

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	Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Abialmouna Jihad Hassan Md Task	1	I	ı	T	T	1			Г	Г	
Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Baker Hall,Inc											
Task Step 1The project management office (PMO) staff will identify from participating providers lists primary care practices and licensed mental health, behavioral health, and substance abuse organizations across the Community Partner's of WNY geographic areas and coordinate with Millennium Collaborative Care PPS as to which primary care providers and licensed mental health, behavioral health, and substance abuse providers are in both			Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2



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



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
exclusively aligned with Community Partners PPS as to current experience with satellite clinic integration into primary care sites, willingness to consider satellite clinic integration into primary care sites, EHR status and vendor, HealtheLink RHIO experience/relationship, CCD and /or MIRTH mail capacity to receive and send records if any, current status/use of PHQ9 and SBIRT screenings, current capacity to provide primary care services within their existing MH clinics. (roll out in increments based on CNA)											
Task Step 5CPWNY, with representation from Article 31 partners, and Millennium Collaborative Care designated staff will send a joint cover letter and Survey to those licensed mental health providers which are in both the Millennium and Community Partner PPS's identifying PPS support available and asking for the same information as in Step 3.			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6CPWNY, with representation from Article 31 partners, and Millennium Collaborative Care designated staff will jointly determine if the restrictions on integrating Article 31 clinics into Article 28 outpatient primary care facilities identified above are DOH regulations or Federal regulations. If DOH regulations jointly seek a waiver. If waiver not feasible explore the feasibility of the Article 28 clinics being able (if not already so) to hire their own mental or behavioral health (including substance abuse) professional and what supports would be needed to do so from respective PPS's if the Article 28 was in both PPS's. Survey solely or jointly by both PPS's as appropriate the Article 28's for the same information as in Steps 2 or 3.			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7Hold geographically accessible planning meetings for primary care and behavioral health providers who expressed via survey interest in			Project		Completed	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
proceeding toward integrated services Meetings will be led by teams consisting of physician, mental health leaders and CPWNY central office representatives Include Millennium Collaborative Care representatives to address those providers who will be serving patients from both PPS's. Initiate outreach to PCP's by physician ambassadors from CPWNY and CPWNY mental health ambassadors to mental health providers to engage those providers who either did not respond to surveys or declined interest. Discuss their obstacles to participation and how CPWNY can help to resolve obstacles and engage their active participation in the project through a shadowing visit to existing sites that have integrated behavioral health with primary care. Continue quarterly planning meetings throughout the project to support a learning community approach. Maintain regional meetings for providers throughout the project											
Task Step 8 CPWNY will use a variety of integration models to achieve the goals of this project. These include 1. embedding a mental or behavioral health provider from an Article 31 partner community based organization into a primary care site; 2. building evidence based behavioral health and substance abuse screening tools into the PCMH work flow; 3. facilitating same day access and referral to a geographically accessible behavioral health or substance abuse service for patients identified as in need.			Project		Completed	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 9For practices that do not have a behavioral health provider physically located in the primary care practice, "warm transfers" will be facilitated in person by an available member of the PCP office to behavioral health/substance abuse providers located close by or in the same building, or via a scheduled conference call with participating behavioral health/substance abuse providers, primary care			Project		Completed	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
physicians, and the patient.											
Task Step 10Finalize contracts/MOU's with participating PCP's and behavioral health and substance abuse providers that outlines their commitment to participate in developing and operationalizing integrated services within the CPWNY PPS or, as appropriate, CPWNY and Millennium PPS's if members of both PPS's. Coordinate content of the contracts/MOU's between PPS's to standardize expectations. (incremental roll out - start with high volume practices and high need			Project		Completed	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
areas based on Community Needs Assessment) Task Step 11Analyze current status of EMR systems used for both PCP's and Behavioral health/substance abuse provider practices, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2, 1, in process, or none) by participating provider practices. Create a work plan and timeline for getting PCP practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload			Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13Create a targeted survey or contact practices to understand practice readiness to engage in PCMH or MU activities (if not currently engaged). Create a work plan for training and educating those who are ready. Create an intervention strategy to help engage those who are not ready through the use of Regional Primary Care Leaders, Hospital leadership, and other			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3



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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
resources yet to be determined (such as providing more care management assistance or behavioral health assistance to help the practice feel more comfortable with their ability to take on PCMH recognition)											
Task Step 14Create educational training materials for Meaningful Use. Provide targeted education based on each practices' need, especially for those who did not meet MU on DY1, for either in person training, web based (WebEx), or user-group by EMR vendor training			Project		Completed	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 14.a. *Provide education and training to greater than half of practices on Meaningful Use			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 14.b. *Provide education and training to greater than 75% practices on Meaningful Use			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 14.c *Provide education and training to 100% practices on Meaningful Use			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 14.d *All practices on Meaningful Use by end of DY 3= Steps listed below that correspond with 2014 standards but focusing on EMR capabilities and practice use of these capabilities:			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 15 Improving quality, safety, efficiency and reducing health disparities (these measures will help to provide better access to comprehensive patient data for patient's health team; use evidence based order sets and Computer Order entry; apply clinical decision support at the point of care; generate list of patients who need care and use them to reach out to patients.)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16Engage patients and families in their health care (these measures will provide patients and families			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
with timely access to data; tools to make informed decisions and manage their health)											
Task Step 17 Improve care coordination (These measures will allow practices to exchange meaningful clinical information among a professional health care team)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 18 Improve population and public health (these measures will allow physicians to communicate with public health agencies and better track of health information across communities)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 19Ensure adequate privacy and security protections for personal health information (These measures will help ensure: the privacy & security protections for confidential health information through operating policies, procedures and technology; compliance with applicable law; and transparency of data sharing to the patient.			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20Create education and training materials for PCMH recognition. Create a series of classes focused on teaching of standards, leadership skills, project management skills, IT/EMR support) for practices not yet achieved PCMH to teach the steps on how to achieve level 3 recognition. Find practices that have already achieved level 3 recognition that are willing to act as mentors and leaders to other practices who have not yet achieved level 3 and connect them.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 20.a *Provide education and training to greater than half practices on PCMH			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 20.b *Provide education and training to greater than 75% practices on PCMH			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 20.c *Provide education and training to 100% practices on PCMH			Project	_	Completed	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1



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Task 20.d * All Primary Care practices achieve PCMH by end of DY3==Steps listed below that are individualized to the assessment of each practice and has meaningful use standards embedded in the applicable standard:			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 21Insure PCMH policies and procedures are in place with a process to review, revise and re-approve (templates are provided for office adaptation, customization)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 22Ability to run reports to track missed appointments, upcoming appointments, gaps in preventive care, gaps in chronic disease management, hospitalization and transitions of care documentation, and care management interventions.			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 23Appointment Access and availability reports completed (and follow policy). Enhance recruitment of providers based on access and availability report and CAHPS surveys through hospital and IPA recruitment offices			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 24Roles and job descriptions completed for practice team members in PCMH and training to PCMH as noted above			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 25Evidence Based guidelines built into the EMR along with tools to manage patient care (care management including referrals to CBOs, educational tools, follow up, motivational interviewing)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 26Assessment of diversity in the practice and ability to run quality metrics based on culture, language, and ethnicity			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 27Track outreach to patients in attempts to close gaps in care (along with preferred methods of			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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contact as stipulated by the patient)											
Task Step 28Exchange of information (care coordination) reports to show timeliness of incoming and outgoing patient information.(referral agreements in place and information exchanged according to agreements and policy)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 29Quality improvement program in the office, utilizing Rapid Cycle Evaluation			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 30Evaluation of usefulness of community referrals.			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 31Medication management (monitors cost, best practice, allergies, interactions, e-scripts)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 32 Set up a process for continued education and assistance with PCMH and Meaningful Use. PCMH renewals occur every three years, and meaningful use is yearly. So many practices will have to renew PCMH recognition during this time period, as well as continuing their MU attestations. We want to set up a process to ensure their continued success in the future. There are also standards in which you must show achievement during the interim years of recognition like the measurement and improvement of quality measures.			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 33For primary care practices whose Medicaid patient percentages are too low to support an integrated mental or behavioral health (including substance abuse) satellite clinic, collaborative care agreements will be developed with the assistance of the PPS (or PPSs as appropriate) with geographically accessible licensed mental health clinics and behavioral health and substance abuse providers. Evidence based protocols will be codified in MOU's			Project		Completed	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2



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that define the respective responsibilities of both the PCP and BH provider. Protocols in the MOU will include same day/next day access for patients referred by the PCP, concurrent exchange of patient treatment information through CCD's or MIRTH mail as available, connectivity by both PPSs with HEALTHeLINK RHIO to support exchange of treatment information, and regular communication to coordinate treatment plans and medication management. Clinical transformation specialists will meet quarterly with providers and their leadership to support the collaborative care relationship and provide problem solving as necessary. (ongoing)											
Task Step 34 CPWNY is aware that services rendered by an Article 31 provider within an Article 28 facility are not billable to Medicaid. CPWNY is exploring mitigation options such as deploying social worker in Article 28 facility to facilitate warm handoff of patients.			Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1CPWNY Clinical transformation specialists in collaboration with Millennium Collaborative Care Project Manager will develop agreements between each PCP and the integrating BH providers (embedded Article 31 satellite clinic or collaborative care model) utilizing SAMSHA evidence based guidelines provided by the PPS to establish clear written protocols on warm hand-offs of patients, team			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4



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



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the established evidence based protocols that support											
integrated/collaborative treatment and practice. Task											
Step 4 Quarterly meetings between clinical transformation team and participating behavioral health/mental health/substance abuse sites will include progress on implementation, status of adoption of clinical protocols, and discussion of risks and barriers to implementation. Clinical transformation team will assess progress and help practices to address risks and identify potential for improvements. (This action will be ongoing)			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5 The respective PPS Health Home provider (CPWNY's Health Home provider within its PPS is Health Home Partners of WNY) will meet with PPS PCPs and BH licensed providers to educate all of the respective practitioners about the care coordination support and engagement Health Homes can provide eligible patients and how expedited referrals can be made, as well as clarifying the role differentiation between on site PCP nurse care coordinators and community based "boots on the ground" health home care coordinators.			Project		Completed	09/01/2015	07/01/2016	09/01/2015	07/01/2016	09/30/2016	DY2 Q2
Task Step 6CPWNY Care Coordination team (and jointly with Millennium Collaborative Care Project Coordinator as appropriate) will assist PCP and BH practices in prioritizing outreach and developing a workflow on patient engagement, examining patient expressed barriers to seeking healthcare on an outpatient basis. Barriers may be related to a lack of understanding, social, cultural, travel time, transportation needs, family dynamics, prioritization, stigma associated with mental health treatment, etc. and utilize health home care coordinators for eligible patients and Community Based Organizations to overcome these barriers.			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including	DY3 Q4	Model 1	Project	N/A	Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4



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behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.											
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.			Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Abialmouna Jihad Hassan Md											
Task Step 1PCP's and BH practices jointly surveyed by CPWNY & Millennium Collaborative Care as to which preventive screenings are currently routinely being used for patients in both PCP's and BH practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Step 2CPWNY's 3.a.i project team in collaboration with Millennium Collaborative Care Project Manager will identify best practice physical health preventive care screenings to be adopted across both PPS's PCP's in addition to PHQ9 and SBIRT screenings for both PCP's and behavioral health (including substance abuse) practices. The CPWNY project team in collaboration with the Behavioral Health partners will assess and select appropriate SBIRT tools to be used and obtain approval from CPWNY's clinical governance committee.			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3A joint PPS (CPWNY & Millennium) training			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3



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



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



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Step 5Utilizing data extracted, CPWNY's Clinical Transformation team and IT team with help practices to identify targeted patients and establish patient registries for managing patient care and milestone reporting. The target population for patient registries and tracking will include but not limited to conditions such as depression, substance abuse, and/or overlapping co-morbid with diabetes and cardiac disease.											
Task Step 6 Work with the information technology team to integrate behavioral health status and alerts into the medical record. This process involves obtaining a consent from the patient at the primary care site and at the behavioral health site. Once the consents are both in place, information can be shared through HEALTHeLINK direct exchange or through mirth mail. (Defined process must be in place to ensure that no downstream sharing of patient behavioral health [title 42] information takes place)			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7 Set up documentation in EMRs to run reports on care management care plans, care transitions, preventive PCP and BH screenings etc. To be overseen by CPWNY Clinical Transformation and CPWNY IT teams.			Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY3 Q4	Model 2	Project	N/A	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Abialmouna Jihad Hassan Md											
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	Completed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:											-



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Baker Hall,Inc											
Task											
Step 1The project management office (PMO) staff											
will identify from participating provider lists primary											
care practices and licensed mental health, behavioral											
health, and substance abuse provider organizations			Danis of		0	00/04/0045	00/00/0045	00/04/0045	00/00/0045	00/00/0045	D)/4 O0
across the Community Partner's of WNY geographic			Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
areas and coordinate with Millennium Collaborative											
Care PPS to identify which primary care providers and											
licensed mental health, behavioral health, and											
substance abuse providers are in both PPS's.											
Task											
Step 2PMO staff, with a cover letter detailing the											
kinds of support Community Partners could provide											
their practice, will survey the identified primary care											
practices who are exclusively in the Community											
Partner's PPS as to their PCMH/NCQA Level or											
Advanced Primary Care status, percentage of current											
Medicaid patients served, their current ability to accept											
new Medicaid patients, EHR status and vendor, CCD											
capacity to receive and send records, relationship with											
HealtheLink RHIO, current behavioral health/mental											
health/substance abuse capacity if any, status of											
current use of PHQ9 and SBIRT screenings, and			Project		Completed	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
willingness to discuss possible integration of a satellite											
mental health, behavioral health, or substance abuse											
clinic within their practice site (Article											
28 outpatient primary care clinics are currently unable											
by											
regulation to integrate a satellite Article 31 clinic unless											
there is a completely separate entrance and separate											
waiting room making this approach to integration not											
feasible). The PMO has contacted the regional											
Department of Health Commissioner for assistance in											
overcoming this barrier. (Will start with high volume											
Medicaid practices and roll out survey in increments.)											
Task			Droingt		Completed	00/04/0045	02/24/2042	00/04/0045	02/24/2040	02/24/2042	DV2 C4
Step 3CPWNY PMO and Millennium Collaborative			Project		Completed	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	שרא Q4



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Care designated staff will send a joint cover letter and Survey to those primary care practices which are in both the MCC and Community Partner PPS's identifying available support and asking for the same information as in Step 2											
Task Step 4With a cover letter detailing the kinds of support available in the CPWNY PPS network, with representation from Article 31 (e.g. Spectrum) partners, will survey the identified licensed mental health/CD agencies exclusively aligned with Community Partners PPS as to current experience and capacity to provide primary care services within existing mental health, behavioral health, and substance abuse clinics, EHR status and vendor, HealtheLink RHIO experience/relationship, CCD and /or MIRTH mail capacity to receive and send records if any, current status/use of PHQ9 and SBIRT screenings. (roll out in increments based on CNA)			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5CPWNY, with representation from Article 31 partners, and Millennium Collaborative Care designated staff will send a joint cover letter and Survey to those licensed mental health, behavioral health, and substance abuse providers which are in both the Millennium Collaborative Care and Community Partner PPSs identifying PPS support available and asking for the same information as in Step 3.			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6CPWNY, with representation from Article 31 partners, and Millennium Collaborative Care designated staff will jointly determine if the restrictions on integrating Article 31 clinics into Article 28 outpatient primary care facilities identified above are DOH regulations or Federal regulations. If DOH regulations, jointly seek a waiver. If waiver not feasible explore the feasibility of the Article 28 clinics being able (if not already so) to hire their own MH			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4



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(Milestone/Task Name)	Due Date	Model Name	Level	Provider Type	Status	Start Date	End Date	Start Date	Elia Date	End Date	Year and Quarter
professional and what support would be needed to do so from respective PPS's if the Article 28 was in both PPS's. Survey solely or jointly by both PPS's as appropriate the Article 28's for the same information as in Steps 2 or 3.											
Task Step 7Hold geographically accessible planning meetings for primary care and behavioral health providers who expressed via survey interest in proceeding toward integrated services Meetings will be led by teams consisting of physician, mental health leaders and CPWNY central office representatives. Include Millennium Collaborative Care representatives to address those providers who will be serving patients from both PPSs. Initiate outreach to PCPs by physician ambassadors from CPWNY and CPWNY mental health ambassadors to mental health providers to engage those providers who either did not respond to surveys or declined interest. Discuss their obstacles to participation and how CPWNY can help to resolve obstacles and engage their active participation in the project through a shadowing visit to existing sites that have integrated behavioral health with primary care. Continue quarterly planning meetings throughout the project to support a leaning community approach. Maintain regional meetings for providers throughout the project			Project		Completed	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 8CPWNY will work with Millennium PPS to integrate advanced care management services into Article 31 organizations and other mental health, behavioral health, and substance abuse sites to promote improvements and key health indicators that are targeted to be achieved for the behavioral health populations.			Project		Completed	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 9Finalize contracts/MOU's with participating PCP's and BH providers that outlines their commitment to participate in developing and operationalizing			Project		Completed	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4



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integrated services within the CPWNY PPS or, as appropriate, CPWNY and Millennium PPSs if members of both PPS's. Coordinate content of the contracts/MOU's between PPS's to standardize expectations. (incremental roll out - start with high volume practices and high need areas based on Community Needs Assessment)											
Task Step 10Analyze current status of EMR systems used for both PCP's and behavioral health, mental health, and substance abuse provider practices, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2, 1, in process, or none) by participating provider practices. Create a work plan and timeline for getting PCP practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload			Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12Create a targeted survey or contact practices to understand practice readiness to engage in PCMH or MU activities (if not currently engaged). Create work plan for training and educating those who are ready. Create an intervention strategy to help engage those who are not ready through the use of Regional Primary Care Leaders, Hospital leadership, and other resources yet to be determined (such as providing more care management assistance or behavioral health assistance to help the practice feel more comfortable with their ability to take on PCMH recognition)			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016		
Task			Project		Completed	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Step 13Create educational training materials for Meaningful Use. Provide targeted education based on each practices needs, especially for those who did not meet MU on DY1, for either in person training, web based (WebEx), or user-group by EMR vendor training											
Task 13.a. *Provide education and training to greater than half of practices on Meaningful Use			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 13.b. *Provide education and training to greater than 75% practices on Meaningful Use			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 13.c *Provide education and training to 100% practices on Meaningful Use			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 13.d *All practices on Meaningful Use by end of DY 3= Steps listed below that correspond with 2014 standards but focusing on EMR capabilities and practice use of these capabilities:			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 14Improving quality, safety, efficiency and reducing health disparities (these measures will help to provide better access to comprehensive patient data for patients health team; use evidence based order sets and Computer Order entry; apply clinical decision support at the point of care; generate list of patients who need care and use them to reach out to patients.)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 15Engage patients and families in their health care (these measures will provide patients and families with timely access to data; tools to make informed decisions and manage their health)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16Improve care coordination (These measures will allow practices to exchange meaningful clinical information among a professional health care team)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17Improve population and public health (these measures will allow physicians to communicate with			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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



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customization)											
Task Step 21Ability to run reports to track missed appointments, upcoming appointments, gaps in preventive care, gaps in chronic disease management, hospitalization and transitions of care documentation, and care management interventions.			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 22Appointment Access and availability reports completed (and follow policy). Enhance recruitment of providers based on access and availability report and CAHPS surveys through hospital and IPA recruitment offices			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 23Roles and job descriptions completed for practice team members in PCMH and training to PCMH as noted above			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 24Evidence Based guidelines built into the EMR along with tools to manage patient care (care management including referrals to CBOs, educational tools, follow up, motivational interviewing)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 25 The PPS leadership and clinical transformation staff will ensure that participating behavioral health/mental health/substance abuse sites will meet article 31 certification requirements for medical screening and follow up and are aligned with the DSRIP outcome metrics.			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 26Assessment of diversity in the practice and ability to run quality metrics based on culture, language, and ethnicity			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 27Track outreach to patients in attempts to close gaps in care (along with preferred methods of contact as stipulated by the patient)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 28Exchange of information (care coordination)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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 reports to show timeliness of incoming and outgoing patient information.(referral agreements in place and information exchanged according to agreements and policy) 											
Task Step 29Quality improvement program in the office, utilizing Rapid Cycle Evaluation			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 30Evaluation of usefulness of community referrals.			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 31Medication management (monitors cost, best practice, allergies, interactions, e-scripts)			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 32 Set up a process for continued education and assistance with PCMH and Meaningful Use. PCMH renewals occur every three years, and meaningful use is yearly. So many practices will have to renew PCMH recognition during this time period, as well as continuing their MU attestations. We want to set up a process to ensure their continued success in the future. There are also standards in which you must show achievement during the interim years of recognition like the measurement and improvement of quality measures.			Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 33 CPWNY will Use the results of the joint survey with MCC to identify primary care providers willing to accept patients identified with medical needs at behavioral health sites.			Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 34For behavioral health, mental health, and substance abuse providers who choose to integrate primary care services into their practice collaborative care agreements will be developed with the assistance of the PPS (or PPS's as appropriate)with geographically accessible primary care providers and mobile nurse practitioners. Evidence based protocols			Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4



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will be codified in MOU's that define the respective responsibilities of both the PCP and BH/MH/substance abuse provider. Protocols in the MOU will include same day/next day access for patients referred by the behavioral health/mental health/substance abuse provider including but not limited to scheduled conference calls between collaborative providers and the patient to discuss conditions and treatment plans. Concurrent exchange of patient treatment information through CCD's or MIRTH mail as available, connectivity by both with HEALTHeLINK RHIO to support exchange of treatment information, and regular communication to coordinate treatment plans and medication management. Clinical transformation specialists will meet quarterly with providers and their leadership teams to support the collaborative care relationship and provide problem solving as necessary.											
Task Step 35To support the provision of primary care services within licensed MH clinics the PPS (or PPS's s appropriate to clinics in both PPS's) will fund the hiring of nurse practitioners to be attached to a collaborative PCP, whose role will be to spend one day a week on average at five different high volume Medicaid BH clinics to provide basic primary care screening, preventive medicine and medication management in collaboration with the BH/MH/substance abuse therapist and psychiatric provider as indicated. The population to be served are those Medicaid patients of the behavioral health/mental health/substance abuse clinic who refuse to be linked to a PCP practice. The NP will have a collaborative agreement with the host PCP to support their practice with this population. The PPS (or PPS's) will also fund, where none is available, a LPN nurse at each licensed behavioral health/mental health/substance abuse clinic to support basic health screening, wellness education and follow-up for both			Project		Completed	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4



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the NP and psychiatric providers. This collaborative relationship between the PCP and the behavioral health/mental health/substance abuse clinic will be supported by both a detailed MOU with defined protocols and an assigned clinical transformation specialist from CPWNY who will hold, at a minimum, quarterly meetings with the PCP and behavioral health/mental health/substance abuse practitioners/leadership with the assigned NP to assess the experience for patients and providers and support problem solving as needed.											
Task Step 36 NP will be hired to provide primary care assessments to patients who are lost to contact with their primary care provider and following that will be linked to a primary care site. In addition the participating behavioral health/mental health/ substance abuse providers will have embedded nurse care coordinators to assist in supporting the patients and ensuring follow up and continuation of their care plan.			Project		Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 37 Eligible patients will be referred to health home. (This action is ongoing)			Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1 CPWNY Clinical transformation specialists in collaboration with Millennium Collaborative Care Project Manager will develop agreements between			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4



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PCPs and the integrating BH providers (embedded Article 31 satellite clinic or collaborative care model) utilizing SAMSHA evidence based guidelines provided by the PPS to establish clear written protocols on warm hand-offs of patients, team meeting participation of BH and PCP providers with inclusion of support staff/practice managers, case conferences on more complex patient needs, spontaneous curbside consultation between PCP and BH providers on patient needs, exchange of clinical treatment record information (CCD's or secure MIRTH mail), coordinated care plans including agreements on prescribing practices and coordination, warm hand-offs back to the referring physician at the conclusion of BH treatment including medication needs going forward as well as resolving the often perceived power differentials between physicians and behavioral health providers in order to promote true integration of service delivery versus simply co-location. Evidence based practices above will be coordinated with Millennium where PCPs are members of both PPSs so services are delivered and integrated under one set of evidence based standards.											
Task Step 2 Existing PMO care advisors are trained in motivational interviewing and brief interventions, which are key parts of the PMO's Care Management Program. The PMO currently utilizes social workers and nurses who have been trained and have a proven competency. As CPWNY rolls out the integrated model and as new staff are brought in, CPWNY will utilize the "train the trainer" model to train additional primary care and behavioral health staff on brief interventions and motivational interviewing.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3Clinical transformation specialists from CPWNY (and Millennium Collaborative Care Project Manager as indicated by dual membership in both PPS's) will meet with each integrated PCP/satellite BH			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4



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site staff and leadership, each collaborative PCP/BH relationship staff and leadership, and each PCP/BH collaborative relationship with a NP providing primary care services within the BH clinic at least quarterly to mutually assess and problem solve where necessary the established evidence based protocols that support integrated/collaborative treatment and practice.											
Task Step 4Quarterly meetings between clinical transformation team and participating behavioral health/mental health/substance abuse sites will include progress on implementation, status of adoption of clinical protocols, and discussion of risks and barriers to implementation. Clinical transformation team will assess progress and help practices to address risks and identify potential for improvements. (This action is ongoing)			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5 The respective PPS Health Home provider (CPWNY's Health Home provider within its PPS is Health Home Partners of WNY) will meet with PPS PCPs and BH licensed providers to educate the respective practitioners about the care coordination support and engagement Health Homes can provide eligible patients and how expedited referrals can be made, as well as clarifying the role differentiation between on site PCP nurse care coordinators and community based "boots on the ground" health home care coordinators.			Project		Completed	09/01/2015	07/01/2016	09/01/2015	07/01/2016	09/30/2016	DY2 Q2
Task Step 6CPWNY Care Coordination team (and jointly with Millennium Collaborative Care Project Coordinator as appropriate) will assist PCP and BH practices in prioritizing outreach and developing a workflow for patient engagement, and examining patient expressed barriers to seeking healthcare on an outpatient basis. Barriers may be related to a lack of understanding, social, cultural, travel time, transportation needs, family dynamics, prioritization, stigma associated with mental			Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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health treatment, etc. and utilize health home care											
coordinators for eligible patients and Community											
Based Organizations for overcome these barriers. Milestone #7											
Conduct preventive care screenings, including physical	DY3 Q4	Model 2	Project	N/A	Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
and behavioral health screenings.	D13 Q4	Woder 2	l roject		Completed	09/01/2013	03/31/2010	09/01/2013	03/31/2010	03/31/2016	D13 Q4
Task											
Screenings are conducted for all patients. Process			Davisor		0	00/04/0045	00/04/0040	00/04/0045	00/04/0040	00/04/0040	DV0 04
workflows and operational protocols are in place to			Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
implement and document screenings.											
Task											
Screenings are documented in Electronic Health			Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Record.											
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	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Providers Associated with Completion:											
Abialmouna Jihad Hassan Md											
Task											
Positive screenings result in "warm transfer" to											
behavioral health or primary care provider as indicated			Provider	Mental Health	Completed	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
by screening as measured by documentation in											
Electronic Health Record (EHR).											
Providers Associated with Completion:											
Baker Hall,Inc											
Task 📤											
Step 1PCP's and behavioral health/mental			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
health/substance abuse practices jointly surveyed by											



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CPWNY & Millennium as to which preventive screenings are currently being implemented routinely for patients in both PCP's and behavioral health/mental health/substance abuse practices.											
Task Step 2CPWNY's 3.a.i project team in collaboration with Millennium Project Manager identify best practice physical health preventive care screenings to be adopted across both PPS's PCP's in addition to PHQ9 and SBIRT screenings for both PCP's and behavioral health/mental health/substance abuse practices. The CPWNY project team in collaboration with the BH partners will assess and select appropriate SBIRT tools to be used and obtain approval from CPWNY's clinical governance committee.			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3A joint PPS (CPWNY & Millennium) training plan will be developed for both PCP and behavioral health/mental health/substance abuse practices to support the adoption of best practice screenings where there are current gaps within identified PCP's and behavioral health/mental health/substance abuse providers. Training plan includes educating practices on the billing codes for PHQ9 and SBIRT screens as many practices are unaware of ability to bill for these screens and absence of billing is a barrier.			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4CPWNY Clinical Integration teams and Millennium jointly assist in training PCPs and behavioral health/mental health/substance abuse providers participating in both PPSs and CPWNY Clinical Transformation teams will provide the same training to providers uniquely in the CPWNY PPS. As CPWNY rolls out the integrated model and as new staff are brought in, CPWNY will utilize the "train the trainer" model to train additional primary care and behavioral health staff on brief interventions and motivational interviewing.			Project Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Step 5All screenings are required documentation in provider EMR's.											
Task											
Step 6Clinical integration training teams (with Millennium Collaborative Care counterparts for joint PPS membership) will incorporate reviews of screening protocols and implementation with periodic technical assistance meetings with providers.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7CPWNY 3.a.i project team will assess and develop reporting metrics and outcome measures including usefulness of community referrals, medication management and adherence, effectiveness of patient outreach, and quality metrics based on culture, language, and ethnicity. The project team will utilize Rapid Cycle Improvement method for continuous improvement.(assessment is implemented in increments and ongoing)			Project		Completed	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1Utilizing healthcare data analytics complete an assessment of our PPS attributed Medicaid members.			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2Using clinical transformation team, assist practices in extracting data from EMRs on their Medicaid patients; sort by who has not been in office for 1 year or greater; and impending doctor appointment by disease conditions (Cardiovascular,			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2



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HTN, Renal, Diabetes, Behavioral health)											
Task Step 3 Assess the population from claims data to ascertain hospitalizations and ER visits to obtain holistic view of patient; stratify population by the aforementioned and also segment by culture, ethnicity and language.			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4 CPWNY's PMO has an existing referral relationship with our partner Health Home for eligible patients. The 3.a.i project team will assess the current workflow and develop protocol for connecting eligible patients to PPS's health home, Health Home Partners of WNY. CPWNY will extract data for further tracking from Health Home GSI Care Coordination software for health home enrolled patients.			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5Utilizing data extracted, CPWNY's Clinical Transformation team and IT team will assist practices in identifying targeted patients and establishing patient registries for managing patient care and milestone reporting. The target population for patient registries and tracking will include but not be limited to conditions such as depression, substance abuse, and/or overlapping co-morbid with diabetes and cardiac disease.			Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6 Work with the information technology team to integrate behavioral health status and alerts into the medical record. This process involves obtaining a consent from the patient at the primary care site and at the behavioral health site. Once the consents are both in place, information can be shared through HEALTHeLINK direct exchange or through mirth mail. (Defined process must be in place to ensure that no downstream sharing of patient behavioral health [title 42] information takes place)			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7 Set up documentation in EMRs to run reports			Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
on care management care plans, care transitions, preventive PCP and BH screenings etc. To be overseen by CPWNY Clinical Transformation and CPWNY IT teams.											
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY3 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	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	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	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	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Psychiatrist.											
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

			· · · · · · · · · · · · · · · · · · ·		
Milestone Name	User ID	File Type	File Name	Description	Upload Date
Implement IMPACT Model at Primary Care Sites.	dcao	Communication Documentation	46_DY5Q4_PROJ3ai_MDL3ai3_PRES9_COMM_CPW NY_Project_3.a.i_Model_3_26316.docx	Model 3	05/04/2020 07:25 PM
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	dcao	Communication Documentation	46_DY5Q4_PROJ3ai_MDL3ai3_PRES10_COMM_CP WNY_Project_3.a.i_Model_3_26317.docx	Model 3	05/04/2020 07:26 PM
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	dcao	Communication Documentation	46_DY5Q4_PROJ3ai_MDL3ai3_PRES11_COMM_CP WNY_Project_3.a.i_Model_3_26318.docx	Model 3	05/04/2020 07:27 PM

NYS Confidentiality - High



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Designate a Psychiatrist meeting requirements of the	dooo	Communication	46_DY5Q4_PROJ3ai_MDL3ai3_PRES12_COMM_CP	Model 3	05/04/2020 07:27 PM
IMPACT Model.	dcao	Documentation	WNY_Project_3.a.i_Model_3_26319.docx	Woder 5	03/04/2020 07.27 PW
Measure outcomes as required in the IMPACT Model.	dcao	Communication	46_DY5Q4_PROJ3ai_MDL3ai3_PRES13_COMM_CP	Model 3	05/04/2020 07:28 PM
ivieasure outcomes as required in the living ACT woder.	ucao	Documentation	WNY_Project_3.a.i_Model_3_26320.docx	Woder 3	
Provide "stepped care" as required by the IMPACT	dcao	Communication	46_DY5Q4_PROJ3ai_MDL3ai3_PRES14_COMM_CP	Model 3	05/04/2020 07:29 PM
Model.	ucao	Documentation	WNY_Project_3.a.i_Model_3_26321.docx	Woder 3	03/04/2020 07.29 FIVI
Use EHRs or other technical platforms to track all	dean	Communication	46_DY5Q4_PROJ3ai_MDL3ai3_PRES15_COMM_CP	Model 3	05/04/2020 07:30 PM
patients engaged in this project.	dcao	Documentation	WNY_Project_3.a.i_Model_3_26322.docx	IVIOUGI J	03/04/2020 07:30 FIN

Prescribed Milestones Narrative Text

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



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Community Partners of WNY (PPS ID:46)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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	Fail	
Milestone #8	Pass & Complete	
Milestone #9	Pass (with Exception) & Complete	
Milestone #10	Pass (with Exception) & Complete	
Milestone #11	Pass (with Exception) & Complete	
Milestone #12	Pass (with Exception) & Complete	
Milestone #13	Pass (with Exception) & Complete	
Milestone #14	Pass (with Exception) & Complete	
Milestone #15	Pass (with Exception) & Complete	



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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	



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

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



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

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Community Partners of WNY (PPS ID:46)

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

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

Instructions:

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

- Risk: Difficulty engaging and sustaining patient participation. Lack of participation is a liability for performance. Mitigation: CPWNY will train primary care and cardiac providers in the social and structural determinants of health. Community health workers and social workers will provide home visits, linkage to community resources, and free blood pressure monitoring. PCMH practices will provide open appointment access and consider patient work schedules and transportation to ensure compliance. Patient reminder systems will include secure text messages for blood pressure checks, lab work, and appointment reminders. CPWNY will enlist experienced peers in the design of wellness programs. Providers will engage patient family members to create a familiar support network.
- Risk: Lack of standard treatment protocols on follow up for cardiac patients. This could create problems for consistency of care and ensuring treatment according to DSRIP goals. Mitigation: CPWNY will develop PPS-wide protocols and policies for treatment of patients, development of care plans and strategic follow up. Policies will mandate that providers offer follow up blood pressure checks without appointment or co-pay, and that primary care practices meet PCMH and patient engagement. CPWNY will develop policies for identifying high-risk patients to be referred to a health home or a care coordinator for additional management. The PPS will provide training to staff and patients on proper BP monitoring.
- Risk: Providers resist or refuse to adopt DSRIP policies. This could affect performance and patient outcomes. Mitigation: As a federal Accountable Care Organization, Catholic Medical Partners has experience engaging physicians in quality of care and performance reporting protocols. This is done through use of physician champions, performance incentives, providing resources, and remediation for providers who fail to perform at the expected level. CPWNY will employ these existing strategies to ensure participation in DSRIP protocols. The executive governance board will review performance for possible remediation.
- Risk: Lack of electronic information sharing capability between providers due to lack of EMR technology or gaps in interoperability. This would create a barrier for care coordination and information sharing. Mitigation: CPWNY will use HealtheLink and their functionality for direct exchange of patient data, including capability for Bi-directional exchange of CCD/CCDA data, to close information gaps. Capital funding will be used to provide EMRs to practices using paper charts and to upgrade existing EMRs to ensure interoperability and data capture. To start, CPWNY will instruct providers without an EMR to use Mirth mail through HEALTHeLINK for secure exchanges. The PPS will dedicate resources for improvements in CVD management through data integration, systems interoperability, patient registries, and alerts and reminders to update providers and patients.
- Risk: Practices cannot afford nutritionists, care coordinators, and patient educators. Without access to these resources, practices have limited ability to engage patients and improve outcomes. Mitigation: CPWNY will use partner Health Homes to provide integrated services. CPWNY will hire centralized care coordinators that assist multiple practices in managing patients, minimizing direct costs to providers. Patients will be referred to nutritionists at CPWNY partner organizations and community settings for education and budget meal planning promoting hypertension and cholesterol control. CPWNY will provide nutritionists and patient educators to act as resources to practices on an as-needed basis. CPWNY will also develop group programs for wellness education and medication management for patients with cardiac conditions.



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

Benchmarks				
Actively Engaged Speed				
DY3,Q4	12,011			

	Year,Quarter	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
	Baseline Commitment	3,604	7,207	9,609	12,011
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Ammuovad	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (12,011) for 'DY5,Q4'

Current File Uploads

User 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.

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 3 Existing clinical transformation team will work with practices to develop/implement point of care reminders (clinical decision support) in alignment with evidence based guidelines determined by the clinical governance committee. Reminder system will be evaluated based on Hedeis and other quality measure.		Project		Completed	03/01/2016	09/02/2016	03/01/2016	09/02/2016	09/30/2016	DY2 Q2
Task Step 4Clinical Governance Committee to implement standard evidence based guidelines for cardiovascular disease including CAD, elevated cholesterol, CHF and hypertension		Project		Completed	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5 Communicate and promote standard evidence based guidelines for cardiovascular conditions via website with annual review. (This action will be ongoing)		Project		Completed	11/01/2016	03/30/2018	11/01/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 6 Create and distribute patient education materials that promote healthy lifestyle practices and behaviors to reduce cardiovascular risks.		Project		Completed	11/01/2016	03/30/2018	11/01/2016	03/30/2018	03/31/2018	DY3 Q4
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Beach Amy Rebecca										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Providers Associated with Completion: Frachetti Katherine J										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	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
PPS uses alerts and secure messaging functionality.										
Task Step 1. CPWNY and Millennium PPS working together to perform IT assessment of partners to include:		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task a. Use of EMR, HIE and other information systems; b. data sharing capabilities; c readiness for connection to QE (RHIOs/HIE; Performance reporting capabilities and modalities; dashboard and platforms for patient generated data; future plans for IT integration; use of data security and confidentiality plans		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task b. Share results of readiness survey with PPS partners		Project		Completed	09/30/2015	03/30/2016	09/30/2015	03/30/2016	03/31/2016	DY1 Q4
Task c. Map future state needs from Project Implementation plan to readiness assessment to identify gaps. Road map of future needs will be a requirement in the current state assessment and gap analysis engagement.		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task d. Update and approve IT Project Implementation plan		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task e. Evaluate current RHIO capabilities to fill identified gaps. HEALTHeLINK will be integrally involved in the current state assessment and gap analysis.		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2Create inventory of Safety Net and non-Safety Net providers are signed on to HEALTHeLINK, whether they send complete CCD after encounter, whether they send/receive via HISP, whether they can do virtual record lookup. Determine the EMRs they are using.		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Step 3Roll out of partner agreements that stipulate the sharing of health information and use of the RHIO		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 4In addition to agreements, HEALTHeLINK will be purchasing 500 authentication tokens for PPS practices that will make authentication for access to the RHIO information easier and free of cost to the partner. This will enable providers to access information securely and easily. CPWNY PPS and Millennium Collaborative Care PPS are working collaboratively with HEALTHeLINK to ensure that all safety net provider are able to communicate with HEALTHeLINK and all HEALTHELINK		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	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
providers through the use of secure email. HEALTHeLINK is currently using MIRTH mail technology.										
Task Step 5HEALTHeLINK will provide a community-wide patient event notification service that keys on multiple event types and is configurable at the practice/provider level. HEALTHeLINK is working with CPWNY PPS and Millennium Collaborative Care PPS to develop a notification system for all hospital admissions/ discharges and transfers, as well as results delivery.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 6Build a directory that contains the DIRECT address of providers and practices across the community. This would facilitate the direct exchange of patient information between healthcare settings and would be readily accessible by any provider/user		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 7Data exchange solution that enables Omni-directional communication between care providers and patients: a. Roll-out of patient portal to PPS partners without EMR= DY 1,Q 4; Roll-out to other PPS partners= DY 2, Q 4; Integrate MobileMD with RHIO (HEALTHeLINK) = DY 1, Q4; Integrate MobileMD with PPS EMR, first PPS EMR = DY2, Q4; Integrate with all other PPS EMRs such as behavioral health, Skilled Nursing Facilities, home care= DY 3, Q4 (NOTE: MobileMD is an HIE that provides comprehensive data exchange solutions and will be directly integrated with the community-wide HEALTHeLINK RHIO/SHINNY).		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step8 Catholic Medical Partners, currently has implemented a clinical integration program aligned with population health and value based purchasing. Catholic Medical Partners will continue to educate and engage PPS partners to develop clinical processes that drive clinical and financial results. This clinical model and its business model will be used to sustain the DSRIP initiatives to support the successful completion of the DSRIP grant. (This action will be ongoing)		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 9 Catholic Medical Partners, currently uses utilization and quality reports that are developed from the Milliman MedInsight program and is developing a population health clinical and		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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
business intelligence system using Crimson Management system that highlights utilization and quality against best practices and has a specific care management program that will be used by the PCMH practices to focus on interventions on patient's quality of care.										
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4

Providers Associated with Completion:

Abialmouna Jihad Hassan Md; Addesa Albert J Jr Md; Ahuja Sanjeev K Md; Alam Hyder Md; Alvarez Carmen Adriana Md; Andaya Maria R P Md; Arora Satish K Md; Artim Thomas S Md; Baker Karen Margaret Np; Barnes Steven Edmund; Bartholomew Anthony O Md; Bastible Deirdre Mary Md; Beach Amy Rebecca; Becker Steven B Md; Bhattacharyya J K Md Pc; Bishop Gerald Jay Md; Bock Melissa; Bodkin John J Md; Bojedla Rama Md; Bojedla Vijay K; Botsoglou Nikolaos K Md; Brautigam Donald F Md; Brown Christina Marie Md; Brown-Croyts Laurie; Burgio Sara M; Burke Amy J; Butt Ayesha Zaheer; C & S Medical Bldg Inc; Caparaso Darren M Md; Carlson Cynthia A; Carlson Richard A Jr Md; Casey Martin A Md; Cavalieri Morris Maurizio Md; Chaudhuri Jayanta Md; Clifford David S Md; Collins Patrick S Md; Connor Erika H; Cotton Shawn E Md; Degrave Thomas Do; Deon Lisette Anne; Deperio Jose; Eggleston Gary E Md; Ehlers Sharon M; Erickson Jennifer; Erickson Lisa Ann; Erickson Robert J Do; Fanos Kathleen H Md; Fares Hassen Mohamed; Fasanello Joseph Francis; Felstead R; Ferraro Frank A Md; Fininzio Cara; Forehand Lisa; Franze Donalyn; Fu Cheng Shung Pc Md: Fu Philip David; Gabryel Timothy F; Giuseppiha Jean Kenyon Savard; Gleason Kirstin; Goodman Gail R Md; Gorman Timothy Alan Md; Gullickson Donald E Do; Gunasingham Vyanthanat; Gunther David E Md; Guth Kenneth J Md; Haddad George Anis Md; Hailey Sean Patrick; Hall John David Md; Harbison Andrew; Hartman David A Md; Hatem Christine Diane; Heidelberger Edwin Md; Hendricks Orville Ingo Md; Henna M Sheikh; Herman Steven Peter Md; Hoffman Lisa B Md; Hopkins Andrew Mr.; Hughes Thomas Francis; Jain Rajiv K Md; Jereva-Simeonova Maria S Md; Jeyapalan Soosaipillai G Mdpc; Johnson Andrea Marie Md; Jupudy Venkata R; Kalmuk Eugene J Md Pc; Kalra Tejinder Md; Kane Michael Paul Md; Kansal Sarita Md; Karaszewski Brian; Kavcic John M Md; Kelly Mary; Khalil Salma Md; Khan Najmul Hasan; Khawar Sarwat Md; Kitchen Timothy M Md; Koleini Jahangir Md; Korach A Sinia; Krahn Wolf-Dieter Md; Kumar Yellamraiu R Md: Kuwik Lauren Marie: Lall Shashi Md: Lamancuso John Michael Md: Landis Andrew J Md: Lane Darla M: Lashbrook Lorie Ann Md: Laurri Frank Robert Md: Lawton David A Jr Md: Leilabadi Shahriyar A Md: Leone John A Do: Liberati Rachel: Lieber Kent Alex Md: Lin Gracie Min Mei Md: Lindstrom Trisha M Np: Luther Prama: Luthra Pramod K Md: Mackowiak Susan: Maclean Craig K Md: Mamnoon Sameer Shamoon Md: Martinke David John Do: Matala-Sullivan Maria E Do; Matier Jennifer Michalik; Mazepa Erzsebet Aniko; Mccarthy Kathleen M; Mcmahon Kevin C Md; Mendonza Lisa Marie Md; Mucciarella Rosalba Md; Mueller Diane L Md; Mueller Rudolph J Md; Murak Daniel J Md; Murak Stephen Adam; Murawski Susan; Nehme Elie Antoine; Nelson Gary Robert Md; Norman Allyn Michael Md; O'Donnell Patricia Aine Md; Oconnor Terence P Md; Ogorchock Jessica E; Ogorman Kevin N Md; Oneil David C Md Phd; Ong Evadne; Oo Geemson; Orszulak Todd Matthew Md; Osswald Joan M; Palumbo Vito; Panzarella James John Do; Pawlowski David Anthony Md; Peerzada Maajid M Md; Penepent Philip A Jr Md; Perez Brenda L Md; Persia Albert J Md; Pervez Yasmin Md; Peters Nancy J Md; Pfalzer David Frank Md; Pierce Katherine L; Pleskow Sanford Ronald Md; Powers Catherine Elaine; Przybelinski Krista; Quebral Agnes; Raja Quratul Ain; Ram Raghu; Raphael Sami Abdel Sayed Md; Robillard Kristen Schenk Md; Robinson Barbara J; Roche Bertrand P Md; Roche Robert R Do; Rodes Alfredo Maula Md; Roth Carl Do; Ruh Richard; Rykert-Wolf Mary Md; Sachar Rajinder Singh Md; Salazar Moreno Wayra Ysi; Sauvageau Philip; Sauvageau Sandra Jane; Schmand Elizabeth A; Schueler William C Do; Scrivani Stephen P Md; Shafi Mohamad Md; Shafik Ihab Mahmoud Md; Sheikh Tariq Aziz Md; Sheriff Fuad Habib Md; Siepel Timothy V Md Pc; Silverstein David Md; Sinatra Lawrence Thomas Md; Sirianni Samuel Rangatore Md; Southard Eric R Md; Speciale Leah D; Spillman Sarah; Stehlik Edward A Md; Stephenson Grant W; Stone Steven Md; Streicher Jamie Flavia; Sy Claude Go Md: Szymanski Chad E Do: Thomas Julie A: Tota-Thurn Catherine Do: Trock Daniel Md: Urgo James Ronald: Usen Joshua Michael Do: Vakante-Jankovic Diana Md: Varavenkataraman Raghupathy M: Vastola Cary: Veiendla Umamaheswara Rao; Wadhwa Arvind K Md; Ward John P Do; Warner Andrew W Md; Wehr Matthew D Md; Weingarten Elizabeth Ann; Westgarth Maureen L; Whalen Guy M Md; Whistler Mary P Np; Wild James E Md; Wisnoski Jennifer X; Woloszyn Tomasz; Zagrobelny Paula H; Zakrzewski Les A Md; Zittel Molly; Zohur Jamal B Md

Task								
Step 1 Analyze current status of EMR systems used, the status of Meaningful Use (AUI, Stage 1, Stage 2, or none), and status of PCMH (Level 3, 2, 1, in process, or none) by participating	Project	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4



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										DSRIP
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provider practices. Create a work plan and timelines for getting practices not yet at PCMH Level 3 and MU to achieve them both by end of DY3.										
Task Step 2 Assign each PCP practice a Clinical Transformation Specialist to work with them and be their point of contact on EMR, MU, PCMH, and Population Health/Quality Outcome Measures. Need to hire additional personnel to take on additional practices and workload. Roll out will be in phases starting with those practices with the largest volume of Medicaid patients.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3 Understand EMR system capabilities and if they have the ability to meet MU/PCMH for those who are not currently there. If there are gaps in capabilities create a work plan and timeline for working with the vendor or possibly transitioning some practices to more "ready" vendors(those practices that need to transition to more " ready" vendors will need more time and will not be completed until DY 3, Q4)		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 4 Have 100% of practices on EMR systems that enable them to meet MU and PCMH		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1Currently 70% of CPWNY PPS providers have a CCHITcertified EMR, are using EMR prompts and reminders to identify gaps in care for cardiac related diseases. They are also receiving results delivery and ADTs on diagnostic testing and will use this technology for notification on admission, discharges, and transfers. Over 50% of the current CPWNY PPS providers are submitting EMR data to CMP and this data is been integrated into CMP's population health management system's cardiac module that will produce reports on patient utilization, quality, gaps in care, and engagement. CPWNY will assess the remaining PPS providers who are not currently reporting electronically.		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3



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Task Step 2For identified practices who don't have a self management module in their EMR, CPWNY will develop a web- based registry reporting system to document care management activities.		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task Step 3 The current CMP system does not identify cardiac patients who specifically receive insurance through Medicaid. CMP will develop stratified reports by Medicaid managed care payers using both EMR and claims data to track patients utilization and engagement. A key to this process will be to identify patients who have not accessed a primary care provider as well as patients who are receiving majority of their medical care from a non primary care provider. Note CPWNY PPS will use CMP's existing registry reporting system for practices whose EMR is not currently integrated in Crimson system. This system is been used for CMS ACO reporting.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4 Current CMP providers who have implemented an EMR but not submitting EMR data into the Crimson Population Health Management System will be engaged and their EMR vendor will be asked to interface their EMR system with the Crimson Population Health Management System.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5Create data dictionary of registry elements		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6Practices will Create and maintain patient registries for cardiac conditions from practice EMRs to track engaged patients.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 7Monitor and educate to improve data getting into the EMR via queryable fields to include interventions and patient engagement.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 8Data quality check and robust data aggregation /reporting. (This action is ongoing)		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 9Data analytics function in place		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 10Appropriate clinical oversight /review in place		Project		Completed	04/01/2015	12/30/2016	04/01/2015	12/30/2016	12/31/2016	DY2 Q3
Milestone #5	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1 Assess practice EMR documentation templates for inclusion of tobacco use screening and intervention		Project		Completed	09/03/2015	12/20/2015	09/03/2015	12/20/2015	12/31/2015	DY1 Q3
Task Step 2 The EMR systems being utilized by the majority of CPWNY's partners have tobacco prompt modules. The EMR prompts the treating provider to assess whether the patient is a current smoker or has been a smoker in the past. This allows the provider to assess the patient's current smoking status and risk of recidivism. Following the assessment provider will assist the patient through referral to the "Opt to Quit" program in use in Roswell Park Cancer Institute. CPWNY will address any gaps in tobacco prompt.		Project		Completed	09/03/2015	12/20/2016	09/03/2015	12/20/2016	12/31/2016	DY2 Q3
Task Step 3 Develop and deploy standard templates for providers identified in gap analysis to support evidence based guidelines and protocols, including 5 As for tobacco cessation.		Project		Completed	09/01/2015	12/22/2016	09/01/2015	12/22/2016	12/31/2016	DY2 Q3
Task Step 4. Develop training for CPWNY practitioners and staff on tobacco control 5 As via web based tool with attestation		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. CPWNY will assess smoking cessation efforts on a periodic basis and compare to baseline data on smoking. Results will be communicated through reports and improvements will be made using Rapid Cycle improvement and Change Management strategy. (this action will be ongoing)		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6. CPWNY, in collaboration with Roswell Park Cancer Institute, will provide periodic training and educational materials on tobacco control to both patient and PPS partners. (This action will be ongoing)		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Adopt and follow standardized treatment protocols for	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
hypertension and elevated cholesterol.										
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	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1 Catholic Medical Partners, will identify and adopt nationally recognized standards for hypertension and elevated cholesterol treatments protocols, such as ICSI guidelines. These ICSI guidelines utilizied are the most recent version and are consistent in application with the ACC /AHA guidelines and JNC8 (as reviewed by a board certified cardiologist in our network). Our current system monitors blood pressure, LDL levels, medication lists and adherence, and beta blockers.		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2Assess practice adoption of evidence based guidelines for Hypertension and elevated cholesterol.		Project		Completed	09/01/2016	12/30/2016	09/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Step 3 Implement the treatment protocol in all PCMH practices and cardiology practices.		Project		Completed	10/01/2016	03/28/2017	10/01/2016	03/28/2017	03/31/2017	DY2 Q4
Task Step 4 CPWNY will assess practice adoption of these standard protocols and monitor performance on quarterly basis. (This action will be ongoing)		Project		Completed	10/01/2016	03/28/2017	10/01/2016	03/28/2017	03/31/2017	DY2 Q4
Milestone #7 Develop care coordination teams including use of nursing staff, 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 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1 Assess CPWNY member practices for current "care coordination teams", policies and documented workflows		Project		Completed	09/10/2015	12/04/2015	09/10/2015	12/04/2015	12/31/2015	DY1 Q3



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Task Step 2 Compile findings for "Gap Analysis". Develop staffing and work plan for practices to have access to nurse care coordinators, clinical pharmacists, social workers, community health workers and registered dieticians		Project		Completed	12/15/2015	06/20/2016	12/15/2015	06/20/2016	06/30/2016	DY2 Q1
Task Step 3 Leverage and adopt CPWNY's existing care management models, NCQA PCMH standards for care coordination, job descriptions, training, practice processes/workflows in practices without Care Coordination at the time of the assessment		Project		Completed	03/30/2016	06/30/2016	03/30/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4 Assess EMR documentation templates for patient care coordination assessments that include project elements		Project		Completed	06/01/2016	12/15/2016	06/01/2016	12/15/2016	12/31/2016	DY2 Q3
Task Step 5 Develop and deliver via web based resources training for CPWNY care coordinators with attestation for completion (this action will be ongoing)		Project		Completed	01/02/2017	03/28/2017	01/02/2017	03/28/2017	03/31/2017	DY2 Q4
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1 Assess current policy for MCOs with office visit co-pays for BP checks		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2 Assess gaps in CPWNY practice capability and policy for "open access" for BP checks		Project		Completed	01/03/2016	03/30/2018	01/03/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 3 Implement "open access" scheduling using IHI's open access scheduling model. CPWNY will use physician champions to engage the providers in understanding the importance of BP control in achieving DSRIP milestones for the cardiac project and how this relates to value based purchasing.		Project		Completed	01/03/2016	03/30/2018	01/03/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 4 It is our understanding that Medicaid patients do not have any co-payment for blood pressure checks. In case there is copayment, CPWNY will work with MCOs in eliminating any financial barriers for Medicaid patients to monitor blood pressure.		Project		Completed	01/02/2016	03/30/2018	01/02/2016	03/30/2018	03/31/2018	DY3 Q4



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Task Step 5 Clinical Transformation staff to support practices with EMR system changes to support waiving copay for BP check office visit and schedule modifications to standardize "open access" for BP check. Ability to generate reports on BP checks.		Project		Completed	08/01/2016	03/30/2018	08/01/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 6 Develop and deliver via web based resources training for CPWNY staff and practitioners with attestation for completion		Project		Completed	01/02/2016	03/30/2018	01/02/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 7 CPWNY will assess the effectiveness of training, the implementation of the policy and monitor performance periodically. (This action will be ongoing)		Project		Completed	01/02/2018	03/30/2018	01/02/2018	03/30/2018	03/31/2018	DY3 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1The Cardiac project team will research the existing best practices on BP monitoring and equipment.		Project		Completed	06/30/2015	03/30/2016	06/30/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2The Cardiac project team will identify gaps in current protocols on BP monitoring.		Project		Completed	10/02/2015	03/30/2016	10/02/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 3Develop and provide broad web based training on proper BP measurement technique with attestation at practice level for participation		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 4Assess practice staff proficiency with proper BP measurement technique through practice based clinical skills competency assessment.		Project		Completed	02/28/2016	09/30/2016	02/28/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5CPWNY will delegate to each practice to ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment. Practices will attest to proficiency of their staff in monitoring BP.		Project		Completed	01/02/2016	12/30/2016	01/02/2016	12/30/2016	12/31/2016	DY2 Q3
Task Step 6 Staff proficiency of BP monitoring will be assessed		Project		Completed	01/02/2016	03/30/2017	01/02/2016	03/30/2017	03/31/2017	DY2 Q4



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periodically to ensure correct measurement and techniques. (This action will be ongoing.)										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1Assess practice EMR capability to track BP readings over time		Project		Completed	09/03/2015	12/20/2015	09/03/2015	12/20/2015	12/31/2015	DY1 Q3
Task Step 2Clinical transformation team along with healthcare analysts will assist the practices to identify the patients who are potentially un-diagnosed for hypertension.		Project		Completed	09/03/2015	09/30/2016	09/03/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3Communicate and promote standard evidence based guideline protocol including additional work up for repeated elevated BP via website		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4 CPWNY will assist the practices in setting up EMR reminders to prompt proper coding and timely follow-up on patients with repeated elevated BP.		Project		Completed	09/01/2015	03/30/2018	09/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 5 CPWNY will work with our population health management system to send messages to providers who have patients with elevated blood pressure without a proper ICD code. CPWNY will also monitor coding to ensure all patients with chronic cardiac conditions continue to be coded properly.		Project		Completed	01/02/2016	03/30/2018	01/02/2016	03/30/2018	03/31/2018	DY3 Q4
Task Step 6 Develop and deliver ongoing training via web based resources for CPWNY staff and practitioners with attestation for completion.		Project		Completed	01/02/2016	03/30/2018	01/02/2016	03/30/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1CPWNY will work with health plans to develop a preferred formulary of medications that have once-daily regimens or fixed dose combinations pills.		Project		Completed	11/30/2015	09/30/2016	11/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2Develop and communicate current list of once daily hypertension medications to practices, prioritizing practices with Medicaid cardiac patients.		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 3 Assess CPWNY member practices for standard policy and workflow for medication review, amend or implement medication review policy and a process to include once daily medications to improve adherence		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 4Work with MCOs to provide practice specific reports of patients not on once-daily regimens or fixed dose combination pills, review annually.		Project		Completed	11/30/2015	03/30/2017	11/30/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Self-management goals are documented in the clinical record.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1Assess CPWNY member practices for current policy and process for documenting patient engagement in self management of diet exercise, smoking, and medication adherence.		Project		Completed	09/03/2015	12/20/2015	09/03/2015	12/20/2015	12/31/2015	DY1 Q3
Task Step 2Compile findings for "Gap Analysis" and develop work plan to implement a standard workflow and documentation		Project		Completed	01/04/2016	12/31/2016	01/04/2016	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
standards for patient centric self management goals related to their cardiovascular condition										
Task Step 3 CPWNY's PPS network has experience with meeting NCQA PCMH standards. Currently 70% of our practices are NCQA recognized. In order to meet these standards providers must work with patients to develop patient-driven self management goals and document review at relevant visits. We will use our continued recognition as evidence of appropriate documentation and use of patient self management goals. These reviews are done according to NCQA standards and policies. We will work with our non-PCMH partners to achieve level 3 recognition.		Project		Completed	09/03/2015	12/30/2016	09/03/2015	12/30/2016	12/31/2016	DY2 Q3
Task Step 4CPWNY's mobile care transformation team will meet with practices to review their adherence to the guidelines and to the documentation requirements to patient driven self-management goals. Care transformation team will provide training, practice processes/workflows in practices as needed.		Project		Completed	09/03/2015	03/30/2018	09/03/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 5 The care transformation team will develop and deliver via web based resources training for CPWNY staff and practitioners with attestation for training completion. (this action will be ongoing)		Project		Completed	11/15/2016	03/30/2018	11/15/2016	03/30/2018	03/31/2018	DY3 Q4
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1CPWNY project management office has developed referral agreements between primary care physicians and		Project		Completed	09/03/2015	12/30/2015	09/03/2015	12/30/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
behavioral health agencies, the health home. Existing agreement and policy will be expanded to other PPS partners and other community agencies including but not limited to Catholic Charities, the Urban League, and hospice/palliative care. CPWNY will monitor referrals from CPWNY providers to these organizations.										
Task Step 2Assess CPWNY member practice policies and processes for tracking and follow up on BH, Wellness/Health Promotion referrals		Project		Completed	09/03/2015	12/20/2015	09/03/2015	12/20/2015	12/31/2015	DY1 Q3
Task Step 3 Compile findings for "Gap Analysis" and develop work plan to ensure practices have implemented a standard workflow for tracking and follow up on BH, Wellness/Health Promotion referrals		Project		Completed	01/04/2016	06/30/2016	01/04/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4 CPWNY will identify and educate the practices on available community based programs. Resources will also be posted on CPWNY's website. CPWNY will use regional meeting with providers to provide training and education about available community programs and strategies for follow up and documentation.		Project		Completed	09/03/2015	09/30/2016	09/03/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5CPWNY will engage PCMH and cardiology practices in encouraging their patients to use community resources available to improve patient self management behaviors including Wegman's for diet, health plans' exercise an yoga programs, "feeling fit" programs, and The New York State Smokers Quitline's "Opt to Quit" program for smoking cessation.		Project		Completed	09/03/2015	09/30/2016	09/03/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6 On annual basis CPWNY will conduct PPS-wide survey to all practices and a sample of patients to assess satisfaction with community based programs. The survey will assess access to care, ease of referral and reporting.		Project		Completed	09/03/2015	03/30/2018	09/03/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 7 Patient tracking and follow-up will be accomplished through the RHIO secure email system, Mirth Mail, which allows for secure exchange of patient information between the CBOs and providers.		Project		Completed	09/03/2015	03/30/2018	09/03/2015	03/30/2018	03/31/2018	
Milestone #14	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop and implement protocols for home blood pressure monitoring with follow up support.										
Task PPS has developed and implemented protocols for home blood pressure monitoring.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1 CPWNY will develop policy for home BP monitoring for patients with chronic cardiac diseases and other chronic conditions with cardiac complications to actively engage them in self management skills. The policy will include patient educational materials on the importance of regular BP monitoring and information about available community resources.		Project		Completed	09/03/2015	03/30/2016	09/03/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2 CPWNY will assess health plan policies for the provision of home BP monitoring equipment. CPWNY will follow-up with support and processes for adopting protocols which include home blood pressure monitoring as a component of self management.		Project		Completed	09/03/2015	03/30/2016	09/03/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 3 Compile findings, develop "Gap Analysis" and work plan for member practices to adopt protocols including promoting home blood pressure monitoring		Project		Completed	03/30/2016	06/30/2016	03/30/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4 Communicate and promote evidence based guideline protocol including home monitoring of BP		Project		Completed	09/01/2016	12/30/2016	09/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task Step 5 Develop and deliver training resources via printed material and web based resources for training CPWNY staff and practitioners with attestation for completion. The training will focus on helping the practices to teach patients to perform home BP monitoring. CPWNY will work with local pharmacies to promote patient engagement with home BP monitoring.		Project		Completed	01/02/2016	12/30/2016	01/02/2016	12/30/2016	12/31/2016	
Task		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 6 CPWNY will encourage patients to self-report BP to their providers. CPWNY will periodically monitor performance. (this action is ongoing)										
Task Step 7 Work with health plan to improve the approval process for getting home BP monitoring equipment.		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1Currently the project management office, Catholic Medical Partners, maintains a information technology warehouse that analyzes claims data and EMR data to measure access to care and gaps in care. CMP has a disease specific methodology for identifying high risk patients including patients with cardiac conditions who are not receiving recommended follow-up visits. CPWNY will leverage existing capabilities to assist practices to identify patients with hypertension who have not had a recent visit and schedule a follow up.		Project		Completed	08/30/2015	03/31/2016	08/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2Practices will Create and maintain patient registries to identify patients with hypertension who have not had a recent visit from practice EMR to o support population health management and individual patient outreach to reduce "Gaps in Care" with an annual office visit.		Project		Completed	08/30/2015	06/30/2016	08/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3 CPWNY will utilize the mobile clinical transformation and care management teams to communicate to practices the disease specific methodology for identifying registries of patients with hypertension who have not had recent visits and schedule follow-up visits. The project management office will roll out this methodology to the remaining PPS partners not currently addressed by existing teams.		Project		Completed	08/30/2015	09/30/2016	08/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4 CPWNY will use Health Home and community health workers to do outreach to patients who cannot be contacted by the practice.		Project		Completed	10/01/2016	03/30/2017	10/01/2016	03/30/2017	03/31/2017	DY2 Q4



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Due is at De mainements									Quarter	DSRIP
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	End Date	Reporting Year and Quarter
Task Step 5 Leverage CPWNY's existing clinical transformation and care management staff to coach and mentor CPWNY member practices on patient outreach/campaigns to close "Gaps in Care"		Project		Completed	08/01/2016	03/01/2017	08/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Step 6 CPWNY will produce periodic reports, and track and trend practice improvements in scheduling visits for patients with hypertension. (This action is ongoing)		Project		Completed	08/01/2015	03/30/2017	08/01/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Step 1 CPWNY PPS is implementing a smoking cessation program with Roswell Park Cancer Institute. This includes provider education on access to smoking cessation programs as well as educational material for patients. The NYS Smoker's Quitline, housed at Roswell Park Cancer Institute, has an established electronic referral system that enables PPS physicians to make referrals to the Quitline's "Opt to Quit" smoking cessation program. For practices currently without any EMRs, referrals can be made to the Quitline's "Fax to Quit" program.		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2 Assess CPWNY member practices for standard policy and workflow, including "warm transfer" at the time of screening for patients for use of tobacco and referral to the NYS smoker's Quitline		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 3Promote standard evidence based guidelines for the diagnosis and treatment of cardiovascular disease with tobacco screening and cessation support via CPWNY website		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 4 The community needs assessment estimated about 26% of the WNY Medicaid population are tobacco users. The PPS will conduct periodic reviews of population health data to determine if the prevalence of tobacco users is declining. (this action is ongoing)		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task		Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 5 CPWNY will produce periodic reports, measure patient improvement, and conduct follow-ups based on tracking data from Roswell Park's "Opt to Quit" and "Fax to Quit" programs. (This action is ongoing)										
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 1Catholic Medical Partners is currently using the Massachusetts General Chronic Care Management evidence- based approach to intervene with patients with the greatest burden of illness and highest risk for institutional care. Our identification system use HCC (Hierarchical Clinical Conditions) methodology to identify "hot spot" patients who need extra clinical care and services.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2The Catholic Medical Partners analytic team produces list of patients who's HCC score is higher than 1.1 on a semi annual basis. The PMO assists the practices to create registries for each primary care practice to monitor the care and treatment of this high risk population on a periodic basis. This includes referral to the Health Home. The PMO also has implemented group visits in specific practices that are provided by physician, pharmacist, and nutritionist. CPWNY will expand this model to the other PPS partners.		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 3 Assess CPWNY member practices current policy and		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2



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Community Partners of WNY (PPS ID:46)

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
standard process for identifying "high risk" patients, those who would benefit from a group visit or peer lead chronic condition management group visits to improve adherence to treatment plans, improve self management confidence and conviction										
Task Step 4 Compile findings and develop a "Gap Analysis" and work plan with time frames and accountable party identified to increase identification of "high risk patients" and refer to Health Home, group visits and peer lead chronic condition management group visits among CPWNY partners		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 5 Develop and deliver results of the "hot-spotting" analysis via web based resources training for CPWNY staff and practitioners with attestation for completion		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Task Step 6CPWNY will conduct periodic review to monitor the effectiveness of implementing the HCC-based care management model. (this action is ongoing)		Project		Completed	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:										
Abialmouna Jihad Hassan Md Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:										
Abdelhalim Ahmed N Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Mental Health	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:										
Syta Margaret Mary										

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



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
other preventive services relevant to this project.										
Task Step 1Compile list of contacts per MCO to understand current programs and initiatives to improve early cardiovascular disease identification and management; including BP and cholesterol screening, tobacco use screening and referral for cessation support. The PPS project management office, Catholic Medical Partners, currently has Medicaid risk contracts (with Value Based Payment metrics) with 3 payers and is working to develop risk contracts with 2 additional health plans. This would include the majority of Medicaid population attributed to CPWNY. Please note that Catholic Medical Partners project management team has had Value Based contracts based on successful collaborative relationships with local health plans for over the past 10 years.		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 2Meet with MCO decision makers to develop a standard community collaborative approach. Review MCO agreements to confirm they support coordination of services.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3The PMO will continue to work with the health plans in order to receive timely information from paid claims and to use the data elements included in the claims payment abstracts to identify patients at risk for cardiovascular disease and to assess patient and practice compliance with clinical protocols of care. (This action will be ongoing)		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4Currently claims data is been entered into Milliman MedInsight system. In the future this data will be integrated with EMR data in Crimson population health system. The PMO's currently Medicaid managed health plans are in full agreement with this approach and are the foundation of our sustainability model.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5The PMO will work with Medicaid managed care organizations to utilize the centralized care and case management services provided the health plans. The Medicaid managed care organizations will increasingly hold the PPS accountable for de-centralized care management for the populations of patients at risk for cardiovascular diseases.		Project		Completed	09/30/2015	03/30/2018	09/30/2015	03/30/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 6 Document defined process and agreements and communicate broadly among CPWNY practices and MCO staff.		Project		Completed	03/30/2017	03/30/2018	03/30/2017	03/30/2018	03/31/2018	DY3 Q4
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:										
Abialmouna Jihad Hassan Md										
Task										
Step 1 Assess current status of CPWNY practices for diagnosis and management of cardiovascular disease per DSRIP		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
project requirements.										
Task Step 2Currently Catholic Medical Partners is accredited by the national NCQA as an Accountable Care Organization, and has previously accredited by NCQA for disease management. The PMO strategy for provider engagement is based upon supporting the clinical practices and providing the infrastructure, clinical staff, and quality and utilization data to assist the clinical practices. In addition, the PMO provides financial incentives and uses a team of physician champions as role models for practice transformation. The PMO will expand the current effort to the other PPS partners. Task		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Step 3 Currently, more than half of CPWNY's primary care providers are actively engaged in the PMO's care management program. CPWNY will develop a plan to expand the care management program for cardiac patients to the other PPS partners.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4 Develop a practice specific work plan to target practices with gaps in people, process or technology. Leverage Clinical Transformation, Care Management staff and the CPWNY Medical Director to drive change/improvement at the practice level. Task		Project		Completed	05/01/2016	12/30/2016	05/01/2016	12/30/2016	12/31/2016	DY2 Q3
Step 5 Measure and report practice level progress semi		Project		Completed	03/30/2016	03/30/2017	03/30/2016	03/30/2017	03/31/2017	DY2 Q4



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Community Partners of WNY (PPS ID:46)

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
annually to the Clinical Governance Committee and Executive Governing Board of CPWNY. (This action is ongoing)										

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	



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Community Partners of WNY (PPS ID:46)

Prescribed Milestones Narrative Text

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

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Fail	
Milestone #3	Fail	
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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Community Partners of WNY (PPS ID:46)

Milestone Review Status

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



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

			•	•	
Milestone Name	User ID	File Type	File Name	Description	Upload Date
Willestone Maine	USeriD	i iic i ypc	I lie Name	Description	Opioad Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid Point Assessment	



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



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Community Partners of WNY (PPS ID:46)

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

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

Instructions:

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

- Risk: Hiring staff and completing specific Nurse Family Partnership (NFP) training prior to project implementation. Without timely hiring and training, the program risks being understaffed and CPWNY will not meet patient engagement. Mitigation: CPWNY started the HR process of posting job descriptions and filling positions prior to the April 1st start date, hiring an administrative lead and project supervisor. CPWNY will contract with Nurse Family Partnership to use their resources while the program is developed internally. CPWNY will also look internally for nurses interested in participating in this program and obtaining NFP certification, which will eliminate hiring time as an obstacle. Once initial resources are in place, additional staff can be hired and trained as needed.
- Risk: Obtaining sufficient volume of referrals to the program. Referrals are necessary for the effectiveness and sustainability of the program. Mitigation: Referrals to the program requires communication with agencies that impact first time Medicaid moms. CPWNY has begun conversations with partner providers and community based organizations to drive referrals, including our own primary care centers, clinics, and faith-based organizations. Protocols will be developed and distributed to all CPWNY partners that define the specific target population targeted and how and where to refer them.
- Risk: Some providers may refuse to adopt new policies or engage with DSRIP goals. This could affect project performance and limit quality of
 care. Mitigation: CPWNY will educate physicians on the benefits of this program in connecting patients with resources outside of the healthcare
 system that impact compliance and patient health status that physicians may not otherwise have access to. As a federal Accountable Care
 Organization, Catholic Medical Partners has experience engaging physicians in PPS wide protocols through use of physician champions,
 performance incentives, providing resources, and remediation for providers who fail to perform. CPWNY will use these proven strategies to
 ensure participation and engagement. The executive governance board will review performance for potential remediation.
- Risk: Adequately identifying the target population. Without clear guidelines about the target population, providers may be unsure and unlikely to refer to the program. Mitigation: CPWNY will work with Nurse Family Partnership to develop guidelines for defining eligible high-risk mothers. CPWNY will develop protocols that define how to facilitate a formal referral and where to send patients for additional information. CPWNY will offer DSRIP resources to NFP to supplement existing referral and information services. CPWNY will prioritize providers and partner organizations that see high volumes of high-risk mothers, such as safety net clinics with OBGYN services, social service providers, or faith-based organizations.
- Risk: Some providers or organizations seeing CPWNY patients may not be formal partners of the PPS. This could create a problem for ensuring providers perform according to DSRIP goals and refer to CPWNY programs. Mitigation: In our region, there are two PPS provider networks: CPWNY and Millennium Collaborative Care (MCC). CPWNY will establish a mutual agreement with MCC to treat each other's patients according to DSRIP standards and host monthly meetings to discuss opportunities for collaboration and resource sharing. For providers and community organizations outside of either network, CPWNY will establish referral agreements to create a mutual benefit and encourage volume for respective programs. Patients who see providers outside of either network will be referred to internal care management resources to follow up on appropriate care, appointment attendance, and progress towards care plan milestones.



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

Benchr	marks
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	180

	Year,Quarter	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
	Baseline Commitment	90	150	156	180
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Ammunud	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (180) for 'DY5,Q4'

Current File Uploads

User 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.

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

	Models Selected	
Model 1	Model 2 🔕	Model 3

Instructions:

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

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



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



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



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



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



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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
the nationally recognized Nurse Family Partnership definition for enrollment, which is first time mothers, prior to 28 weeks pregnant, who are Medicaid/WIC eligible and considered high risk due to economic issues.											
Task Step 2Obtain policies from National office of NFP to follow their referral process and modify to ensure meets needs of our community.			Project		Completed	06/29/2015	06/30/2015	06/29/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 3Coordinate with Chautauqua County Home visiting program to identify patients in their service area. SUBSTEPS in relation to step 3: (Note: ongoing activity.)			Project		Completed	08/01/2015	03/30/2017	08/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task a. Meet with Chautauqua County clinics, primary care centers, OB/GYN practices and hospitals to educate on NFP and ask for appropriate referrals. Note: ongoing activity.			Project		Completed	08/04/2015	03/30/2017	08/04/2015	03/30/2017	03/31/2017	DY2 Q4
Task b. Attend Chautauqua County CAB meeting to discuss NFP program and ask for appropriate referrals. Note: ongoing activity.			Project		Completed	09/30/2015	03/30/2017	09/30/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 4Work with all Erie County FQHCs, primary care centers, physician offices, agencies, hospitals to identify women who meet qualifications identified above and make referrals to NFP program. SUBSTEPS in relation to step 4: (Note: ongoing activity.)			Project		Completed	06/22/2015	03/30/2017	06/22/2015	03/30/2017	03/31/2017	DY2 Q4
Task a. Meet with one-on-one with heads of Erie County clinics, primary care centers, OB/GYN practices and hospitals to discuss NFP and ask for appropriate referrals. Note: ongoing activity.			Project		Completed	06/22/2015	03/30/2017	06/22/2015	03/30/2017	03/31/2017	DY2 Q4
Task b. Conduct educational sessions on NFP for medical and social service staff at Erie County clinics, primary care centers, OB/GYN practices and hospitals, and			Project		Completed	02/01/2016	03/30/2017	02/01/2016	03/30/2017	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
ask for appropriate referrals. Note: ongoing activity.											
Task c. Identify office/agency "NFP champion" at Erie County clinics, primary care centers, OB/GYN practices and hospital, to facilitate referrals. Note: ongoing activity.			Project		Completed	12/01/2015	03/30/2017	12/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task d. Embed Nurse Home Visitors in agencies/locations with potential high volume referrals. Note: ongoing activity.			Project		Completed	03/01/2016	03/30/2017	03/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 5 In the existing referral system, 100% of Chautauqua County's all pregnant women are referred to the County Health Department. Chautauqua County Health Department then directs patients to appropriate CBOs including NFP. In turn NFP will refer patients to other appropriate services. NFP will follow-up the success of referral through face-to-face in-home visits. The 3.f.i will utilize PDSA method to periodically evaluate the effectiveness of CBOs and other services regarding NFP and address gaps thereby mitigating risks. Note: ongoing activity.			Project		Completed	07/15/2015	03/30/2017	07/15/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 6 In Erie County, which also include Niagara County patients, CPWNY's partner hospitals see greater than 50% of all Medicaid high risk mothers from the community and have close relationships with leadership of the NFP program for substantial amount of referrals. The 3.f.i will also work with Erie County Buffalo Prenatal Perinatal Network to identify patients that fit in home visiting programs and direct patients to appropriate programs based on needs. The 3.f.i will utilize PDSA method to periodically evaluate the effectiveness of CBOs and other services regarding NFP and address gaps thereby mitigating risks. Note: ongoing activity.			Project		Completed	07/15/2015	03/30/2017	07/15/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 7Establish a mentor/mentee relationship with neighboring NFP agencies (Monroe County) to learn			Project		Completed	07/14/2015	03/30/2017	07/14/2015	03/30/2017	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
best practices and options for referral system. Note: ongoing activity.											
Task Step 8Develop visual diagram to use as education to various agencies to identify referral process			Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 9Create local website for reference and referral.			Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 10 CPWNY's 3.f.i project team will periodically assess the effectiveness of our referral system in identifying high risk mothers and connecting them to necessary resources. The success of the referral system will be measured by qualified referral volume and by ongoing active referral relationship with CBOs and other partners as verified via bi-directional communications. Information technology reports will be collected from CPWNY's partner hospitals and prenatal services. Workflow and referral procedure will be documented and implemented. (this action is ongoing)			Project		Completed	08/01/2015	03/30/2017	08/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 11 CPWNY 3.f.i project team will apply Rapid Cycle Improvement methods to evaluate and address identified gaps in the implementation of our referral system. (this action is ongoing)			Project		Completed	04/15/2015	03/30/2017	04/15/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	DY2 Q4	Model 1	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.			Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and			Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
evaluates results of quality improvement initiatives.											
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Perinatal Care Metrics.			Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders.			Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 1CPWNY PMO, in concert with the 3.f.i project team, will develop a committee structure for a quality oversight committee of OB/GYN, primary care providers, and nurse home visitors. This committee will report to CPWNY's clinical governance committee and work closely with CPWNY's data/IT governance committee to oversee quality outcomes and to implement new or change activities as needed.			Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 2Recruit committee members from CPWNY partners including but not limited to representatives from Catholic Health Women Services, OB/GYN providers, primary care providers, nurse home visitors and/or supervisors, and CBOs.			Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3Oversight committee will take place quarterly with CHS Chairs of OB/GYN and community stakeholders. Note: ongoing activity.			Project		Completed	10/01/2015	03/30/2017	10/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 4The oversight committee will develop a quality improvement plan for the NFP project utilizing quality improvement methods such as root cause analysis, clinical quality improvement action plan, and rapid cycle improvement. Meeting minutes and follow-up plans will be documented. Newsletters and periodic reports will be distributed.			Project		Completed	12/30/2015	03/30/2017	12/30/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task			Project		Completed	04/01/2015	03/30/2017	04/01/2015	03/30/2017	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
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.											
Task Step 1Through participation of the national Nurse Family Partnership program, CPWNY has access to their IT platform, the Efforts to Outcomes (ETO) computer software - a system that has been designed to provide implementing agencies with the information that is needed to monitor the quality of program implementation and the progress of enrolled families			Project		Completed	09/01/2015	03/30/2017	09/01/2015	03/30/2017	03/31/2017	DY2 Q4
in attaining program goals. Note: ongoing activity. Task Step 2 3.f.i project staff will be trained on using ETO to track patients and quality outcome. Continuous training will be available to existing and additional staff.			Project		Completed	09/01/2015	03/30/2016	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 3 CPWNY will leverage the capability of ETO and integrate with the Crimson population health management system to monitor the effectiveness of the NFP project.			Project		Completed	01/01/2016	03/30/2017	01/01/2016	03/30/2017	03/31/2017	DY2 Q4
Task Step 4 The NFP program dictates the tracking of information and what information to be tracked. All information is inputted in the ETO software. 3.f.i project team will produce reports from ETO data and share with the quality oversight committee and give client-specific feedback to CBOs who referred the patients. High level reports will be shared via website URLs and periodic newsletters.			Project		Completed	01/01/2016	03/30/2017	01/01/2016	03/30/2017	03/31/2017	DY2 Q4
Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	DY3 Q4	Model 2	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS has identified and engaged with a regional medical center to address the care of high-risk pregnancies and infants (must have Level 3 NICU			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4



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DSRIP Implementation Plan Project

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



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	DY3 Q4	Model 2	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Non- Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Clinic	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Providers Associated with Completion: Sisters Of Charity Hosp; Womans Christian Association											
Task PPS uses alerts and secure messaging functionality.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Model 2	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.			Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone			Project	_	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4



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DSRIP Implementation Plan Project

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
reporting.											
Milestone #12											
Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	DY3 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task											
PPS developed a work plan to use NYSDOH CHW training program and ensure CHW-trained members are integrated into the multidisciplinary team. PPS has obtained DOH funding for CHW training.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	DY3 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s).			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS has developed a CHW workforce strategy and attendant qualifications of CHW(s) who meet the following criteria: 1) Indigenous community resident of the targeted area; 2) Writing ability sufficient to provide adequate documentation in the family record, referral forms and other service coordination forms, and reading ability to the level necessary to comprehend training materials and assist others to fill out forms; 3) Bilingual skills, depending on the community and families being served; 4) Knowledge of the community, community organizations, and community leaders; 5) Ability to work flexible hours, including evening and weekend hours.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #15 Establish protocols for deployment of CHW.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established timelines to complete protocols (policies and procedures) for CHW program, including methods for new and ongoing training for CHWs.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS has developed plans to develop operational program components of CHW.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population.	DY3 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established agreements with MCOs demonstrating coordination regarding CHW program, or attestation of intent to establish coverage agreements, as well as progress to date.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	04/01/2015	03/31/2020	01/01/2020	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES5_COMM_CPWN Y_PPS_3.f.i_Milestone_5_26178.docx	Milestone 5	04/28/2020 01:18 PM
Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES12_COMM_CPW NY_PPS_3.f.i_Milestone_12_26185.docx	Milestone 12	04/28/2020 01:31 PM
Develop a multidisciplinary team of experts with clinical and social support expertise who will comanage care of the high-risk mother and infant with	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES6_COMM_CPWN Y_PPS_3.f.i_Milestone_6_26179.docx	Milestone 6	04/28/2020 01:26 PM

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Community Partners of WNY (PPS ID:46)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
local community obstetricians and pediatric providers.					
Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES13_COMM_CPW NY_PPS_3.f.i_Milestone_13_26186.docx	Milestone 13	04/28/2020 01:32 PM
Develop service MOUs between multidisciplinary team and OB/GYN providers.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES7_COMM_CPWN Y_PPS_3.f.i_Milestone_7_26180.docx	Milestone 7	04/28/2020 01:27 PM
Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES14_COMM_CPW NY_PPS_3.f.i_Milestone_14_26187.docx	Milestone 14	04/28/2020 01:33 PM
Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES8_COMM_CPWN Y_PPS_3.f.i_Milestone_8_26181.docx	Milestone 8	04/28/2020 01:28 PM
Establish protocols for deployment of CHW.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES15_COMM_CPW NY_PPS_3.f.i_Milestone_15_26188.docx	Milestone 15	04/28/2020 01:34 PM
Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES9_COMM_CPWN Y_PPS_3.f.i_Milestone_9_26182.docx	Milestone 9	04/28/2020 01:29 PM
Coordinate with the Medicaid Managed Care organizations serving the target population.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES16_COMM_CPW NY_PPS_3.f.i_Milestone_16_26189.docx	Milestone 16	04/28/2020 01:35 PM
Use EHRs or other IT platforms to track all patients engaged in this project.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES17_COMM_CPW NY_PPS_3.f.i_Milestone_17_26190.docx	Milestone 17	04/28/2020 01:35 PM
Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES10_COMM_CPW NY_PPS_3.f.i_Milestone_10_26183.docx	Milestone 10	04/28/2020 01:30 PM
Use EHRs or other IT platforms to track all patients engaged in this project.	dcao	Communication Documentation	46_DY5Q4_PROJ3fi_MDL3fi3_PRES11_COMM_CPW NY_PPS_3.f.i_Milestone_11_26184.docx	Milestone 11	04/28/2020 01:31 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement an evidence-based home visitation model, such as the Nurse	

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Community Partners of WNY (PPS ID:46)

Prescribed Milestones Narrative Text

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



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Community Partners of WNY (PPS ID:46)

Milestone Name	Narrative Text
Establish protocols for deployment of CHW.	
Coordinate with the Medicaid Managed Care organizations serving the	
target population.	
Use EHRs or other IT platforms to track all patients engaged in this	
project.	

Prescribed Milestones Narrative Text

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 (with Exception) & Complete	
Milestone #6	Pass (with Exception) & Complete	
Milestone #7	Pass (with Exception) & Complete	
Milestone #8	Pass (with Exception) & Complete	
Milestone #9	Pass (with Exception) & Complete	
Milestone #10	Pass (with Exception) & Complete	
Milestone #11	Pass (with Exception) & Complete	
Milestone #12	Pass (with Exception) & Complete	
Milestone #13	Pass (with Exception) & Complete	
Milestone #14	Pass (with Exception) & Complete	
Milestone #15	Pass (with Exception) & Complete	
Milestone #16	Pass (with Exception) & Complete	



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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #17	Pass (with Exception) &	
Willestone #17	Complete	



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Midpoint assessment narrative	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
Willestolle Name	OSELID	i iie i ype	i ile Naille	Description	Opioau Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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



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Community Partners of WNY (PPS ID:46)

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

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

Instructions:

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

Risk 1: The public connotation of hospice is "end-of-life care" vs. palliative care, which is chronic disease management. Without a clear understanding and distinction between hospice and palliative care, patients may not accept palliative care as a resource for chronic disease management. Mitigation: Provider and community-wide education and outreach across all care settings and patients and families. Risk 2: Challenges inherent to difficult conversations including procrastination and issues in and around life limiting illness. Patients may be less likely to utilize hospice and palliative care when necessary. Mitigation: Provider and community-wide education and outreach across all care settings and patients and families. Increase availability of palliative care trained nurse specialists, social workers and physicians. Palliative care providers currently imbedded in hospitals and hospice will be deployed to multiple care settings including patients homes, hospitals, offices, clinics, etc.

Risk 3: Challenges of identifying appropriate palliative care referrals. Providers may not be able to identify appropriate patients at an optimum time for palliative care. Mitigation: Education and outreach across all providers. Integrate EMR based guidelines for identification and referral of palliative care/hospice appropriate patients.

Risk 4: Challenges in completing advanced directives. Inability to complete advanced directives has a potential negative impact in the patient's choice of care and may influence care provided that may be contrary to the patient's wishes. Mitigation: Utilization of Electronic Medical Orders Life Sustaining Treatment (E-MOLST) interventional protocols with consumers, their surrogates, practice managers, patient navigators and others as needed.

Risk 5: Limited payment mechanisms currently exist for palliative care service within Medicaid Managed Care. Providers may not be incentivized to engage patients in discussion around palliative care. And patients may be burdened with expensive cost. Mitigation: Expand upon existing third party payer agreements established for non-Medicaid palliative care patients and engage Medicaid Managed Care to cover the cost of these services.

Risk 6: Challenges in accommodating and understanding the cultural and ethnic beliefs and values with respect to end-of life conversations. Without sensitivity towards various cultural and ethnic values and believes, the success of palliative care interventions will be jeopardized. Mitigation: Recruit staff that are representative of diverse patient population and trained to address variable cultural beliefs regarding end of life.



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

	Year,Quarter	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
	Baseline Commitment	321	642	856	1,070
PPS Reported	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Ammunuad	Quarterly Update	0	0	0	0
IA Approved	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Marning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (1,070) for 'DY5,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
				-

No Records Found

Narrative Text:

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

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 3: The project management office (PMO) will assess PCMH primary care and internal medicine practices who are caring for patients with multiple comorbid conditions including COPD, heart failure, end stage renal disease, etc. to assist in strategizing roll out. This will be accomplished through registries and communication with the clinicians at the offices. Note: ongoing activity.										
Task Step 4: The project management office (PMO) will provide education and referral linkage to palliative care services, and establish agreements with PCMH primary care practices to integrate palliative care consultation into their clinical practices. As PCMH providers are enrolled into the project, they will receive an agreement spelling out responsibilities and deliverables specific to the project.		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 5: Create introductory letter to send to identified PCP offices/clinics to integrate Palliative Care into their practice who are both PCMH Certified, as well as those who are not PCMH certified.		Project		Completed	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 6: Develop presentation of program services, criteria and goals to be presented by DSRIP staff members to designated office and staff and implement for pilot practices, evaluating success of the education and subsequent enrollment of patients into palliative care program		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify visit frequencies in collaboration with Primary care office and develop a time allotment for a Palliative care representative to be present in designated offices		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Continue to roll out palliative care integration in an organized manner: identification of PCMH practices with high volume of Medicaid patients, education, then to offices with PCMH intent, provide intro letter, education, registry review, referral, set up time allotment for patient for palliative care.		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	
Task		Project		Completed	04/01/2015	03/31/2017	04/01/2015	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
The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.										
Task Step 1: Currently the PMO has participating agreements with hospice in Erie and Chautauqua counties. The PMO is working to recruit Niagara county hospice. The Hospice Buffalo organization will be the lead in the integration of palliative care into primary care.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: CPWNY will assemble a committee of representatives from Erie, Niagara and Chautauqua Counties with expertise in palliative care and health homes to assist with execution of DSRIP 3.g.i project strategy. The committee includes representatives from hospice, health homes, primary care providers, and CPWNY's clinical transformation and care management teams.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: The PPS will conduct county-wide meetings to facilitate the development of agreements between CPWNY primary care physicians and the respective county hospice/palliative care providers.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Ongoing collaboration with representatives from Niagara and Chautauqua County Hospice to implement 3.g.i project		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Meet with and create formal relationships with CBOs (e.g. MAS Transportation Co., Meals on Wheels, Lifeline (Personal Emergency Response Service), Health Homes, etc.) to serve and support DSRIP Medicaid patients. (As each county has different CBOs, relationship building and engagement will be specific to population needs to be served.)		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative		Project		Completed	04/01/2015	03/31/2017	04/01/2015	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
care skills.										
Task Step 1: Hospice Buffalo as a member has recommended that CPWNY adopt the Center to Advance Palliative Care evidence- based clinical care guidelines. CPWNY PPS has agreed to adopt CAPC's palliative care clinical guideline.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: CPWNY will develop a PPS-wide protocol based on CAPC's palliative care guidelines for Erie, Niagara, and Chautauqua Counties. The development of the guideline will be based upon collaboration and agreement between the 3 hospice programs and CPWNY's medical leadership, in concert with CPWNY's PCMH practices.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: CPWNY's Clinical Governance Committee will review and approve the CAPC-based clinical guideline based upon the recommendations of CPWNY's medical director in concert with hospice partners.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Present PC guidelines to designated PCMH offices (roll out effort) and staff identified above as ongoing education inservices. The ongoing training will include MOLST (Medical Orders for Life Sustaining Treatment) forms. CPWNY will use physician champion to advocate for guideline adoption. (ongoing effort)		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Palliative care project team will initiate discussion with providers to complete MOLST (Medical Orders for Life Sustaining Treatment) forms with designated patients of PCP practices with a focus on designating an accountable person in the office to oversee this endeavor with appropriate documentation.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: CPWNY will conduct periodic assessment (use of advanced directives, MOLST forms, volume of referrals from registry) of implementation of CPWNY's palliative care guidelines and referrals. Utilize RCE method for process improvement.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: CPWNY will sustain the effort by continuously highlighting and reinforcing the value of palliative care services using physician and care team champions from both the practice community and from hospice partners. (ongoing effort)		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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



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

Community Partners of WNY (PPS ID:46)

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
improve identification and tracking of patients who could potentially benefit from palliative care services. Note: As a requirement of PCMH, the practices have existing tracking capability. More than half of CPWNY's primary care partners are currently PCMH.										
Task Step 3: CPWNY will develop and pilot a screening tool to assist PCP's to identify patients (as part of the protocol that is in concert with the guidelines adopted) who are appropriate for palliative care consultation/intervention. (start with pilot practices first)		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: CPWNY will develop a palliative care identification and tracking system within the Crimson population health management system that can be used by the practices (in addition to registries in the office) to identify the target population and to track the overall integration of palliative care within the target population. (system check)		Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: CPWNY in collaboration with the palliative care project team will establish metrics and create dashboards to track/manage scale and speed and DSRIP goals specific to palliative care.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: CPWNY will conduct periodic assessment of palliative care patient tracking via EMR and IT platforms. (reflective of step 4)		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
		/ 1		4 · · · · · · · · · · · · · · · · · · ·	Al .

No Records Found

Prescribed Milestones Narrative Text

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



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Community Partners of WNY (PPS ID:46)

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload Da		User ID 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	
Palliative Care Outcomes Scale (POS) Results	



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



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Community Partners of WNY (PPS ID:46)

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

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

Instructions:

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

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



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
programs need to be expanded to meet the needs of WNY community.								
Task Step 5 CPWNY is currently working with MHA and ECCPASA to identify specific programs to be expanded in which counties and developing	Completed	Step 5 CPWNY is currently working with MHA and ECCPASA to identify specific programs to be expanded in which counties and developing	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 6 Contact community partners to determine capacity/interest in partnering	Completed	Step 6 Contact community partners to determine capacity/interest in partnering	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 7 Identify specific programs/projects to achieve project goals	Completed	Step 7 Identify specific programs/projects to achieve project goals	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8 Rank order programs/projects based on impact, feasibility and funding	Completed	Step 8 Rank order programs/projects based on impact, feasibility and funding	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9 Structure agreements (MOU) with community partners, formulizing goals, schedule and budget	Completed	Step 9 Structure agreements (MOU) with community partners, formulizing goals, schedule and budget	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone 2. Prioritize the delivery of programs based on needs, community impact and accessibility through identification of opportunities to integrate social determinants of health into existing and/or new projects.	Completed	Prioritize the delivery of programs based on needs, community impact and accessibility through identification of opportunities to integrate social determinants of health into existing and/or new projects.	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Use community needs assessment to identify priority needs and programs/projects	Completed	Use community needs assessment to identify priority needs and programs/projects	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Select programs/projects primarily from SAMHSA's approved registry	Completed	Select programs/projects primarily from SAMHSA's approved registry	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify partners with expertise and experience in targeted program/project areas	Completed	Identify partners with expertise and experience in targeted program/project areas	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Continue to assess project impact and adjust programs/projects as necessary. Project impact will be evaluated by increasing the number of Medicaid members participating in each of the 4	Completed	Continue to assess project impact and adjust programs/projects as necessary. Project impact will be evaluated by increasing the number of Medicaid members participating in each of the 4 programs that are aligned with the community needs assessment finds and the MEB projects should force on suicide, depression, prescription drug abuse, and substance	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
programs that are aligned with the community needs assessment finds and the MEB projects should force on suicide, depression, prescription drug abuse, and substance abuse.		abuse.						
Task Use public awareness, education and other projects to address and positively impact depression rates in the targeted population groups	Completed	Use public awareness, education and other projects to address and positively impact depression rates in the targeted population groups	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Use public awareness, education and other projects to address and positively impact the rate of suicide in the targeted population groups	Completed	Use public awareness, education and other projects to address and positively impact the rate of suicide in the targeted population groups	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Use public awareness, education and other projects to address and positively impact the rate of substance use in the targeted population groups	Completed	Use public awareness, education and other projects to address and positively impact the rate of substance use in the targeted population groups	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Use public awareness, education, and other projects to address prescription drug abuse levels in the targeted population groups	Completed	Use public awareness, education, and other projects to address prescription drug abuse levels in the targeted population groups	03/01/2018	03/31/2018	03/01/2018	03/31/2018	03/31/2018	DY3 Q4
Milestone 3. Identify outcome metrics and report requirements for programs that will promote resiliency among participants	Completed	Identify outcome metrics and report requirements for programs that will promote resiliency among participants	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Measure and make available local and State data on MEB well-being and MEB disorder prevention to increase transparency and quality on practice.	Completed	Measure and make available local and State data on MEB well-being and MEB disorder prevention to increase transparency and quality on practice.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Use community needs assessment and NYS DOH data to establish program/project benchmarks	Completed	Use community needs assessment and NYS DOH data to establish program/project benchmarks	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Set annual goals for program/project duration	Completed	Set annual goals for program/project duration	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Measure program/project impact at annual intervals	Completed	Measure program/project impact at annual intervals	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Make program/project adjustments as necessary	Completed	Make program/project adjustments as necessary	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone 4. Identify how the DSRIP initiatives will increase	Completed	Identify how the DSRIP initiatives will increase the number of people receiving services. Project the member of participants who will be	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
the number of people receiving services. Project the member of participants who will be impacted by this project.		impacted by this project.						
Task Projected numbers of participants who will be impacted by sub projects are estimated below: Skill building programs for elementary and middle school ECCPASA >= 4,600 youth Skill building programs for elementary and middle school WNY United >= 4,600 youth Teen Intervene for High School ECCPASA >= 100 youth Teen Intervene for High School Northpointe Council >= 100 youth Wellness in the workplace >= 1,500 Mental Health First Aid >= 575 CASA >= 420 Too Good for Violence = 5000 Legal Services and Advocacy >=250 WRAP >= 630 Compeer >= 350 Information and Referral >= 750,000 BEST/Ripple Effects >= 4,500 Community Media Campaign = approximately 1.3 million Coalition Support/Law Enforcement Compliance Checks/Community Education = approximately 300,000	Completed	Projected numbers of participants who will be impacted by sub projects are estimated below: Skill building programs for elementary and middle school ECCPASA >= 4,600 youth Skill building programs for elementary and middle school WNY United >= 4,600 youth Teen Intervene for High School ECCPASA >= 100 youth Teen Intervene for High School Northpointe Council >= 100 youth Wellness in the workplace >= 1,500 Mental Health First Aid >= 575 CASA >= 420 Too Good for Violence = 5000 Legal Services and Advocacy >=250 WRAP >= 630 Compeer >= 350 Information and Referral >= 750,000 BEST/Ripple Effects >= 4,500 Community Media Campaign = approximately 1.3 million Coalition Support/Law Enforcement Compliance Checks/Community Education = approximately 300,000	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone 5. 31 organizations formally implement evidence-based practices identified by the project.	Completed	5. 31 organizations formally implement evidence-based practices identified by the project.	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Provide administrative oversight to ensure implementation of evidence-based programs by community partners	Completed	Provide administrative oversight to ensure implementation of evidence- based programs by community partners	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone Mid Point Assessment	Completed	Attached is the mid-point assessment narrative for this project.	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

PPS Defined Milestones Current File Uploads

Milestone Name User ID File Type File Name Description Upload

No Records Found

PPS Defined Milestones Narrative Text

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

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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	IPQR Module 4.a.i.3 - IA Monitoring
Ins	tructions:



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Community Partners of WNY (PPS ID:46)

Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

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

Instructions:

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

- Risk: Incompatibility of information technology systems. Provider EMRs may not be compatible with the NYS Smokers' Quitline database and patient tracking system, which could create a problem for creating a successful direct referral system. Providers may not have electronic access to patient smoking status after Quitline intervention. Mitigation: CPWNY will work with our information technology team to build or expand exchange capability between provider EMRs and the NYS Smokers' Quitline, and to build tobacco and referral status into existing EMRs. CPWNY will enlist HEALTHeLINK to help build a general exchange capability between providers and the Quitline regardless of EMR vendor. Providers without an EMR can provide referrals through Quitline's Fax-to-Quit program, and will receive follow up on patient progress.
- Risk: Ability to engage a critical mass of providers who will adopt automatic referral programs. Without provider engagement the Quitline will have limited access to patients in need of cessation services. Mitigation: CPWNY will distribute information to its providers on behalf of the NYS Smokers' Quitline detailing the benefits and potential impact of direct referral on high-risk patients. CPWNY will enlist current providers using these services to advocate for the benefits of these programs. Priority will be placed on engaging providers who touch the highest volumes of high risk and hard to reach patients, for example those with multiple cardiac conditions or patients with mental illness. CPWNY will also work with the information technology team and the NYS Smokers' Quitline to make the referral process easy and convenient for providers.
- Risk: Ability to engage high-risk groups, such as minorities, low income patients, or those with mental illness. These patient groups are traditionally more likely to use tobacco products and less successful in their quit attempts. Inability to engage these patients will limit the impact of this project in reaching the highest need members of the DSRIP population. Mitigation: CPWNY will work with the NYS Smokers' Quitline to expand current quit messaging and quit tips services to target specific high risk populations. CPWNY and the Quitline field team will work to engage community organizations and providers that work directly with the identified high risk populations, such as mental health and substance abuse counseling services, social service providers, faith based organizations, behavioral health providers, and safety net clinics to inform and refer patients to cessation programs. CPWNY will work with Medicaid Managed Care Organizations to ensure that cost of cessation medications and nicotine replacement therapies are covered and do not require a patient copay. The NYS Smokers' Quitline will work with CPWNY to establish policies regarding additional follow up texts, phone calls, counseling appointments, and provider consults for patients identified as high risk.
- Risk: Inability to track and follow up with engaged patients. Without tracking and follow up CPWNY will be unable to gage the success and effectiveness of the program. Mitigation: CPWNY will capitalize on the NYS Smokers' Quitline's existing data management resources, which include updates on patient progress and a history of participation. CPWNY will work to incorporate information on patient histories with nicotine replacement therapies, counseling services, and success of previous quit attempts into patient records electronically through EMR modifications or manually through additions to paper records. A two-way referral system will be developed between the Quitline and providers to follow up on patients who have unsuccessful quit attempts or repeat calls. CPWNY, in partnership with HEALTHeLINK and the NYS Smokers' Quitline, will develop secure data sharing capabilities between participants.



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Community Partners of WNY (PPS ID:46)

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

Instructions:

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

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



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
environment and tobacco-free outdoor policies.								
Task Identify institutions of interest	Completed	Identify institutions of interest	07/21/2015	06/30/2016	07/21/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify resource (Web site, individual) to be contacted regarding institutional policies	Completed	Identify resource (Web site, individual) to be contacted regarding institutional policies	10/07/2015	06/30/2016	10/07/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create a database to record tobacco-free environment policy information from each institution	Completed	Create a database to record tobacco-free environment policy information from each institution	01/07/2016	04/07/2016	01/07/2016	04/07/2016	06/30/2016	DY2 Q1
Task Obtain information from each identified institution regarding tobacco-related policies	Completed	Obtain information from each identified institution regarding tobacco- related policies	04/07/2016	07/07/2016	04/07/2016	07/07/2016	09/30/2016	DY2 Q2
Milestone 3. Incorporate tobacco use assessment and automatic referral into Opt-to-Quit program from provider Electronic Health Record systems for smoking cessation	Completed	Incorporate tobacco use assessment and automatic referral into Opt-to-Quit program from provider Electronic Health Record systems for smoking cessation	07/21/2015	03/31/2018	07/21/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify partner providers within PPS	Completed	Identify partner providers within PPS	07/21/2015	03/31/2018	07/21/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify lead contact in each partner provider of interest	Completed	Identify lead contact in each partner provider of interest	10/07/2015	03/31/2018	10/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task Set up meeting with individual lead contacts to discuss integration of tobacco use assessment at patient visit and automatic referral to Opt-to-Quit program through NYS Smokers' Quitline (NYSSQ). "Opt to Quit" program includes counseling and referring services to all smokers including smokers with disabilities and/or mental health conditions.	Completed	Set up meeting with individual lead contacts to discuss integration of tobacco use assessment at patient visit and automatic referral to Opt-to-Quit program through NYS Smokers' Quitline (NYSSQ). "Opt to Quit" program includes counseling and referring services to all smokers including smokers with disabilities and/or mental health conditions.	10/07/2015	03/31/2018	10/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task Work with office staff of interested providers to program tobacco use assessment and automatic referral to NYSSQ with current Electronic Health Record system	Completed	Work with office staff of interested providesr to program tobacco use assessment and automatic referral to NYSSQ with current Electronic Health Record system	10/07/2015	03/31/2018	10/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task Conduct trainings with medical staff regarding tobacco use assessment and referral to NYSSQ	Completed	Conduct trainings with medical staff regarding tobacco use assessment and referral to NYSSQ	10/07/2015	03/31/2018	10/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Completed	Increase patient participation by 10% in the Opt-to-Quit program through	01/07/2017	01/07/2018	01/07/2017	01/07/2018	03/31/2018	DY3 Q4



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DSRIP Implementation Plan Project

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



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



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Milestone/Task Name	Status	Description St		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Gather information and assess possibilities of assessing tobacco status in various projects within PPS	Completed	Sather information and assess possibilities of assessing tobacco status in arious projects within PPS		07/07/2016	10/07/2015	07/07/2016	09/30/2016	DY2 Q2
Task Identifly lead contact in each project that can incorporate tobacco status assessment	Completed	Identifly lead contact in each project that can incorporate tobacco status assessment	10/07/2015	07/07/2016	10/07/2015	07/07/2016	09/30/2016	DY2 Q2
Task Set up meeting with lead contact in each project of interest to discuss possible integration of tobacco dependence assessment within current project structure	Completed	Set up meeting with lead contact in each project of interest to discuss possible integration of tobacco dependence assessment within current project structure	01/07/2016	10/07/2016	01/07/2016	10/07/2016	12/31/2016	DY2 Q3
Task Provide necessary materials or resources for project lead to integrate tobacco dependence assessment	Completed	Provide necessary materials or resources for project lead to integrate tobacco dependence assessment	04/07/2016	01/07/2017	04/07/2016	01/07/2017	03/31/2017	DY2 Q4
Task Follow-up with each interested project regarding issues or concerns	Completed	Follow-up with each interested project regarding issues or concerns	07/07/2016	03/31/2017	07/07/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 6. Work with NYS DOH Bureau of Tobacco Control's 16 'Health Systems for a Tobacco-Free NY' contractors to receive technical assistance on system improvements related to tobacco use cessation.	Completed	6. Work with NYS DOH Bureau of Tobacco Control's 16 'Health Systems for a Tobacco-Free NY' contractors to receive technical assistance on system improvements related to tobacco use cessation.	10/07/2015	03/31/2018	10/07/2015	03/31/2018	03/31/2018	DY3 Q4
Task dentify lead contact for all 16 'Healthy Systems for a Tobacco-Free NY' contractors (including one Completed C		Identify lead contact for all 16 'Healthy Systems for a Tobacco-Free NY' contractors (including one located within this PPS at Roswell Park Cancer Institute)	10/07/2015	04/07/2016	10/07/2015	04/07/2016	06/30/2016	DY2 Q1
Task Contact each lead individual and discuss services available and issues that need support	Completed	Contact each lead individual and discuss services available and issues that need support 01/0		01/07/2017	01/07/2017	01/07/2017	03/31/2017	DY2 Q4
Task Outline communication plan with each contractor regarding technical assistance	Completed	Outline communication plan with each contractor regarding technical assistance Develop trainings for contractors regarding system improvements related to tobacco use cessation Outline communication plan with each contractor regarding technical outliness of the contractor of the contractor of the contractor of the contractor regarding technical outliness of the c		10/07/2016	01/07/2016	10/07/2016	12/31/2016	DY2 Q3
Task Develop trainings for contractors regarding system improvements related to tobacco use cessation	Completed			01/07/2017	04/07/2016	01/07/2017	03/31/2017	DY2 Q4
Task	Completed	Conduct trainings with contractors regarding system improvements related	01/07/2017	01/07/2018	01/07/2017	01/07/2018	03/31/2018	DY3 Q4



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Milestone/Task Name	Status	Description St		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Conduct trainings with contractors regarding system improvements related to tobacco use cessation		to tobacco use cessation						
Task Follow-up with contractors to develop maintainance plan for trainings and technical assistance	Completed	ollow-up with contractors to develop maintainance plan for trainings and chnical assistance		03/31/2018	01/07/2018	03/31/2018	03/31/2018	DY3 Q4
Milestone 7. Development and dissemination of a communication strategy for patient and clinician education regarding availability of covered tobacco dependence treatment that encourages patients to use the services.	Completed	7. Development and dissemination of a communication strategy for patient and clinician education regarding availability of covered tobacco dependence treatment that encourages patients to use the services. Develop materials designed to educate providers and patients regarding Medicaid benefits for smoking cessation (i.e. medications, counseling) Disseminate materials to FQHCs, Home Health providers, PPS partner organizations and providers, and through New York State Smokers' Quitline		03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop materials designed to educate providers and patients regarding Medicaid benefits for smoking cessation (i.e. medications, counseling)	Completed			01/07/2016	07/21/2015	01/07/2016	03/31/2016	DY1 Q4
Task Disseminate materials to FQHCs, Home Health providers, PPS partner organizations and providers, and through New York State Smokers' Quitline	Completed			03/31/2017	01/07/2017	03/31/2017	03/31/2017	DY2 Q4
Task Train counselors at New York State Smokers' Quitline about Medicaid benefits for smoking cessation so they can effectively advise callers	Completed	Train counselors at New York State Smokers' Quitline about Medicaid benefits for smoking cessation so they can effectively advise callers	01/07/2017	03/31/2017	01/07/2017	03/31/2017	03/31/2017	DY2 Q4
Task Train other PPS providers about Medicaid benefits for smoking cessation so they can effectively advise clients. Training will be delivered via meetings, webinar, newsletter, and informational materials upon request.	Completed	Train other PPS providers about Medicaid benefits for smoking cessation so they can effectively advise clients. Training will be delivered via meetings, webinar, newsletter, and informational materials upon request.		03/31/2017	01/07/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 8. Increase tobacco cessation rates among residents in shared multi-unit housing environments.	Completed	Increase tobacco cessation rates among residents in shared multi-unit housing environments. 07		03/31/2018	07/21/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify companies managing the largest number of multi-unit housing units and municipal housing authorities in low socio-economic status (SES)	Completed	Identify companies managing the largest number of multi-unit housing units and municipal housing authorities in low socio-economic status (SES) areas in PPS counties (Erie, Niagara, Chautauqua)	07/21/2015	06/30/2016	07/21/2015	06/30/2016	06/30/2016	DY2 Q1



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Milestone/Task Name	Status	Description		Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
areas in PPS counties (Erie, Niagara, Chautauqua)								
Task Set up meeting with lead contacts to discuss current tobacco use policies and interest in promoting tobacco cessation among residents	Completed	Set up meeting with lead contacts to discuss current tobacco use policies and interest in promoting tobacco cessation among residents		09/30/2016	10/07/2015	09/30/2016	09/30/2016	DY2 Q2
Task Follow-up discussion/meeting with provision of materials	Completed	Follow-up discussion/meeting with provision of materials 0		09/30/2016	04/07/2016	09/30/2016	09/30/2016	DY2 Q2
Task Conduct smoking cessation clinics with residents interested in quitting	Completed	Conduct smoking cessation clinics with residents interested in quitting 04/		03/31/2018	04/07/2016	03/31/2018	03/31/2018	DY3 Q4
Task Conduct a pre- and post-cessation clinic surveys regarding tobacco use status and quit attempts	Completed	conduct a pre- and post-cessation clinic surveys regarding tobacco use tatus and quit attempts 04/0		03/31/2018	04/07/2016	03/31/2018	03/31/2018	DY3 Q4
Task Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation. Note: CPWNY orginally projected the establish of agreements will start in DY1. The plan is adjusted due to the delays in DSRIP timelines and the shift in DSRIP years. The following years will be on tracking regarding establishing additional agreements with property management firms.	Completed	Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation. Note: CPWNY originally projected the establish of agreements will start in DY1. The plan is adjusted due to the delays in DSRIP timelines and the shift in DSRIP years. The following years will be on tracking regarding establishing additional agreements with property management firms.		04/07/2017	04/07/2016	04/07/2017	06/30/2017	DY3 Q1
Task Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation	Completed	Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote 5moking cessation 04/0		03/31/2018	04/07/2017	03/31/2018	03/31/2018	DY3 Q4
Task Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation	Completed	Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation 01		03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation	Completed	Establish agreements with 3 property management firms representing approximately 5% of the multiunit housing market share to promote smoking cessation	01/01/2018	03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 Q4



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



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



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Community Partners of WNY (PPS ID:46)

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

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

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



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PPS Defined Milestones Narrative Text

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

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	



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IPQR Module 4.b.i.3 - IA Monito	ring		
Instructions:			



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Attestation

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

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

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

To electronically sign this Quarte	erly Report, please enter the required inforr	mation and check the box below:		
I here by attest, as the following initial subm	e Lead Representative of the 'Community Pa	rtners of WNY', that all information provid		rue and accurate to the best of my knowledge, and that, nly to documented instructions or documented approval o
Primary Lead PPS Provider:	SISTERS OF CHARITY HOSPITAL			
Secondary Lead PPS Provider:				
Lead Representative:	Rachael Nees		•	
Submission Date:	06/09/2020 03:23 PM			
Comments:				



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Status Log				
Quarterly Report (DY,Q)	Status	Lead Representative Name	User ID	Date Timestamp
DY5, Q4	Adjudicated	Rachael Nees	mrurak	06/30/2020 01:34 PM



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Comments Log			
Status	Comments	User ID	Date Timestamp
Adjudicated	The DY5,Q4 Quarterly Report has been adjudicated by the IA.	mrurak	06/30/2020 01:34 PM
Returned	The DY5Q4 Quarterly Report has been returned for Remediation.	mrurak	05/31/2020 07:52 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	Completed
	IPQR Module 6.6 - Key Stakeholders	Completed
	IPQR Module 6.7 - IT Expectations	Completed
	IPQR Module 6.8 - Progress Reporting	Completed
	IPQR Module 6.9 - IA Monitoring	
Section 07	IPQR Module 7.1 - Prescribed Milestones	Completed



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Section	Module Name	Status
	IPQR Module 7.2 - PPS Defined Milestones	Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 7.5 - Roles and Responsibilities	Completed
	IPQR Module 7.6 - Key Stakeholders	Completed
	IPQR Module 7.7 - IT Expectations	Completed
	IPQR Module 7.8 - Progress Reporting	Completed
	IPQR Module 7.9 - IA Monitoring	
	IPQR Module 8.1 - Prescribed Milestones	Completed
	IPQR Module 8.2 - PPS Defined Milestones	Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	Completed
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
	IPQR Module 11.6 - Roles and Responsibilities	Completed
Section 11	IPQR Module 11.7 - Key Stakeholders	Completed
	IPQR Module 11.8 - IT Expectations	Completed
	IPQR Module 11.9 - Progress Reporting	Completed
	IPQR Module 11.10 - Staff Impact	Completed
	IPQR Module 11.11 - Workforce Strategy Spending (Quarterly)	Completed
	IPQR Module 11.12 - IA Monitoring	



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



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



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Section	Module Name / Milestone #	Review Sta	itus
	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Complete	(P)
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Complete	
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Complete	(P)
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Complete	
Section 01	Module 1.5 - Prescribed Milestones		
Section 01	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass (with Exception) & Complete	
	Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Pass & Complete	9
	Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Pass & Complete	
	Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Pass & Complete	9
	Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Pass & Complete	
	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
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	
	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		
Section 03	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	



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Section	Module Name / Milestone #	Review Statu	ıs
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Pass & Complete	
	Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Pass & Complete	
	Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Pass & Complete	
	Milestone #7 Achieve common understanding and measurement of health care quality outcome measures associated with value based payment arrangements for the Medicaid population among the PPS and managed care organizations	Pass & Complete	
	Milestone #8 Enhance value based payment innovation funding to be utilized by PPS partners	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	
Section 05	Milestone #2 Develop an IT Change Management Strategy.	Pass & Complete	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Complete	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Complete	
	Module 6.1 - Prescribed Milestones		
Section 06	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Complete	
	Module 7.1 - Prescribed Milestones		
Section 07	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Complete	
	Module 8.1 - Prescribed Milestones		
Section 08	Milestone #1 Develop population health management roadmap.	Pass & Complete	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Complete	



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DSRIP Implementation Plan Project

Section	Module Name / Milestone #	Review Statu	ıs
	Module 9.1 - Prescribed Milestones		
Section 09	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Complete	
	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete	
	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Complete	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Complete	
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	0
	Milestone #5 Develop training strategy.	Pass & Complete	
	Module 11.10 - Staff Impact	Pass & Complete	B
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Complete	(



DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

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Project ID	Module Name / Milestone #	Review Status
	Module 2.a.i.2 - Prescribed Milestones	
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Pass & Complete
	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.	Pass & Complete
2.a.i	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Pass & Complete
	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.	Pass & Complete
	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.b.iii.2 - Patient Engagement Speed	Pass & Complete
	Module 2.b.iii.3 - Prescribed Milestones	
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Complete
2.b.iii	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.	Fail
	c. Ensure real time notification to a Health Home care manager as applicable	



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Status
	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.b.iv.2 - Patient Engagement Speed	Pass & Complete
	Module 2.b.iv.3 - Prescribed Milestones	
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Complete
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Complete
2.b.iv	Milestone #3 Ensure required social services participate in the project.	Pass & Complete
	Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Pass & Complete
	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Complete
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Complete
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete
	Module 2.c.ii.2 - Patient Engagement Speed	Pass & Complete
	Module 2.c.ii.3 - Prescribed Milestones	
200	Milestone #1 Implement telemedicine services, aimed at reducing avoidable hospital use by increasing patient access to services not otherwise available and/or increasing specialty expertise of primary care providers and their staff in order to increase availability of scarce specialty services.	Pass & Complete
2.c.ii	Milestone #2 Provide equipment specifications and rationale for equipment choice (including cost of acquisition, maintenance and sustainability of service).	Pass & Complete
	Milestone #3 Define service area and participating providers, with clear delineation between telemedicine hub sites versus spoke sites.	Fail
	Milestone #4 Procure service agreements for provision of telemedicine services such as specialty services, participating primary care and nurse triage monitoring.	Fail



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Status
	Milestone #5 Develop standard service protocols, as well as consent and confidentiality standards meeting all federal and state requirements.	Pass & Complete
	Milestone #6 Coordinate with Medicaid Managed Care Organizations to develop and ensure service authorization and payment strategies are in place to support sustainability of patient care uses.	Pass & Complete
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete
	Module 3.a.i.2 - Patient Engagement Speed	Pass & Complete
	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
o.u.i	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Fail
	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 (with Exception) & Complete
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass (with Exception) & Complete
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass (with Exception) & Complete
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass (with Exception) & Complete
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass (with Exception) & Complete
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass (with Exception) & Complete
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass (with Exception) & Complete
	Module 3.b.i.2 - Patient Engagement Speed	Pass & Complete
3.b.i	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



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Status
	Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	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
	Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Pass & Complete
	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.	Pass & Complete
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Pass & Complete
di	Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Pass & Complete
	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.	Pass & Complete
	Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Pass & Complete
	Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Pass & Complete
	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.	Pass & Complete
	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.	Pass & Complete
<i>t</i> :	Module 3.f.i.2 - Patient Engagement Speed	Pass & Complete
.f.i	Module 3.f.i.3 - Prescribed Milestones	



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DSRIP Implementation Plan Project

Project ID	Module Name / Milestone #	Review Statu	ıs
	Milestone #1 Implement an evidence-based home visitation model, such as the Nurse Family Partnership, for pregnant high-risk mothers including high-risk first time mothers.	Pass & Complete	
	Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.	Pass & Complete	
	Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	Pass & Complete	
	Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #5 Identify and engage a regional medical center with expertise in management of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center).	Pass (with Exception) & Complete	0
	Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	Pass (with Exception) & Complete	B
	Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers.	Pass (with Exception) & Complete	B
	Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	Pass (with Exception) & Complete	0
	Milestone #9 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Pass (with Exception) & Complete	D
	Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass (with Exception) & Complete	
	Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass (with Exception) & Complete	B
	Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	Pass (with Exception) & Complete	B
	Milestone #13 Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	Pass (with Exception) & Complete	
	Milestone #14 Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	Pass (with Exception) & Complete	
	Milestone #15 Establish protocols for deployment of CHW.	Pass (with Exception) & Complete	0
	Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population.	Pass (with Exception) & Complete	C
	Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass (with Exception) & Complete	B
	Module 3.g.i.2 - Patient Engagement Speed	Pass & Complete	
	Module 3.g.i.3 - Prescribed Milestones		
3.g.i	Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	Fail	
	Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	Pass & Complete	



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DSRIP Implementation Plan Project

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



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Community Partners of WNY (PPS ID:46)

Providers Participating in Projects

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

Provider Category		Project 2.a.i Selected / Committed		Project 2.b.iii Selected / Committed		Project 2.b.iv Selected / Committed		Project 2.c.ii Selected / Committed		Project 3.a.i Selected / Committed		Project 3.b.i Selected / Committed		Project 3.f.i Selected / Committed		Project 3.g.i Selected / Committed		Project 4.a.i Selected / Committed		Project 4.b.i Selected / Committed		Project Selected / Committed	
Practitioner - Primary Care	Total	332	351	35	-	171	351	0	-	147	351	250	351	1	-	242	351	0	-	0	-		
Provider (PCP)	Safety Net	38	41	12	41	18	41	0	41	27	41	28	41	0	41	25	41	0	-	0	-		
Practitioner - Non-Primary Care	Total	1,189	1,011	46	-	59	252	0	-	117	126	422	252	8	-	107	316	0	-	0	-		
Provider (PCP)	Safety Net	25	30	7	-	1	30	0	30	8	30	3	30	0	22	1	30	0	-	0	-		
Hospital	Total	8	9	5	-	6	9	1	-	1	-	2	-	2	-	0	-	0	-	1	-		
Поѕрнаі	Safety Net	4	4	3	4	3	4	1	4	1	-	1	-	2	2	0	-	0	-	1	-		
Clinic	Total	12	17	5	-	6	-	1	-	3	17	2	17	2	-	0	17	0	-	1	-		
Clinic	Safety Net	6	13	3	13	3	-	1	13	2	13	1	13	2	13	0	13	0	-	1	-		
Case Management / Health	Total	9	12	2	-	0	12	0	-	9	-	0	12	1	-	0	-	1	-	0	-		
Home	Safety Net	7	6	1	6	0	6	0	6	7	-	0	6	1	6	0	-	1	-	0	-		
Mental Health	Total	38	45	6	-	1	-	1	-	25	45	1	45	2	-	0	-	1	-	0	-		
Mental Health	Safety Net	12	15	3	-	1	-	1	15	12	15	0	15	2	-	0	-	1	-	0	-		
Cub atamas Abusa	Total	14	15	4		3	-	1	-	12	15	0	15	3	-	0	-	3	-	0	-		
Substance Abuse	Safety Net	13	14	4	-	3	-	1	14	11	14	0	14	3	-	0	-	3	-	0	-		
Nursing Home	Total	6	29	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Nursing Home	Safety Net	5	28	0	-	0	-	0	28	0	-	0	-	0	-	0	-	0	-	0	-		
Dharmany	Total	6	4	2	-	2	-	0	-	0	-	1	4	1	-	0	-	0	-	1	-		
Pharmacy	Safety Net	2	1	1	-	1	-	0	1	0	-	1	1	1	-	0	-	0	-	1	-		
Hospice	Total	3	1	0	-	0	-	0	-	0	-	0	-	0	-	3	1	0	-	0	-		



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

Provider Category		Projec	Project 2.a.i Selected / Committed		Project 2.b.iii Selected / Committed		Project 2.b.iv Selected / Committed		t 2.c.ii	Projec	t 3.a.i	Project 3.b.i		Project	3.f.i	Project 3.g.i		Project 4.a.i		Projec	ct 4.b.i	Project	
									Selected / Committed		Selected / Committed		Selected / Committed		ed / tted	Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed	
	Safety Net	0	0	0	-	0	-	0	-	0		0	-	0	0	0	0	0	-	0	-		
Community Based	Total	20	26	5	-	3	26	2	-	5	26	4	26	3	-	5	26	8	-	2	-		
Organizations	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
All Other	Total	1,197	922	60	-	223	230	1	-	230	114	541	230	12	-	324	288	2	-	1	-		
All Other	Safety Net	72	97	18	-	22	97	1	97	42	97	31	97	3	97	26	97	2	-	1	-		
Unantagorizad	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Uncategorized	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Additional Drawidaya	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		
Additional Providers	Safety Net	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	-		
Services	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-		

Additional Project Scale Commitments

Instructions:

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

Project Scale Category	Project	Selected	Committed
Emergency Departments with Care Triage	2.b.iii	8	11
Hub Sites	2.c.ii	1	3
Number of programs	3.f.i	1	3
Spoke Sites	2.c.ii	0	21



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Smerka Kenneth S Rpa	Practitioner - Primary Care Provider (PCP)										
Barnes Angela	Practitioner - Primary Care Provider (PCP)										
Spinaris Toni M Do	Practitioner - Primary Care Provider (PCP)	~									
Cotton Shawn E Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
ashbrook Lorie Ann Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Kitchen Timothy M Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
ock Melissa	Practitioner - Primary Care Provider (PCP)	~					~		~		
Mario Gentile	Practitioner - Primary Care Provider (PCP)										
Shea Meggan Kathleen	Practitioner - Primary Care Provider (PCP)	~									
Sayegh Magdi E Md	Practitioner - Primary Care Provider (PCP)										
Coggiola Peter A	Practitioner - Primary Care Provider (PCP)										
Polataiko Nadezhda E Md	Practitioner - Primary Care Provider (PCP)	~	*	~		~	~		~		
odtenhagen Rachel E	Practitioner - Primary Care Provider (PCP)										
Vinnicki Michael S Md	Practitioner - Primary Care Provider (PCP)										
Chrzanowski Stephen Gerard	Practitioner - Primary Care Provider (PCP)										
& S Medical Bldg Inc	Practitioner - Primary Care Provider (PCP)	~					~		~		
runo Jr August Andrew Md	Practitioner - Primary Care Provider (PCP)										
ykert-Wolf Mary Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
eperio Jose	Practitioner - Primary Care Provider (PCP)	~					~		~		
otempa Michele A Md	Practitioner - Primary Care Provider (PCP)										
Iliott Frederick M Md	Practitioner - Primary Care Provider (PCP)										
Caczmarek Jill M	Practitioner - Primary Care Provider (PCP)										
Siuseppiha Jean Kenyon Savard	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Groh Renee S	Practitioner - Primary Care Provider (PCP)										
acayo Allen Dorcas Isidora	Practitioner - Primary Care Provider (PCP)										
hlenfield Daryl R Md	Practitioner - Primary Care Provider (PCP)	~									
awlowski David Anthony Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
han Mohammad Asghar Md	Practitioner - Primary Care Provider (PCP)										
Overholt Jayne Claire	Practitioner - Primary Care Provider (PCP)	~									
Spillman Sarah	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Hill Brian Matthew	Practitioner - Primary Care Provider (PCP)										



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Butt Saleha Asil Snyder Teresa Marie Bush Deborah L Niland Briana Ahmad Shkeel Md Leddy John J Md Herle P Anandaram Md Lana Steven Joseph Md Fiorica Norman Onofrio Md Shafi Mohamad Md	Participating Provider Category Practitioner - Primary Care Provider (PCP)	in Projects 2.a.i	2.b.iii								
Mangione Michael Butt Saleha Asil Snyder Teresa Marie Bush Deborah L Niland Briana Ahmad Shkeel Md Leddy John J Md Herle P Anandaram Md Lana Steven Joseph Md Fiorica Norman Onofrio Md Shafi Mohamad Md		2.a.i	2 h iii								
Butt Saleha Asil Snyder Teresa Marie Bush Deborah L Niland Briana Ahmad Shkeel Md Leddy John J Md Herle P Anandaram Md Lana Steven Joseph Md Fiorica Norman Onofrio Md Shafi Mohamad Md	Practitioner - Primary Care Provider (PCP)		Z.D.III	2.b.iv 2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Snyder Teresa Marie Bush Deborah L Niland Briana Ahmad Shkeel Md Leddy John J Md Herle P Anandaram Md Lana Steven Joseph Md Fiorica Norman Onofrio Md Shafi Mohamad Md	radicional rilliary date rildvider (1 dr.)										
Bush Deborah L Niland Briana Ahmad Shkeel Md Leddy John J Md Herle P Anandaram Md Lana Steven Joseph Md Fiorica Norman Onofrio Md Shafi Mohamad Md	Practitioner - Primary Care Provider (PCP)										
Niland Briana Ahmad Shkeel Md Leddy John J Md Herle P Anandaram Md Lana Steven Joseph Md Fiorica Norman Onofrio Md Shafi Mohamad Md	Practitioner - Primary Care Provider (PCP)										
Ahmad Shkeel Md Leddy John J Md Herle P Anandaram Md Lana Steven Joseph Md Fiorica Norman Onofrio Md Shafi Mohamad Md	Practitioner - Primary Care Provider (PCP)										
Leddy John J Md Herle P Anandaram Md Lana Steven Joseph Md Fiorica Norman Onofrio Md Shafi Mohamad Md	Practitioner - Primary Care Provider (PCP)										
Herle P Anandaram Md Lana Steven Joseph Md Fiorica Norman Onofrio Md Shafi Mohamad Md	Practitioner - Primary Care Provider (PCP)										
Lana Steven Joseph Md Fiorica Norman Onofrio Md Shafi Mohamad Md	Practitioner - Primary Care Provider (PCP)										
Fiorica Norman Onofrio Md Shafi Mohamad Md	Practitioner - Primary Care Provider (PCP)										
Shafi Mohamad Md	Practitioner - Primary Care Provider (PCP)	~		✓							
	Practitioner - Primary Care Provider (PCP)										
Kessler Jonathan David	Practitioner - Primary Care Provider (PCP)	~				~		~			
	Practitioner - Primary Care Provider (PCP)										
Przybelinski Krista	Practitioner - Primary Care Provider (PCP)	~	>	✓	~	~		~			
Daniels Debra B	Practitioner - Primary Care Provider (PCP)										
Siepel Timothy V Md Pc	Practitioner - Primary Care Provider (PCP)	~		✓		~		~			
Kelly Mary	Practitioner - Primary Care Provider (PCP)	~		~		~		~			
Johnson David N Md	Practitioner - Primary Care Provider (PCP)										
Koch Eric Joseph Md	Practitioner - Primary Care Provider (PCP)	~									
Rowan Carrie Lynn Do	Practitioner - Primary Care Provider (PCP)	~			~	~		~			
Vejendla Umamaheswara Rao	Practitioner - Primary Care Provider (PCP)	~				~		~			
Robinson Carola E	Practitioner - Primary Care Provider (PCP)										
Roche Robert R Do	Practitioner - Primary Care Provider (PCP)	~		~	~	~		~			
Haque Shehla Md	Practitioner - Primary Care Provider (PCP)										
Khozina Malvina Md	Practitioner - Primary Care Provider (PCP)										
Smith Mary M	Practitioner - Primary Care Provider (PCP)										
Thomas Suzanne K	Practitioner - Primary Care Provider (PCP)	~									
Bawab Reema Wael	Practitioner - Primary Care Provider (PCP)										
Collins Patrick S Md	Practitioner - Primary Care Provider (PCP)	~	~	~	~	~		~			
Ruh Richard	Practitioner - Primary Care Provider (PCP)	~			~	~		~			
Updike Paul Frederick Md									1		
Kansal Sarita Md	Practitioner - Primary Care Provider (PCP)	~		✓	~			~			



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	Participating Pa	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Stouter Barbara S	Practitioner - Primary Care Provider (PCP)	~									
Sheth Ashwina Gaurang Md	Practitioner - Primary Care Provider (PCP)	~									
Coyne John Francis Md	Practitioner - Primary Care Provider (PCP)										
oms Bill R Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
eerzada Maajid M Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
Vittenbrook Kelly Ann	Practitioner - Primary Care Provider (PCP)										
lopkins Andrew Mr.	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Vehr Matthew D Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Conley James George Md	Practitioner - Primary Care Provider (PCP)										
Martinke David John Do	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Ogorman Kevin N Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
ares Hassen Mohamed	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
utwiler Tara Lynn	Practitioner - Primary Care Provider (PCP)										
Morotchie Cristi Morgan	Practitioner - Primary Care Provider (PCP)										
Springer Christopher R Md	Practitioner - Primary Care Provider (PCP)	~									
rickson Robert J Do	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
ampion Virginia Bianka Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
hanahan Jacqueline	Practitioner - Primary Care Provider (PCP)										
ung Jiyeon	Practitioner - Primary Care Provider (PCP)										
lovva Ashok Babu	Practitioner - Primary Care Provider (PCP)										
anfilippo Diane Marie Md	Practitioner - Primary Care Provider (PCP)	~									
Ridge Laura	Practitioner - Primary Care Provider (PCP)										
Brown Timothy Chauncey Md	Practitioner - Primary Care Provider (PCP)										
homas Julie A	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
erl Michele Lynn	Practitioner - Primary Care Provider (PCP)										
ngerson Katie Lynn	Practitioner - Primary Care Provider (PCP)										
almuk Eugene J Md Pc	Practitioner - Primary Care Provider (PCP)	~					~		~		
ries Lynne Rpa	Practitioner - Primary Care Provider (PCP)										
avalieri Morris Maurizio Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
larbison Andrew	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
achar Rajinder Singh Md	Practitioner - Primary Care Provider (PCP)	~					~		~		



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Гkacik James E Rpa	Practitioner - Primary Care Provider (PCP)										
Matthews James H Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Northrup Carol Elizabeth	Practitioner - Primary Care Provider (PCP)										
Sabryel Timothy F	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Villiams Joanne E Rpa	Practitioner - Primary Care Provider (PCP)										
Gullickson Donald E Do	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
ingh Tajinder Pal	Practitioner - Primary Care Provider (PCP)										
chwarz Colleen Michelle	Practitioner - Primary Care Provider (PCP)										
Polla Andrew	Practitioner - Primary Care Provider (PCP)										
acobi-Rodriguez Deborah Ann	Practitioner - Primary Care Provider (PCP)										
ates Charles W Md	Practitioner - Primary Care Provider (PCP)										
oven Pedro Galang Md	Practitioner - Primary Care Provider (PCP)										
egrave Thomas Do	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
lanson Kristine G Np	Practitioner - Primary Care Provider (PCP)										
(lementowski Marc Kenneth Md	Practitioner - Primary Care Provider (PCP)										
leim Jacqueline	Practitioner - Primary Care Provider (PCP)										
afarzadeh-Amiri Sara	Practitioner - Primary Care Provider (PCP)										
Sallagher Sarah Quinlivan	Practitioner - Primary Care Provider (PCP)										
in Gracie Min Mei Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
ean David Campbell Md	Practitioner - Primary Care Provider (PCP)										
Corigliano Joseph Francis Md	Practitioner - Primary Care Provider (PCP)										
unham Lynn Marie Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
aker Karen Margaret Np	Practitioner - Primary Care Provider (PCP)	~		~			~				
Persia Albert J Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Volf David Mark Md	Practitioner - Primary Care Provider (PCP)										
las Eddie Md	Practitioner - Primary Care Provider (PCP)	~									
/ierzbowski Corry L	Practitioner - Primary Care Provider (PCP)										
entresca Edward Md	Practitioner - Primary Care Provider (PCP)										
lrgo James Ronald	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
mabile Christene M	Practitioner - Primary Care Provider (PCP)										
Bhattacharyya J K Md Pc	Practitioner - Primary Care Provider (PCP)	~					~		~		



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Haddad George Anis Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Banday Shahid	Practitioner - Primary Care Provider (PCP)										
Medico Christina M	Practitioner - Primary Care Provider (PCP)										
Desmarais Margaret Ann	Practitioner - Primary Care Provider (PCP)										
agrobelny Paula H	Practitioner - Primary Care Provider (PCP)	~		~		✓	~		~		
uther Prama	Practitioner - Primary Care Provider (PCP)	~					~		~		
utt Ayesha Zaheer	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Villiams Emily Fleming Md	Practitioner - Primary Care Provider (PCP)										
leu Jeffrey R Md	Practitioner - Primary Care Provider (PCP)										
uthra Pramod K Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
Strittmatter Chad Aloysius Md	Practitioner - Primary Care Provider (PCP)	~		~							
furawski Susan	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Iccormack Katelyn	Practitioner - Primary Care Provider (PCP)										
rankiewicz Jeffrey R	Practitioner - Primary Care Provider (PCP)										
Guth Kenneth J Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Murphy Timothy	Practitioner - Primary Care Provider (PCP)										
ppolito Loraine	Practitioner - Primary Care Provider (PCP)										
awton David A Jr Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
homas Todd A Rpa	Practitioner - Primary Care Provider (PCP)										
liedzwiedz Nicole	Practitioner - Primary Care Provider (PCP)										
urns Linda	Practitioner - Primary Care Provider (PCP)										
opolito Calogero Mario Md	Practitioner - Primary Care Provider (PCP)	~									
rise Kimberly	Practitioner - Primary Care Provider (PCP)	~		~							
Oconnor Terence P Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Ven Hongyu	Practitioner - Primary Care Provider (PCP)										
asey Martin A Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
ombrowski Jacqueline Md	Practitioner - Primary Care Provider (PCP)										
Salis Robertus J	Practitioner - Primary Care Provider (PCP)										
lolloy Daniel Joseph	Practitioner - Primary Care Provider (PCP)										
adecki Joshua Edward	Practitioner - Primary Care Provider (PCP)										
slam Abul Mohammad Md	Practitioner - Primary Care Provider (PCP)										



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* Safety Net Providers in Green

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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Mueller Diane L Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~			
Krahn Wolf-Dieter Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~			
Arora Satish K Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~			
Warner Andrew W Md	Practitioner - Primary Care Provider (PCP)			~		~	~		~			
Sauret John Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~			
Botsoglou Nikolaos K Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~			
Shafik Ihab Mahmoud Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
Lane Darla M	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Stockmeyer Linda M	Practitioner - Primary Care Provider (PCP)	~										
Gais Dawn Alexandra Md	Practitioner - Primary Care Provider (PCP)											
Cai John Jun Md	Practitioner - Primary Care Provider (PCP)											
Melendez Ricardo	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Akkinepally Sita Lakshmi	Practitioner - Primary Care Provider (PCP)											
Schenk Thomas Edgar Md	Practitioner - Primary Care Provider (PCP)	~		~								
Mahoney Martin Christopher Md	Practitioner - Primary Care Provider (PCP)											
Carr Heidi Marie	Practitioner - Primary Care Provider (PCP)											
Mueller Rudolph J Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~					
Rabice Michael D Md	Practitioner - Primary Care Provider (PCP)	~										
Pelechaty Michael John Jr Md	Practitioner - Primary Care Provider (PCP)	~										
Merza Hussein	Practitioner - Primary Care Provider (PCP)	~				~	~		~			
Barrett Lisa Ann	Practitioner - Primary Care Provider (PCP)											
Cuffney Caitlin Elizabeth	Practitioner - Primary Care Provider (PCP)											
Nelson Gary Robert Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
O'Malley Wendy Lou	Practitioner - Primary Care Provider (PCP)											
Raiken Deborah Faye Md	Practitioner - Primary Care Provider (PCP)	~										
Stehlik Edward A Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Hailey Sean Patrick	Practitioner - Primary Care Provider (PCP)	~		~			~		~			
Chouchani Adel E Md	Practitioner - Primary Care Provider (PCP)											
Kuehnling William Robert Md	Practitioner - Primary Care Provider (PCP)											
Weiss Steven D Md	Practitioner - Primary Care Provider (PCP)	~										
Sulaiman Adel S Md	Practitioner - Primary Care Provider (PCP)	~										



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Mccarthy Bridget E Rpa	Practitioner - Primary Care Provider (PCP)										
Karaszewski Brian	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Vhistler Mary P Np	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
ieber Kent Alex Md	Practitioner - Primary Care Provider (PCP)		~	~		~	~		~		
Penepent Philip A Jr Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
ittler Susan J Md	Practitioner - Primary Care Provider (PCP)										
Sauvageau Sandra Jane	Practitioner - Primary Care Provider (PCP)	~					~		~		
lotz Johnna B	Practitioner - Primary Care Provider (PCP)										
Vang Gloria Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Ogra Sanjay Ray	Practitioner - Primary Care Provider (PCP)										
Glass Kathleen Zillner	Practitioner - Primary Care Provider (PCP)										
Redeye Vivien Leah	Practitioner - Primary Care Provider (PCP)										
udwig Michael F	Practitioner - Primary Care Provider (PCP)										
Robinson Barbara J	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
Carlson Cynthia A	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Qazi Khalid Jahangir	Practitioner - Primary Care Provider (PCP)										
Spangenthal Edward J Md	Practitioner - Primary Care Provider (PCP)										
ereva-Simeonova Maria S Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
ain Naresh K Md	Practitioner - Primary Care Provider (PCP)	~									
cumbo Harjeet	Practitioner - Primary Care Provider (PCP)										
alaya Farkad Md	Practitioner - Primary Care Provider (PCP)										
upudy Venkata R	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
loneine Roland	Practitioner - Primary Care Provider (PCP)	~									
u Philip David	Practitioner - Primary Care Provider (PCP)	~					~		~		
Acentee James J	Practitioner - Primary Care Provider (PCP)										
Savriluke Anna	Practitioner - Primary Care Provider (PCP)										
ittel Molly	Practitioner - Primary Care Provider (PCP)	~					~		~		
arnes Steven Edmund	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
eaird-Kelly Brenda	Practitioner - Primary Care Provider (PCP)										
Reimer Tara Lin Md	Practitioner - Primary Care Provider (PCP)	~		~							
Cannone Dominick Md	Practitioner - Primary Care Provider (PCP)										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
asalingam M Md	Practitioner - Primary Care Provider (PCP)										
lazier Linda M	Practitioner - Primary Care Provider (PCP)										
otsoglou Kostas	Practitioner - Primary Care Provider (PCP)										
ehme Elie Antoine	Practitioner - Primary Care Provider (PCP)	~					~		~		
/agner Patricia A	Practitioner - Primary Care Provider (PCP)										
on Cheryl	Practitioner - Primary Care Provider (PCP)	~	~								
outhard Eric R Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
/ang Yubao	Practitioner - Primary Care Provider (PCP)	~									
Donnell Patricia Aine Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
hao Yujie	Practitioner - Primary Care Provider (PCP)										
alazar Moreno Wayra Ysi	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
arrington Emma Lee	Practitioner - Primary Care Provider (PCP)										
arly Amy Md	Practitioner - Primary Care Provider (PCP)										
ishop Gerald Jay Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
raziano Matthew J Rpa	Practitioner - Primary Care Provider (PCP)										
umar Yellamraju R Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
ohur Jamal B Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
ietak Kathylynn Cecilia Md	Practitioner - Primary Care Provider (PCP)										
ados Philip J Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
aurri Frank Robert Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
hillians Lisa A Rpa	Practitioner - Primary Care Provider (PCP)										
lorris Sarah Emily	Practitioner - Primary Care Provider (PCP)										
ebhard Roberta E Do	Practitioner - Primary Care Provider (PCP)										
onnor Erika H	Practitioner - Primary Care Provider (PCP)	~					~		~		
zymanski Chad E Do	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
halid Mahran	Practitioner - Primary Care Provider (PCP)	~									
ickhardt Donald F Md	Practitioner - Primary Care Provider (PCP)										
ng Evadne	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
aclean Sean William	Practitioner - Primary Care Provider (PCP)										
unt Roderic Tracy	Practitioner - Primary Care Provider (PCP)										
Vatson Kathleen R	Practitioner - Primary Care Provider (PCP)										



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	_	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv 2.0	.ii 3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Gallucci Derek	Practitioner - Primary Care Provider (PCP)										<u> </u>
Ames Kaitlin M	Practitioner - Primary Care Provider (PCP)										<u> </u>
Schmand Elizabeth A	Practitioner - Primary Care Provider (PCP)	~				~		~			<u> </u>
Wlodarek Beth R	Practitioner - Primary Care Provider (PCP)										1
Samie M Reza	Practitioner - Primary Care Provider (PCP)										1
Mylotte Joseph M Md	Practitioner - Primary Care Provider (PCP)										1
Witmer Elvin Md	Practitioner - Primary Care Provider (PCP)	~									1
Dyson Kathleen Marie Md	Practitioner - Primary Care Provider (PCP)	~		~							1
Mustafa Bilal	Practitioner - Primary Care Provider (PCP)										1
Amelemah Charles Amoafo	Practitioner - Primary Care Provider (PCP)										1
Champlin Patricia Joan	Practitioner - Primary Care Provider (PCP)										1
Dara Tanvir Muhammad Md	Practitioner - Primary Care Provider (PCP)										1
Martinez Carlos L Md	Practitioner - Primary Care Provider (PCP)	~									1
Sorrentino Stephen P Md	Practitioner - Primary Care Provider (PCP)										1
Westgarth Maureen L	Practitioner - Primary Care Provider (PCP)	~		~	~	~		~			1
Fasanello Joseph Francis	Practitioner - Primary Care Provider (PCP)	~				~		~			1
Halsdorfer Andrew W Md	Practitioner - Primary Care Provider (PCP)										1
Ruotsi Lee Charles Md	Practitioner - Primary Care Provider (PCP)										1
Bracken Colleen	Practitioner - Primary Care Provider (PCP)										1
Terranova Michael David Md	Practitioner - Primary Care Provider (PCP)	~									1
Gaines Katherine Caldwell Md	Practitioner - Primary Care Provider (PCP)										1
Siddiqui Mohamed Yusuf A Md	Practitioner - Primary Care Provider (PCP)										1
Plucinski Matthew James	Practitioner - Primary Care Provider (PCP)										1
Smith Melissa Emily	Practitioner - Primary Care Provider (PCP)										1
Stidham Lynda Margaret Md	Practitioner - Primary Care Provider (PCP)	~		~							1
Clifford David S Md	Practitioner - Primary Care Provider (PCP)	~		~	~	~		~			1
Michalski Stanley R	Practitioner - Primary Care Provider (PCP)										i
Walczak Amanda Lee	Practitioner - Primary Care Provider (PCP)										1
Sneed Michele N	Practitioner - Primary Care Provider (PCP)										i
Schaaf Jennifer B	Practitioner - Primary Care Provider (PCP)										i
Przygodzki Jerzy Md	Practitioner - Primary Care Provider (PCP)	~			~	~		~			i



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Abialmouna Jihad Hassan Md	Practitioner - Primary Care Provider (PCP)	~		~		~	>		~		
Angel M Macko	Practitioner - Primary Care Provider (PCP)										
Soukiazian Sevak Md	Practitioner - Primary Care Provider (PCP)										
Brautigam Donald F Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	*		~		
Krol Lawrence Charles Md	Practitioner - Primary Care Provider (PCP)										
Burgio Sara M	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Rudloff Mary Elizabeth	Practitioner - Primary Care Provider (PCP)										
Murak Daniel J Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Schiele Kathleen	Practitioner - Primary Care Provider (PCP)										
<i>I</i> lulawka John	Practitioner - Primary Care Provider (PCP)										
Khan Najmul Hasan	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Bojedla Rama Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
heppard Mary T	Practitioner - Primary Care Provider (PCP)										
Sborn Kenneth Mark	Practitioner - Primary Care Provider (PCP)										
indamer Dawn Marie	Practitioner - Primary Care Provider (PCP)										
ota-Thurn Catherine Do	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
halil Salma Md	Practitioner - Primary Care Provider (PCP)	~					~				
falzer Aaron M Md	Practitioner - Primary Care Provider (PCP)										
Green Andrew W Md	Practitioner - Primary Care Provider (PCP)										
anos Kathleen H Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
Samra Avtar Singh	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Adham Hanaw Assad Md	Practitioner - Primary Care Provider (PCP)										
Cosico Felixberto Ison	Practitioner - Primary Care Provider (PCP)										
Deon Lisette Anne	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Vegman Theresa M Md	Practitioner - Primary Care Provider (PCP)	~									
Burns Charles Walter	Practitioner - Primary Care Provider (PCP)										
y Claude Go Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Redlecki Stephanie Lynn	Practitioner - Primary Care Provider (PCP)										
Vild James E Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
Snyder Brian D Md	Practitioner - Primary Care Provider (PCP)	~									
Dunn Cassandra H	Practitioner - Primary Care Provider (PCP)										



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lerman Steven Peter Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Icdonnell Kathleen M Np	Practitioner - Primary Care Provider (PCP)										
lohensee James E Md	Practitioner - Primary Care Provider (PCP)										
Pleskow Sanford Ronald Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
sen Joshua Michael Do	Practitioner - Primary Care Provider (PCP)	~					~		~		
urstein Gale R Md	Practitioner - Primary Care Provider (PCP)	~						~			
utter Diane J Md	Practitioner - Primary Care Provider (PCP)	~									
Pierce Katherine L	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Gerbasi Thomas R Md Pc	Practitioner - Primary Care Provider (PCP)	~									
/akante-Jankovic Diana Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
erguson Richard Eamon Md	Practitioner - Primary Care Provider (PCP)										
andis Andrew J Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
aq Syed Eajaz UI Md Pc	Practitioner - Primary Care Provider (PCP)	~									
akrzewski Les A Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
onger Connie Jo	Practitioner - Primary Care Provider (PCP)										
rogan Michael M	Practitioner - Primary Care Provider (PCP)										
leveland Sarah Sheehan	Practitioner - Primary Care Provider (PCP)										
mith Alan Md	Practitioner - Primary Care Provider (PCP)										
ange Jean-Marcaisse Md	Practitioner - Primary Care Provider (PCP)										
odes Alfredo Maula Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Gough Michael	Practitioner - Primary Care Provider (PCP)										
i Young Lee	Practitioner - Primary Care Provider (PCP)	~									
lenna M Sheikh	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Brass Corstiaan Md	Practitioner - Primary Care Provider (PCP)										
Davis Judine C	Practitioner - Primary Care Provider (PCP)	~									
ggleston Gary E Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
chueler William C Do	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
uccala Scott Jeffrey Do	Practitioner - Primary Care Provider (PCP)										
elstead R	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Parling Scott Robert Md	Practitioner - Primary Care Provider (PCP)	~									
tobinson Martha Elizabeth	Practitioner - Primary Care Provider (PCP)										



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Rashed Abdulgwai Nasser	Practitioner - Primary Care Provider (PCP)											
Teeter Jennifer	Practitioner - Primary Care Provider (PCP)											
Raja Quratul Ain	Practitioner - Primary Care Provider (PCP)	~				~	~		~			
Chaudhuri Jayanta Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
Mucciarella Rosalba Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
Mc Cune Leroy Wilson Md	Practitioner - Primary Care Provider (PCP)											
Conley Danielle	Practitioner - Primary Care Provider (PCP)	~		~								
Kotarski Amy F Rpa	Practitioner - Primary Care Provider (PCP)											
Jessica Drexinger	Practitioner - Primary Care Provider (PCP)											
Gleason Kirstin	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~			
Robillard Kristen Schenk Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Weingarten Elizabeth Ann	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Sprague Lauralee M	Practitioner - Primary Care Provider (PCP)											
Alvarez Carmen Adriana Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
Chandan Komal Md	Practitioner - Primary Care Provider (PCP)											
Sirianni Samuel Rangatore Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
Speciale Leah D	Practitioner - Primary Care Provider (PCP)	~				~	~		~			
Dibben Eric	Practitioner - Primary Care Provider (PCP)											
Osman Magda Gamal Md	Practitioner - Primary Care Provider (PCP)											
Abbasi Israr A Md	Practitioner - Primary Care Provider (PCP)											
Hughes Thomas Francis	Practitioner - Primary Care Provider (PCP)	~					~		~			
Campbell Heidi Ann	Practitioner - Primary Care Provider (PCP)											
Schulman Robert J Md	Practitioner - Primary Care Provider (PCP)											
Varavenkataraman Raghupathy M	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Lohr James Wesley Md	Practitioner - Primary Care Provider (PCP)											
Panzarella James John Do	Practitioner - Primary Care Provider (PCP)	~					~		~			
Mcmahon Kevin C Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Bowman Lori Anne Md	Practitioner - Primary Care Provider (PCP)	~		~								
Smith Brian Gary Md	Practitioner - Primary Care Provider (PCP)											
Hellriegel John C Jr Md	Practitioner - Primary Care Provider (PCP)											
Wnuk William Joseph Md	Practitioner - Primary Care Provider (PCP)											



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Cline William B Md	Practitioner - Primary Care Provider (PCP)										
Torach A Sinia	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
erri Sarah Ann	Practitioner - Primary Care Provider (PCP)										
avis Elizabeth Md	Practitioner - Primary Care Provider (PCP)	~		~							
orehand Lisa	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
endonza Lisa Marie Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
hmad Imran	Practitioner - Primary Care Provider (PCP)										
ougard Katherine Elizabeth	Practitioner - Primary Care Provider (PCP)										
arcomb Alan James Md	Practitioner - Primary Care Provider (PCP)										
yger Elizabeth L Md	Practitioner - Primary Care Provider (PCP)										
anstee Breanna	Practitioner - Primary Care Provider (PCP)										
zik Darlene Ann Md	Practitioner - Primary Care Provider (PCP)	~		~							
obinson Donald W Md	Practitioner - Primary Care Provider (PCP)										
nawar Sarwat Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
/ysocki Gary C	Practitioner - Primary Care Provider (PCP)										
orman Allyn Michael Md	Practitioner - Primary Care Provider (PCP)						~		~		
pepple Hartwig O Md	Practitioner - Primary Care Provider (PCP)	~									
ain Rajiv K Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
oodman Gail R Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~				
ull Robert Leonard Jr Md	Practitioner - Primary Care Provider (PCP)										
/antuck Christine	Practitioner - Primary Care Provider (PCP)										
alip K Khurana, Md., Pllc	Practitioner - Primary Care Provider (PCP)										
asius Jonathan Paul Md	Practitioner - Primary Care Provider (PCP)										
erraro Frank A Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
hristopher Andrea	Practitioner - Primary Care Provider (PCP)										
alzer David Frank Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
aclean Craig K Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
sswald Joan M	Practitioner - Primary Care Provider (PCP)		~	~		~	~		~		
cgoldrick Dennis M	Practitioner - Primary Care Provider (PCP)										
awinski Bohdan Jerzy Md	Practitioner - Primary Care Provider (PCP)										
Idenburg Molli M	Practitioner - Primary Care Provider (PCP)										



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Fischbeck Susan Md	Practitioner - Primary Care Provider (PCP)	~		~								
Addesa Albert J Jr Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Farrell Megan O Md	Practitioner - Primary Care Provider (PCP)											
Varner Michelle G	Practitioner - Primary Care Provider (PCP)											
Bodkin John J Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
rickson Jennifer	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
auvageau Philip	Practitioner - Primary Care Provider (PCP)	~		~			~		~			i
Sheriff Fuad Habib Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~			
Printup Elizabeth Np	Practitioner - Primary Care Provider (PCP)											
Hatton Elizabeth R Md	Practitioner - Primary Care Provider (PCP)											
astola Cary	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Conti David R Md	Practitioner - Primary Care Provider (PCP)											i.
Pechert-Boss Betsey	Practitioner - Primary Care Provider (PCP)											
Calra Tejinder Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
Beach Amy Rebecca	Practitioner - Primary Care Provider (PCP)	~				~	~					
Vhalen Guy M Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Chouchani Gabriel E Md	Practitioner - Primary Care Provider (PCP)											
tone Steven Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~			
Vadhwa Arvind K Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~			
teinacher Richard S Do	Practitioner - Primary Care Provider (PCP)											
Christiano Lori Ann	Practitioner - Primary Care Provider (PCP)											
ndaya Maria R P Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
Cosgrove Edward Joseph Md	Practitioner - Primary Care Provider (PCP)											
Roche Bertrand P Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
rock Daniel Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
am Raghu	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
ajeswary Jyotsna	Practitioner - Primary Care Provider (PCP)											
askowski Stephen M Md	Practitioner - Primary Care Provider (PCP)											
anavan J William Md	Practitioner - Primary Care Provider (PCP)	~		~								
Piwko Frederick Joseph Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
Ghomi Ali Md	Practitioner - Primary Care Provider (PCP)											



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Ali Irshad Md	Practitioner - Primary Care Provider (PCP)	~				~		~			
Kasnicki Laurie Md	Practitioner - Primary Care Provider (PCP)	~									
rickson Lisa Ann	Practitioner - Primary Care Provider (PCP)	~			~	~					
oh Andrew Young Hoon Md	Practitioner - Primary Care Provider (PCP)	~									
adawski Robert John Md	Practitioner - Primary Care Provider (PCP)										
Iccarthy Kathleen M	Practitioner - Primary Care Provider (PCP)	~	~		~	~		~			
indzia Amanda Jean	Practitioner - Primary Care Provider (PCP)										
arr Jennifer Jo	Practitioner - Primary Care Provider (PCP)										
Curran Richard Russell	Practitioner - Primary Care Provider (PCP)										
zik John Alexander Md	Practitioner - Primary Care Provider (PCP)	~	~								
Gellman Wendy I	Practitioner - Primary Care Provider (PCP)	~	~								
Gutierrez Karen L	Practitioner - Primary Care Provider (PCP)										
akhraei Pirouz	Practitioner - Primary Care Provider (PCP)	~									
iberati Rachel	Practitioner - Primary Care Provider (PCP)	~	~		~	~		~			
ommireddipalli Srinivas S	Practitioner - Primary Care Provider (PCP)										
Iclean Erika Lynn	Practitioner - Primary Care Provider (PCP)										
hlers Sharon M	Practitioner - Primary Care Provider (PCP)	~			~	~		~			
awler Jack R Md	Practitioner - Primary Care Provider (PCP)	~									
antiano Jesus A T Md	Practitioner - Primary Care Provider (PCP)										
liller Linda Marie	Practitioner - Primary Care Provider (PCP)										
loffman Lisa B Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~		~			
hmed Mohamed	Practitioner - Primary Care Provider (PCP)										
ood Patrick Rpa	Practitioner - Primary Care Provider (PCP)										
elley Peter J	Practitioner - Primary Care Provider (PCP)										
oleini Jahangir Md	Practitioner - Primary Care Provider (PCP)	~	~			~		~			
lccrea Harry Eugene lii	Practitioner - Primary Care Provider (PCP)										
each-Minazzi Danielle Margaret	Practitioner - Primary Care Provider (PCP)	~	~		~	~		~			
usatier Michael Frank Md	Practitioner - Primary Care Provider (PCP)										
aparaso Darren M Md	Practitioner - Primary Care Provider (PCP)	~	~		~	~		~			
inamore Deborah Pope	Practitioner - Primary Care Provider (PCP)										
Husted Tracie M	Practitioner - Primary Care Provider (PCP)										



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Sickels Eric Md	Practitioner - Primary Care Provider (PCP)	~									
Palumbo Vito	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Hendricks Orville Ingo Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
eilabadi Shahriyar A Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
hayer Tammy M	Practitioner - Primary Care Provider (PCP)										
(ijowski Christophe	Practitioner - Primary Care Provider (PCP)										
issa Frances Capuson	Practitioner - Primary Care Provider (PCP)										
Pothini Gouri Bhawan	Practitioner - Primary Care Provider (PCP)										
ennifer Kathleen Guarino	Practitioner - Primary Care Provider (PCP)										
Erick Lynda M	Practitioner - Primary Care Provider (PCP)										
Bezbatchenko Mark Md	Practitioner - Primary Care Provider (PCP)	~		~							
Stephenson Grant W	Practitioner - Primary Care Provider (PCP)	~					~		~		
erke Robert Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Scrivani Stephen P Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
Ogorchock Jessica E	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Pequeen Theresa	Practitioner - Primary Care Provider (PCP)										
alma Alessandra Mulle Md	Practitioner - Primary Care Provider (PCP)	~									
Schreck Frank Thomas Md	Practitioner - Primary Care Provider (PCP)	~									
u Cheng Shung Pc Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
all Shashi Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
Evans Stephen J Md	Practitioner - Primary Care Provider (PCP)										
Dhanoa Pardeep Paul Md	Practitioner - Primary Care Provider (PCP)										
loare Krista Michelle	Practitioner - Primary Care Provider (PCP)										
laughton Bruce J Md	Practitioner - Primary Care Provider (PCP)	~									
Carlson Richard A Jr Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
Ilis Nitza F Md	Practitioner - Primary Care Provider (PCP)	~		~							
incher-Mergi Melissa	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
Cook Sarah A Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~				
Campana Paul William	Practitioner - Primary Care Provider (PCP)										
ussing Gordon Paul Jr Md	Practitioner - Primary Care Provider (PCP)										
Reinhart Stephen G Rpa	Practitioner - Primary Care Provider (PCP)										



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lam Hyder Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
connor Gale Lauren Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
lackowiak Susan	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
oack Annaliese Erika	Practitioner - Primary Care Provider (PCP)										
ccue Patrick Ryan	Practitioner - Primary Care Provider (PCP)										
o Blesilda Sarminento Md	Practitioner - Primary Care Provider (PCP)										
strowski Philip Martin	Practitioner - Primary Care Provider (PCP)										
alakada Nirisha	Practitioner - Primary Care Provider (PCP)										
asek Lana Marie Np	Practitioner - Primary Care Provider (PCP)										
rtim Thomas S Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
uellette Evelyn	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
ukoda Kari	Practitioner - Primary Care Provider (PCP)										
ewer Thomas J Md	Practitioner - Primary Care Provider (PCP)										
rtuoso Cristina Ellia	Practitioner - Primary Care Provider (PCP)										
estler Peggy Sue	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
nuja Sanjeev K Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
araga Richard	Practitioner - Primary Care Provider (PCP)										
icht Rebecca M	Practitioner - Primary Care Provider (PCP)										
ıthra Ranjana Md	Practitioner - Primary Care Provider (PCP)										
ınker Jennifer L Md	Practitioner - Primary Care Provider (PCP)										
aisal Shah	Practitioner - Primary Care Provider (PCP)										
asselman Courtney Lynn	Practitioner - Primary Care Provider (PCP)										
enon Zubin	Practitioner - Primary Care Provider (PCP)										
utowski Jerome Michael	Practitioner - Primary Care Provider (PCP)										
romwell Nicholas L Md	Practitioner - Primary Care Provider (PCP)			_							
ane Michael Paul Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
isnoski Jennifer X	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
ardone Linda Ann Md	Practitioner - Primary Care Provider (PCP)	~		~							
artman David A Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
atowski Jerome J li	Practitioner - Primary Care Provider (PCP)										
aphael Sami Abdel Sayed Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Jacqueline S Partridge	Practitioner - Primary Care Provider (PCP)										
Scarpelli Francesco	Practitioner - Primary Care Provider (PCP)										
Gupta Alok Deep Md	Practitioner - Primary Care Provider (PCP)										
Pendyala Prashant Md	Practitioner - Primary Care Provider (PCP)										
Mazepa Erzsebet Aniko	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Menchini John P Md	Practitioner - Primary Care Provider (PCP)	~									
Brown Christina Marie Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
Deluca Nicole	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Voloszyn Tomasz	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
Shehata Nady Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Oneil David C Md Phd	Practitioner - Primary Care Provider (PCP)	~					~		~		
Valker Elena Koutsoumpas	Practitioner - Primary Care Provider (PCP)										
arnot Angela Marie	Practitioner - Primary Care Provider (PCP)										
stephen James	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
lamburg Pediatrics Pc	Practitioner - Primary Care Provider (PCP)	~									
Cashin Jeffrey D Md	Practitioner - Primary Care Provider (PCP)										
leidelberger Edwin Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
astible Deirdre Mary Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Icdonell Mary Jo Md	Practitioner - Primary Care Provider (PCP)										
ockhahn Jamie Lynne	Practitioner - Primary Care Provider (PCP)										
drian Peter G Md	Practitioner - Primary Care Provider (PCP)										
Eleary Kevin G Md	Practitioner - Primary Care Provider (PCP)										
romberg Margaret Ann	Practitioner - Primary Care Provider (PCP)										
aul Tej N Md	Practitioner - Primary Care Provider (PCP)										
ufkin Laura Elizabeth	Practitioner - Primary Care Provider (PCP)										
lurphy Nancy Anne	Practitioner - Primary Care Provider (PCP)										
ranigan Thomas Md	Practitioner - Primary Care Provider (PCP)										
admanabha Bhavansa Md	Practitioner - Primary Care Provider (PCP)	~									
o Geemson	Practitioner - Primary Care Provider (PCP)	~					~		~		
hau Teresa Md	Practitioner - Primary Care Provider (PCP)	~									
Hansen Robbin H Md	Practitioner - Primary Care Provider (PCP)	~		~							



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Wier Stacie L	Practitioner - Primary Care Provider (PCP)										
Pliss Lioudmila	Practitioner - Primary Care Provider (PCP)										
Johnson Andrea Marie Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Ostolski Michael John	Practitioner - Primary Care Provider (PCP)										
Selioutski Alexander	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Adamson Jennifer	Practitioner - Primary Care Provider (PCP)	~		~							
Riedesel Jeremy Martin	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
Murak Stephen Adam	Practitioner - Primary Care Provider (PCP)	~					~		~		
Hatem Christine Diane	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Hashmi Yahya Jawaid Md	Practitioner - Primary Care Provider (PCP)										
Campion James Patterson Md	Practitioner - Primary Care Provider (PCP)										
amancuso John Michael Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
Murphy Helen C	Practitioner - Primary Care Provider (PCP)										
Quebral Agnes	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Chubineh Saman B	Practitioner - Primary Care Provider (PCP)										
Лаzgaj Mary U	Practitioner - Primary Care Provider (PCP)										
Snyder Angelika	Practitioner - Primary Care Provider (PCP)										
Susan Gayle Mclanahan	Practitioner - Primary Care Provider (PCP)										
eone John A Do	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Deahn Dale L Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Reilly Eileen Bridget Md	Practitioner - Primary Care Provider (PCP)	~									
Shea Patricia M	Practitioner - Primary Care Provider (PCP)										
Diaz Maria Isabel	Practitioner - Primary Care Provider (PCP)	~				~	~				
Mamnoon Sameer Shamoon Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
Silverstein David Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
Kowalski David	Practitioner - Primary Care Provider (PCP)										
Narotta Kelly Np	Practitioner - Primary Care Provider (PCP)										
Ahmad Anees Md	Practitioner - Primary Care Provider (PCP)										
Mc Gravey Vincent Joseph Md	Practitioner - Primary Care Provider (PCP)	~		~							
Orszulak Todd Matthew Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
Chouchani Christian P	Practitioner - Primary Care Provider (PCP)										



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/ard John P Do	Practitioner - Primary Care Provider (PCP)	~		~		~	*		~		
heikh Tariq Aziz Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
teinwachs Theodore M Rpa	Practitioner - Primary Care Provider (PCP)										
atier Jennifer Michalik	Practitioner - Primary Care Provider (PCP)	*		~		~	~		~		
oneberg Anna Maria	Practitioner - Primary Care Provider (PCP)										
enderson Jennifer Gayle	Practitioner - Primary Care Provider (PCP)										
racuse Kristen Marie	Practitioner - Primary Care Provider (PCP)										
urante David Dr.	Practitioner - Primary Care Provider (PCP)	~									
erez Brenda L Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
isher Andrea L Rpa	Practitioner - Primary Care Provider (PCP)										
ampasso James G Md	Practitioner - Primary Care Provider (PCP)										
ssitschenko Rebecca A Fpn	Practitioner - Primary Care Provider (PCP)										
anton Melissa Mary Rpa	Practitioner - Primary Care Provider (PCP)										
uwik Lauren Marie	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
own-Croyts Laurie	Practitioner - Primary Care Provider (PCP)	~		~			~		~		
unasingham Vyanthanat	Practitioner - Primary Care Provider (PCP)	~					~		~		
oller Jennifer Lynn Md	Practitioner - Primary Care Provider (PCP)	~									
atala-Sullivan Maria E Do	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
all John David Md	Practitioner - Primary Care Provider (PCP)	~					~		~		
nan Tariq Mahmood	Practitioner - Primary Care Provider (PCP)	~				~	~				
aw Patrick A Md	Practitioner - Primary Care Provider (PCP)										
erguson Shawn P Md	Practitioner - Primary Care Provider (PCP)	~									
itchell Michael Dana Md	Practitioner - Primary Care Provider (PCP)										
ogan Harriette F	Practitioner - Primary Care Provider (PCP)	~		~							
ahman Qamrunnisa Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~		
ndstrom Trisha M Np	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
olubski Julie Ann	Practitioner - Primary Care Provider (PCP)										
andukurti Kiran	Practitioner - Primary Care Provider (PCP)										
hnson Allison Leigh	Practitioner - Primary Care Provider (PCP)	~				~	~		~		
eters Nancy J Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~		
iccione Joseph A	Practitioner - Primary Care Provider (PCP)										



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Cacho Cele Sarai	Practitioner - Primary Care Provider (PCP)											
Sinatra Lawrence Thomas Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
Welliver Josephine R	Practitioner - Primary Care Provider (PCP)	~										
Hurley Patrick Thomas Md	Practitioner - Primary Care Provider (PCP)											
Gorman Timothy Alan Md	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~			
Roth Carl Do	Practitioner - Primary Care Provider (PCP)	~				~	~		~			
Neber Ryan	Practitioner - Primary Care Provider (PCP)	~										
Tyler Chad P Do	Practitioner - Primary Care Provider (PCP)	~				~						
Powers Catherine Elaine	Practitioner - Primary Care Provider (PCP)	~	~	~		~	~		~			
Conway James T Md	Practitioner - Primary Care Provider (PCP)											
Stephan William H Md	Practitioner - Primary Care Provider (PCP)	~		~			~		~			
Franze Donalyn	Practitioner - Primary Care Provider (PCP)	~				*	~		~			
Ehrig Debra Lynn Md	Practitioner - Primary Care Provider (PCP)	~		~								
Jordan Michael	Practitioner - Primary Care Provider (PCP)											
Burke Amy J	Practitioner - Primary Care Provider (PCP)	~					~		~			
Taylor Ryann Illig	Practitioner - Primary Care Provider (PCP)											
D'Angelo Alexandra Christine	Practitioner - Primary Care Provider (PCP)											
Olson Joanna Linn	Practitioner - Primary Care Provider (PCP)											
Coles Laila	Practitioner - Primary Care Provider (PCP)											
Gunther David E Md	Practitioner - Primary Care Provider (PCP)	~		~		*	~		~			
nce-Mercer Leia K Md	Practitioner - Primary Care Provider (PCP)											
Mincarelli Barbara Ann Md	Practitioner - Primary Care Provider (PCP)	~				*	~		~			
Pervez Yasmin Md	Practitioner - Primary Care Provider (PCP)	~					~		~			
Sherban Ross	Practitioner - Primary Care Provider (PCP)											
eszak Paula White	Practitioner - Primary Care Provider (PCP)											
Bojedla Vijay K	Practitioner - Primary Care Provider (PCP)	~					~		~			
Kita Joseph Thomas Md	Practitioner - Primary Care Provider (PCP)	~										
/etrano Anthony T Md	Practitioner - Primary Care Provider (PCP)	~										
Smith Matthew E Md	Practitioner - Primary Care Provider (PCP)											
Whitmore Metivia-Anne	Practitioner - Primary Care Provider (PCP)											
Streicher Jamie Flavia	Practitioner - Primary Care Provider (PCP)	✓				~	~		~			



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Rush Nathan Mr.	Practitioner - Primary Care Provider (PCP)											
Puvendran Samuel N	Practitioner - Primary Care Provider (PCP)											
Becker Steven B Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Kavcic John M Md	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Brach John Md	Practitioner - Primary Care Provider (PCP)											
Maddi Joseph L Md	Practitioner - Primary Care Provider (PCP)	~										
Bartholomew Anthony O Md	Practitioner - Primary Care Provider (PCP)	~				~	~		~			
Jeyapalan Soosaipillai G Mdpc	Practitioner - Primary Care Provider (PCP)	~		~			~		~			
Calabrese Michael D Md Pc	Practitioner - Primary Care Provider (PCP)											
Fininzio Cara	Practitioner - Primary Care Provider (PCP)	~		~		~	~		~			
Smerka Kenneth S Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Cotter Daniel Maurice Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Armstrong Robert	Practitioner - Non-Primary Care Provider (PCP)											
Thota Sharmilee	Practitioner - Non-Primary Care Provider (PCP)	~										
Yacob Gabriel E	Practitioner - Non-Primary Care Provider (PCP)											
Clark Lindsey Dolan	Practitioner - Non-Primary Care Provider (PCP)	~										
Barnes Angela	Practitioner - Non-Primary Care Provider (PCP)											
Heather Larson Pa	Practitioner - Non-Primary Care Provider (PCP)	~										
Osgood Nancy I	Practitioner - Non-Primary Care Provider (PCP)	~										
Stonemetz Diane	Practitioner - Non-Primary Care Provider (PCP)	~										
Nolan Mary L	Practitioner - Non-Primary Care Provider (PCP)											
Stoffman Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~		~			~					
Boersma Ronald Bartlett Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Repicci John A Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Murphy Melissa Kay	Practitioner - Non-Primary Care Provider (PCP)											
Slate Donald Michael li Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Zhou Young	Practitioner - Non-Primary Care Provider (PCP)	~										
Weissman Mark A Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Anain Paul Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Castiglia Gregory J Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Namassivaya Nalini J Md	Practitioner - Non-Primary Care Provider (PCP)	~										



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Gorski-Suhr Cheri A	Practitioner - Non-Primary Care Provider (PCP)	~									
Martinez Liana	Practitioner - Non-Primary Care Provider (PCP)										
fario Gentile	Practitioner - Non-Primary Care Provider (PCP)										
dornetto Gregory J Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
heng Yijun Md	Practitioner - Non-Primary Care Provider (PCP)										
lassenfratz Thomas A Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
lejna Temperance Ms.	Practitioner - Non-Primary Care Provider (PCP)										
hadha Sunita Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Vydysh Carrie Ann	Practitioner - Non-Primary Care Provider (PCP)	~									
chiarmonte Lori Ms.	Practitioner - Non-Primary Care Provider (PCP)										
rabau Sydney	Practitioner - Non-Primary Care Provider (PCP)										
ayegh Magdi E Md	Practitioner - Non-Primary Care Provider (PCP)	~									
oggiola Peter A	Practitioner - Non-Primary Care Provider (PCP)	~									
itwin Alan Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
odtenhagen Rachel E	Practitioner - Non-Primary Care Provider (PCP)										
Vinnicki Michael S Md	Practitioner - Non-Primary Care Provider (PCP)										
hrzanowski Stephen Gerard	Practitioner - Non-Primary Care Provider (PCP)	~									
omondon Fernando B Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~									
im Chee Hoon Md	Practitioner - Non-Primary Care Provider (PCP)										
hillon Samjot Singh Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
runo Jr August Andrew Md	Practitioner - Non-Primary Care Provider (PCP)										
ntalek Matthew Md	Practitioner - Non-Primary Care Provider (PCP)	~									
atchidanand Sateesh Md	Practitioner - Non-Primary Care Provider (PCP)	~									
aab Thomas Albert Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ileason Bonnie	Practitioner - Non-Primary Care Provider (PCP)	~					~				
aczmarek Jill M	Practitioner - Non-Primary Care Provider (PCP)										
asca Joseph Michael Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
iddiqui Jafar	Practitioner - Non-Primary Care Provider (PCP)	~									
lanzly Michael Ignatius	Practitioner - Non-Primary Care Provider (PCP)	~					~				
reanne Finucane Pa	Practitioner - Non-Primary Care Provider (PCP)	~									
ond Ausra	Practitioner - Non-Primary Care Provider (PCP)										



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Bevilacqua Jilliann	Practitioner - Non-Primary Care Provider (PCP)	~										1
Lent, Lynn, R.N.	Practitioner - Non-Primary Care Provider (PCP)											1
Glose Heather Julia	Practitioner - Non-Primary Care Provider (PCP)											1
Downie Arthur	Practitioner - Non-Primary Care Provider (PCP)											1
Bailey Robert	Practitioner - Non-Primary Care Provider (PCP)											1
Lacayo Allen Dorcas Isidora	Practitioner - Non-Primary Care Provider (PCP)											1
Virk Amarjit S Md	Practitioner - Non-Primary Care Provider (PCP)											1
Pohlman Amy R Rpa	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~			1
Henry Ashraf Fekry Md	Practitioner - Non-Primary Care Provider (PCP)	~										1
Perez Brache Jose G Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Khan Mohammad Asghar Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Marino Michael B Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Pryor Lavoris Lpn	Practitioner - Non-Primary Care Provider (PCP)											
Millard Kathryn	Practitioner - Non-Primary Care Provider (PCP)											1
Frederick L Morey Do	Practitioner - Non-Primary Care Provider (PCP)											
Hill Brian Matthew	Practitioner - Non-Primary Care Provider (PCP)	~										
Bartz Amanda	Practitioner - Non-Primary Care Provider (PCP)											
Norris, Katrina	Practitioner - Non-Primary Care Provider (PCP)	~				~						
Williams Christine M	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
Mangione Michael	Practitioner - Non-Primary Care Provider (PCP)											
Dusel Alix	Practitioner - Non-Primary Care Provider (PCP)											
Snyder Teresa Marie	Practitioner - Non-Primary Care Provider (PCP)											
Bush Deborah L	Practitioner - Non-Primary Care Provider (PCP)											1
Orlando Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Sawyer-Winkfield Denise Mrs.	Practitioner - Non-Primary Care Provider (PCP)											1
Oconnor Tracey	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			1
Kuettel Michael	Practitioner - Non-Primary Care Provider (PCP)	~					~					 I
Siskin Sharon H Cnm	Practitioner - Non-Primary Care Provider (PCP)	~										 I
Ocampos Deolindo Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Cloud Marsilia Seiwell	Practitioner - Non-Primary Care Provider (PCP)	~										
Zielinski Robert M Md	Practitioner - Non-Primary Care Provider (PCP)											



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Brown Lloyd W Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Snell-Garus Karen Angela Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Hocko Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Khalil Moneer Md	Practitioner - Non-Primary Care Provider (PCP)										
Kowalski Joseph Martin	Practitioner - Non-Primary Care Provider (PCP)	~									
hmad Shkeel Md	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
eddy John J Md	Practitioner - Non-Primary Care Provider (PCP)	~									
argo Edward Richard Jr Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
iorica Norman Onofrio Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Alica Stuart Pa	Practitioner - Non-Primary Care Provider (PCP)	~									
risket Kathy Lynn	Practitioner - Non-Primary Care Provider (PCP)										
Sohal Kunwardeep	Practitioner - Non-Primary Care Provider (PCP)	~									
Gibbons Doxey Myrla Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Deveso Jenna	Practitioner - Non-Primary Care Provider (PCP)										
Amborski Erin	Practitioner - Non-Primary Care Provider (PCP)	~									
Daniel Nichols Pa	Practitioner - Non-Primary Care Provider (PCP)	~									
Borowczyk Aaron	Practitioner - Non-Primary Care Provider (PCP)										
Brown Candyce	Practitioner - Non-Primary Care Provider (PCP)										
ane John Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
ele Shashikant B Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Daniels Debra B	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
Bell Thomson John Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Mastrandrea Jerome	Practitioner - Non-Primary Care Provider (PCP)										
Swenson Shirley J	Practitioner - Non-Primary Care Provider (PCP)										
affri Syed S U Pc Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Stube Keith Charles Md	Practitioner - Non-Primary Care Provider (PCP)										
liles Charles Ross Md	Practitioner - Non-Primary Care Provider (PCP)										
Vang Gary Md	Practitioner - Non-Primary Care Provider (PCP)	~									
omljanovich Paul I Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
lynn John	Practitioner - Non-Primary Care Provider (PCP)										
Manzoor Shaikh A Md	Practitioner - Non-Primary Care Provider (PCP)	~									



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Wall Robbie Daniel	Practitioner - Non-Primary Care Provider (PCP)	~									
Capote Horacio A Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Bagnarello Carola E Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Cohen Gary N Md	Practitioner - Non-Primary Care Provider (PCP)										
Ajay Narhari Panchal	Practitioner - Non-Primary Care Provider (PCP)	~									
Cohan David M Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Cervi Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)										
Gorski Megan	Practitioner - Non-Primary Care Provider (PCP)										
Powers Laura	Practitioner - Non-Primary Care Provider (PCP)										
Mckenzie Kristin Diane	Practitioner - Non-Primary Care Provider (PCP)										
Bastian Erica	Practitioner - Non-Primary Care Provider (PCP)										
Dierolf Kristi	Practitioner - Non-Primary Care Provider (PCP)										
Love Elizabeth M Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Sleeper Deborah Ann	Practitioner - Non-Primary Care Provider (PCP)	~			~	~		~			
Summers Thomas A Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Schapiro Ann E Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Haque Shehla Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Khozina Malvina Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Matteson Kristin Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Margulis Peter John	Practitioner - Non-Primary Care Provider (PCP)										
Dziedzic Kelly Anne	Practitioner - Non-Primary Care Provider (PCP)	~									
Mastroianni Travis A Do	Practitioner - Non-Primary Care Provider (PCP)	~									
Smyers Kristen L	Practitioner - Non-Primary Care Provider (PCP)	~									
Saby George	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Mandrino Lindsay Marie	Practitioner - Non-Primary Care Provider (PCP)										
Bawab Reema Wael	Practitioner - Non-Primary Care Provider (PCP)										
Walck Justin	Practitioner - Non-Primary Care Provider (PCP)										
Baughman Caitlin Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Mecca Deborah P	Practitioner - Non-Primary Care Provider (PCP)										
Biddle Paul	Practitioner - Non-Primary Care Provider (PCP)	~									
Newman Jay L Md	Practitioner - Non-Primary Care Provider (PCP)	~									



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Popat Saurin Rajnikant Md	Practitioner - Non-Primary Care Provider (PCP)	~							~			
Wittliff Jill Suzanne	Practitioner - Non-Primary Care Provider (PCP)	~					~					
_arkin Karen P	Practitioner - Non-Primary Care Provider (PCP)	~					~					
lajkowski Mark R Md	Practitioner - Non-Primary Care Provider (PCP)	~										
labib Fadi	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Pokharel Saraswati	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Parai Rajarshi	Practitioner - Non-Primary Care Provider (PCP)											
Vittenbrook Kelly Ann	Practitioner - Non-Primary Care Provider (PCP)											
Rothman Alyssa	Practitioner - Non-Primary Care Provider (PCP)											
Owens Marie	Practitioner - Non-Primary Care Provider (PCP)											
Bantle Anne Marie V	Practitioner - Non-Primary Care Provider (PCP)											
filette Erin	Practitioner - Non-Primary Care Provider (PCP)											
Shosh Subrato Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Cahn Lynn	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Platt Bruce L Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Conley James George Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Ouff Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~										
rost Jeffrey B Md	Practitioner - Non-Primary Care Provider (PCP)	~										
ineberg Marc Steven Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Daye Lisa Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Abdel-Nabi Hani H Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Vetzler Meir Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
isher David M	Practitioner - Non-Primary Care Provider (PCP)	~										
Oomagala Lisa M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~										
igot Jesus Salvador Jr A	Practitioner - Non-Primary Care Provider (PCP)											
utwiler Tara Lynn	Practitioner - Non-Primary Care Provider (PCP)	~										
Clark Elwyn C Md	Practitioner - Non-Primary Care Provider (PCP)											
lorotchie Cristi Morgan	Practitioner - Non-Primary Care Provider (PCP)											
Magotra Minoti	Practitioner - Non-Primary Care Provider (PCP)											
Vojcik Brian Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Martin William Matthew	Practitioner - Non-Primary Care Provider (PCP)	~					~					



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
torms Colleen Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
amon Kathleen	Practitioner - Non-Primary Care Provider (PCP)										
age Katherine A	Practitioner - Non-Primary Care Provider (PCP)										
anko Wesley Carol	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
andt Katie	Practitioner - Non-Primary Care Provider (PCP)										
aylor Janelle	Practitioner - Non-Primary Care Provider (PCP)										
alsetti Domonic Frank Md Pc	Practitioner - Non-Primary Care Provider (PCP)										
ienhaus Mary K	Practitioner - Non-Primary Care Provider (PCP)										
ance William George Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
umella James C Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ladimir Sabayev Pulmonary Pc	Practitioner - Non-Primary Care Provider (PCP)										
ampanella Constance M Np	Practitioner - Non-Primary Care Provider (PCP)	~									
olante Jude S Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
erce Natalie Nicole Pa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
ani Abha Md	Practitioner - Non-Primary Care Provider (PCP)										
itter Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	~									
risanti Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~									
wartz Aimee Jean	Practitioner - Non-Primary Care Provider (PCP)	~									
achowiak Lindsay	Practitioner - Non-Primary Care Provider (PCP)										
yskin Evgeny Arkadyevich	Practitioner - Non-Primary Care Provider (PCP)										
oung Susan A	Practitioner - Non-Primary Care Provider (PCP)										
chulte Mark	Practitioner - Non-Primary Care Provider (PCP)	~									
erro Frank	Practitioner - Non-Primary Care Provider (PCP)										
hatia Ashish Md	Practitioner - Non-Primary Care Provider (PCP)										
an Song Yi	Practitioner - Non-Primary Care Provider (PCP)	~									
Incewicz Edmund Andrew	Practitioner - Non-Primary Care Provider (PCP)	~									
ykes Kristina Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
illiams Philip	Practitioner - Non-Primary Care Provider (PCP)	~					~				
ıng Jiyeon	Practitioner - Non-Primary Care Provider (PCP)										
alderman Sophia Rebecca	Practitioner - Non-Primary Care Provider (PCP)	~					~				
cgowan Emily Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Movva Ashok Babu	Practitioner - Non-Primary Care Provider (PCP)										
/aillancourt Mary Jill	Practitioner - Non-Primary Care Provider (PCP)										
Bolnick Jay	Practitioner - Non-Primary Care Provider (PCP)										
Ridge Laura	Practitioner - Non-Primary Care Provider (PCP)										
ugitt Robert G Md	Practitioner - Non-Primary Care Provider (PCP)										
Cardiovascular & Thoracic Surg Wny	Practitioner - Non-Primary Care Provider (PCP)	~									
Brown Timothy Chauncey Md	Practitioner - Non-Primary Care Provider (PCP)	~				~	~				
Errick Janice	Practitioner - Non-Primary Care Provider (PCP)	~									
Sheron Molly	Practitioner - Non-Primary Care Provider (PCP)	~									
/argo Kelly L Cnm	Practitioner - Non-Primary Care Provider (PCP)										
Hajduczok Zina D Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~									
Noxham Suzanne	Practitioner - Non-Primary Care Provider (PCP)										
orenc Todd	Practitioner - Non-Primary Care Provider (PCP)	~									
lorbert Sule	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Kerl Michele Lynn	Practitioner - Non-Primary Care Provider (PCP)										
Burgess Michele Lynn	Practitioner - Non-Primary Care Provider (PCP)	~					~				
ngerson Katie Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
Gould Margaret A	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Ooucette Patricia M	Practitioner - Non-Primary Care Provider (PCP)	~					~				
ries Lynne Rpa	Practitioner - Non-Primary Care Provider (PCP)										
kacik James E Rpa	Practitioner - Non-Primary Care Provider (PCP)										
flathur Nitul Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
Smalling David B Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Peterson Jacquelyn R Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
Cing Pamela Helen	Practitioner - Non-Primary Care Provider (PCP)										
Bruno Maria Delores	Practitioner - Non-Primary Care Provider (PCP)										
Groth Gregory D	Practitioner - Non-Primary Care Provider (PCP)	~									
Villiams Joanne E Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
Clutterbuck Elaine L	Practitioner - Non-Primary Care Provider (PCP)	~									
Allen Nancy Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~						~			
Crosby Mabel Theresa	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
lennon Mark William	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Zulkharnain	Practitioner - Non-Primary Care Provider (PCP)	~									
Fiutiunnyk Kathryn Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
Singh Tajinder Pal	Practitioner - Non-Primary Care Provider (PCP)	~									
Schwarz Colleen Michelle	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
Noore Lydia Ardan	Practitioner - Non-Primary Care Provider (PCP)										
ammaro Alicia Joy	Practitioner - Non-Primary Care Provider (PCP)	~					~				
lay Brian J	Practitioner - Non-Primary Care Provider (PCP)										
Ricottone Anthony R Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Caprove Robert E Md	Practitioner - Non-Primary Care Provider (PCP)	~									
auria Philip G Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Seorge Patrick Leo Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
atricia Hoffarth Np	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~		
oven Pedro Galang Md	Practitioner - Non-Primary Care Provider (PCP)										
Miller Justin	Practitioner - Non-Primary Care Provider (PCP)	~									
lobbs Randy L Do	Practitioner - Non-Primary Care Provider (PCP)	~									
owalski Robert John Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Ilementowski Marc Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ivarunas Anthony R Do	Practitioner - Non-Primary Care Provider (PCP)	~									
lasud A R Zaki Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Gunderia Dhruvkumar	Practitioner - Non-Primary Care Provider (PCP)										
Blynn Paige	Practitioner - Non-Primary Care Provider (PCP)										
Vheeler Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)										
Mattson David Michael Kawananakoa	Practitioner - Non-Primary Care Provider (PCP)	~					~				
athak Yashash	Practitioner - Non-Primary Care Provider (PCP)	~									
Berman Kevin	Practitioner - Non-Primary Care Provider (PCP)	~									
chneider Jaclyn M	Practitioner - Non-Primary Care Provider (PCP)	~					~				
oung Ashley D	Practitioner - Non-Primary Care Provider (PCP)										
edmond John F	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Gallagher Sarah Quinlivan	Practitioner - Non-Primary Care Provider (PCP)										
Lenahan Mary Louise Md	Practitioner - Non-Primary Care Provider (PCP)	~									



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
laar Jean George Pc Md	Practitioner - Non-Primary Care Provider (PCP)	~							~			
Haar Michael Samuel Md	Practitioner - Non-Primary Care Provider (PCP)								~			
Genewick Tiffany B Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Dean David Campbell Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Chase Wendy K	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~			
(iekbusch Marion Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
ain Harsh B	Practitioner - Non-Primary Care Provider (PCP)											
Patel Malti Jairam Md	Practitioner - Non-Primary Care Provider (PCP)	~										
ohman Robert F Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
ana Rosann L Md	Practitioner - Non-Primary Care Provider (PCP)	~										
assavin Daniel S	Practitioner - Non-Primary Care Provider (PCP)	~										
gboeli Ifeoma Jacqueline	Practitioner - Non-Primary Care Provider (PCP)											
oldsmith Jenna L Np	Practitioner - Non-Primary Care Provider (PCP)											
ukar Moshim	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Danielle Renee Catanese	Practitioner - Non-Primary Care Provider (PCP)											
abiano Andrew Joseph	Practitioner - Non-Primary Care Provider (PCP)						~					
attaglia Emily Christine	Practitioner - Non-Primary Care Provider (PCP)											
oehnlein Stephanie	Practitioner - Non-Primary Care Provider (PCP)	~										
urner Carl	Practitioner - Non-Primary Care Provider (PCP)											
lingo Chianti Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Ickay Jodi Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Blaird-Wagner Donna	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Sazdak Gina Marie	Practitioner - Non-Primary Care Provider (PCP)											
Volf David Mark Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Vierzbowski Corry L	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~			
rzola Linda	Practitioner - Non-Primary Care Provider (PCP)											
o George Lam Md	Practitioner - Non-Primary Care Provider (PCP)	~				~	~					
emashko Denise Carol Md	Practitioner - Non-Primary Care Provider (PCP)											
entresca Edward Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Zhang Lixin Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Shiley Kevin	Practitioner - Non-Primary Care Provider (PCP)	~										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Dyasiji Tolutope Olusiji	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Baysal Bora	Practitioner - Non-Primary Care Provider (PCP)	~					~				
acobucci Erica	Practitioner - Non-Primary Care Provider (PCP)										
oung Jessica Suk-Wah	Practitioner - Non-Primary Care Provider (PCP)	~					~				
lwogu Chukwumere	Practitioner - Non-Primary Care Provider (PCP)	~					~				
padinger Margaret Mary	Practitioner - Non-Primary Care Provider (PCP)	~					~				
homas Kathleen M	Practitioner - Non-Primary Care Provider (PCP)										
Chatrath Alka Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Glover Robert Franklin Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Hurley John P Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
Pechenik Boris Md	Practitioner - Non-Primary Care Provider (PCP)	<u> </u>					~				
Mazurczak Matthew J Rpa	Practitioner - Non-Primary Care Provider (PCP)	<u> </u>									
eib Beverly A	Practitioner - Non-Primary Care Provider (PCP)										
utowski, Julia	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Cicchetti Michael Scott	Practitioner - Non-Primary Care Provider (PCP)	~									
endlak Elizabeth M	Practitioner - Non-Primary Care Provider (PCP)										
ason Hooper Pa	Practitioner - Non-Primary Care Provider (PCP)	~									
rady Mary Patricia	Practitioner - Non-Primary Care Provider (PCP)	~					~				
truebel Tara Marie	Practitioner - Non-Primary Care Provider (PCP)										
ugan Kelsey Ann	Practitioner - Non-Primary Care Provider (PCP)										
yon Bryn Ms.	Practitioner - Non-Primary Care Provider (PCP)										
oberts Michelle	Practitioner - Non-Primary Care Provider (PCP)										
lunkett Robert J Jr Md	Practitioner - Non-Primary Care Provider (PCP)										
omasello Peter Anthony Jr	Practitioner - Non-Primary Care Provider (PCP)										
arlog Kevin J Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ema Mark J Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
ucas Stefan Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
odgers Bruce D Md	Practitioner - Non-Primary Care Provider (PCP)	~									
rdino Mary-Louise	Practitioner - Non-Primary Care Provider (PCP)										
/illiams Emily Fleming Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Dawli Naim A Md	Practitioner - Non-Primary Care Provider (PCP)	~									



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Verrastro Andrea Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
Scarozza Jennifer R	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
Geist Tanya S	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~		
alkner Catherine Marie Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Szafranski Julia Rpa	Practitioner - Non-Primary Care Provider (PCP)										
ain Andrew Joseph	Practitioner - Non-Primary Care Provider (PCP)	~					~				
ennett Megan Ms.	Practitioner - Non-Primary Care Provider (PCP)										
chweickhard Jillian Nicole	Practitioner - Non-Primary Care Provider (PCP)	~							~		
lixon Jessica Megan	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Viza Erin	Practitioner - Non-Primary Care Provider (PCP)										
licole Maul Pa	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~		
Iorris Rachael	Practitioner - Non-Primary Care Provider (PCP)										
elley Sara	Practitioner - Non-Primary Care Provider (PCP)										
olanis, Georgina	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
falzgraf Laura Ann	Practitioner - Non-Primary Care Provider (PCP)										
oftus Caitlin Marie	Practitioner - Non-Primary Care Provider (PCP)										
ovaleva Maria	Practitioner - Non-Primary Care Provider (PCP)										
tilb Valerie A Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~				
aplan Richard D Md	Practitioner - Non-Primary Care Provider (PCP)	~									
eu Jeffrey R Md	Practitioner - Non-Primary Care Provider (PCP)	~									
hitester Chad T	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
heney Richard T Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
oberts Anna Maria Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Grabiec Steven Vincent Md	Practitioner - Non-Primary Care Provider (PCP)	~									
anchal Narhari M Md	Practitioner - Non-Primary Care Provider (PCP)										
asassa David	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
hugh Dennis Brian	Practitioner - Non-Primary Care Provider (PCP)	~									
anavan John D	Practitioner - Non-Primary Care Provider (PCP)	~									
Grimaldi Kelly	Practitioner - Non-Primary Care Provider (PCP)										
night Karen	Practitioner - Non-Primary Care Provider (PCP)	~									
(anj Ahmed Ola Saleh	Practitioner - Non-Primary Care Provider (PCP)										



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Roche Angela Jean	Practitioner - Non-Primary Care Provider (PCP)										
Mallard April Elaine	Practitioner - Non-Primary Care Provider (PCP)										
Harris Kassem Nemer	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Hefner, Judith, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)										
Singh Amanpal	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Young Paul Raymond	Practitioner - Non-Primary Care Provider (PCP)	~									
Sroka Raymond David	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Samuel Sam J Md	Practitioner - Non-Primary Care Provider (PCP)										
Touchan Faraj	Practitioner - Non-Primary Care Provider (PCP)	~									
Mccormack Katelyn	Practitioner - Non-Primary Care Provider (PCP)	~									
Drakopoulos Marinos	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Frankiewicz Jeffrey	Practitioner - Non-Primary Care Provider (PCP)										
Sarah A Gamel Rpa-C	Practitioner - Non-Primary Care Provider (PCP)	~									
Carolus Maureen Troester	Practitioner - Non-Primary Care Provider (PCP)										
Stevenson Karen Anne	Practitioner - Non-Primary Care Provider (PCP)	~									
Murphy Timothy	Practitioner - Non-Primary Care Provider (PCP)	~									
Khushalani Nikhil I Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Arnal Frank Md	Practitioner - Non-Primary Care Provider (PCP)	~			~	~					
Fosket Claudia Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Jennings Lu Jean	Practitioner - Non-Primary Care Provider (PCP)	~									
Ippolito Loraine	Practitioner - Non-Primary Care Provider (PCP)										
Chopra Usha	Practitioner - Non-Primary Care Provider (PCP)	~									
Galbraith Christina Marie	Practitioner - Non-Primary Care Provider (PCP)										
Shaikh Arooj	Practitioner - Non-Primary Care Provider (PCP)	~									
Thomas Todd A Rpa	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Spittal-Ashby Susan	Practitioner - Non-Primary Care Provider (PCP)	~	~		~						
Wise Evelyn P Np	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Bertulfo Romel Adupe Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Atwal Ephraim S	Practitioner - Non-Primary Care Provider (PCP)	~									
Algera Kariann	Practitioner - Non-Primary Care Provider (PCP)										
Antonelli, Maryann, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Depriest Caitlin Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
liedzwiedz Nicole	Practitioner - Non-Primary Care Provider (PCP)	~										
Beres Maura Ms.	Practitioner - Non-Primary Care Provider (PCP)											
ochacki Robin K	Practitioner - Non-Primary Care Provider (PCP)											
ahrbach John Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Burns Linda	Practitioner - Non-Primary Care Provider (PCP)	~										
aughan Tabitha	Practitioner - Non-Primary Care Provider (PCP)											
arker Jeffrey Michael Do	Practitioner - Non-Primary Care Provider (PCP)	~										
Clabeaux Gregory Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Burke Megan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~										
Oobrasz Christine Marie	Practitioner - Non-Primary Care Provider (PCP)											
lock Sandra A Md	Practitioner - Non-Primary Care Provider (PCP)											
han-Lam Patrick D Md	Practitioner - Non-Primary Care Provider (PCP)	~										
zymula Norbert J Md	Practitioner - Non-Primary Care Provider (PCP)	~										
oti Francis Peter Md	Practitioner - Non-Primary Care Provider (PCP)											
hadke Kishor V Md	Practitioner - Non-Primary Care Provider (PCP)	~										
luggiero Kathleen A Np	Practitioner - Non-Primary Care Provider (PCP)	~										
arysek Patricia M	Practitioner - Non-Primary Care Provider (PCP)	~										
rawczyk Christian M Md	Practitioner - Non-Primary Care Provider (PCP)	~										
avis Brian Wayne	Practitioner - Non-Primary Care Provider (PCP)											
alada Richard	Practitioner - Non-Primary Care Provider (PCP)											
lughes Patrick Joseph Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Vangler Lisa M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
auh Michael Alfred Md	Practitioner - Non-Primary Care Provider (PCP)	~										
mith Thomas P Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~										
lostert Marcelle A Md	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
ikin Christopher Mathew	Practitioner - Non-Primary Care Provider (PCP)	~					~					
larkandaya Manjunath	Practitioner - Non-Primary Care Provider (PCP)											
fireles Beth Helene	Practitioner - Non-Primary Care Provider (PCP)	~										
Godzala Michael Edward	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
/iolante Nicholas	Practitioner - Non-Primary Care Provider (PCP)	~										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Bona Diane	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Molloy Daniel Joseph	Practitioner - Non-Primary Care Provider (PCP)	~										
Calabro Tali A	Practitioner - Non-Primary Care Provider (PCP)											
slam Abul Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Loree Thom Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~							~			
Mohler James Lloyd Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Hamlin Deborah J	Practitioner - Non-Primary Care Provider (PCP)	~										
Chevli K Kent Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Bauer Ronald L Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Eddib Abeer Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Anain Joseph Marcel Jr Dpm	Practitioner - Non-Primary Care Provider (PCP)	~										
Chaskes Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
lodge Robert Wayne Md	Practitioner - Non-Primary Care Provider (PCP)	~										
loseph Brian S Md	Practitioner - Non-Primary Care Provider (PCP)											
Darcy Brian James Md	Practitioner - Non-Primary Care Provider (PCP)											
Napoli John U Md	Practitioner - Non-Primary Care Provider (PCP)											
Shehata Hany R Georgy Md	Practitioner - Non-Primary Care Provider (PCP)											
Gannon Mary F Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Smith Kimberly E	Practitioner - Non-Primary Care Provider (PCP)											
Sirkin Sara Rachel G Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Cohen Ian Laurence Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Pizzella Paul Fredric Md	Practitioner - Non-Primary Care Provider (PCP)	~										
rancis Lynda	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~			
oyce Kelly T Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Cai John Jun Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Reed Kory B	Practitioner - Non-Primary Care Provider (PCP)											
Graf Patti	Practitioner - Non-Primary Care Provider (PCP)											
Anain Joseph Marcelo Md	Practitioner - Non-Primary Care Provider (PCP)											
Syta Margaret Mary	Practitioner - Non-Primary Care Provider (PCP)						~					
Paterson Paul D Md	Practitioner - Non-Primary Care Provider (PCP)											
Mahoney Martin Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Sette Camara Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Becker Joanne Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Carr Heidi Marie	Practitioner - Non-Primary Care Provider (PCP)	~										
Sdoia Samuel William	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Coplin William Morris	Practitioner - Non-Primary Care Provider (PCP)											
Cowan Thomas B Md	Practitioner - Non-Primary Care Provider (PCP)											
Phillips Emilia	Practitioner - Non-Primary Care Provider (PCP)											
Oougherty David R Do	Practitioner - Non-Primary Care Provider (PCP)											
aetzhold Karen G	Practitioner - Non-Primary Care Provider (PCP)	~										
Goldfinch Jacqueline Anne	Practitioner - Non-Primary Care Provider (PCP)	~					~					
lolstein Sarah Abigail	Practitioner - Non-Primary Care Provider (PCP)	~					~					
utherford Richard	Practitioner - Non-Primary Care Provider (PCP)											
anbourgondien Leah	Practitioner - Non-Primary Care Provider (PCP)											
ambarran Brian David	Practitioner - Non-Primary Care Provider (PCP)	~										
Sannon Donna M	Practitioner - Non-Primary Care Provider (PCP)											
Barrett Lisa Ann	Practitioner - Non-Primary Care Provider (PCP)											
Grisante Emily A	Practitioner - Non-Primary Care Provider (PCP)											
D'Donnell John L Md	Practitioner - Non-Primary Care Provider (PCP)	~										
maldino James	Practitioner - Non-Primary Care Provider (PCP)											
Merzianu Mihai	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Malley Wendy Lou	Practitioner - Non-Primary Care Provider (PCP)											
odoro Carmen M Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Corcoran Amy L	Practitioner - Non-Primary Care Provider (PCP)											
yne Clifford Charles	Practitioner - Non-Primary Care Provider (PCP)	~										
litzke Alan Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
atronik Susan Marie Rpa	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~			ĺ
lyers Rositsa Ivanova	Practitioner - Non-Primary Care Provider (PCP)	~										
Icdonald Valerie Ann	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~			Ī
iorica Elizabeth Grace	Practitioner - Non-Primary Care Provider (PCP)	~					~					Ī
Devantier Gail	Practitioner - Non-Primary Care Provider (PCP)											
Reed Daniel P	Practitioner - Non-Primary Care Provider (PCP)	~					1					



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urkiewicz Mary Louise Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Tuoti Raymond Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~									
gloff Lori A Rpa	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Chouchani Adel E Md	Practitioner - Non-Primary Care Provider (PCP)	~									
aylor Karen Anne Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
omczak Louise Dolores	Practitioner - Non-Primary Care Provider (PCP)										
Saxton Sarah J	Practitioner - Non-Primary Care Provider (PCP)										
azunori Kanehira	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Gill, Donna	Practitioner - Non-Primary Care Provider (PCP)	~			~						
Roy Adrienne	Practitioner - Non-Primary Care Provider (PCP)										
Gingell Robert Md	Practitioner - Non-Primary Care Provider (PCP)										
Merlino Talia Grace Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
reeann N Lee	Practitioner - Non-Primary Care Provider (PCP)	~									
silva Meliton	Practitioner - Non-Primary Care Provider (PCP)	~									
Al-Humadi Mohaned	Practitioner - Non-Primary Care Provider (PCP)										
hmed Saman	Practitioner - Non-Primary Care Provider (PCP)										
Patel Sumit Mahesh	Practitioner - Non-Primary Care Provider (PCP)										
Owczarzak Melissa	Practitioner - Non-Primary Care Provider (PCP)										
Smith Alicia Denise	Practitioner - Non-Primary Care Provider (PCP)										1
lastings Brittany	Practitioner - Non-Primary Care Provider (PCP)										
Degrasse Dawn Holly	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Nedina Rafael Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Pantano Joanne Elyse	Practitioner - Non-Primary Care Provider (PCP)	~									
Bellavia Tanya Rpa	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Romanowski Marcus Richard Md	Practitioner - Non-Primary Care Provider (PCP)	~									1
ulju Keith William Md	Practitioner - Non-Primary Care Provider (PCP)	~			~	~					i
azili Mohamad Y Pc Md	Practitioner - Non-Primary Care Provider (PCP)	~									ĺ
okhari Mamoon Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					ĺ
ittler Susan J Md	Practitioner - Non-Primary Care Provider (PCP)	~									Ī
Buscaglia Anthony Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~									Ī
Murray Kenneth Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~									i



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	Participating i	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Hotz Johnna B	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
Deluke Elise Christine	Practitioner - Non-Primary Care Provider (PCP)										
Chudy, Ashley	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Bota Lindsay	Practitioner - Non-Primary Care Provider (PCP)										
Markowski Elinor	Practitioner - Non-Primary Care Provider (PCP)										
Fout Allison M	Practitioner - Non-Primary Care Provider (PCP)										
Santos Carlos Md	Practitioner - Non-Primary Care Provider (PCP)	~						~			
Cox Christine A	Practitioner - Non-Primary Care Provider (PCP)										
Baer James Robert	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Marrale J	Practitioner - Non-Primary Care Provider (PCP)										
Nigrelli Lenore Ann	Practitioner - Non-Primary Care Provider (PCP)										
Ogra Sanjay Ray	Practitioner - Non-Primary Care Provider (PCP)										
Sprehe Esther M Np	Practitioner - Non-Primary Care Provider (PCP)										
Picone Anthony L Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Fauriello Carin Marie	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Burnhard Valerie Lynn Md	Practitioner - Non-Primary Care Provider (PCP)										
Giambelluca Tricia	Practitioner - Non-Primary Care Provider (PCP)										
Sabia Michelle Lynn	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Glass Kathleen Zillner	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
Proy Janice Maureen	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Shastri Kalyan Kanduturthi	Practitioner - Non-Primary Care Provider (PCP)										
King Indea Besheka	Practitioner - Non-Primary Care Provider (PCP)	~									
Redeye Vivien Leah	Practitioner - Non-Primary Care Provider (PCP)										
Stacey Debra J	Practitioner - Non-Primary Care Provider (PCP)										
Afshan Samad	Practitioner - Non-Primary Care Provider (PCP)	~									
Malay Jacqueline Alyse	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
loran Brittany	Practitioner - Non-Primary Care Provider (PCP)										
atterson Taylor Marie	Practitioner - Non-Primary Care Provider (PCP)										
Rehrauer David Robert	Practitioner - Non-Primary Care Provider (PCP)										
udwig Michael F	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
_auffer Angelina Maria	Practitioner - Non-Primary Care Provider (PCP)	~									



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	Participating i	n Projects										
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Spangenthal Edward J Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Greene John D Md	Practitioner - Non-Primary Care Provider (PCP)											
Chaudhry Eram Md	Practitioner - Non-Primary Care Provider (PCP)											
Lacivita Michael D	Practitioner - Non-Primary Care Provider (PCP)											
Cumbo Harjeet	Practitioner - Non-Primary Care Provider (PCP)											
Schaefer Daniel P Md	Practitioner - Non-Primary Care Provider (PCP)											
Briggs Glen William	Practitioner - Non-Primary Care Provider (PCP)											
Ozair Sadat	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Kaplan Keith	Practitioner - Non-Primary Care Provider (PCP)	~										
Devans Beth Ann	Practitioner - Non-Primary Care Provider (PCP)											
Mcentee James J	Practitioner - Non-Primary Care Provider (PCP)	~										
Croucher Thomas Walter	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Huang, Joyce Jiaying	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Graton Michelle A	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Gavriluke Anna	Practitioner - Non-Primary Care Provider (PCP)											
Gray Nicole Marie	Practitioner - Non-Primary Care Provider (PCP)											
Powell Cathrine	Practitioner - Non-Primary Care Provider (PCP)											
Hendricks Elizabeth Ann	Practitioner - Non-Primary Care Provider (PCP)											
Anillo Sergio J Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Donovan-Antalek Kathleen M Do	Practitioner - Non-Primary Care Provider (PCP)											
Odunsi Adekunle Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Nava Hector R Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
adel Mary Ellen	Practitioner - Non-Primary Care Provider (PCP)	~										
Vild Daniel R Md	Practitioner - Non-Primary Care Provider (PCP)											
eaird-Kelly Brenda	Practitioner - Non-Primary Care Provider (PCP)											
Cannone Dominick Md	Practitioner - Non-Primary Care Provider (PCP)	~				~	~					
Trubish Dorothy Lukawski	Practitioner - Non-Primary Care Provider (PCP)											
Collins Kristin Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Juliano Melissa J	Practitioner - Non-Primary Care Provider (PCP)											
Gandy Pamela M Np	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Klopfer, Linda, R.N.	Practitioner - Non-Primary Care Provider (PCP)											



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Blazier Linda M	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Botsoglou Kostas	Practitioner - Non-Primary Care Provider (PCP)											
Tighe Sheila Marie	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Bevilacqua William Frederick	Practitioner - Non-Primary Care Provider (PCP)											
Davis Tammy	Practitioner - Non-Primary Care Provider (PCP)											
Mosey Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Barber Joanne	Practitioner - Non-Primary Care Provider (PCP)											
Gray Chelsey Michele	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~			
Bell Christian Marshall	Practitioner - Non-Primary Care Provider (PCP)											
Wagner Patricia A	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Kiszka Jason F	Practitioner - Non-Primary Care Provider (PCP)											
Jones Laurence	Practitioner - Non-Primary Care Provider (PCP)											
-atta Valerie	Practitioner - Non-Primary Care Provider (PCP)											
Grobe Gillian P	Practitioner - Non-Primary Care Provider (PCP)											
Jennings Richard Allan	Practitioner - Non-Primary Care Provider (PCP)	~										
Licata Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Schrecengost John Edwin Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Alvarez Perez Julio A Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Angielczyk Colleen Rpa	Practitioner - Non-Primary Care Provider (PCP)											
/i Won S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Reichard Laurie Ann	Practitioner - Non-Primary Care Provider (PCP)											
Pereira Lorianne Md	Practitioner - Non-Primary Care Provider (PCP)	~										
aura Ford-Mukkamala	Practitioner - Non-Primary Care Provider (PCP)											
Chen Hongbin	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Mauro Elizabeth Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Buckley Richard J Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Sumbrum Amy Lynn Sp	Practitioner - Non-Primary Care Provider (PCP)											
Rajendran Lakshmanan Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Khoury Thaer Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Rahman Muhammad S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Kuritzky Alan S Md	Practitioner - Non-Primary Care Provider (PCP)	~										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i 2.b.	iii 2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Dunleavy Jason Dana	Practitioner - Non-Primary Care Provider (PCP)	~									
Bax Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Eddy Sara Lynn Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Milligan Janine Marie	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Sciolino Nicolette Miss	Practitioner - Non-Primary Care Provider (PCP)										
Mahoney Elizabeth Laetitia Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Opyrchal Mateusz	Practitioner - Non-Primary Care Provider (PCP)	~				~					
hao Yujie	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Bela Ajtai	Practitioner - Non-Primary Care Provider (PCP)	~									
Rizvi Sarah	Practitioner - Non-Primary Care Provider (PCP)	~	~		~	~		~			
ing Laquita	Practitioner - Non-Primary Care Provider (PCP)	~									
Datta Vikas	Practitioner - Non-Primary Care Provider (PCP)										
ew Paul Mr.	Practitioner - Non-Primary Care Provider (PCP)										
bebe Mekdess	Practitioner - Non-Primary Care Provider (PCP)	~									
Sabatowski Sarah	Practitioner - Non-Primary Care Provider (PCP)										
Deeble Debra	Practitioner - Non-Primary Care Provider (PCP)										
arly Amy Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Pinski John Valentine Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Bloom Peter Donal Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Segal Brahm	Practitioner - Non-Primary Care Provider (PCP)	~				~					
wist James F Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~									
bby Mccarville Pa	Practitioner - Non-Primary Care Provider (PCP)	~									
ovrincevic Mirjana Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Smith Jennifer A	Practitioner - Non-Primary Care Provider (PCP)	~									
/enkatedwara Rao Kolli	Practitioner - Non-Primary Care Provider (PCP)										
lothow Eileen	Practitioner - Non-Primary Care Provider (PCP)										
Graziano Matthew J Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
usnak Joseph G Md	Practitioner - Non-Primary Care Provider (PCP)	~									
leiswonger Raymond Arthur	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Smith Linda A Np	Practitioner - Non-Primary Care Provider (PCP)										
Smith Roger M Md	Practitioner - Non-Primary Care Provider (PCP)	✓				~					



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	Participating i	n Projects									
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Koritz Sara Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Wittman-Klein Sharon Ruth Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
Shanbhag Vilasini M Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Fitzpatrick James M Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Moon Wong Kyun	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Rovner Alexander V Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Hourihane John Maurice Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Khan Irfan Ali Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Phillians Lisa A Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Rojas Luisa F Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Gothgen Nicole Marie Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Rachala Sridhar Reddy	Practitioner - Non-Primary Care Provider (PCP)	~									
Echeverria Mary Lynn	Practitioner - Non-Primary Care Provider (PCP)										
Neufeld Robert J Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~									
Gebhard Roberta E Do	Practitioner - Non-Primary Care Provider (PCP)										
Joyce Gerald Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Rosati Andrea M	Practitioner - Non-Primary Care Provider (PCP)	~									
Glenn James Michael Md	Practitioner - Non-Primary Care Provider (PCP)										
Gilbert Richard N Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Sainsbury Dawn	Practitioner - Non-Primary Care Provider (PCP)	~	~		~						
Khalid Balil Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Carlson Lyndsey M	Practitioner - Non-Primary Care Provider (PCP)	~			~	~					
Seschwender Krystina	Practitioner - Non-Primary Care Provider (PCP)										
Keating Stephanie Claire	Practitioner - Non-Primary Care Provider (PCP)										
Marengo Amanda Elyse	Practitioner - Non-Primary Care Provider (PCP)										
Maclean Sean William	Practitioner - Non-Primary Care Provider (PCP)										
alhouk Akram S Md	Practitioner - Non-Primary Care Provider (PCP)										
Hunt Roderic Tracy	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~			
Nopperer Paul Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Seebald Cathleen A	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Nichols David P Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~									



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Ryan Diane P Np	Practitioner - Non-Primary Care Provider (PCP)											
Ruben Cherie	Practitioner - Non-Primary Care Provider (PCP)											
Belles William John Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Defrancis Roy Dpm	Practitioner - Non-Primary Care Provider (PCP)	~										
Cerney Angel L	Practitioner - Non-Primary Care Provider (PCP)											
Mehta Vinay	Practitioner - Non-Primary Care Provider (PCP)	~										
Vatson Kathleen R	Practitioner - Non-Primary Care Provider (PCP)											
(iao Jianing	Practitioner - Non-Primary Care Provider (PCP)											
Kasputis Mara Seree	Practitioner - Non-Primary Care Provider (PCP)											
Ames Kaitlin M	Practitioner - Non-Primary Care Provider (PCP)											
Hender-Holzerland Debra	Practitioner - Non-Primary Care Provider (PCP)											
/anecek Allyson Lynn	Practitioner - Non-Primary Care Provider (PCP)	~										
Cuthbert David	Practitioner - Non-Primary Care Provider (PCP)	~										
Valsh Kelly	Practitioner - Non-Primary Care Provider (PCP)											
Antkowiak Kaitlyn N	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Hannon Maureen	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
Vlodarek Beth R	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~			
indfield Vivian Leslie Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Chary Kandala Krishna Md	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Samie M Reza	Practitioner - Non-Primary Care Provider (PCP)											
leade Paul	Practitioner - Non-Primary Care Provider (PCP)	~										
twal Amarjit Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Pietrusik Michael Joseph Dpm	Practitioner - Non-Primary Care Provider (PCP)											
agaly William J	Practitioner - Non-Primary Care Provider (PCP)	~										
Nylotte Joseph M Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Covel Todd M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~										
obillard Kevin Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Burruano James C Dpm	Practitioner - Non-Primary Care Provider (PCP)	~										
Singh Baljinder	Practitioner - Non-Primary Care Provider (PCP)	~										
Mustafa Bilal	Practitioner - Non-Primary Care Provider (PCP)	~					~					
anosick Samantha	Practitioner - Non-Primary Care Provider (PCP)											



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* Safety Net Providers in Green											
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Smith Rachel M	Practitioner - Non-Primary Care Provider (PCP)										
Sasso Kimberly Jane	Practitioner - Non-Primary Care Provider (PCP)										
Champlin Patricia Joan	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			
Bhayana Ranjan Md	Practitioner - Non-Primary Care Provider (PCP)										
Dara Tanvir Muhammad Md	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			
Penn Howard Aron Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
Larson Douglas	Practitioner - Non-Primary Care Provider (PCP)										
Hong Frederick Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Alberico Ronald A Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Wheeler Dale Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Gurtoo Lalit Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Kessler Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Sorrentino Stephen P Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Kohler Henry	Practitioner - Non-Primary Care Provider (PCP)										
Koedel Christie L	Practitioner - Non-Primary Care Provider (PCP)	~									
Swiencicki Jr James Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Pomakov Ognian Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Lundin Lindsay Ann Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Kabatt, Anne, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)										
Siddiqui Budder	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			
Chen George Liwei	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Shelanskey Miranda	Practitioner - Non-Primary Care Provider (PCP)										
Daniels Robert L	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Ruotsi Lee Charles Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Bracken Colleen	Practitioner - Non-Primary Care Provider (PCP)										
Muscarella Jennifer M Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Panzica S Elaine	Practitioner - Non-Primary Care Provider (PCP)										
Vasiliadis George C Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
Gaines Katherine Caldwell Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Jane D Kraft Md Pllc	Practitioner - Non-Primary Care Provider (PCP)	~									
Kris Ziegler	Practitioner - Non-Primary Care Provider (PCP)	~									



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* Safety Net Providers in Green	B	·- D										
	Participating											
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Ruggiero Samuel F Dpm	Practitioner - Non-Primary Care Provider (PCP)	~										
Steinig Jeffrey Paul Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Arora Pradeep	Practitioner - Non-Primary Care Provider (PCP)											
Fenstermaker Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Mccallion Eamon	Practitioner - Non-Primary Care Provider (PCP)											
Park Jeffrey M	Practitioner - Non-Primary Care Provider (PCP)											
Ostrum Arthur George Jr Do	Practitioner - Non-Primary Care Provider (PCP)	~										
Kreppel Susan M Np	Practitioner - Non-Primary Care Provider (PCP)	~										
Songin Jennifer Frances Pa	Practitioner - Non-Primary Care Provider (PCP)											
Diringer Erik J	Practitioner - Non-Primary Care Provider (PCP)	~										
Isaacson Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Moore Sharon Elizabeth Np	Practitioner - Non-Primary Care Provider (PCP)											
Urczyk Sheryl	Practitioner - Non-Primary Care Provider (PCP)											
Smith Melissa Emily	Practitioner - Non-Primary Care Provider (PCP)											
Ziv Ofer	Practitioner - Non-Primary Care Provider (PCP)											
Pradhan Irfan N	Practitioner - Non-Primary Care Provider (PCP)											
Garner Kelly	Practitioner - Non-Primary Care Provider (PCP)											
Masotti Emily	Practitioner - Non-Primary Care Provider (PCP)											
Howard Marlana	Practitioner - Non-Primary Care Provider (PCP)											
Albert Michael S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Fitzgerald James B Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Wang Eunice Sue Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Montesanti David Paul Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Sloan Rita	Practitioner - Non-Primary Care Provider (PCP)	~										
Gianfagna Robert Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Jennifer Renzetti Crna	Practitioner - Non-Primary Care Provider (PCP)	~					~	1				
Ma Wen Wee Md	Practitioner - Non-Primary Care Provider (PCP)	~				1	~	1				
Gerard Vivian K	Practitioner - Non-Primary Care Provider (PCP)											
Newman Patricia C	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Susan M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~										
Walczak Amanda Lee	Practitioner - Non-Primary Care Provider (PCP)											



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Ferrentino Darlene	Practitioner - Non-Primary Care Provider (PCP)										
Moore Mary Beth Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Klementowski Patricia	Practitioner - Non-Primary Care Provider (PCP)										
Goodfellow Matthew T	Practitioner - Non-Primary Care Provider (PCP)										
Ding Yongzeng	Practitioner - Non-Primary Care Provider (PCP)	~									
Gupta Vishal	Practitioner - Non-Primary Care Provider (PCP)						~				
Pyjas Lesley	Practitioner - Non-Primary Care Provider (PCP)										
Rebecca Sewastynowicz	Practitioner - Non-Primary Care Provider (PCP)						~				
D'Banion Mallory	Practitioner - Non-Primary Care Provider (PCP)										
Dudziak Christina Ann	Practitioner - Non-Primary Care Provider (PCP)										
Sneed Michele N	Practitioner - Non-Primary Care Provider (PCP)										
D'Mara Sarah Anne	Practitioner - Non-Primary Care Provider (PCP)										
an Thomas Lund	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Huffman	Practitioner - Non-Primary Care Provider (PCP)	~									
Moran Alexandra	Practitioner - Non-Primary Care Provider (PCP)										
Vroblewski Rachel	Practitioner - Non-Primary Care Provider (PCP)										
Senf Susan B	Practitioner - Non-Primary Care Provider (PCP)			~		~	~		~		
Kalonaros George Constantine	Practitioner - Non-Primary Care Provider (PCP)										
Kozower Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~									
/liqdadi Jehad Ahmad Md	Practitioner - Non-Primary Care Provider (PCP)										
Fick Robert Carl Md	Practitioner - Non-Primary Care Provider (PCP)						~				
Vestner Thomas G Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Roman Antonio Md	Practitioner - Non-Primary Care Provider (PCP)					~	~				
Pietrak Stanley James Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Barone William David	Practitioner - Non-Primary Care Provider (PCP)	~									
lickox Douglas James	Practitioner - Non-Primary Care Provider (PCP)	~									
zzio Debra A Rpa	Practitioner - Non-Primary Care Provider (PCP)										
⁄lrgich, Glenn	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Reilly Ellen M	Practitioner - Non-Primary Care Provider (PCP)										
Yendamuri Saikrishna Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Deeks Timothy Mr.	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Billings Nathaniel Proch	Practitioner - Non-Primary Care Provider (PCP)	~									
Eckler Justin	Practitioner - Non-Primary Care Provider (PCP)	~					~		~		
Mcclure Matthew Gilmour	Practitioner - Non-Primary Care Provider (PCP)	~									
Collins Kerry Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Pennington Janice Mortimer Np	Practitioner - Non-Primary Care Provider (PCP)	~									
Shrestha Pujan	Practitioner - Non-Primary Care Provider (PCP)	~						~			
Owczarzak Katherine	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
Angel M Macko	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~		
Castro Jessica Rae	Practitioner - Non-Primary Care Provider (PCP)										
Zglinicki Jamie Lynn	Practitioner - Non-Primary Care Provider (PCP)										
Mulligan Kristin Michelle	Practitioner - Non-Primary Care Provider (PCP)										
Soukiazian Sevak Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Rudloff Mary Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
Green Dawn J Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Mcclintick Elizabeth A Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
O'Leary Kathleen A Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Schiele Kathleen	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~		
Muntz Jill Anderson Crnp	Practitioner - Non-Primary Care Provider (PCP)										
Kansal Narendra Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Gozdzialski Anita	Practitioner - Non-Primary Care Provider (PCP)										
Vogt Donna Marie	Practitioner - Non-Primary Care Provider (PCP)	~									
Bailey Heather L	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~		
Acphaden Cynthia	Practitioner - Non-Primary Care Provider (PCP)										
Giessert Denise	Practitioner - Non-Primary Care Provider (PCP)										
Rogers Roger	Practitioner - Non-Primary Care Provider (PCP)	~									
lones Joshua Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Ramsdell Anne	Practitioner - Non-Primary Care Provider (PCP)										
Marcinelli Dena Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Vinner Theresa	Practitioner - Non-Primary Care Provider (PCP)										
Malhotra Usha	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Voian Nicoleta Cristina	Practitioner - Non-Primary Care Provider (PCP)	~					~				



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	Participating i	n Projects									
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Goodman-Williams Christie Rae	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Rehac Brianne	Practitioner - Non-Primary Care Provider (PCP)										
Galley Jill Marie	Practitioner - Non-Primary Care Provider (PCP)	~									
Marotta Kelly Miss	Practitioner - Non-Primary Care Provider (PCP)										
Bentley Susan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~	~	~	~	~		~			
O'Dell Melissa Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Chambers Samantha	Practitioner - Non-Primary Care Provider (PCP)										
Ryan Michael D Rpa	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Sheppard Mary T	Practitioner - Non-Primary Care Provider (PCP)	~									
Asirwatham John Edwin Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Paplham Pamela D	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Lewis Paul Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Siedlecki Andrew Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Osborn Kenneth Mark	Practitioner - Non-Primary Care Provider (PCP)										
Li Li Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Lindamer Dawn Marie	Practitioner - Non-Primary Care Provider (PCP)										
Skitzki Joseph J Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Lakomy Steve Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Pfalzer Aaron M Md	Practitioner - Non-Primary Care Provider (PCP)										
Dexter Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Shah Dhiren K Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Scamurra David	Practitioner - Non-Primary Care Provider (PCP)	~									
Eckhert Kenneth Harry Iii Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Gill Liveleen Marco Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Latorre Julius Gene Silva Md	Practitioner - Non-Primary Care Provider (PCP)										
Green Andrew W Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Forgach Peter W Pc Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Klieger Peter S Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Adham Hanaw Assad Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Wilcox Kimberlee A	Practitioner - Non-Primary Care Provider (PCP)	~									
Carl Gary Hudson Md	Practitioner - Non-Primary Care Provider (PCP)										



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Sara Nash	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~			
Matuszak Jason	Practitioner - Non-Primary Care Provider (PCP)	~										
Marinello Erin	Practitioner - Non-Primary Care Provider (PCP)											
Dubey Brandt David Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Powell Aaron Michael	Practitioner - Non-Primary Care Provider (PCP)	~										
Lohr Allison Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Wilkins Ryan David	Practitioner - Non-Primary Care Provider (PCP)	~										
Scarbinsky Aislinn Marie	Practitioner - Non-Primary Care Provider (PCP)	~										
Zerfas Dorene Kay	Practitioner - Non-Primary Care Provider (PCP)	~										
Madding Amanda Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Moulden Claudia	Practitioner - Non-Primary Care Provider (PCP)											
Allen Shelby	Practitioner - Non-Primary Care Provider (PCP)											
Baggett Michael Allen Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Noodman Henri T Md	Practitioner - Non-Primary Care Provider (PCP)											
Worrell Sarah G K	Practitioner - Non-Primary Care Provider (PCP)	~										
Landi Michael K Md	Practitioner - Non-Primary Care Provider (PCP)	~		~			~					
Podlas Mark Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Przybyla Kevin P Do	Practitioner - Non-Primary Care Provider (PCP)											
Burns Charles Walter	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~			
Redlecki Stephanie Lynn	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~			
Luther Ramesh Md	Practitioner - Non-Primary Care Provider (PCP)	~										
afallo Deborah L	Practitioner - Non-Primary Care Provider (PCP)											
Bevilacqua David S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Patel Dilipkumar J Md	Practitioner - Non-Primary Care Provider (PCP)											
Myers Bennett Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Kauffman Eric Curtis	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Benamati Karly Ann Pa	Practitioner - Non-Primary Care Provider (PCP)	~										
Mangovski Christina Mary Rpa	Practitioner - Non-Primary Care Provider (PCP)	~										
Singhal Pankaj Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Guzzetta Lindsay Marie	Practitioner - Non-Primary Care Provider (PCP)	~										
Schladebeck Rachel Marie	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Patel Priyankkumar P	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Ounn Cassandra H	Practitioner - Non-Primary Care Provider (PCP)											
likirk Anne Marie	Practitioner - Non-Primary Care Provider (PCP)											
Acdonough Katherine	Practitioner - Non-Primary Care Provider (PCP)											
ukhari Syed Majid Ali S.Md	Practitioner - Non-Primary Care Provider (PCP)	~										
ainville Michelle E Md	Practitioner - Non-Primary Care Provider (PCP)	~										
lack Catherine S	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Pastwick Kimberly L	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Ostempowski Michael James Md	Practitioner - Non-Primary Care Provider (PCP)	~										
lagan Lourdes Rosal	Practitioner - Non-Primary Care Provider (PCP)	~					~					
anas Michael Donald Md	Practitioner - Non-Primary Care Provider (PCP)	~										
luntz Jon Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
arnhart Susan Oakes	Practitioner - Non-Primary Care Provider (PCP)											
asconcellos Sylvia M	Practitioner - Non-Primary Care Provider (PCP)											
Barone Steven Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Seereiter Phillip James Jr	Practitioner - Non-Primary Care Provider (PCP)	~										
antillo John Richard	Practitioner - Non-Primary Care Provider (PCP)	~										
lopkins, Maureen, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)											
affri Qasim Syed	Practitioner - Non-Primary Care Provider (PCP)	~										
lint Kelly	Practitioner - Non-Primary Care Provider (PCP)											
ielinski Christopher Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Sullivan Maureen	Practitioner - Non-Primary Care Provider (PCP)											
aughan Maureen E	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Sasiewicz Steve C Md	Practitioner - Non-Primary Care Provider (PCP)	~										
lerbst Laurie Marie	Practitioner - Non-Primary Care Provider (PCP)	~					~					
eid Mohamed Y Md	Practitioner - Non-Primary Care Provider (PCP)	~										
lorn Steven Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Mecca Kimberly Cherie	Practitioner - Non-Primary Care Provider (PCP)											
tice Charles D Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Garson David S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Capaccio David	Practitioner - Non-Primary Care Provider (PCP)	~						1				



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Moy Owen James Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Keating Sean E Dpm	Practitioner - Non-Primary Care Provider (PCP)	~										
Simmons Edward Donald Md	Practitioner - Non-Primary Care Provider (PCP)											
Plune Juliana	Practitioner - Non-Primary Care Provider (PCP)											
Schwaab Thomas	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Beck Jessica	Practitioner - Non-Primary Care Provider (PCP)											
Kasper Shannon	Practitioner - Non-Primary Care Provider (PCP)											
Phichith Caterina Mimi	Practitioner - Non-Primary Care Provider (PCP)											
Ott Laura	Practitioner - Non-Primary Care Provider (PCP)											
Ferguson Richard Eamon Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Luisi Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Constantine Jeffrey C Obgyn P	Practitioner - Non-Primary Care Provider (PCP)	~										
Pfentner Karen L	Practitioner - Non-Primary Care Provider (PCP)	~					~					
De Leon Casasola Oscar A Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Cappuccino Helen Hess Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Tonger Connie Jo	Practitioner - Non-Primary Care Provider (PCP)											
Arnold Karen	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Cholewinski Scott Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Delcastillo Maria C V Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Ryan James E Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Nazareth Michael	Practitioner - Non-Primary Care Provider (PCP)											
Mcgovern Marion Carol	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Mancl Tara Beth	Practitioner - Non-Primary Care Provider (PCP)											
Brogan Michael M	Practitioner - Non-Primary Care Provider (PCP)											
Hayes Donna L	Practitioner - Non-Primary Care Provider (PCP)											
Cleveland Sarah Sheehan	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Moore Danielle Ashley	Practitioner - Non-Primary Care Provider (PCP)	~										
Rycyna Stephen D Md Jr	Practitioner - Non-Primary Care Provider (PCP)	~										
Brown Jessica E	Practitioner - Non-Primary Care Provider (PCP)											
Dyster Timothy G Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Slough James Alan Md	Practitioner - Non-Primary Care Provider (PCP)	~										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Hernandez Ilizaliturri F Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Doerr Mark	Practitioner - Non-Primary Care Provider (PCP)	~									
Popson Richard	Practitioner - Non-Primary Care Provider (PCP)										
Sough Michael	Practitioner - Non-Primary Care Provider (PCP)	~									
tevens Kristel A Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Cobel Amber M	Practitioner - Non-Primary Care Provider (PCP)	~					~				
loss Maureen Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
tureshi Zeeshan M	Practitioner - Non-Primary Care Provider (PCP)	~									
astro Rodrigo Alejandro	Practitioner - Non-Primary Care Provider (PCP)										
ussell Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
aminiar Lioudmila	Practitioner - Non-Primary Care Provider (PCP)										
atajczak Amanda	Practitioner - Non-Primary Care Provider (PCP)										
ecker Stephanie	Practitioner - Non-Primary Care Provider (PCP)										
arrett Christina	Practitioner - Non-Primary Care Provider (PCP)										
arikh Parmanand K Md	Practitioner - Non-Primary Care Provider (PCP)	~									
affri Naureen R Do	Practitioner - Non-Primary Care Provider (PCP)	~									
rass Corstiaan Md	Practitioner - Non-Primary Care Provider (PCP)										
reco Joseph M Md	Practitioner - Non-Primary Care Provider (PCP)	~									
uccala Scott Jeffrey Do	Practitioner - Non-Primary Care Provider (PCP)	~									
am Randall B Np	Practitioner - Non-Primary Care Provider (PCP)	~				~	~				
arrell, Melissa	Practitioner - Non-Primary Care Provider (PCP)	~				~					
ong Shirley	Practitioner - Non-Primary Care Provider (PCP)	~					~		~		
awalha Leith	Practitioner - Non-Primary Care Provider (PCP)										
ook Sarah Michelle Rpa	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
al lana Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
avison Gavin Michael	Practitioner - Non-Primary Care Provider (PCP)										
obinson Martha Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~		
oulter Alicia Marie	Practitioner - Non-Primary Care Provider (PCP)										
ashed Abdulgwai Nasser	Practitioner - Non-Primary Care Provider (PCP)	~									
eeter Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~									
St Laurent Nancy	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Daly Kathryn	Practitioner - Non-Primary Care Provider (PCP)										
Cox Gabrielle	Practitioner - Non-Primary Care Provider (PCP)										
Sabatino Kristine	Practitioner - Non-Primary Care Provider (PCP)										
Berardi Joseph Richard Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ijaykumar Rekha Md	Practitioner - Non-Primary Care Provider (PCP)	>					~				
Nohr Alice Marie	Practitioner - Non-Primary Care Provider (PCP)	~					~				
woka Julie A	Practitioner - Non-Primary Care Provider (PCP)	~					~				
1c Cune Leroy Wilson Md	Practitioner - Non-Primary Care Provider (PCP)	~									
evandusky Emily A	Practitioner - Non-Primary Care Provider (PCP)	~									
eary Daniel A Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~									
ung Ichabod S F	Practitioner - Non-Primary Care Provider (PCP)	~									
Neltser Henry Mark Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ibor Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)										
lazgaj Jessica Ruth	Practitioner - Non-Primary Care Provider (PCP)										
(u Bo	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Cotarski Amy F Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~				
agliardo Anthony John	Practitioner - Non-Primary Care Provider (PCP)	~									
rachetti Katherine J	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
yed Arif	Practitioner - Non-Primary Care Provider (PCP)	~									
essie F Donaldson	Practitioner - Non-Primary Care Provider (PCP)										
Strom Elizabeth Anne	Practitioner - Non-Primary Care Provider (PCP)										
essica Drexinger	Practitioner - Non-Primary Care Provider (PCP)	~									
amra Amandeep Kaur	Practitioner - Non-Primary Care Provider (PCP)										
Chelsea Renee Denn	Practitioner - Non-Primary Care Provider (PCP)										
lizabeth A Hanretty	Practitioner - Non-Primary Care Provider (PCP)										
Ozturk Cemile Nurdan	Practitioner - Non-Primary Care Provider (PCP)	~					~				
finuto-Regling Angel	Practitioner - Non-Primary Care Provider (PCP)										
Vlock Vicki M	Practitioner - Non-Primary Care Provider (PCP)										
raas Jamie M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Cam Jennifer Md	Practitioner - Non-Primary Care Provider (PCP)	~									
leffrey James Brewer	Practitioner - Non-Primary Care Provider (PCP)										



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Fadel Rachelle	Practitioner - Non-Primary Care Provider (PCP)											
Mongia Satish K Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Vegrzyn Susan D Np	Practitioner - Non-Primary Care Provider (PCP)	~										
Shicha Kumar	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Breitwieser Eric John	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Manteghi Tara Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Gelman-Koessler Lisa Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Dibben Eric	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~			
Bunch Shannon M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~										
Osman Magda Gamal Md	Practitioner - Non-Primary Care Provider (PCP)											
Abbasi Israr A Md	Practitioner - Non-Primary Care Provider (PCP)											
Rehman Fazalur C Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Chazen Mark David Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Neyer Michael A Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Campbell Heidi Ann	Practitioner - Non-Primary Care Provider (PCP)											
Schulman Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	~										
ohr James Wesley Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Herman Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Papenfuss Wesley	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Caye Robert David Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Oudziak Daniel G Rpa	Practitioner - Non-Primary Care Provider (PCP)	~										
Vesolowski Judy A Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Marchetti David L Md	Practitioner - Non-Primary Care Provider (PCP)	~										
//Iclaughlin Kathleen B Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Smith Brian Gary Md	Practitioner - Non-Primary Care Provider (PCP)	~										
lellriegel John C Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~										
ani Cyrus Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Block Brian Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Qasaymeh Mohammad Mustafa	Practitioner - Non-Primary Care Provider (PCP)	~										
Cline William B Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Ehringer Donna	Practitioner - Non-Primary Care Provider (PCP)											



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Rudnicki Amy Marie	Practitioner - Non-Primary Care Provider (PCP)	~									
Ferri Sarah Ann	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
abbiano Angela Miss	Practitioner - Non-Primary Care Provider (PCP)										
lagee Zachary Mr.	Practitioner - Non-Primary Care Provider (PCP)										
artels Edward Kelly Md	Practitioner - Non-Primary Care Provider (PCP)	~									
lage Douglas David Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Iorris William Md	Practitioner - Non-Primary Care Provider (PCP)										
umar Prasanna Rg Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
rump Donald Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Rasmusson Timothy R Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Bodani Shrikant C Md	Practitioner - Non-Primary Care Provider (PCP)										
rica Herring Morrill	Practitioner - Non-Primary Care Provider (PCP)	~									
oss Julie Ann Np	Practitioner - Non-Primary Care Provider (PCP)	~					~				
ullivan Philip R Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Gersappe Vrushali Anand	Practitioner - Non-Primary Care Provider (PCP)										
Iontalvo Beverly	Practitioner - Non-Primary Care Provider (PCP)	~									
/arner Chelcy	Practitioner - Non-Primary Care Provider (PCP)										
odish Sarah-Gayle	Practitioner - Non-Primary Care Provider (PCP)										
teehler Mark William	Practitioner - Non-Primary Care Provider (PCP)										
araco Maraiel J	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
Ilison Nixon Pa	Practitioner - Non-Primary Care Provider (PCP)	~									
abbi Danielle	Practitioner - Non-Primary Care Provider (PCP)										
hmad Imran	Practitioner - Non-Primary Care Provider (PCP)	~					~				
esseghini Lara	Practitioner - Non-Primary Care Provider (PCP)										
colson Mary S	Practitioner - Non-Primary Care Provider (PCP)										
Icduffie Cherita	Practitioner - Non-Primary Care Provider (PCP)										
ougard Katherine Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~		
urk Gerald	Practitioner - Non-Primary Care Provider (PCP)										
elong Susan A	Practitioner - Non-Primary Care Provider (PCP)	~									
delson Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Gurevich Leonard Md	Practitioner - Non-Primary Care Provider (PCP)										



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Cromwell Brian Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Kyger Elizabeth L Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Bartolone Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Ceratt Dustin J Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Madhusudanan Mohan	Practitioner - Non-Primary Care Provider (PCP)	~										
laimes Christine E	Practitioner - Non-Primary Care Provider (PCP)											
Mason Thomas	Practitioner - Non-Primary Care Provider (PCP)	~										
Habir Zennat Ahmed Np	Practitioner - Non-Primary Care Provider (PCP)											
Hussain Nadeem Imran	Practitioner - Non-Primary Care Provider (PCP)											
Berry Mary Deveau	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Obst Jaime Rehmann	Practitioner - Non-Primary Care Provider (PCP)	~										
Panza Danielle N	Practitioner - Non-Primary Care Provider (PCP)	~										
Mapes Renee M	Practitioner - Non-Primary Care Provider (PCP)	~					~					
/anstee Breanna	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~			
/etter Natalie Jean	Practitioner - Non-Primary Care Provider (PCP)											
Corbett Adele M	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Kelly Brooke K Do	Practitioner - Non-Primary Care Provider (PCP)											
opez Oscar S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
risicaro Gerald	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
⁄u Young J Md	Practitioner - Non-Primary Care Provider (PCP)	~										
/ivona Joan A Md	Practitioner - Non-Primary Care Provider (PCP)											
/lichael Daniel Hess	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Houghton Doris	Practitioner - Non-Primary Care Provider (PCP)											
Gerhard, Jodi M.	Practitioner - Non-Primary Care Provider (PCP)											
ordan Jeffrey Michael	Practitioner - Non-Primary Care Provider (PCP)											
Bhat Seema Ali Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
hmed Sadia	Practitioner - Non-Primary Care Provider (PCP)											
Konrad Kathryn Anne	Practitioner - Non-Primary Care Provider (PCP)											
rederick Peter Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Dorety Kaitlyn	Practitioner - Non-Primary Care Provider (PCP)											
Fiffany Ann Jones	Practitioner - Non-Primary Care Provider (PCP)	~					~					



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ombkowski Laura Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
lorton-Maser Kyle	Practitioner - Non-Primary Care Provider (PCP)										
sbach Natalie Louise	Practitioner - Non-Primary Care Provider (PCP)										
nompson James Edwin Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
rzeszcz-Onyenma Karolina	Practitioner - Non-Primary Care Provider (PCP)										
/ysocki Gary C	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
nita Catalina Codruta Md	Practitioner - Non-Primary Care Provider (PCP)	~									
uru Khurshid A Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
berkircher Adam Pa	Practitioner - Non-Primary Care Provider (PCP)	~					~				
air Debra J	Practitioner - Non-Primary Care Provider (PCP)	~									
erfetto Carlo Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~									
abao Jairus T Md	Practitioner - Non-Primary Care Provider (PCP)										
y-Pardi Judyann V Md	Practitioner - Non-Primary Care Provider (PCP)	~									
osuico Victor Ernesto David Md	Practitioner - Non-Primary Care Provider (PCP)										
ee Paul Jong Hyuk Md	Practitioner - Non-Primary Care Provider (PCP)										
ojek Jennifer L	Practitioner - Non-Primary Care Provider (PCP)	~									
etes Jaime Lynn	Practitioner - Non-Primary Care Provider (PCP)	~									
enry-Game Gillian Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
abir Ameneh	Practitioner - Non-Primary Care Provider (PCP)	~									
antuck Christine	Practitioner - Non-Primary Care Provider (PCP)	~									
ingh Anurag Kishor Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
wift James	Practitioner - Non-Primary Care Provider (PCP)										
uttle Rebecca Mae	Practitioner - Non-Primary Care Provider (PCP)	~					~				
utler Rachael A	Practitioner - Non-Primary Care Provider (PCP)	~					~				
oshinski Alyssa	Practitioner - Non-Primary Care Provider (PCP)										
endker Megan	Practitioner - Non-Primary Care Provider (PCP)										
cnichol Meghan	Practitioner - Non-Primary Care Provider (PCP)										
to Diana	Practitioner - Non-Primary Care Provider (PCP)										
aul Esther Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
oggow Susanne K E	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
icosia Bethann R	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					



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Clark Nicole	Practitioner - Non-Primary Care Provider (PCP)										
Dalip K Khurana, Md., Pllc	Practitioner - Non-Primary Care Provider (PCP)	~									
Palmieri Teresa Marie	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Blasius Jonathan Paul Md	Practitioner - Non-Primary Care Provider (PCP)										
rabak Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Curtz Kathy Anne	Practitioner - Non-Primary Care Provider (PCP)	~									
Ferrucci Kim M	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Rana Muzamil	Practitioner - Non-Primary Care Provider (PCP)	~									
Flynn William J Jr Md	Practitioner - Non-Primary Care Provider (PCP)										
Stansberry Andrew J	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Samant Arvind Ramchandra	Practitioner - Non-Primary Care Provider (PCP)										
Shahid Naveed	Practitioner - Non-Primary Care Provider (PCP)	~									
uttuwaybi Bashir	Practitioner - Non-Primary Care Provider (PCP)										
likolaychook Lyudmila Yuryevna	Practitioner - Non-Primary Care Provider (PCP)	~									
lenna Biddlecom Pa	Practitioner - Non-Primary Care Provider (PCP)	~					~		~		
Mongiovi Jennifer Ms.	Practitioner - Non-Primary Care Provider (PCP)										
all Jodi Susan	Practitioner - Non-Primary Care Provider (PCP)										
Jrbanski Megan	Practitioner - Non-Primary Care Provider (PCP)										
Christopher Andrea	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Scheib Sandra	Practitioner - Non-Primary Care Provider (PCP)										
Paternostro Cristina	Practitioner - Non-Primary Care Provider (PCP)										
ee Jeon Hoo Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Sutaria Pragna Md	Practitioner - Non-Primary Care Provider (PCP)	~					~		~		
Dryja Eric David	Practitioner - Non-Primary Care Provider (PCP)	~				~					
D'Mara Thomas Ervin Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Diaz-Reyes Gustavo Adolfo Md	Practitioner - Non-Primary Care Provider (PCP)										
bdelhalim Ahmed N	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Mehboob Shahid Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Icgoldrick Dennis M	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~		
Nolina Isabel B	Practitioner - Non-Primary Care Provider (PCP)										
Thirunavukarasu Pragathees	Practitioner - Non-Primary Care Provider (PCP)										



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Diaz Ordaz Albert Jose Luis	Practitioner - Non-Primary Care Provider (PCP)	~									
Hodkin Steven H	Practitioner - Non-Primary Care Provider (PCP)	~									
Nelissa Aduddle Pa	Practitioner - Non-Primary Care Provider (PCP)	~									
litt James	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Caley Angelique	Practitioner - Non-Primary Care Provider (PCP)										
Greene Patrick	Practitioner - Non-Primary Care Provider (PCP)										
Cloutier Kathleen Jane	Practitioner - Non-Primary Care Provider (PCP)										
anski Cheryl Lynn	Practitioner - Non-Primary Care Provider (PCP)										
orgogelli Lynn Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
Cuechle Megan C	Practitioner - Non-Primary Care Provider (PCP)										
Blover Amy Lyn	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~		
ćawinski Bohdan Jerzy Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Polcaro Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Czyrny James J Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Oldenburg Molli M	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Miller Paula M Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Sullivan Brian P Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~				
avid A Kavjian Md	Practitioner - Non-Primary Care Provider (PCP)										
arussi Anthony T Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
lolly Luderman Np	Practitioner - Non-Primary Care Provider (PCP)	~									
Shastri R H	Practitioner - Non-Primary Care Provider (PCP)	~									
Gomez Suescun Jorge A Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
lason Paul J	Practitioner - Non-Primary Care Provider (PCP)	~									
lisbet Patricia A	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
)'Neil Mary Margaret Md	Practitioner - Non-Primary Care Provider (PCP)	~									
andzinski Dana I Md	Practitioner - Non-Primary Care Provider (PCP)	~									
age Diana	Practitioner - Non-Primary Care Provider (PCP)										
achel George Weselak	Practitioner - Non-Primary Care Provider (PCP)	~									
siros Emese	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Setsy Joelle Bodie	Practitioner - Non-Primary Care Provider (PCP)	~					~				
elley Briana Rose Rpa	Practitioner - Non-Primary Care Provider (PCP)	~		1							



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Saeed Mohammad Arshad	Practitioner - Non-Primary Care Provider (PCP)											
Mian Naima	Practitioner - Non-Primary Care Provider (PCP)	~										
Silva Gerard Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Jacob Sandra Marcey	Practitioner - Non-Primary Care Provider (PCP)						~					
Ocque Rebecca Zipporah	Practitioner - Non-Primary Care Provider (PCP)											
Krebs Ellen	Practitioner - Non-Primary Care Provider (PCP)											
arrell Megan O Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Warner Michelle G	Practitioner - Non-Primary Care Provider (PCP)	~		~		>	~		~			
Southard Amy L	Practitioner - Non-Primary Care Provider (PCP)	~										
Nwachukwu Juliette Joy Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Callen Wendy A	Practitioner - Non-Primary Care Provider (PCP)											
illis Ann F	Practitioner - Non-Primary Care Provider (PCP)	~										
Romano Karen Suzanne	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Suddaby Loubert S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Bogner Paul Nikolai Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Alvarez Perez Amy I Md	Practitioner - Non-Primary Care Provider (PCP)						~					
Munella Brenda May	Practitioner - Non-Primary Care Provider (PCP)	~				*	~					
Tebo, Leslie	Practitioner - Non-Primary Care Provider (PCP)	~	~			*						
Pamela Anne Hennesen	Practitioner - Non-Primary Care Provider (PCP)											
Rueda Jacqueline	Practitioner - Non-Primary Care Provider (PCP)	~							~			
Greiner Mariah	Practitioner - Non-Primary Care Provider (PCP)											
Ashton, Nicole	Practitioner - Non-Primary Care Provider (PCP)	~				*						
Rassman Jeffrey S Rpa	Practitioner - Non-Primary Care Provider (PCP)	~										
Conti David R Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Felaak June Marie	Practitioner - Non-Primary Care Provider (PCP)	~										
Zhao Jia	Practitioner - Non-Primary Care Provider (PCP)	~										
Schreier Tabrina S	Practitioner - Non-Primary Care Provider (PCP)											
Smolinski Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Vells Gastroenterology Llp	Practitioner - Non-Primary Care Provider (PCP)	~										
Krutchick Karen Lyn Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Rowland David M Md	Practitioner - Non-Primary Care Provider (PCP)	~										



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Dechert-Boss Betsey	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~		
Culliton Phillip Charles Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
Mazariegos Juan	Practitioner - Non-Primary Care Provider (PCP)	~									
Chouchani Gabriel E Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Thomas Rexford Lee Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~		
Bolnick Alan D Md	Practitioner - Non-Primary Care Provider (PCP)										
Geary William Alfred Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Apolito Kevin	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Kirsch Stephanie Ann	Practitioner - Non-Primary Care Provider (PCP)	~		~			~				
Fitzgerald Barry J Dpm	Practitioner - Non-Primary Care Provider (PCP)	~	~	~		~	~		~		
St Marie Mark S Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Grijalva Galo Alexander Md	Practitioner - Non-Primary Care Provider (PCP)										
Steinacher Richard S Do	Practitioner - Non-Primary Care Provider (PCP)	~									
Christiano Lori Ann	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~		
Griifin Jamie Patricia	Practitioner - Non-Primary Care Provider (PCP)										
Buczkowski Glenn Robert Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
allett John R Md	Practitioner - Non-Primary Care Provider (PCP)										
arnowski Melissa A Rpa	Practitioner - Non-Primary Care Provider (PCP)										
Cosgrove Edward Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Olizarowicz Paul R	Practitioner - Non-Primary Care Provider (PCP)										
Cywinski Matthew J Md	Practitioner - Non-Primary Care Provider (PCP)										
Dy Grace	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Baker Trudy R Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Ласiolek Deborah A Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
erin Peter Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Roche Charles Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Keating Daniel B	Practitioner - Non-Primary Care Provider (PCP)	~									
Nasca Paul C Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
Shomi Ali Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Konikoff Karen	Practitioner - Non-Primary Care Provider (PCP)	~									
Akers Stacey Nicole	Practitioner - Non-Primary Care Provider (PCP)	~									



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Nurkin Steven Jeremy	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Halliwell Kenneth	Practitioner - Non-Primary Care Provider (PCP)	~										
Kaufman Corine Sebast	Practitioner - Non-Primary Care Provider (PCP)	~										
Cushman, Sharon, Lcsw-R	Practitioner - Non-Primary Care Provider (PCP)											
Bertolo Justine Elyse	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Chella Karee A	Practitioner - Non-Primary Care Provider (PCP)	~										
Thompson Erika	Practitioner - Non-Primary Care Provider (PCP)											
Haspett Lori Anne	Practitioner - Non-Primary Care Provider (PCP)											
Dunn Erin L	Practitioner - Non-Primary Care Provider (PCP)											
Bunce Janelle C	Practitioner - Non-Primary Care Provider (PCP)											
Schratz Jeffrey John Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Parikh Parag Parmanand Md	Practitioner - Non-Primary Care Provider (PCP)											
Fitzgerald John Michael	Practitioner - Non-Primary Care Provider (PCP)	~										
Sansano Michael Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Tiberia Nicholas Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Gagliardi Martin Philip Md	Practitioner - Non-Primary Care Provider (PCP)											
Bonaccio Ermelinda	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Esper Jeffrey J Do	Practitioner - Non-Primary Care Provider (PCP)											
Iacona Marie A Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Kachurka Diana	Practitioner - Non-Primary Care Provider (PCP)											
Adams Timothy Martin Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Kindzia Amanda Jean	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~			
Barr Jennifer Jo	Practitioner - Non-Primary Care Provider (PCP)											
Mcvige Jennifer Williams	Practitioner - Non-Primary Care Provider (PCP)	~										
Radel Matthew Stephen	Practitioner - Non-Primary Care Provider (PCP)											
Ferraro Alison L	Practitioner - Non-Primary Care Provider (PCP)											
Eustace Mary Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Eckam Desiree Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Calandra Salvatore Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Phillips Jennifer D Rpa	Practitioner - Non-Primary Care Provider (PCP)	~										
Oconnor-Mullen Kathleen Anne	Practitioner - Non-Primary Care Provider (PCP)								1			



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Harm Linda Marie	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Curran Richard Russell	Practitioner - Non-Primary Care Provider (PCP)											
Drilling-Hunt Paula	Practitioner - Non-Primary Care Provider (PCP)											
Gutierrez Karen L	Practitioner - Non-Primary Care Provider (PCP)	~										
Acgrath Timothy	Practitioner - Non-Primary Care Provider (PCP)	~										
Flaherty Leayn Terese	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Crotzer Brian C Rpa	Practitioner - Non-Primary Care Provider (PCP)	~										
Scime-Cormie Dorothy M	Practitioner - Non-Primary Care Provider (PCP)											
Fanhehco Meliton L Md	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
Stancombe Mark D Rpa	Practitioner - Non-Primary Care Provider (PCP)											
/ager Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Bommireddipalli Srinivas S	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Menzel Jonathan	Practitioner - Non-Primary Care Provider (PCP)											
Carmona Josefina Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Polce Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Rummell, Joan	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
Crooks Rachel	Practitioner - Non-Primary Care Provider (PCP)											
ara Haynes Pa	Practitioner - Non-Primary Care Provider (PCP)											
Voodard Kara J	Practitioner - Non-Primary Care Provider (PCP)											
//Iclean Erika Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Merletti Theodore F Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Pili Roberto Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Rabadi Nashat H Md	Practitioner - Non-Primary Care Provider (PCP)											
uraif Najat Abdulaziz	Practitioner - Non-Primary Care Provider (PCP)	~										
Cuvshinoff Boris W Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Blessios George Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Czuczman Myron S Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Brecher Martin Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Prem Kathryn M	Practitioner - Non-Primary Care Provider (PCP)	~										
Celly Lynn Manganello	Practitioner - Non-Primary Care Provider (PCP)	~										
Choubmesser Mikhail	Practitioner - Non-Primary Care Provider (PCP)	~										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
inderski Robyn	Practitioner - Non-Primary Care Provider (PCP)										
Buchhalter Diana	Practitioner - Non-Primary Care Provider (PCP)										
Kendra Chelsea Rose	Practitioner - Non-Primary Care Provider (PCP)										
Benedicto Alberto C Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Santiano Jesus A T Md	Practitioner - Non-Primary Care Provider (PCP)	~									
oynton Frederick G Md	Practitioner - Non-Primary Care Provider (PCP)	~									
zulewski Celestine	Practitioner - Non-Primary Care Provider (PCP)	~									
opp Christopher F Md	Practitioner - Non-Primary Care Provider (PCP)	~									
íhan Mehdi A Md	Practitioner - Non-Primary Care Provider (PCP)										
Najewski Sara Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
anjan Rajiv Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
hmed Mohamed	Practitioner - Non-Primary Care Provider (PCP)	~									
laddison Jennifer Charles	Practitioner - Non-Primary Care Provider (PCP)										
Rood Patrick Rpa	Practitioner - Non-Primary Care Provider (PCP)										
ister Anthony	Practitioner - Non-Primary Care Provider (PCP)	~					~				
eonard Elizabeth Mrs.	Practitioner - Non-Primary Care Provider (PCP)										
loon Melanie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~									
Golden Jeffrey	Practitioner - Non-Primary Care Provider (PCP)										
errano Phillip Mr.	Practitioner - Non-Primary Care Provider (PCP)										
reibelbis Carrie	Practitioner - Non-Primary Care Provider (PCP)										
groi Faith Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
/lurphy Kathryn Lynn	Practitioner - Non-Primary Care Provider (PCP)										
oscia John Do	Practitioner - Non-Primary Care Provider (PCP)										
elley Peter J	Practitioner - Non-Primary Care Provider (PCP)										
Gelfer Alexander Boris Md	Practitioner - Non-Primary Care Provider (PCP)	~									
arsons David W	Practitioner - Non-Primary Care Provider (PCP)	~									
ee Jae S Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Sherris David Allen	Practitioner - Non-Primary Care Provider (PCP)	~									
oyle Lynn Marie	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Pietrantoni Celestino Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Raczyk Cheryl	Practitioner - Non-Primary Care Provider (PCP)	~					~				



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Gibb Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Mccrea Harry Eugene lii	Practitioner - Non-Primary Care Provider (PCP)	~										
Rizzo Maria T	Practitioner - Non-Primary Care Provider (PCP)	~										
_orusso Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Storer Andrew	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Ontiveros Evelena	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Brett Maria Christina	Practitioner - Non-Primary Care Provider (PCP)											
Dulski Rachel Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Jain Ankur	Practitioner - Non-Primary Care Provider (PCP)											
Paragh Gyorgy	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Lex Jacqueline A	Practitioner - Non-Primary Care Provider (PCP)	~										
Salemme Andrea	Practitioner - Non-Primary Care Provider (PCP)											
Asbach Michael Thomas	Practitioner - Non-Primary Care Provider (PCP)	~										
Schrimmel Lindsey Nicole	Practitioner - Non-Primary Care Provider (PCP)	~										
Jennifer Earsing Np	Practitioner - Non-Primary Care Provider (PCP)	~										
Heim Brenda F	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~			
Tober Sheila Novelli	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~			
Bell Judith A	Practitioner - Non-Primary Care Provider (PCP)											
Aungst Molly B	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Knight Timothy C	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Gass Frederick C Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Egnatchik James G Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Berenji Farid Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Sultz Jerald R Md	Practitioner - Non-Primary Care Provider (PCP)											
Fruskinovsky Alexander Moses	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Pesono Sharon Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Falvo Mark Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Nadhawan Sachin	Practitioner - Non-Primary Care Provider (PCP)	~										
/ona Karen Lynne	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Peterson Andrew Craig	Practitioner - Non-Primary Care Provider (PCP)	~										
Gavin Julie Md	Practitioner - Non-Primary Care Provider (PCP)	~							1			



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* Safety Net Providers in Green	Douticinatina	in Projects										
	Participating				T	1						
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Bradigan Shana Katherine	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Wollaber Jennifer M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Moscato John A Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Sikorski Marcus	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Delbello, Julie	Practitioner - Non-Primary Care Provider (PCP)	~				~						
Deangelis Malia L	Practitioner - Non-Primary Care Provider (PCP)											
Pabilonia Jaime A Md	Practitioner - Non-Primary Care Provider (PCP)											
Moore Michael C Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Eckert Jeffrey	Practitioner - Non-Primary Care Provider (PCP)											
Thayer Tammy M	Practitioner - Non-Primary Care Provider (PCP)											
Nowak David	Practitioner - Non-Primary Care Provider (PCP)											
Kijowski Christophe	Practitioner - Non-Primary Care Provider (PCP)											
Lissa Frances Capuson	Practitioner - Non-Primary Care Provider (PCP)	~										
Everett Melissa Michelle	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Morra Joshua Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Rogers Kim	Practitioner - Non-Primary Care Provider (PCP)											
Jennifer Kathleen Guarino	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Kirstein Ruta Marie	Practitioner - Non-Primary Care Provider (PCP)											
Sibiga Lauralee	Practitioner - Non-Primary Care Provider (PCP)	~		~			~					
Pastore Stephanie	Practitioner - Non-Primary Care Provider (PCP)											
Carminati Kelsey Jean	Practitioner - Non-Primary Care Provider (PCP)											
Bitikofer Kristin Marie Pa	Practitioner - Non-Primary Care Provider (PCP)	~										
Butler Michael P Dpm	Practitioner - Non-Primary Care Provider (PCP)	~										
William D Fritz Md	Practitioner - Non-Primary Care Provider (PCP)											
Erick Lynda M	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Orlowski Mark Thomas Sr	Practitioner - Non-Primary Care Provider (PCP)											
Singh Amarjit Md	Practitioner - Non-Primary Care Provider (PCP)											
Carlson David E	Practitioner - Non-Primary Care Provider (PCP)											
Avino David Md	Practitioner - Non-Primary Care Provider (PCP)	~					1					
Brown Jennifer Md	Practitioner - Non-Primary Care Provider (PCP)	~					1					
Geiger Patricia A	Practitioner - Non-Primary Care Provider (PCP)			†			1		1			



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Mechtler Laszlo L Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Bambach Barbara J Md	Practitioner - Non-Primary Care Provider (PCP)										
Hare Gregory Berton Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Pell Michael Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	~									
anes Peter T Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Piotrowski Edward Stanley Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
quino Michael D Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
/liner Loretta Butterfield	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Starostik Petr Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Pieczonka Sheila M Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Meagher Brian D Md	Practitioner - Non-Primary Care Provider (PCP)										
Demmy Todd L Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
lein Kimberly A Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~				
ddagatla Sujatha Md	Practitioner - Non-Primary Care Provider (PCP)	~									
losi Julie Ann Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
reymer Michael	Practitioner - Non-Primary Care Provider (PCP)	~									
i Xiuli	Practitioner - Non-Primary Care Provider (PCP)	~									
latson Tiffany Ms.	Practitioner - Non-Primary Care Provider (PCP)										
e Boer Katherine Pauline	Practitioner - Non-Primary Care Provider (PCP)										
madori Jillian	Practitioner - Non-Primary Care Provider (PCP)										
Cammarata, Michael	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Ooran Alexandrea	Practitioner - Non-Primary Care Provider (PCP)										
lakim Shabbir Z Md	Practitioner - Non-Primary Care Provider (PCP)	~									
liersbach Nicole M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~		~		
iordano Paul B Md	Practitioner - Non-Primary Care Provider (PCP)										
tefanick Barbara	Practitioner - Non-Primary Care Provider (PCP)	~									
iznyk Peter John Dpm	Practitioner - Non-Primary Care Provider (PCP)										
mber Michelle Nocek	Practitioner - Non-Primary Care Provider (PCP)										
evea Charles Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Veitzenkorn Dan Edward	Practitioner - Non-Primary Care Provider (PCP)	~									
Vebb Mary	Practitioner - Non-Primary Care Provider (PCP)										



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* Safety Net Providers in Green	B. at the	in Duningto										
	Participating											
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Losito Patrick J	Practitioner - Non-Primary Care Provider (PCP)											
Faller Julia Barber Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Sobieraj Scott Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Burke Mark Steven	Practitioner - Non-Primary Care Provider (PCP)	~							~			
Petroziello Michael	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Zafar Jill Ellyn	Practitioner - Non-Primary Care Provider (PCP)	~					✓					
Hoare Krista Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Speight Joann	Practitioner - Non-Primary Care Provider (PCP)											
Harper Michelle C Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Lema Bethany	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Hernandez Evette M	Practitioner - Non-Primary Care Provider (PCP)											
Robinson Peter S Md	Practitioner - Non-Primary Care Provider (PCP)	~				~	~					
Schmitt Andrea R	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Sanjay Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Ciechoski Mary J	Practitioner - Non-Primary Care Provider (PCP)	~										
Leberer Joseph P Md	Practitioner - Non-Primary Care Provider (PCP)											
Czajka Gregory Allan	Practitioner - Non-Primary Care Provider (PCP)	~										
Pollina John Md	Practitioner - Non-Primary Care Provider (PCP)											
Laplante Brian Patrick Rpa	Practitioner - Non-Primary Care Provider (PCP)	~										
Diefenbach William Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Buran Joseph Edward	Practitioner - Non-Primary Care Provider (PCP)	~										
Khurana Pamela Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Laudico Thomas Joseph Do	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Raymond Lisa A	Practitioner - Non-Primary Care Provider (PCP)	~										
Canzoneri Joan Marie	Practitioner - Non-Primary Care Provider (PCP)											
Ratliff David	Practitioner - Non-Primary Care Provider (PCP)	~										
Gillet Bethany Marie	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~			
Campbell-Julien Sheryl Antoinett	Practitioner - Non-Primary Care Provider (PCP)											
Kalstek Ashley	Practitioner - Non-Primary Care Provider (PCP)											
Seelbinder Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Cellini Donna	Practitioner - Non-Primary Care Provider (PCP)											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Huebschmann John Charles Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Conti Robert Ross Md	Practitioner - Non-Primary Care Provider (PCP)											
Reinhart Stephen G Rpa	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~			
Andrews Thomas J Md	Practitioner - Non-Primary Care Provider (PCP)											
Lippes Howard A Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Mitchell Michael Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Wiles John B Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Lee Keun Yong Md	Practitioner - Non-Primary Care Provider (PCP)											
Scott Robert Willard Md	Practitioner - Non-Primary Care Provider (PCP)											
Grossman Zachary D Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Alhattab Eyad S Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Osigweh Juanne Marlyn	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Weingarten Michael	Practitioner - Non-Primary Care Provider (PCP)	~										
Domon Alesha Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Mccue Patrick Ryan	Practitioner - Non-Primary Care Provider (PCP)											
O'Brien Shannon	Practitioner - Non-Primary Care Provider (PCP)											
Bates Ashley	Practitioner - Non-Primary Care Provider (PCP)											
Braasch Brittany Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Snyderman Michael C Md	Practitioner - Non-Primary Care Provider (PCP)	~										
So Blesilda Sarminento Md	Practitioner - Non-Primary Care Provider (PCP)	~				~	~					
Geraci Michael Charles Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Aliotta Philip Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Dibella Michael David P Md	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Vigna Franco E Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Johnson Rurik Carnahan Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Ostrowski Philip Martin	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~			
Beckman, Kevin	Practitioner - Non-Primary Care Provider (PCP)											
Woloszyn Susan D	Practitioner - Non-Primary Care Provider (PCP)											
Rokitka Denise A Md	Practitioner - Non-Primary Care Provider (PCP)											
Hong Michael Joseph	Practitioner - Non-Primary Care Provider (PCP)	~										
Roberto Craig M	Practitioner - Non-Primary Care Provider (PCP)											†



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
anik Katie Ann	Practitioner - Non-Primary Care Provider (PCP)										
Rose Rebecca Ms.	Practitioner - Non-Primary Care Provider (PCP)										
D'Brien Bonnie	Practitioner - Non-Primary Care Provider (PCP)										
Perry Andrea	Practitioner - Non-Primary Care Provider (PCP)										
ox Carrie Ann	Practitioner - Non-Primary Care Provider (PCP)										
asek Lana Marie Np	Practitioner - Non-Primary Care Provider (PCP)	~	~				~		~		
Marzinek Gil Zdzislaw Md	Practitioner - Non-Primary Care Provider (PCP)										
Rycyna James L Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Sobie Stephen R Md	Practitioner - Non-Primary Care Provider (PCP)										
Accarthy Philip Louis Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
lloomberg Richard D Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Gugino Lawrence J Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ukoda Kari	Practitioner - Non-Primary Care Provider (PCP)										
esser Christie Lynn	Practitioner - Non-Primary Care Provider (PCP)										
Reilly Kerry B	Practitioner - Non-Primary Care Provider (PCP)										
lolmlund Tomas Henry Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Norton Scott M	Practitioner - Non-Primary Care Provider (PCP)										
rewer Thomas J Md	Practitioner - Non-Primary Care Provider (PCP)	~									
irtuoso Cristina Ellia	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~		
lorgan Erin	Practitioner - Non-Primary Care Provider (PCP)										
och, Shannon	Practitioner - Non-Primary Care Provider (PCP)										
Vabick Jarod	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
ticht Rebecca M	Practitioner - Non-Primary Care Provider (PCP)										
Pelo Megan	Practitioner - Non-Primary Care Provider (PCP)										
tichir, Theresa	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
Guterman Lee Rand Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Vebb Keith John	Practitioner - Non-Primary Care Provider (PCP)										
Ratnakaram Ramakrishna	Practitioner - Non-Primary Care Provider (PCP)										
uthra Ranjana Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Koulisis Christo William Md	Practitioner - Non-Primary Care Provider (PCP)										
ang Minsoo Md	Practitioner - Non-Primary Care Provider (PCP)	~									



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Digiulio Laura N	Practitioner - Non-Primary Care Provider (PCP)	~									
Dofitas Steve Banaria Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Stoklosa Suzanne E	Practitioner - Non-Primary Care Provider (PCP)	~									
Micale Alberta Borgese Md	Practitioner - Non-Primary Care Provider (PCP)										
Bernas Geoffrey Allen Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Acquilano, Kristen	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Husted Margaret	Practitioner - Non-Primary Care Provider (PCP)										
aisal Shah	Practitioner - Non-Primary Care Provider (PCP)	~									
Casselman Courtney Lynn	Practitioner - Non-Primary Care Provider (PCP)										
Michael Wellington Faulk	Practitioner - Non-Primary Care Provider (PCP)										
Harding Desiree J	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Menon Zubin	Practitioner - Non-Primary Care Provider (PCP)	~					~		~		
lerberger Cindy	Practitioner - Non-Primary Care Provider (PCP)										
origo Raymond Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Coppersmith Julie Michele	Practitioner - Non-Primary Care Provider (PCP)										
Adib Keenan	Practitioner - Non-Primary Care Provider (PCP)										
Voolcott Adine	Practitioner - Non-Primary Care Provider (PCP)										
Cromwell Nicholas L Md	Practitioner - Non-Primary Care Provider (PCP)	~									
erguson Michael Scott	Practitioner - Non-Primary Care Provider (PCP)	~									
laq Nadeem UI Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Piscatelli James J Md	Practitioner - Non-Primary Care Provider (PCP)										
Ramsdell Robert James Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
omasini Judy Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~									
'ap Johnny Chun-Ya Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Nogensen Kathleen A	Practitioner - Non-Primary Care Provider (PCP)	~					~				
apoint Paul Justin Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Gelormini Joseph L Md	Practitioner - Non-Primary Care Provider (PCP)	~									
lamassivaya Arundathi Md	Practitioner - Non-Primary Care Provider (PCP)	~									
loller-Kennedy, Gail	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Zulawski Christopher A	Practitioner - Non-Primary Care Provider (PCP)	~									
Pagliuca Theresa Md	Practitioner - Non-Primary Care Provider (PCP)										



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Card Tiffany Elizabeth Rpa-C	Practitioner - Non-Primary Care Provider (PCP)	~									
Beaupin Lynda Myong	Practitioner - Non-Primary Care Provider (PCP)										
acqueline S Partridge	Practitioner - Non-Primary Care Provider (PCP)										
eyapalan Gerald Rajish	Practitioner - Non-Primary Care Provider (PCP)										
lorton Amanda Marie	Practitioner - Non-Primary Care Provider (PCP)										
Pabkowski Stefan	Practitioner - Non-Primary Care Provider (PCP)										
arnham Noelle	Practitioner - Non-Primary Care Provider (PCP)										
Behrens Kathleen	Practitioner - Non-Primary Care Provider (PCP)										
Viggers Kate Louise	Practitioner - Non-Primary Care Provider (PCP)										
Gupta Alok Deep Md	Practitioner - Non-Primary Care Provider (PCP)										
Pendyala Prashant Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Campione Peter A Md	Practitioner - Non-Primary Care Provider (PCP)										
othman Ilene L Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Vinterburn Karen Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~						~			
//Icgrath Brian E Md	Practitioner - Non-Primary Care Provider (PCP)	~									
lbrecht Friedrich Joachim Md	Practitioner - Non-Primary Care Provider (PCP)	~									
effrey Wade Martinez	Practitioner - Non-Primary Care Provider (PCP)	~									
Pula David Aaron	Practitioner - Non-Primary Care Provider (PCP)										
iladora Victor Anthony Ii Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
urlani Karen	Practitioner - Non-Primary Care Provider (PCP)	~					~				
oehmholdt John	Practitioner - Non-Primary Care Provider (PCP)	~									
Bates Vernice E Md	Practitioner - Non-Primary Care Provider (PCP)	~									
stryker Melissa	Practitioner - Non-Primary Care Provider (PCP)										
Devereaux Lisa Ms.	Practitioner - Non-Primary Care Provider (PCP)										
Damian Daniel Zakroczemski	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
lerron Stephanie	Practitioner - Non-Primary Care Provider (PCP)										
lolland Darren M	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
lenn Amy	Practitioner - Non-Primary Care Provider (PCP)										
ee Kelvin Paul Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Shirley Erin E	Practitioner - Non-Primary Care Provider (PCP)										
Haque Shabrin Anjum Md	Practitioner - Non-Primary Care Provider (PCP)										



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Roberts Douglas Lee Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Kastner Kelly A Rpa	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~			
ee-Kwen Peterkin Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Salerno Kilian E Md	Practitioner - Non-Primary Care Provider (PCP)	~										
arnot Angela Marie	Practitioner - Non-Primary Care Provider (PCP)	~		~			~					
asey David M Dds	Practitioner - Non-Primary Care Provider (PCP)	~					~					
oud Peter Alden Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
rasad Dheerendra Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
chumer Mary Louise	Practitioner - Non-Primary Care Provider (PCP)	~										
hah Syed Asif Ali Md	Practitioner - Non-Primary Care Provider (PCP)											
amadi Dilara E Md	Practitioner - Non-Primary Care Provider (PCP)											
arentis Michael A Md	Practitioner - Non-Primary Care Provider (PCP)	~										
ashin Jeffrey D Md	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
uccio Mark J Dpm	Practitioner - Non-Primary Care Provider (PCP)											
emia Ronald E Md	Practitioner - Non-Primary Care Provider (PCP)											
auer Andrea M	Practitioner - Non-Primary Care Provider (PCP)	~										
arlson Russell E Md	Practitioner - Non-Primary Care Provider (PCP)	~										
aikali Nicolas P	Practitioner - Non-Primary Care Provider (PCP)											
rimmer Jennifer Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	~					~					
ettit Casey Lin	Practitioner - Non-Primary Care Provider (PCP)											
isborg Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
apuscinski Samantha Lynn	Practitioner - Non-Primary Care Provider (PCP)											
alverson Amber	Practitioner - Non-Primary Care Provider (PCP)											
nderwood lii Willie	Practitioner - Non-Primary Care Provider (PCP)	~					~					
ee Frank M Md	Practitioner - Non-Primary Care Provider (PCP)	~										
ham Dang Tuan Md	Practitioner - Non-Primary Care Provider (PCP)	~										
anna Timothy E	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Icadam Frederick B Md	Practitioner - Non-Primary Care Provider (PCP)	~										
drian Peter G Md	Practitioner - Non-Primary Care Provider (PCP)	~										
arrel Jeffrey M Dpm	Practitioner - Non-Primary Care Provider (PCP)											
omaszewski Garin Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					_



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	Participating					1				1		
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Alt llene H	Practitioner - Non-Primary Care Provider (PCP)	~										
Patterson Daniel John Do	Practitioner - Non-Primary Care Provider (PCP)	~										
Rimawi Abdallah O Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Purcell Eileen Barbara	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Karczewski Donna	Practitioner - Non-Primary Care Provider (PCP)											
Zinno Matthew Joseph	Practitioner - Non-Primary Care Provider (PCP)	~										
Nassoiy Allison Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Cornell Waseya Alicia Md	Practitioner - Non-Primary Care Provider (PCP)	>										
Burbulea Ghinita	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Lufkin Laura Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Andrea Sturniolo Pa	Practitioner - Non-Primary Care Provider (PCP)	~										
Maloney Collin	Practitioner - Non-Primary Care Provider (PCP)											
Janocha Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)											
Brooks-Devlin Terry Jo	Practitioner - Non-Primary Care Provider (PCP)											
Chichelli Trevor Lee	Practitioner - Non-Primary Care Provider (PCP)											
Mann Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Heiler Stacy A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Nancy Anne	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Vasquez Michael A Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~										
Watt Courtenay C Md	Practitioner - Non-Primary Care Provider (PCP)	~										
May Janet M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~			
Grace Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Conner George W Md	Practitioner - Non-Primary Care Provider (PCP)	~						~				
Deperio Jeffrey Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Branigan Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Frost Marc Steven Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Shields Peter E Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Loehfelm Robyn	Practitioner - Non-Primary Care Provider (PCP)	~										
Shah Siddhartha S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Gritters Lyndon Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Gregoritch Steven J Md	Practitioner - Non-Primary Care Provider (PCP)	~										



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	Participating i	in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Skomra Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Wier Stacie L	Practitioner - Non-Primary Care Provider (PCP)	~										
Smith Evan	Practitioner - Non-Primary Care Provider (PCP)											
Lauren Marie Jendraszek	Practitioner - Non-Primary Care Provider (PCP)	~										
Arndt Debra L	Practitioner - Non-Primary Care Provider (PCP)	~						~				
Pliss Lioudmila	Practitioner - Non-Primary Care Provider (PCP)											
Toni Marie Ventrilla Pa	Practitioner - Non-Primary Care Provider (PCP)	~										
Jeziorski Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Grisanti Michael W Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~										
Herle Aravind Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Dipizio Anne M	Practitioner - Non-Primary Care Provider (PCP)	~										
Elman Richard S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Koenig Jeannie Kao Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Grace Timothy J	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Baumann Louis R Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Singla Smit	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Ovoretsky Philip	Practitioner - Non-Primary Care Provider (PCP)	~										
Smith Elizabeth D Np	Practitioner - Non-Primary Care Provider (PCP)	~										
Nacker Timothy R Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Prefontaine Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Powell John William	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Mata Brian	Practitioner - Non-Primary Care Provider (PCP)											
Huang Miriam	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Bubar Michael Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Snyder Kristen	Practitioner - Non-Primary Care Provider (PCP)											
Haseley Laura Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Kuriakose Moni	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Cieri Sarina Michelle	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Williams Karen	Practitioner - Non-Primary Care Provider (PCP)											
Bartz Megan	Practitioner - Non-Primary Care Provider (PCP)											_
Hashmi Yahya Jawaid Md	Practitioner - Non-Primary Care Provider (PCP)											



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Campion James Patterson Md	Practitioner - Non-Primary Care Provider (PCP)	~				~	~				
Babu Arun Nedium Md	Practitioner - Non-Primary Care Provider (PCP)										
Miller Craig Cameron Md	Practitioner - Non-Primary Care Provider (PCP)										
Hicks Wesley L Jr Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Vopperer James Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~									
/urphy Helen C	Practitioner - Non-Primary Care Provider (PCP)										
Vard Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)										
Alraiyes Abdul Hamid	Practitioner - Non-Primary Care Provider (PCP)						~				
ricia Difranco Pa	Practitioner - Non-Primary Care Provider (PCP)	~									
Kass-Hout Omar	Practitioner - Non-Primary Care Provider (PCP)	~									
loel Marie-Eve Christine	Practitioner - Non-Primary Care Provider (PCP)										
Chubineh Saman B	Practitioner - Non-Primary Care Provider (PCP)	~									
dwards Thomas Mr.	Practitioner - Non-Primary Care Provider (PCP)										
lenley Stephanie	Practitioner - Non-Primary Care Provider (PCP)										
Ruvio Carrie A	Practitioner - Non-Primary Care Provider (PCP)										
Susan Gayle Mclanahan	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
reland Katie Roselyn	Practitioner - Non-Primary Care Provider (PCP)	~						~			
rownell Brandon James	Practitioner - Non-Primary Care Provider (PCP)										
Volin Richard Elliot Md	Practitioner - Non-Primary Care Provider (PCP)										
Caushal Ashok Md	Practitioner - Non-Primary Care Provider (PCP)										
Vnek Amy Lynn Md	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~				
Oolan Dawn M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~		~		
Rondeau Cherie R	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Rozmus Grzegorz Przemyslaw Md	Practitioner - Non-Primary Care Provider (PCP)										
Dahlie James G Md	Practitioner - Non-Primary Care Provider (PCP)										
Celly James Joseph Do	Practitioner - Non-Primary Care Provider (PCP)	~									
lanzly Michael Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
Pleskow Heather	Practitioner - Non-Primary Care Provider (PCP)										
Cole Robert Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Zimpfer Elliot	Practitioner - Non-Primary Care Provider (PCP)										
Harding Laura Mrs.	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Phipps Andrea Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
ertalino Jaclyn Marie	Practitioner - Non-Primary Care Provider (PCP)										
Schwartz Rachel Cara	Practitioner - Non-Primary Care Provider (PCP)										
ajeunesse Suzette Marie Md	Practitioner - Non-Primary Care Provider (PCP)										
rewer Tara J	Practitioner - Non-Primary Care Provider (PCP)	~		>		~	~		~		
rien Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
elm Thomas N Md	Practitioner - Non-Primary Care Provider (PCP)										
arter John M Md	Practitioner - Non-Primary Care Provider (PCP)	~									
reundel Anthony D Md	Practitioner - Non-Primary Care Provider (PCP)	~									
arallo Mark A Md	Practitioner - Non-Primary Care Provider (PCP)										
eyser Michael Bardo	Practitioner - Non-Primary Care Provider (PCP)	~									
iffany Linda Leigh	Practitioner - Non-Primary Care Provider (PCP)	~					~				
lilliron Heather H	Practitioner - Non-Primary Care Provider (PCP)	~		>			~		~		
hin Kyu H Md	Practitioner - Non-Primary Care Provider (PCP)	~									
odoro Carl A Md	Practitioner - Non-Primary Care Provider (PCP)	~									
erryberry Christine Pa	Practitioner - Non-Primary Care Provider (PCP)										
larotta Kelly Np	Practitioner - Non-Primary Care Provider (PCP)										
hmad Anees Md	Practitioner - Non-Primary Care Provider (PCP)	~									
mith Eileen Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~		~		
nandacoomaraswamy Dharshan	Practitioner - Non-Primary Care Provider (PCP)	~					~				
houchani Christian P	Practitioner - Non-Primary Care Provider (PCP)	~									
ell Katie M Rpa	Practitioner - Non-Primary Care Provider (PCP)	~				~	~				
asnick Joseph Michael Np	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Ortolano Leanne Elise	Practitioner - Non-Primary Care Provider (PCP)	~					~				
nain Shirley A Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ade Michael P Md	Practitioner - Non-Primary Care Provider (PCP)	~									
oland Todd A Rpa	Practitioner - Non-Primary Care Provider (PCP)										
ueda Benjamin G Md	Practitioner - Non-Primary Care Provider (PCP)	~									
olisoto Thomas Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ver Renuka Vijay Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Perillo Frank B Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
atona Marlene K	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
Gruttaria Tonya Lea	Practitioner - Non-Primary Care Provider (PCP)	~									
Schaus Benjamin	Practitioner - Non-Primary Care Provider (PCP)	~									
arrugia David Joseph Jr	Practitioner - Non-Primary Care Provider (PCP)	~									
yan Maureen A	Practitioner - Non-Primary Care Provider (PCP)										
oneberg Anna Maria	Practitioner - Non-Primary Care Provider (PCP)	~									
utkowski John M Md	Practitioner - Non-Primary Care Provider (PCP)	~									
oover Elizabeth Jane	Practitioner - Non-Primary Care Provider (PCP)										
oanne Campbell Pa	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		
Coksal Gulsum	Practitioner - Non-Primary Care Provider (PCP)										
ickson Lori	Practitioner - Non-Primary Care Provider (PCP)										
Cifranick Stacie Ann Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
lusain Syed Sajid Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ames O'May Pa	Practitioner - Non-Primary Care Provider (PCP)	~									
Chang Matthew S Md	Practitioner - Non-Primary Care Provider (PCP)	~				~	~				
lartin Raquel Gertrud Md	Practitioner - Non-Primary Care Provider (PCP)	~									
/illiams Robert W Md	Practitioner - Non-Primary Care Provider (PCP)										
olarusso Elizabeth A	Practitioner - Non-Primary Care Provider (PCP)										
ockoff Jeffrey B Md	Practitioner - Non-Primary Care Provider (PCP)	~									
isher Andrea L Rpa	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~		
Neyer Jennifer Rpa	Practitioner - Non-Primary Care Provider (PCP)	~					~				
azik Elaine Marie	Practitioner - Non-Primary Care Provider (PCP)	~									
isco Jeffrey John Md	Practitioner - Non-Primary Care Provider (PCP)										
Danziger Iris R Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ampasso James G Md	Practitioner - Non-Primary Care Provider (PCP)	~									
liemiec Edward Robert Md	Practitioner - Non-Primary Care Provider (PCP)	~									
ssitschenko Rebecca A Fpn	Practitioner - Non-Primary Care Provider (PCP)										
anton Melissa Mary Rpa	Practitioner - Non-Primary Care Provider (PCP)										
larinides George N Md	Practitioner - Non-Primary Care Provider (PCP)	~									
opez Lorraine Anne	Practitioner - Non-Primary Care Provider (PCP)										
andreessen Linda	Practitioner - Non-Primary Care Provider (PCP)										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv 2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Klopp Laura Eve	Practitioner - Non-Primary Care Provider (PCP)	~				~		~			
Lamonica Dominick	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Longdon Marlene Carolyn	Practitioner - Non-Primary Care Provider (PCP)										
Geary Maureen Jean	Practitioner - Non-Primary Care Provider (PCP)										
White Ryan G Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Cardamone Joseph Gasper Md	Practitioner - Non-Primary Care Provider (PCP)										
Serra David Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Hochwald Steven N	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Panahon Alvin M Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Meholick Alan W Md	Practitioner - Non-Primary Care Provider (PCP)	~									
O'Donnell Katherine Anne Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Fetterman Charles Jason Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Raghu Bellamkond Sundara V Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Passmore Natalie Ann	Practitioner - Non-Primary Care Provider (PCP)	~									
Betz Mary K Rpa	Practitioner - Non-Primary Care Provider (PCP)	~									
Donahue Eileen F	Practitioner - Non-Primary Care Provider (PCP)	~									
Karkut Christopher John	Practitioner - Non-Primary Care Provider (PCP)	~									
Gayle Calletta S Lpn	Practitioner - Non-Primary Care Provider (PCP)										
Kandukurti Kiran	Practitioner - Non-Primary Care Provider (PCP)										
Vaughn Marie Sheeran	Practitioner - Non-Primary Care Provider (PCP)										
Brady Maureen Rose	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Edbauer Michael Md	Practitioner - Non-Primary Care Provider (PCP)										
Jacobson Todd Allen	Practitioner - Non-Primary Care Provider (PCP)										
Cirbus James Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	~			~	~					
Morrison Carl D Md	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Mcmahon Karen Anne	Practitioner - Non-Primary Care Provider (PCP)										
Khanam Rashida Md	Practitioner - Non-Primary Care Provider (PCP)										
Lemmon Judy A	Practitioner - Non-Primary Care Provider (PCP)										
Rew James Paul	Practitioner - Non-Primary Care Provider (PCP)	~									
Wetzel Beverly A Rpa	Practitioner - Non-Primary Care Provider (PCP)	~				~					
Wind William Michael Md	Practitioner - Non-Primary Care Provider (PCP)	~									



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Community Partners of WNY (PPS ID:46)

	Participating ¹	in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Deeb George Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Buck Steven H Md	Practitioner - Non-Primary Care Provider (PCP)											
Panahon Norma C Md	Practitioner - Non-Primary Care Provider (PCP)											
Taylor Martina	Practitioner - Non-Primary Care Provider (PCP)	~										
Ailler Mary	Practitioner - Non-Primary Care Provider (PCP)											
Huff Devon Michael	Practitioner - Non-Primary Care Provider (PCP)											
Ertel Bradley R	Practitioner - Non-Primary Care Provider (PCP)	~										
Cacho Cele Sarai	Practitioner - Non-Primary Care Provider (PCP)											
Ohigbai Ailende Egwaikwide	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
Ciccarelli Samantha	Practitioner - Non-Primary Care Provider (PCP)											
Pfalzer David	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
rancescutti Valerie	Practitioner - Non-Primary Care Provider (PCP)	~					~					
/eech Alyssa	Practitioner - Non-Primary Care Provider (PCP)											
Skibitsky Ryan	Practitioner - Non-Primary Care Provider (PCP)											
Cheruvu Raja S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Brown Ian Macdowell Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Stoeckl Andrew	Practitioner - Non-Primary Care Provider (PCP)	~										
Bell James Ryan	Practitioner - Non-Primary Care Provider (PCP)											
Rand Lawrence G Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Moreland Douglas B Md Pc	Practitioner - Non-Primary Care Provider (PCP)	~										
Qiu Jingxin	Practitioner - Non-Primary Care Provider (PCP)	~					~					
iu Hong Md	Practitioner - Non-Primary Care Provider (PCP)											
Deshmukh Prajwal Ashok	Practitioner - Non-Primary Care Provider (PCP)											
Nissert Matthew John	Practitioner - Non-Primary Care Provider (PCP)	~										
Bax Chelsie Ann	Practitioner - Non-Primary Care Provider (PCP)	~										
Brownschidle Sara	Practitioner - Non-Primary Care Provider (PCP)											
Clancy Kristin Ann Pa	Practitioner - Non-Primary Care Provider (PCP)	~										
Matier Brian	Practitioner - Non-Primary Care Provider (PCP)											
Coolidge Jonathan N	Practitioner - Non-Primary Care Provider (PCP)	~										
Elise Cruce Pa	Practitioner - Non-Primary Care Provider (PCP)	~										
Nelson Kathryn Anne	Practitioner - Non-Primary Care Provider (PCP)											



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Corigliano Kathryn Ann	Practitioner - Non-Primary Care Provider (PCP)										
Lisker Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
Lilleby Jennifer	Practitioner - Non-Primary Care Provider (PCP)										
Kozlowski Sarah Josephine	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
D'Hara Corrie	Practitioner - Non-Primary Care Provider (PCP)	~					~				
illie David B Md	Practitioner - Non-Primary Care Provider (PCP)										
Parkhurst Rebecca Lynn	Practitioner - Non-Primary Care Provider (PCP)										
Callahan John	Practitioner - Non-Primary Care Provider (PCP)	~									
Romanowski Cindy R Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Gissou Azabdaftari	Practitioner - Non-Primary Care Provider (PCP)	~					~				
ancu Dan Mhai Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Conway James T Md	Practitioner - Non-Primary Care Provider (PCP)										
ronica Lynn-Marie Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Merletti Michael J Dpm	Practitioner - Non-Primary Care Provider (PCP)	~									
ichtenthal Michelle D	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Canna Mary P	Practitioner - Non-Primary Care Provider (PCP)										
Rockwell Bruce H Md	Practitioner - Non-Primary Care Provider (PCP)										
lylander Emmekunla Karen Md	Practitioner - Non-Primary Care Provider (PCP)	~									
)'Donnell Tanni M Rpa	Practitioner - Non-Primary Care Provider (PCP)										
rol Amber	Practitioner - Non-Primary Care Provider (PCP)										
aylor Ryann Illig	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~		
flasud Ali	Practitioner - Non-Primary Care Provider (PCP)										
Heyden Amy L	Practitioner - Non-Primary Care Provider (PCP)	~									
Neghan Joan Kurtz	Practitioner - Non-Primary Care Provider (PCP)	~					~				
liggins Emily	Practitioner - Non-Primary Care Provider (PCP)										
Almyroudis Nikolaos Md	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Naples Nicholas Do	Practitioner - Non-Primary Care Provider (PCP)	~									
Bhagwandas L Sutaria	Practitioner - Non-Primary Care Provider (PCP)										
auricella Karen S	Practitioner - Non-Primary Care Provider (PCP)										
Coles Laila	Practitioner - Non-Primary Care Provider (PCP)										
Novotny Margaret Md	Practitioner - Non-Primary Care Provider (PCP)	~									



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	Participating i	n Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Lillie Madeline Ambrus Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Carbone Theresa Jean	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Posluszny Marylou Christine	Practitioner - Non-Primary Care Provider (PCP)	~									
Griffiths Elizabeth Alice	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Parker Brandon John Md	Practitioner - Non-Primary Care Provider (PCP)										
Airshak Monique	Practitioner - Non-Primary Care Provider (PCP)	~									
nce-Mercer Leia K Md	Practitioner - Non-Primary Care Provider (PCP)										
Hendler Craig Matthew	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Vedzina Nicole	Practitioner - Non-Primary Care Provider (PCP)										
Schlemm Laura M	Practitioner - Non-Primary Care Provider (PCP)	~	~			~					
Szarzanowicz Thaddeus E Md	Practitioner - Non-Primary Care Provider (PCP)	~									
/ishala Tamirisa Neppalli	Practitioner - Non-Primary Care Provider (PCP)	~					~				
Sfeir Norman John Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Schinzel Laura A	Practitioner - Non-Primary Care Provider (PCP)	~									
Andrzejewski Heather Lynn Pa	Practitioner - Non-Primary Care Provider (PCP)	~									
ee Russell D	Practitioner - Non-Primary Care Provider (PCP)	~				~	~				
Maheshwari Yogesh Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Fitzpatrick Edward	Practitioner - Non-Primary Care Provider (PCP)										
Acdonnell Margaret Philomena	Practitioner - Non-Primary Care Provider (PCP)	~									
Sherban Ross	Practitioner - Non-Primary Care Provider (PCP)	~									
Karpie John	Practitioner - Non-Primary Care Provider (PCP)	~									
Vheat Heather Miller Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Rutkoski John Daniel	Practitioner - Non-Primary Care Provider (PCP)										
Gurske-Desperio Jennifer	Practitioner - Non-Primary Care Provider (PCP)	~									
Barwell Jennifer J	Practitioner - Non-Primary Care Provider (PCP)	~					~		~		
Roehmholdt Mary Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	~									
Oobash Roseanne M	Practitioner - Non-Primary Care Provider (PCP)										
Skowronski Dawn M	Practitioner - Non-Primary Care Provider (PCP)										
Plouffe Giovanna	Practitioner - Non-Primary Care Provider (PCP)	~					~		~		
Meesala Mrinalini	Practitioner - Non-Primary Care Provider (PCP)	~									
Hayek Christina	Practitioner - Non-Primary Care Provider (PCP)	~				~	~		~		



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Carriere Philip John	Practitioner - Non-Primary Care Provider (PCP)											
anse-Fay Lori Ann	Practitioner - Non-Primary Care Provider (PCP)											
//Icdougald Lori Jean Np	Practitioner - Non-Primary Care Provider (PCP)	~					~					
chlehr Frank	Practitioner - Non-Primary Care Provider (PCP)	~										
lelanson Julia Diane	Practitioner - Non-Primary Care Provider (PCP)											
oniwala Saifuddin Md	Practitioner - Non-Primary Care Provider (PCP)	~										
asznica John M	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Valek Walter Bondi	Practitioner - Non-Primary Care Provider (PCP)											
Smith Matthew E Md	Practitioner - Non-Primary Care Provider (PCP)											
aplan Leonard Do	Practitioner - Non-Primary Care Provider (PCP)	~										
hmura Joanne Q	Practitioner - Non-Primary Care Provider (PCP)	~		~			~		~			
djei Alex Asiedu Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
usinek Laura Jean	Practitioner - Non-Primary Care Provider (PCP)	~					~					
/hitmore Metivia-Anne	Practitioner - Non-Primary Care Provider (PCP)	~	~	✓		~	~		~			
rown Michelle D	Practitioner - Non-Primary Care Provider (PCP)											
tumbo Thomas Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	~										
annios Thomas S Md	Practitioner - Non-Primary Care Provider (PCP)	~					~		~			
afari Katherine Marie	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
aworski Donna M	Practitioner - Non-Primary Care Provider (PCP)											
inver Torin Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											
tawiasz Karen Ann	Practitioner - Non-Primary Care Provider (PCP)											
lazareth Helen Marie	Practitioner - Non-Primary Care Provider (PCP)	~					~					
erry Nicholas Anthony	Practitioner - Non-Primary Care Provider (PCP)	~					~					
omakova Diana K	Practitioner - Non-Primary Care Provider (PCP)	~										
athan Rush Pa	Practitioner - Non-Primary Care Provider (PCP)	~		~		>	~					
oland Patrick Mckay	Practitioner - Non-Primary Care Provider (PCP)	~					~					
andyside Ruth Marie	Practitioner - Non-Primary Care Provider (PCP)	~					~					
riffing Cindy Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
evine Ellis G Md	Practitioner - Non-Primary Care Provider (PCP)	~					~					
olden Grant S Md	Practitioner - Non-Primary Care Provider (PCP)	~										
ayyaz Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)											



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	Participating i	n Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Brach John Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Walter Peter J Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Wood Catherine L	Practitioner - Non-Primary Care Provider (PCP)	~	~			~						
Ralabate Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)	~										
Kotowski Adam Scott	Practitioner - Non-Primary Care Provider (PCP)	~										
Hassenfratz Jay Thomas Dpm	Practitioner - Non-Primary Care Provider (PCP)	~		~		~	~		~			
Arshad Hassan	Practitioner - Non-Primary Care Provider (PCP)	~					~					
Reyes Loida D	Practitioner - Non-Primary Care Provider (PCP)											
Dann Sara Kate	Practitioner - Non-Primary Care Provider (PCP)	~										
Walcott Roger	Practitioner - Non-Primary Care Provider (PCP)	~										
Mount St Mary Hsp Hlth Ctr	Hospital	~	~	~								
Womans Christian Association	Hospital	~	~	~	~	~		~				
Westfield Memorial Hospital	Hospital	~										
Sisters Of Charity Hosp	Hospital	~	~	~				~				
Mercy Hospital Of Buffalo	Hospital	~	~	~								
Kenmore Mercy Hospital	Hospital	~	~	~								
Bertrand Chaffee Hospital	Hospital	~		~			~					
Medina Memorial Hospital	Hospital											
Roswell Park Cancer Inst	Hospital	~					~				~	
Horizon Health Services Mh	Clinic	~				~						
Baker Victory Healthcare Ctr	Clinic											
Mount St Mary Hsp Hith Ctr	Clinic	~	~	~								
Mcauley-Seton Home Care Corp.	Clinic	~										
Jcp Asso Of Nys Staten Is	Clinic											
Jcp Nys Reg 1 #05 Medina St	Clinic											
Aspire Of Western New York In	Clinic											
Buffalo Hearing & Speech Ctr	Clinic	~										
Vomans Christian Association	Clinic	~	~	~	~	~		~				
Vestfield Memorial Hospital	Clinic	~										
Sisters Of Charity Hosp	Clinic	~	~	~				~				
Mercy Hospital Of Buffalo	Clinic	~	~	~					1			



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Kenmore Mercy Hospital	Clinic	~	~	*							
Bertrand Chaffee Hospital	Clinic	~		~			~				
Medina Memorial Hospital	Clinic										
People Inc	Clinic										
Summit Educational Resources	Clinic										
antalician Center For Learning Inc	Clinic										
aker Hall Inc Dba Baker Victory Se	Clinic	~				~					
Roswell Park Cancer Inst	Clinic	~					~				~
People Inc Cssz38	Clinic										
Cattaraugus Rehabilitation Center I	Clinic										
Hillside Childrens Ctr	Case Management / Health Home										
irections In Independent Liv Mh	Case Management / Health Home										
lorizon Health Services Mh	Case Management / Health Home	~				~					
epaul Comm Ser Mh	Case Management / Health Home										
Catholic Charities Of Wny Mh	Case Management / Health Home	~	~			~		~			
iving Opp Of Depaul Mh	Case Management / Health Home										
ransitional Services Inc Mh	Case Management / Health Home										
lid Erie Mental Health Svc	Case Management / Health Home	~				~				~	
mrdd/Suburban Adult Svcs-Wny	Case Management / Health Home										
mrdd/Suburban Adult Svcs-Fl	Case Management / Health Home										
mrdd/Native American Comm Sv	Case Management / Health Home										
mrdd/Learning Disablits Wn	Case Management / Health Home										
mrdd/Erie Co Arc/Heritage Ct	Case Management / Health Home										
mrdd/Chautauqua Office/Aging	Case Management / Health Home										
mrdd/Catt Rehab Ctr Inc	Case Management / Health Home										
lh Svc Erie Northwest Cor-Scm	Case Management / Health Home										
attaraugus Rehab Center Mh	Case Management / Health Home										
am & Child Svcs Niagara Mh	Case Management / Health Home	~				~					
pectrum Human Services Mh	Case Management / Health Home	~				~					
ffice Mental Health Mh	Case Management / Health Home										
tf Crestwood Childrens Ctr	Case Management / Health Home										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
ake Shore Behavioral Hlth In	Case Management / Health Home	~				~					
Sateway Longview	Case Management / Health Home										
Suburban Adult Services Inc Spt	Case Management / Health Home										
rie County Nysarc Inc	Case Management / Health Home										
aker Hall Inc Dba Baker Victory Se	Case Management / Health Home	~				~					
ealth Home Partners Of Wny Llc	Case Management / Health Home	~	~			~					
hautauqua County Department Of Mh	Case Management / Health Home	~				~					
attaraugus Rehabilitation Center I	Case Management / Health Home										
ative American Comm Msc	Case Management / Health Home										
Suffalo Psychiatric Center Act Team	Mental Health										
uffalo Pc Act Team Risp Cnsta	Mental Health										
illside Childrens Ctr	Mental Health										
gera Kariann	Mental Health										
'Donnell Tanni M Rpa	Mental Health										
ainsbury Dawn	Mental Health	~	~			~					
orizon Village Inc	Mental Health										
ongdon Marlene Carolyn	Mental Health										
urk Gerald	Mental Health										
affri Naureen R Do	Mental Health	~									
aque Shabrin Anjum Md	Mental Health										
opkins Maureen	Mental Health										
olina Isabel B	Mental Health										
roth Gregory D	Mental Health	~									
ebb Mary	Mental Health										
ental Health Serv Se Corp V	Mental Health	~				~					
oy Adrienne	Mental Health										
ecca Deborah P	Mental Health										
yta Margaret Mary	Mental Health	~					~				
orizon Health Services Mh	Mental Health	~				~					
bbasi Israr A Md	Mental Health										
atholic Charities Of Wny Mh	Mental Health	~	~			~		~			



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	Participatin _e	j in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Living Opp Of Depaul Mh	Mental Health										
Transitional Services Inc Mh	Mental Health										
Mid Erie Mental Health Svc	Mental Health	~				~				~	
Khanam Rashida Md	Mental Health										
Ruben Cherie	Mental Health										
Popson Richard	Mental Health										
Glynn Paige	Mental Health										
Casassa David	Mental Health	~	~			~					
Rahman Muhammad S Md	Mental Health	~									
Raghu Bellamkond Sundara V Md	Mental Health	~									
Capote Horacio A Md	Mental Health	~									
Khurana Pamela Md	Mental Health	~									
Gupta Sanjay Md	Mental Health	~									
/arallo Mark A Md	Mental Health										
Mh Svc Erie Northwest Cor-Scm	Mental Health										
Oconnor Gale Lauren Md	Mental Health										
Chautauqua Co D O H Psshsp	Mental Health										
Vinship Community Resid Inc	Mental Health										
Depaul Mental Hith Svcs B	Mental Health										
Baker Hall,Inc	Mental Health	~				~					
Cattaraugus Rehabilitation Ct	Mental Health										
Kashin Jeffrey D Md	Mental Health	~	~			~					
Rtf Baker Hall	Mental Health	~				~					
liagara Cty Addictions Trtmt	Mental Health										
Samie M Reza	Mental Health										
Rtf Crestwood Childrens Ctr	Mental Health										
Vestern Ny Childrens Pc	Mental Health										
oseph Brian S Md	Mental Health										
lewish Family Svc Psy Clinic	Mental Health	~				~					
Community Concern Of Wny	Mental Health	~				~					
Lake Shore Behavioral HIth In	Mental Health	✓				~					



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Ih Svc Erie Southeast Corp V	Mental Health	~				~					
iagara Cnty Mntl Hlth Lckprt	Mental Health	~				~					
iagara Cnty Mntl Hlth N Fall	Mental Health	~				~					
affri Syed S U Pc Md	Mental Health	~									
ppez Oscar S Md	Mental Health	~									
estern Ny Childrens Pc	Mental Health										
uffalo Pc	Mental Health	~				~					
hild And Adolescent Psy CI	Mental Health	~				~					
e Paul Community Svcs Inc	Mental Health										
ateway Longview	Mental Health					_					
omans Christian Association	Mental Health	~	~	~	~	~		~			
sters Of Charity Hosp	Mental Health										
edina Memorial Hospital	Mental Health										
une Juliana	Mental Health										
ıffri Qasim Syed	Mental Health	~									
jowski Christophe	Mental Health										
yja Eric David	Mental Health	~				~					
e Boer Katherine Pauline	Mental Health										
age Diana	Mental Health										
pez Lorraine Anne	Mental Health										
omans Christian Association Hospit	Mental Health										
y-Lin Hospital	Mental Health	~				~					
erard Vivian K	Mental Health										
aeed Mohammad Arshad	Mental Health										
sbach Michael Thomas	Mental Health	~									
ental Health Services-Erie County	Mental Health	~				~					
anecek Allyson Lynn	Mental Health	~									
nautauqua County Department Of Mh	Mental Health	~				~					
attaraugus Rehabilitation Center I	Mental Health										
ng Pamela Helen	Mental Health										
strom Elizabeth Anne	Mental Health										



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Schlemm Laura M	Mental Health	<u> </u>	~			~					
Stacey Debra J	Mental Health										
Mulligan Kristin Michelle	Mental Health										
Bry-Lin Hospital Inc	Mental Health	~				~					
oung Susan A	Mental Health										
Bry-Lin Hospitals Inc	Mental Health	~				~					
Banse-Fay Lori Ann	Mental Health										
Hillside Childrens Ctr	Substance Abuse										
Horizon Village Inc	Substance Abuse	~				~					
Horizon Health Services Mh	Substance Abuse	~				~					
Catholic Charities Of Wny Mh	Substance Abuse	~	~			~		~			
/lid Erie Mental Health Svc	Substance Abuse	~				~				~	
Mount St Mary Hsp Hith Ctr	Substance Abuse	~	~	~							
Ih Svc Erie Northwest Cor-Scm	Substance Abuse										
Chautauqua Co D O H Psshsp	Substance Abuse										
Margaret A Stutzman A T C	Substance Abuse										
Buffalo Beacon Corp	Substance Abuse	~				~					
Iorthpointe Council, Inc	Substance Abuse	<u> </u>				~				~	
liagara Cty Addictions Trtmt	Substance Abuse										
Community Concern Of Wny	Substance Abuse										
ake Shore Behavioral Hlth In	Substance Abuse	<u> </u>				~					
Ih Svc Erie Southeast Corp V	Substance Abuse	~				~					
liagara Cnty Mntl Hlth Lckprt	Substance Abuse										
liagara Cnty Mntl Hlth N Fall	Substance Abuse										
Community Action Org Erie Cty	Substance Abuse										
Vomans Christian Association	Substance Abuse	~	~	~	~	~		~			
sisters Of Charity Hosp	Substance Abuse	~	~	~				~			
lorthpointe Council Inc	Substance Abuse	~				~				~	
Bry-Lin Hospital	Substance Abuse	~				~					
Chautauqua County Department Of Mh	Substance Abuse	~				~					
Bry-Lin Hospital Inc	Substance Abuse										



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* Safety Net Providers in Green												
	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv 2	c.ii 3	a.i 3	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Absolut Ctr Nr Reh Allegany	Nursing Home											
Our Lady Of Peace Nrs Cr Res	Nursing Home											
Absolut Ctr /Nrs Reh At Salamanca	Nursing Home											
Absolut Ctr Nur/Rehab At Houghton	Nursing Home											
Heritage Pk Hcc Snf	Nursing Home											
Heritage Green Hcc Snf	Nursing Home											
Father Baker Manor	Nursing Home	~										
Harris Hill Nursing Facility	Nursing Home											
Absolut Ctr Nrs & Reh At Eden	Nursing Home											
Sheridan Manor	Nursing Home											
Absolut Ctr Nrs Reh At Westfield	Nursing Home	~										
Ridge View Manor	Nursing Home											
Autumn View Health Cr Facilit	Nursing Home											
Absolut Ct Nrs & Reh At Orchard Par	Nursing Home											
North Gate Health Care Facili	Nursing Home											
Williamsville Suburban	Nursing Home											
St Francis Hm Williamsville	Nursing Home											
Seneca Health Care Center	Nursing Home											
Mercy Hosp Snf	Nursing Home	~										
Mcauley Residence Snf	Nursing Home	~										
Jennie B Richmond Chaffee Nur	Nursing Home											
Garden Gate HIth Cr Facility	Nursing Home											
Odd Fellow & Rebekah Rhcc	Nursing Home											
Heritage Village Reh & Skilled Nrs	Nursing Home											
St Catherine Laboure Hcc Snf	Nursing Home	~										
Luthern Retirement Home	Nursing Home	~										
Medina Memorial Hospital Snf	Nursing Home											
Absolut Ctr Nrs & Reh At Dunkirk	Nursing Home											
Waterfront Operations Assoc Llc	Nursing Home											
1818 Como Park Blvd Operating	Nursing Home											
4459 Bailey Ave Operating Co Llc	Nursing Home											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
225 Bennett Road Operating Co Llc	Nursing Home										
200 Bassett Road Operating Company	Nursing Home										
5775 Maelou Drive Operating Company	Nursing Home										
2850 Grand Island Blvd Operating Co	Nursing Home										
2600 Niagara Falls Blvd Operating C	Nursing Home										
Dunkirk Operating Llc	Nursing Home										
Parkview Health Services Of New Yor	Pharmacy										
Acentee James J	Pharmacy	~									
Jpstate Pharmacy Ltd	Pharmacy										
Mount St Mary Hsp Hith Ctr	Pharmacy										
Black Rock Pharmacy Inc	Pharmacy										
Sisters Of Charity Hosp	Pharmacy	~	~	~				~			
Mercy Hospital Of Buffalo	Pharmacy	~	~	~							
Cenmore Mercy Hospital	Pharmacy										
St Catherine Laboure Hcc Snf	Pharmacy	~									
Chestnut Ridge Medical Supplies Inc	Pharmacy	~									
ascuscript Inc	Pharmacy										
leritage Village Reh & Skld Nrs Inc	Pharmacy										
Roswell Park Cancer Inst	Pharmacy	~					~				~
Hospice Chautauqua County Inc	Hospice	~							~		
Her .	Hospice										
Acauley-Seton Home Care Corp.	Hospice										
liagara Hospice Inc	Hospice	~							~		
lospice Buffalo Inc	Hospice	~							~		
bsolut Care Of Allegany	Community Based Organizations										
bsolut Care Of Orchard Brooke	Community Based Organizations										
dams, Jennifer	Community Based Organizations										
dele Corbett	Community Based Organizations										
Allegany Council For Alcoholism And Substance Abuse	Community Based Organizations										
Amanda Nowak	Community Based Organizations										
merican Diabetes Association	Community Based Organizations										



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* Safety Net Providers in Green	Paul de la collection d	u iu Dusissta										
	Participating		1	ı		1			_	_	I I	
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Anderson, Marydonna	Community Based Organizations											
Anthony Carpenter	Community Based Organizations											
Ashford, Darryl	Community Based Organizations											
Barry Jones	Community Based Organizations											
Becker, Amy	Community Based Organizations											
Beth Tacca	Community Based Organizations											
Beth Walker Msw Intern	Community Based Organizations											
Black, Sarah E.	Community Based Organizations											
Brittany Zucco	Community Based Organizations											
Buffalo Center For Rehabilitation And Nursing	Community Based Organizations											
Buffalo Prenatal Perinatal Network	Community Based Organizations	~						~				
Buffalo Urban League	Community Based Organizations	~	~									
Burke, Colleen	Community Based Organizations											
Butler, Susan	Community Based Organizations											
Caitlin Scheller	Community Based Organizations											
Camillo, Ellizabeth	Community Based Organizations											
Canfield, Michael	Community Based Organizations											
Carol Meer	Community Based Organizations											
Carrie Claire	Community Based Organizations											
Cartegena, Susan	Community Based Organizations											
Caruana, Josephine	Community Based Organizations											
Casa Chautauqua	Community Based Organizations											
Casa Genesee	Community Based Organizations											
Catholic Health System, Inc.	Community Based Organizations	~	~	~	~	~	~	~	~	~	~	
Catholic Medical Partners	Community Based Organizations	~	~	~	~	~	~	~	~	~	~	
Cattaraugus County Health Department	Community Based Organizations	_										
Cattaraugus Rehabilitation Center, Inc.	Community Based Organizations											
Chao-Yu Hsu	Community Based Organizations	~				~	~					
Chautauqua Alcohol And Substance Abuse Council	Community Based Organizations	~								~		
Chautauqua Alcoholism And Substance Abuse Council (Casac) Chautauqua	Community Based Organizations											
Chautauqua County Health Network	Community Based Organizations											



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Chautauqua Health Network	Community Based Organizations	~		~					~		
Chautauqua Region Associated Medical Partners	Community Based Organizations										
Chautauqua Region Associated Medical Partners (Amp)	Community Based Organizations										
Chautuaqua County Health Network	Community Based Organizations										
Cheryl Putnam	Community Based Organizations										
hild & Family Services	Community Based Organizations	~				~					
Christina Parkot Np	Community Based Organizations	✓					~				
Christopher Bientek	Community Based Organizations										
Community Health Worker Network Of Buffalo	Community Based Organizations	~	~								
Compeer Inc.	Community Based Organizations	~								~	
Coordinated Care Services, Inc	Community Based Organizations										
Copeland, Mark	Community Based Organizations										
orl, Christina	Community Based Organizations										
Costolnick, Marita	Community Based Organizations										
Council On Addiction Recovery Services, Inc. (Cares)	Community Based Organizations										
Coyne, Jack	Community Based Organizations										
Youville College	Community Based Organizations										
Debra Blair	Community Based Organizations										
Dicks, Adam, Dpm	Community Based Organizations										
Piramio, Nicole	Community Based Organizations										
Pollendorf, Emily	Community Based Organizations										
louglas, Rose F.	Community Based Organizations										
Empower / United Cerebral Palsy Association Of Niagara County, nc.	Community Based Organizations										
rie County Council For Prevention Of Alcohol & Substance buse	Community Based Organizations	~								~	
rie County Senior Services	Community Based Organizations										
rie Niagara Community-Based Integrated Care Network	Community Based Organizations										
rnie Curry	Community Based Organizations										
amily Life Center	Community Based Organizations										
igueras, Byron	Community Based Organizations										
Flegal, Jennifer	Community Based Organizations										



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	Participating	g in Projects									
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Gaiser, Kelli	Community Based Organizations										
Geidel, Eve	Community Based Organizations										
Genesee Orleans Council On Alcohol And Substance Abuse	Community Based Organizations										
Gilleece, Dianne	Community Based Organizations										
Gramza, Lisa	Community Based Organizations										
Gresock, Sheila	Community Based Organizations										
Bristmacher, Rebecca	Community Based Organizations										
Gruber, Andrew D.	Community Based Organizations										
Guadalupe, Cayla	Community Based Organizations										
Gueli, Linda	Community Based Organizations										
fill, Keri	Community Based Organizations										
Horizon Management Group	Community Based Organizations	~				~					
ndependent Living	Community Based Organizations										
nnovative Health Svcs Of America, Dba Mash Care Network	Community Based Organizations										
aime Fetes	Community Based Organizations										
ames Smith	Community Based Organizations										
eff Peresie	Community Based Organizations										
essica Battaglia	Community Based Organizations										
im Rumbold	Community Based Organizations										
ohn Rowe	Community Based Organizations										
oi Robinson	Community Based Organizations										
oyce Torge Rn	Community Based Organizations										
(alos Health (Mitc)	Community Based Organizations	~							~		
atherine Nolan-Eaton	Community Based Organizations										
Gelemen, Laura	Community Based Organizations										
inzly, Karen A.	Community Based Organizations										
Corach, A. Sinia	Community Based Organizations										
(risti Yerger	Community Based Organizations										
ai, Kafai	Community Based Organizations										
atajana Hall	Community Based Organizations										
earning Disabilities Association Of Wny	Community Based Organizations										



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
ee, Rhonda	Community Based Organizations										
eiter, Linda	Community Based Organizations										
iberty Home Care	Community Based Organizations										
Maggen Daunce	Community Based Organizations										
Maria Rizzo	Community Based Organizations										
Marie-Helene Gosselin	Community Based Organizations										
Martinick, Maisie	Community Based Organizations										
Maryann Campanella	Community Based Organizations										
Accarthy, Jamie	Community Based Organizations										
Mcgoldrick, Sean	Community Based Organizations										
Megan Patel	Community Based Organizations										
Meggan Fitzgerald	Community Based Organizations										
Mental Health Association In Cattaraugus County	Community Based Organizations										
Mental Health Association Of Erie County	Community Based Organizations	~								~	
Aichael Mc Dougald	Community Based Organizations										
Aichele Williams	Community Based Organizations										
Morgan, Monica L Md	Community Based Organizations										
Nyers, Laura	Community Based Organizations										
lajmi Kahn Md	Community Based Organizations										
National Kidney Foundation	Community Based Organizations										
Native American Community Services Of Erie & Niagara Counties, Inc.	Community Based Organizations										
Nesbitt, Hollie	Community Based Organizations										
liagara University	Community Based Organizations										
Northwest Community Health Center	Community Based Organizations										
Nysarc Inc., Cattaraugus County Chapter	Community Based Organizations										
2 Collaborative Of Western New York	Community Based Organizations	~	*						~	~	
alazzo, Murphy	Community Based Organizations										
aul Ketterer	Community Based Organizations										
ietrowski, Jennifer	Community Based Organizations										
Prevention Focus	Community Based Organizations										
Preventive Diagnostics	Community Based Organizations										



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	Participatin Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Rachel Ziberati	Community Based Organizations											
Respress, Shawntay	Community Based Organizations											
Rossi, Melissa	Community Based Organizations											
Route, Jack, Dpm	Community Based Organizations											
Ryan Horab	Community Based Organizations											
Salvatore Buonaiuto	Community Based Organizations											
Sara Same	Community Based Organizations											
Selevchuk, Lyudmila	Community Based Organizations											
Southern Tier Healthcare System, Inc	Community Based Organizations											
St. Elizabeth'S Home	Community Based Organizations	~										
St. Vincent'S Home	Community Based Organizations	~										
Staniszewski, Teresa	Community Based Organizations											
Stephen Lelinski	Community Based Organizations											
Terlecky, Deanna	Community Based Organizations											
Terreberry, Savanna	Community Based Organizations											
The Mental Health Association In Niagara County, Inc.	Community Based Organizations											
Thomas George, Josephine	Community Based Organizations											
Thompson, Daniela	Community Based Organizations											
Tomaino, Jeremy	Community Based Organizations											
Univera Health Care	Community Based Organizations											
Valerie Nowak Lmhc	Community Based Organizations											
Walter Redden	Community Based Organizations											
Walter, Sr Mary	Community Based Organizations											
Weich, Joanne	Community Based Organizations											
Western New York Clinical Information Exchange, Inc D/B/A Healthelink	Community Based Organizations	~										
Western New York Rural Area Health Education Center	Community Based Organizations											
Willis, Daniel	Community Based Organizations											
Wny United Against Drug & Alcohol Abuse, Inc.	Community Based Organizations	~								~		
Wyoming County Mental Health	Community Based Organizations											
Mian Naima	All Other	~										
Choubmesser Mikhail	All Other	~										



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Betsy Joelle Bodie	All Other	~					~					
Diaz Maria Isabel	All Other	~				~	~					
Thomas Todd A Rpa	All Other	~					~					
Bela Ajtai	All Other	~										
Habir Ameneh	All Other	~										
Dy Grace	All Other	~					~					
Mackowiak Susan	All Other	~	~	~		~	~		~			
Qasaymeh Mohammad Mustafa	All Other	~										
Ouellette Evelyn	All Other	~				~	~		~			
Ma Wen Wee Md	All Other	~					~					
Rudnicki Amy Marie	All Other	~										
Zafar Jill Ellyn	All Other	~					~					
Lundin Lindsay Ann Rpa	All Other											
Cook Sarah Michelle Rpa	All Other	~	~	~		~	~		~			
Deluca Nicole	All Other	~	~	~		~	~		~			
Ahmed Mohamed	All Other	~										
Melendez Ricardo	All Other	~		~		~	~		~			
Smerka Kenneth S Rpa	All Other											
Hillside Childrens Ctr	All Other											
Seereiter Phillip James Jr	All Other	~										
Hailey Sean Patrick	All Other	~		~			~		~			
Fout Allison M	All Other											
Wehr Matthew D Md	All Other	~	~	~		~	~		~			
Dubey Brandt David Rpa	All Other											
Singhal Pankaj Kumar Md	All Other	~										
Jarnot Angela Marie	All Other	~		~			~					
Burnhard Valerie Lynn Md	All Other											
Mirshak Monique	All Other	~										
Sara Nash	All Other	~		~			~		~			
Giuseppiha Jean Kenyon Savard	All Other	~		~			~		~			
Walek Walter Bondi	All Other											



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	Participating	g in Projects									
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Kaufman Corine Sebast	All Other	~									
Burke Amy J	All Other	~					~		~		
Alhattab Eyad S Md	All Other	~					~				
Adjei Alex Asiedu Md	All Other	~					~				
Christiano Lori Ann	All Other	~		~			~		~		
Falvo Mark Anthony Md	All Other	~									
ahrbach John Md	All Other	~									
Adams Timothy Martin Md	All Other	~									
Absolut Ctr Nr Reh Allegany	All Other										
Latorre Julius Gene Silva Md	All Other										
Gelman-Koessler Lisa Md	All Other	~									
Bernas Geoffrey Allen Md	All Other	~									
Kita Joseph Thomas Md	All Other	~									
Pomakov Ognian Md	All Other	~									
Yendamuri Saikrishna Md	All Other	~					~				
Gavin Julie Md	All Other										
/irtuoso Cristina Ellia	All Other	~		~		~	~		~		
Singh Anurag Kishor Md	All Other	~					~				
Gayle Calletta S Lpn	All Other										
ana Rosann L Md	All Other	~									
Jordan Michael	All Other										
Bhatia Ashish Md	All Other										
Smith Eileen Rpa	All Other	~					~		~		
Kreppel Susan M Np	All Other	~									
Cook Sarah A Md	All Other	~		~		~	~				
Fares Hassen Mohamed	All Other	~		~			~		~		
Carl Gary Hudson Md	All Other										
Sisters Of Charity Hsp Of Buffalo	All Other	~									
Silva Gerard Md	All Other	~					~				
Johnson Rurik Carnahan Md	All Other	~									
D'Donnell Patricia Aine Md	All Other	~					~		~		



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Morrison Carl D Md	All Other	~					~				
Mahoney Elizabeth Laetitia Md	All Other	~					~				
Nangler Lisa M Rpa	All Other										
Marotta Kelly Np	All Other										
Niagara Homemaker Services Inc	All Other	~									
Heiler Stacy A Rpa	All Other										
Cheng Yijun Md	All Other										
Ovoretsky Philip	All Other	~									
Klitzke Alan Kenneth Md	All Other	~					~				
Dhanoa Pardeep Paul Md	All Other										
Adham Hanaw Assad	All Other										
Pasek Lana Marie Np	All Other	~	~				~		~		
Phillians Lisa A Rpa	All Other										
Gandy Pamela M Np	All Other	~					~				
Ross Julie Ann Np	All Other	~					~				
Conley Danielle	All Other	~		~							
Bagnarello Carola E Md	All Other	~									
Khushalani Nikhil I Md	All Other	~					~				
Khan Irfan Ali Md	All Other	~									
Printup Elizabeth Np	All Other										
Yosuico Victor Ernesto David Md	All Other										
Biddle Paul	All Other	~									
Leilabadi Shahriyar A Md	All Other	~					~		~		
Ramsdell Robert James Md	All Other	~					~				
Roberts Anna Maria Rpa	All Other										
Khoury Thaer Md	All Other	~					~				
Balaya Farkad Md	All Other										
Chaudhry Eram Md	All Other										
Rovner Alexander V Md	All Other	~									
Coles Laila	All Other										
Stephen James	All Other	✓		~		~	~		~		



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	Participating Pa	j in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Ippolito Loraine	All Other											
Stoffman Michael Md	All Other	~		~			~					
Darling Scott Robert Md	All Other	~										
Murphy Helen C	All Other	~										
Yi Won S Md	All Other	~										
Duff Michael Md	All Other	~										
Carlson Cynthia A	All Other	~	~	~		~	~		~			
Osswald Joan M	All Other	~	~	~		~	~		~			
Jandzinski Dana I Md	All Other	~										
Williams Emily Fleming Md	All Other	~										
Burstein Gale R Md	All Other	~						~				
Banas Michael Donald Md	All Other	~										
Huebschmann John Charles Md	All Other	~										
Osman Magda Gamal Md	All Other											
Skitzki Joseph J Md	All Other	~					~					
Fries Lynne Rpa	All Other											
May Janet M Rpa	All Other	~		~		~	~		~			
Iancu Dan Mhai Md	All Other	~					~					
Rood Patrick Rpa	All Other											
Sabatino Kristine	All Other											
Hashmi Yahya Jawaid Md	All Other											
Violante Jude S Dpm	All Other	~										
Bunch Shannon M Rpa	All Other	~										
Schapiro Ann E Md	All Other	~										
Kumar Prasanna Rg Md	All Other	~					~					
Pryor Lavoris Lpn	All Other											
Cai John Jun Md	All Other	~										
Ionita Catalina Codruta Md	All Other	~										
Stevens Kristel A Rpa	All Other											
Muscarella Jennifer M Rpa	All Other											
Nwachukwu Juliette Joy Md	All Other	~										



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
1incarelli Barbara Ann Md	All Other	~				~	~		~		
ap Johnny Chun-Ya Md	All Other	~									
Chautauqua Adc Inc Day	All Other	~									
gape Parent Fellowship Day	All Other										
olan Dawn M Rpa	All Other	~					~		~		
iller Paula M Rpa	All Other										
sher Andrea L Rpa	All Other	~		~		~	~		~		
/isnoski Jennifer X	All Other	~		~		~	~		~		
loom Peter Donal Md	All Other	~									
indstrom Trisha M Np	All Other	~				~	~		~		
leltser Henry Mark Md	All Other	~									
erzianu Mihai	All Other	~					~				
lliott Frederick M Md	All Other										
uru Khurshid A Md	All Other	~					~				
am Jennifer Md	All Other	~									
han Mehdi A Md	All Other										
ckhert Kenneth Harry lii Md	All Other	~									
cgrath Timothy	All Other	~									
arone William David	All Other	~									
allard April Elaine	All Other										
acivita Michael D	All Other										
erez Brenda L Md	All Other	~		~			~		~		
eeb George Md	All Other	~					~				
ajeunesse Suzette Marie Md	All Other										
rasad Dheerendra Md	All Other	~					~				
delson Jonathan Md	All Other	~									
chrecengost John Edwin Md	All Other	~									
rickson Lisa Ann	All Other	~				~	~				
edlecki Stephanie Lynn	All Other	~	~	~		~	~		~		
ohlman Amy R Rpa	All Other	~				~	~		~		
auffer Angelina Maria	All Other	~									



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^ Safety Net Providers in Green	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Kastner Kelly A Rpa	All Other	~		~		~	~		~			
Pickhardt Donald F Md	All Other											
Fitzgerald John Michael	All Other	~										
Pizzella Paul Fredric Md	All Other	~										
Bogner Paul Nikolai Md	All Other	~					~					
Robillard Kevin Md	All Other	~										
Powers Catherine Elaine	All Other	~	~	~		~	~		~			
Diaz-Reyes Gustavo Adolfo Md	All Other											
Koch Eric Joseph Md	All Other	~										
Wier Stacie L	All Other	~										
Medico Christina M	All Other											
Brewer Thomas J Md	All Other	~										
Pfalzer Aaron M Md	All Other											
Vigna Franco E Md	All Other	~										
Prem Kathryn M	All Other	~										
Rassman Jeffrey S Rpa	All Other	~										
Joyce Kelly T Rpa	All Other	~					~					
Biersbach Nicole M Rpa	All Other	~					~		~			
Falkner Catherine Marie Md	All Other	~										
Rani Abha Md	All Other											
Luisi Andrew Md	All Other											
Mazurczak Matthew J Rpa	All Other	~										
Adamson Jennifer	All Other											
Rajeswary Jyotsna	All Other											
Strittmatter Chad Aloysius Md	All Other	~		~								
Spadinger Margaret Mary	All Other	~					~					
Salerno Kilian E Md	All Other	~										
Saxton Sarah J	All Other											
Berenji Farid Md	All Other	~										
Visco Jeffrey John Md	All Other											
Lashbrook Lorie Ann Md	All Other	~	~	~		~	~		~			



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
White Ryan G Md	All Other	~										
Panzica S Elaine	All Other											
Schmitt Andrea R	All Other											
Zohur Jamal B Md	All Other	✓					~		~			
Rainville Michelle E Md	All Other	~										
Jupudy Venkata R	All Other	~		~		~	~		~			
Kelley Peter J	All Other											
Fincher-Mergi Melissa	All Other	~				~	~		~			
Sheikh Tariq Aziz Md	All Other	~		~			~		~			
Almyroudis Nikolaos Md	All Other	~					~					
yer Renuka Vijay Md	All Other	~					~					
Dipizio Anne M	All Other	~										
Stoeckl Andrew	All Other	~										
Ritter Christopher Md	All Other	~										
Todtenhagen Rachel E	All Other											
Reimer Tara Lin Md	All Other	~		~								
Thayer Tammy M	All Other											
Pietrantoni Celestino Md	All Other	~										
Ehrig Debra Lynn Md	All Other	~		~								
Roche Charles Lawrence Md	All Other	~					~					
Swenson Shirley J	All Other											
Crotzer Brian C Rpa	All Other	~										
Hare Gregory Berton Md	All Other	~					~					
Patterson Daniel John Do	All Other	~										
Soukiazian Sevak Md	All Other	~										
Krawczyk Christian M Md	All Other	~										
Kang Minsoo Md	All Other	~										
Tomaszewski Garin Michael Md	All Other	~					~					
Cheruvu Raja S Md	All Other	~										
Ghomi Ali Md	All Other	~										
Koedel Christie L	All Other	~										



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv 2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Shea Patricia M	All Other										
Wlock Vicki M	All Other										
Chaudhuri Jayanta Md	All Other	~				~		~			
Daniels Debra B	All Other	~	~	~	~	~		~			
Rozmus Grzegorz Przemyslaw Md	All Other										
Horn Steven Joseph Md	All Other	~									
Kukoda Kari	All Other										
Ryan Michael D Rpa	All Other	~				~					
Pierce Katherine L	All Other	~		~		~		~			
Zhang Lixin Md	All Other	~									
Milliron Heather H	All Other	~		~		~		~			
Stockmeyer Linda M	All Other	~									
Marrale J	All Other										
Roller Jennifer Lynn Md	All Other	~									
Lane Darla M	All Other	~		~	~	~		~			
Hotz Johnna B	All Other	~			~	~		~			
Tomczak Louise Dolores	All Other										
Lindfield Vivian Leslie Md	All Other	~									
Geist Tanya S	All Other	~		~		~		~			
Senf Susan B	All Other	~		~	~	~		~			
Smalling David B Rpa	All Other										
Tkacik James E Rpa	All Other										
Ciechoski Mary J	All Other	~									
Lillis Ann F	All Other	~									
Lucas Stefan Md	All Other	~				~					
Aronica Lynn-Marie Md	All Other	~									
Chatrath Alka Md	All Other	~									
Sheron Molly	All Other	~									
Henry Ashraf Fekry Md	All Other	~									
Roche Robert R Do	All Other	~		~	~	~		~			
Forehand Lisa	All Other	~		~	~	~	1	~			



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	Participating	g in Projects								
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Rowan Carrie Lynn Do	All Other				~	~		~		
Vang Eunice Sue Md	All Other					~				
Southard Amy L	All Other									
Shirley Erin E	All Other									
Schmand Elizabeth A	All Other					~		~		
oehfelm Robyn	All Other	~								
stilb Valerie A Rpa	All Other					~				
lienhaus Mary K	All Other									
ee Paul Jong Hyuk Md	All Other									
auricella Karen S	All Other									
lanna Timothy E	All Other	~				~				
Seary William Alfred Md	All Other									
isher David M	All Other									
hlers Sharon M	All Other				~	~		~		
Oomagala Lisa M Rpa	All Other									
Burgio Sara M	All Other			~	~	~		~		
mabile Christene M	All Other									
aker Karen Margaret Np	All Other			✓		~				
lason Paul J	All Other									
rick Lynda M	All Other	~				~		~		
our Lady Of Peace Nrs Cr Res	All Other									
ajkowski Mark R Md	All Other									
loud Marsilia Seiwell	All Other									
evea Charles Michael Md	All Other					~				
o Geemson	All Other	~				~		~		
unker Jennifer L Md	All Other									
aggett Michael Allen Md	All Other	~								
almieri Teresa Marie	All Other					~				
lernandez Ilizaliturri F Md	All Other	~				~				
Mehboob Shahid Md	All Other	~								
Szymanski Chad E Do	All Other	~			~	~		~		



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Mohler James Lloyd Md	All Other	~					~				
Fraas Jamie M Rpa	All Other	~					~				
Myers Bennett Md	All Other										
/argo Kelly L Cnm	All Other										
Vind William Michael Md	All Other	~									
i Li Md	All Other	~					~				
Gruttaria Tonya Lea	All Other	~									
Eddib Abeer Md	All Other	~									
Cosico Felixberto Ison	All Other										
Siskin Sharon H Cnm	All Other	~									
Mental Health Serv Se Corp V	All Other	~				~					
Amherst Medical Assoc Llp	All Other										
C & S Medical Bldg Inc	All Other	~					~		~		
Southern Tier Peds Prac Pc	All Other										
inamore Deborah Pope	All Other										
So George Lam Md	All Other	~				~	~				
o Blesilda Sarminento Md	All Other	~				~	~				
Rusinek Laura Jean	All Other	~					~				
Vysocki Gary C	All Other	~	~	~		~	~		~		
Salbraith Christina Marie	All Other										
hillips Jennifer D Rpa	All Other	~									
Sauvageau Sandra Jane	All Other	~					~		~		
eaird-Kelly Brenda	All Other										
Gutierrez Karen L	All Other	~									
'hao Jia	All Other	~									
errastro Andrea Elizabeth	All Other										
lamlin Deborah J	All Other	~									
Demmy Todd L Md	All Other	~					~				
agrobelny Paula H	All Other	~		~		~	~		~		
echert-Boss Betsey	All Other	~		~		~	~		~		
Smith Elizabeth D Np	All Other	~									



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	Participating	g in Projects									
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Mcdonnell Kathleen M Np	All Other										
Kurtz Kathy Anne	All Other	~									
Wierzbowski Corry L	All Other	~		~	~	~		~			
Maciolek Deborah A Rpa	All Other										
Whistler Mary P Np	All Other	~			~	~		~			
Roland Todd A Rpa	All Other										
Osgood Nancy I	All Other	~									
Sheppard Mary T	All Other	~									
Park Jeffrey M	All Other										
Roche Angela Jean	All Other										
Hodkin Steven H	All Other	~									
Carbone Theresa Jean	All Other	~				~					
Abdelhalim Ahmed N	All Other	~				~					
Laplante Brian Patrick Rpa	All Other	~									
Champlin Patricia Joan	All Other	~				~		~			
Kris Ziegler	All Other										
Stonemetz Diane	All Other	~									
Angielczyk Colleen Rpa	All Other										
Lichtenthal Michelle D	All Other	~				~					
Smith Jennifer A	All Other	~									
Olizarowicz Paul R	All Other										
Ridge Laura	All Other										
Sullivan Brian P Rpa	All Other	~				~					
Alt llene H	All Other	~									
Kaczmarek Jill M	All Other										
Canna Mary P	All Other										
May Brian J	All Other										
Levandusky Emily A	All Other	~									
Baetzhold Karen G	All Other	~									
Warner Michelle G	All Other	~		~	~	~		~			
Parsons David W	All Other	~									



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	Participating Participating	in Projects							
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Peterson Jacquelyn R Rpa	All Other	~	~	~	>	~	~		
Chitester Chad T	All Other	~	~	~	>	~	~		
Robinson Barbara J	All Other	~			>	~	~		
Muntz Jill Anderson Crnp	All Other								
Sprague Lauralee M	All Other								
Knight Timothy C	All Other	~				✓			
Stansberry Andrew J	All Other	~				~			
Furlani Karen	All Other	~				~			
Pawlowski David Anthony Md	All Other	~				~	~		
Mireles Beth Helene	All Other	~							
Kane John Md	All Other	~				~			
Hassenfratz Jay Thomas Dpm	All Other	~		~	~	~	~		
Block Sandra A Md	All Other								
Oconnor Tracey	All Other	~				~	~		
Ostempowski Michael James Md	All Other	~							
Starostik Petr Md	All Other	~				~			
Wnek Amy Lynn Md	All Other	~		~	~	~			
Ludwig Michael F	All Other	~	~	~	~	~	~		
Cardiovascular & Thoracic Surg Wny	All Other								
Carter John M Md	All Other	~							
Serra David Joseph Md	All Other	~							
Nylander Emmekunla Karen Md	All Other	~							
Dexter Elizabeth Md	All Other	~				~			
Dudziak Daniel G Rpa	All Other	~							
Montesanti David Paul Md	All Other	~							
Mulawka John	All Other								
Dunham Lynn Marie Md	All Other	~			>	~	~		
Posluszny Marylou Christine	All Other	~							
Kuvshinoff Boris W Md	All Other	~				~			
Janes Peter T Md	All Other	~							
Fanos Kathleen H Md	All Other	~			*	~	~		



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	Participatin Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Brown Jennifer Md	All Other	~									
Khan Mohammad Asghar Md	All Other	~									
Bowman Lori Anne Md	All Other	~		~							
Dyson Kathleen Marie Md	All Other	~		~							
Zhou Young	All Other	~									
Snell-Garus Karen Angela Md	All Other	~									
Ven Hongyu	All Other										
Mamnoon Sameer Shamoon Md	All Other	~		~			~		~		
Orszulak Todd Matthew Md	All Other	~		~		~	~		~		
Karaszewski Brian	All Other	~		~			~		~		
Kane Michael Paul Md	All Other	~		~		~	~		~		
Robillard Kristen Schenk Md	All Other	~		~		~	~		~		
Ferrucci Kim M	All Other	~					~				
Kaplan Leonard Do	All Other	~									
Pieczonka Sheila M Md	All Other	~									
Jsen Joshua Michael Do	All Other						~		~		
etterman Charles Jason Md	All Other	~									
Halsdorfer Andrew W Md	All Other										
Desmarais Margaret Ann	All Other										
Sam Randall B Np	All Other	~				~	~				
Acclintick Elizabeth A Md	All Other	~					~				
Bolnick Alan D Md	All Other										
Alam Hyder Md	All Other	~				~	~		~		
Carlson Russell E Md	All Other	~									
Szarzanowicz Thaddeus E Md	All Other	~									
Smaldino James	All Other										
Horizon Health Services Mh	All Other	~				~					
Szafranski Julia Rpa	All Other										
Jrgo James Ronald	All Other	~		~			~		~		
Гісk Robert Carl Md	All Other	~					~				
Abbasi Israr A Md	All Other										



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Provider Name	Participating Provider Category	2.a.i	2.b.iii	2.b.iv 2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Turaif Najat Abdulaziz	All Other		2.0.111	2.D.IV 2.C.II	3.a.i	3.D.I	3.1.1	3.g.i	4.a.ı	4.D.I	
Khawar Sarwat Md	All Other	~									
Trock Daniel Md		<u> </u>		~	~	~		*			
	All Other All Other	~				~		~			
Dombrowski Jacqueline Md											
Bukhari Syed Majid Ali S.Md	All Other	~									
Lda Of Wny Smp	All Other										
Wittman-Klein Sharon Ruth Rpa	All Other	<u> </u>									
Springer Christopher R Md	All Other										
Przygodzki Jerzy Md	All Other	~			~	~		~			
Jain Rajiv K Md	All Other	~			~	~		~			
Green Dawn J Rpa	All Other	~				~					
Jung Ichabod S F	All Other	~									
Blessios George Md	All Other	~									
Schenk Thomas Edgar Md	All Other	~		✓							
Shah Syed Asif Ali Md	All Other										
Chang Matthew S Md	All Other	~			~	~					
Pierce Natalie Nicole Pa	All Other	~	~	~	~	~		~			
Catholic Charities Of Wny Mh	All Other	~	~		~		~				
Pusatier Michael Frank Md	All Other										
Odunsi Adekunle Md	All Other	~				~					
Sauvageau Philip	All Other	~		~		~		~			
Herle Aravind Md	All Other	~									
Rauh Michael Alfred Md	All Other	~									
Pollina John Md	All Other										
Mcmahon Karen Anne	All Other										
Romano Karen Suzanne	All Other	~				~					
Mid Erie Mental Health Svc	All Other	~			~				~		
Lovrincevic Mirjana Md	All Other	~				~					
Parentis Michael A Md	All Other	~									
Krabak Michael J Md	All Other	~									
Burns Charles Walter	All Other	~		~		~		~			



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Wang Gary Md	All Other	~									
Boneberg Anna Maria	All Other	~									
Medina Rafael Md	All Other	~									
Mendonza Lisa Marie Md	All Other	~		✓		~		~			
O'Malley Wendy Lou	All Other										
Pagliuca Theresa Md	All Other										
Meyer Michael A Md	All Other	*									
Kavcic John M Md	All Other	~		✓	~	~		~			
Lemmon Judy A	All Other										
Genewick Tiffany B Md	All Other	~									
Lee Frank M Md	All Other	~									
Daye Lisa Ann Md	All Other	~									
Vakante-Jankovic Diana Md	All Other	~		~	~	~		~			
Jereva-Simeonova Maria S Md	All Other	~				~		~			
Lindamer Dawn Marie	All Other										
Meyer Jennifer Rpa	All Other	*				~					
Sikorski Marcus	All Other	>				~					
Williams Joanne E Rpa	All Other	~									
Popat Saurin Rajnikant Md	All Other	~						~			
Oberkircher Adam Pa	All Other	~				~					
Larkin Karen P	All Other	*				~					
Cholewinski Scott Md	All Other	~									
Doyle Lynn Marie	All Other	*				~					
Litwin Alan Md	All Other	~				~					
Vejendla Umamaheswara Rao	All Other	~				~		~			
Wnuk William Joseph Md	All Other										
Stefanick Barbara	All Other	~									
Slate Donald Michael li Md	All Other	~									
Rykert-Wolf Mary Md	All Other	~		~		~		~			
Paterson Paul D Md	All Other	~									
Hanavan John D	All Other	~									



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Gais Dawn Alexandra Md	All Other											
Becker Joanne Md	All Other	~					~					
Frie Co Arc/Heritage Ct Hcbs6	All Other											
Polataiko Nadezhda E Md	All Other	✓	~	~		~	~		~			
Omrdd/Learning Disablits Wn	All Other											
Cah Aspire Of Wny Inc	All Other											
/argo Edward Richard Jr Rpa	All Other	~										
Chadha Sunita Md	All Other	~										
Orlowski Mark Thomas Sr	All Other											
/Iclaughlin Kathleen B Rpa	All Other	~					~					
lwogu Chukwumere	All Other	~					~					
Cuettel Michael	All Other	~					~					
rise Kimberly	All Other	~		~								
Rahman Qamrunnisa Md	All Other	~	~	~		~	~		~			
Bruno Maria Delores	All Other											
ota-Thurn Catherine Do	All Other	~		~		~	~		~			
nain Paul Michael Md	All Other	~										
Miller Craig Cameron Md	All Other											
Maheshwari Yogesh Md	All Other	~										
Brown Timothy Chauncey Md	All Other	~				~	~					
Pazik Elaine Marie	All Other	~										
Gurtoo Lalit Md	All Other	~					~					
ietak Kathylynn Cecilia Md	All Other											
Szulewski Celestine	All Other	~										
Smith Mary M	All Other											
Accarthy Kathleen M	All Other	~		~		~	~		~			
Valker Elena Koutsoumpas	All Other											
orach A Sinia	All Other	~		~		~	~		~			
latem Christine Diane	All Other	~		~		~	~		~			
ranze Donalyn	All Other	~				~	~		~			
Prilling-Hunt Paula	All Other				1							



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
romberg Margaret Ann	All Other										
ineberg Marc Steven Md	All Other	~									
Cah Heritage Christian Servic	All Other										
elioutski Alexander	All Other	~	~	~		~	~		~		
egal Brahm	All Other	~					~				
iwko Frederick Joseph Md	All Other	~					~		~		
'Donnell Katherine Anne Md	All Other	~									
owalski Joseph Martin	All Other	~									
lughes Thomas Francis	All Other	~					~		~		
uliano Melissa J	All Other										
Brown Christina Marie Md	All Other	~				~	~		~		
antiano Jesus A T Md	All Other	~									
astiglia Gregory J Md	All Other	~									
chumer Mary Louise	All Other	~									
enkatedwara Rao Kolli	All Other										
egman Theresa M Md	All Other	~									
ndaya Maria R P Md	All Other	~					~		~		
onger Connie Jo	All Other										
iller Linda Marie	All Other										
/interburn Karen Elizabeth	All Other	~						~			
asiewicz Steve C Md	All Other	~									
ogt Donna Marie	All Other	~									
umar Yellamraju R Md	All Other	~		~		~	~		*		
upta Alok Deep Md	All Other										
hrzanowski Stephen Gerard	All Other										
spire Of Wny Hcbs 6	All Other										
oniwala Saifuddin Md	All Other	~									
oscia John Do	All Other										
aw Patrick A Md	All Other										
odike Paul Frederick Md	All Other	~		~		~			~		
arner Andrew W Md	All Other	~		~		~	~		~		



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	Participating	in Projects								
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv 2.c.ii	3.a.i	3.b.i 3.	f.i 3.g.i	4.a.i	4.b.i	
Phillips Emilia	All Other									
Felstead R	All Other	~		✓	>	✓	~			
Romanowski Marcus Richard Md	All Other	~								
Kowalski David	All Other									
Caparaso Darren M Md	All Other	~		~	~	~	~			
Dibella Michael David P Md	All Other	~				~	~			
O'Neil Mary Margaret Md	All Other	~								
Fadel Mary Ellen	All Other	~								
Pesono Sharon Lynn	All Other									
Murawski Susan	All Other	~	~	~	~	~	~			
Matala-Sullivan Maria E Do	All Other	~		~	~	~	~			
Mecca Kimberly Cherie	All Other									
Littler Susan J Md	All Other	~								
Rosati Andrea M	All Other	~								
Rahman Muhammad S Md	All Other									
Ehlenfield Daryl R Md	All Other	~								
Williams Robert W Md	All Other									
Polcaro Joseph Md	All Other	~								
Capaccio David	All Other	~								
Harbison Andrew	All Other	~		~	~	~	~			
Gurevich Leonard Md	All Other									
Hendricks Orville Ingo Md	All Other	~		~	~	~	~			
Deperio Jose	All Other	~				~	~			
Schlehr Frank	All Other	~								
Callahan John	All Other	~								
Errick Janice	All Other	~								
Palumbo Vito	All Other	~		~	>	~	~			
Wang Gloria Md	All Other	~	~	~	>	~	~			
Ruh Richard	All Other	~			>	~	✓			
Zittel Molly	All Other	~				✓	✓			-
Mazariegos Juan	All Other	~								



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Sloan Rita Rose	All Other										
Erickson Jennifer	All Other	~		~	~	~		~			
Roehmholdt John	All Other	~									
Kelly Mary	All Other	~		~		~		~			
Krol Lawrence Charles Md	All Other										
Meade Paul	All Other	~									
Scamurra David	All Other	~									
Vastola Cary	All Other	~		~	~	~		~			
Chopra Usha	All Other	~									
Gabryel Timothy F	All Other	~		~		~		~			
Shaikh Arooj	All Other	~									
Dzik Darlene Ann Md	All Other	~		~							
Potempa Michele A Md	All Other										
Ibabao Jairus T Md	All Other										
Luther Prama	All Other	~				~		~			
Bonaccio Ermelinda	All Other	~				~					
Mahoney Martin Christopher Md	All Other	~				~					
Ferguson Shawn P Md	All Other	~									
Kessler Richard A Md	All Other	~									
Persia Albert J Md	All Other	~	~	~	~	~		~			
Mcmahon Kevin C Md	All Other	~		~	~	~		~			
Hickox Douglas James	All Other	~									
Francis Lynda	All Other	~		~		~		~			
Haq Nadeem UI Md	All Other	~									
Jacobi-Rodriguez Deborah Ann	All Other										
Golubski Julie Ann	All Other										
Ostrowski Philip Martin	All Other	~		~	~	~		~			
Islam Abul Mohammad Md	All Other										
Campbell Heidi Ann	All Other										
Pervez Yasmin Md	All Other	~				~		~			
Klementowski Marc Kenneth Md	All Other	~									



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Ostolski Michael John	All Other										
Nohr Alice Marie	All Other	~					~				
Poynton Frederick G Md	All Other	~									
egrave Thomas Do	All Other	~		~		~	~		~		
usain Syed Sajid Md	All Other	~									
awton David A Jr Md	All Other	~		~		~	~		~		
rickson Robert J Do	All Other	~		~		~	~		~		
otton Shawn E Md	All Other	~		~		~	~		~		
lberico Ronald A Md	All Other	~					~				
Pechenik Boris Md	All Other	~		_			~				
Chugh Dennis Brian	All Other	~									
ellman Wendy I	All Other	~		~							
ells Gastroenterology Llp	All Other	~									
neriff Fuad Habib Md	All Other	~		~			~		~		
alma Alessandra Mulle Md	All Other	~									
romwell Nicholas L Md	All Other	~									
adawski Robert John Md	All Other										
mith Roger M Md	All Other	~					~				
osgrove Edward Joseph Md	All Other	~									
ourihane John Maurice Md	All Other	~									
verholt Jayne Claire	All Other	~									
avis Judine C	All Other	~									
len Nancy Ann Md	All Other	~						~			
ount St Mary Hsp Hlth Ctr	All Other	~	~	~							
anfilippo Diane Marie Md	All Other	~									
omanowski Cindy R Md	All Other	~									
innicki Michael S Md	All Other										
hazen Mark David Md	All Other	~									
esolowski Judy A Md	All Other	~									
vino David Md	All Other	~									
icottone Anthony R Md	All Other	~									



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	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Rockwell Bruce H Md	All Other											
Capote Horacio A Md	All Other	~										
O'Mara Thomas Ervin Md	All Other	~					~					
Lapoint Paul Justin Md	All Other											
Lee-Kwen Peterkin Md	All Other	~										
Rabice Michael D Md	All Other	~										
Grace Timothy J	All Other	~					~		~			
Miqdadi Jehad Ahmad Md	All Other											
Miner Loretta Butterfield	All Other	~					~					
Hall John David Md	All Other	~					~		~			
Stube Keith Charles Md	All Other											
Sauret John Md	All Other	~		~			~		~			
Kerney Angel L	All Other											
Mucciarella Rosalba Md	All Other	~					~		~			
Flaherty Leayn Terese	All Other	~					~					
Campion Virginia Bianka Md	All Other	✓				~	~		~			
Rodes Alfredo Maula Md	All Other	~		~		~	~		~			
Mitchell Michael Joseph Md	All Other	✓										
Lall Shashi Md	All Other	~					~		~			
Khan Tariq Mahmood	All Other	~				~	~					
Cange Jean-Marcaisse Md	All Other											
Ferguson Michael Scott	All Other	~										
Carlson David E	All Other											
Constantine Jeffrey C Obgyn P	All Other	~										
Gritters Lyndon Scott Md	All Other				_							
Campion James Patterson Md	All Other	~				~	~					
Bartolone Christopher J Md	All Other	~										
Shafik Ihab Mahmoud Md	All Other	~					~		~			
Piotrowski Edward Stanley Md	All Other	~					~					
Cleary Kevin G Md	All Other											
Corigliano Joseph Francis Md	All Other											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Nichols David P Md Pc	All Other	~										
Mccarthy Philip Louis Jr Md	All Other	~					~					
Northwestern Mem Hsp II	All Other											
Pell Michael Anthony Md	All Other											
Guterman Lee Rand Md	All Other	~										
Adrian Peter G Md	All Other	~										
Watt Courtenay C Md	All Other	~										
Dzik John Alexander Md	All Other	~		~								
Frost Marc Steven Md	All Other	~										
Newman Jay L Md	All Other	~										
Barcomb Alan James Md	All Other											
Cavalieri Morris Maurizio Md	All Other	~		~			~		~			
Addagatla Sujatha Md	All Other	~										
Albrecht Friedrich Joachim Md	All Other	~										
Piscatelli James J Md	All Other											
Landi Michael K Md	All Other	~		~			~					
Shah Dhiren K Md	All Other	~										
Kansal Sarita Md	All Other	~		~		*	~		~			
Ahuja Sanjeev K Md	All Other	~		~		*	~		~			
Brown Lloyd W Md	All Other	~										
Dara Tanvir Muhammad Md	All Other	~					~		~			
Domondon Fernando B Jr Md	All Other	~										
Fayyaz Mohammad Md	All Other											
Krutchick Karen Lyn Md	All Other	~										
Cheney Richard T Md	All Other	~					~					
Kalra Tejinder Md	All Other	~					~		~			
Helm Thomas N Md	All Other											
Marino Michael B Md	All Other	~					~					
Chan-Lam Patrick D Md	All Other	~										
Tallett John R Md	All Other											
Clifford David S Md	All Other			~		~	~		~			



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	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii 3.	a.i 3	b.i 3	3.f.i	3.g.i	4.a.i	4.b.i	
Lamonica Dominick	All Other	~					/					
Kim Chee Hoon Md	All Other											
Sy Claude Go Md	All Other	~		~	K		/		~			
Novotny Margaret Md	All Other	~										
Roth Carl Do	All Other	~			K		/		~			
Ram Raghu	All Other	~		~	I.		/		~			
Spinaris Toni M Do	All Other	~										
Loud Peter Alden Md	All Other	~					/					
Bruno Jr August Andrew Md	All Other											
Trubish Dorothy Lukawski	All Other											
Beach Amy Rebecca	All Other	~			I.		/					
Meagher Brian D Md	All Other											
Samadi Dilara E Md	All Other											
Patel Malti Jairam Md	All Other	~										
Skomra Christopher J Md	All Other	~										
Vasquez Michael A Md Pc	All Other											
Steinig Jeffrey Paul Md	All Other	~										
Joy-Pardi Judyann V Md	All Other	~										
Siedlecki Andrew Joseph Md	All Other	~										
Mh Svc Erie Northwest Cor-Scm	All Other											
Fenstermaker Robert Md	All Other	~					/					
Botsoglou Nikolaos K Md	All Other	~		~			/		~			
Rados Philip J Md	All Other	~	~	~	I.		/		~			
Raphael Sami Abdel Sayed Md	All Other	~		~			/		~			
Martinke David John Do	All Other	~		~	K	2	/		~		_	
Abialmouna Jihad Hassan Md	All Other	~		~	I.		/		~			
Talhouk Akram S Md	All Other											
Hage Douglas David Md	All Other	~										
Northrup Carol Elizabeth	All Other											
Licata Michael Md	All Other	~										
Stephan William H Md	All Other	~		~			/		~			



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	Participatin	g in Projects									
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Conti Robert Ross Md	All Other										
Heritage Pk Hcc Snf	All Other										
Heritage Green Hcc Snf	All Other										
Zuccala Scott Jeffrey Do	All Other	~									
Walter Peter J Md	All Other	~									
Wetzler Meir Md	All Other	~					~				
Hoffman Lisa B Md	All Other	~		~		~	~		~		
Oconnor Gale Lauren Md	All Other	✓					~		~		
Gilbert Richard N Jr Md	All Other	~									
Dougherty David R Do	All Other										
Sutter Diane J Md	All Other	~									
Bauer Ronald L Md	All Other	~									
Arora Satish K Md	All Other	~		~			~		~		
Father Baker Manor	All Other	~									
Chevli K Kent Md	All Other	~									
Pinski John Valentine Md	All Other	<u> </u>									
Rabadi Nashat H Md	All Other										
Smith Thomas P Jr Md	All Other	~									
Jane D Kraft Md Pllc	All Other	~									
Summers Thomas A Md	All Other	~									
Goodman Gail R Md	All Other	~		~		~	~				
Pivarunas Anthony R Do	All Other	~									
Arnal Frank Md	All Other	~				~	~				
Worrell Sarah G K	All Other	~									
Moreland Douglas B Md Pc	All Other	~									
Chase Wendy K	All Other	~	~	~		~	~		~		
Clutterbuck Elaine L	All Other	~									
Manzoor Shaikh A Md	All Other	~									
Yarussi Anthony T Md	All Other	~					~				
Suddaby Loubert S Md	All Other	~									
Heidelberger Edwin Md	All Other	~					~		~		



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	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
long Michael Joseph	All Other	~										
askowski Stephen M Md	All Other											
Hodge Robert Wayne Md	All Other	~										
Cannone Dominick Md	All Other	~				~	~					
Mcgrath Brian E Md	All Other	~										
Kelly James Joseph Do	All Other	~										
Perez Brache Jose G Md	All Other	~										
De Leon Casasola Oscar A Md	All Other	~					~					
Herman Steven Md	All Other											
Gregoritch Steven J Md	All Other	~										
Czuczman Myron S Md	All Other	~					~					
licks Wesley L Jr Md	All Other	~					~					
D'Leary Kathleen A Md	All Other	~					~					
Cappuccino Helen Hess Md	All Other	~					~					
Chautauqua Co D O H Psshsp	All Other											
Margaret A Stutzman A T C	All Other											
reundel Anthony D Md	All Other	~										
Shayana Ranjan Md	All Other											
Greco Joseph M Md	All Other	~										
D'Donnell John L Md	All Other	~										
andis Andrew J Md	All Other	~				~	~		~			
Spangenthal Edward J Md	All Other	~					~					
auria Philip G Md	All Other	~										
Samra Avtar Singh	All Other	~	~	~		~	~		~			
logan Harriette F	All Other	~		~								
Smith Brian Gary Md	All Other	~										
hin Kyu H Md	All Other	~										
Citchen Timothy M Md	All Other	~	~	~		~	~		~			
Baumann Louis R Md	All Other	~										
Copp Christopher F Md	All Other	~										
laples Nicholas Do	All Other	~										



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
urkiewicz Mary Louise Md	All Other	~									
Chandan Komal Md	All Other										
Asirwatham John Edwin Md	All Other	~									
Vard John P Do	All Other	~		~		~	~		~		
emia Ronald E Md	All Other										
nillo Sergio J Md	All Other	~					~				
Casey Martin A Md	All Other	~		~		~	~		~		
Nueller Rudolph J Md	All Other	~	~	~		~	~				
Nueller Diane L Md	All Other	~	~	~		~	~		~		
Peters Nancy J Md	All Other	~		~		~	~		~		
Southard Eric R Md	All Other	~		~			~		~		
eid Mohamed Y Md	All Other	~									
enn Howard Aron Dpm	All Other	~									
laddad George Anis Md	All Other	~		~			~		~		
Deon Lisette Anne	All Other	~		~			~		~		
uccio Mark J Dpm	All Other										
in Gracie Min Mei Md	All Other	~					~		~		
Veissman Mark A Md	All Other	~									
lbert Michael S Md	All Other	~									
hah Siddhartha S Md	All Other	~									
las Eddie Md	All Other	~									
larris Hill Nursing Facility	All Other										
oman Antonio Md	All Other	~				~	~				
risanti Joseph Md	All Other	~									
aravenkataraman Raghupathy M	All Other	~		~		~	~		~		
Gullickson Donald E Do	All Other	~		~		~	~		~		
awler Jack R Md	All Other	~									
lough James Alan Md	All Other	~									
ishop Gerald Jay Md	All Other	~				~	~		~		
lanson Kristine G Np	All Other										
Oconnor Terence P Md	All Other	~		~			~		~		



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
itzgerald James B Md	All Other	~									
Mcgoldrick Dennis M	All Other	~		~		~	~		~		
Leone John A Do	All Other	~		~		~	~		~		
Schiele Kathleen	All Other	~		~		~	~		~		
Hunt Roderic Tracy	All Other	~	~	~		~	~		~		
Osborn Kenneth Mark	All Other										
Vestner Thomas G Md	All Other	~									
Coggiola Peter A	All Other	~									
Ostrum Arthur George Jr Do	All Other	~									
Steinwachs Theodore M Rpa	All Other										
Rew James Paul	All Other	~									
Cromwell Brian Md	All Other	~									
Panzarella James John Do	All Other	~					~		~		
/ijaykumar Rekha Md	All Other	~					~				
Schratz Jeffrey John Md	All Other	~									
Flynn William J Jr Md	All Other										
Golden Grant S Md	All Other	~									
oms Bill R Md	All Other	~				~	~		~		
nain Joseph Marcel Jr Dpm	All Other	~									
Davis Elizabeth Md	All Other	~		~							
lajduczok Zina D Md Pc	All Other	~									
Rusnak Joseph G Md	All Other	~									
lohensee James E Md	All Other										
Cuehnling William Robert Md	All Other										
Schueler William C Do	All Other	~		~		~	~		~		
/untz Jon Alan Md	All Other										
/irk Amarjit S Md	All Other										
Smolinski Robert J Md	All Other	~									
Kaye Robert David Md	All Other	~					~				
Garson David S Md	All Other	~									
_ampasso James G Md	All Other	~									



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* Safety Net Providers in Green	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Neu Jeffrey R Md	All Other	~										
Bartholomew Anthony O Md	All Other	~				*	~		~			
Carlson Richard A Jr Md	All Other	~				*	~		~			
Podlas Mark Robert Md	All Other	~										
Merletti Theodore F Dpm	All Other											
Wacker Timothy R Md	All Other	~										
Soh Andrew Young Hoon Md	All Other	~										
Johnson Andrea Marie Md	All Other	~	~	~		~	~		~			
Dyster Timothy G Md	All Other	~										
Ferin Peter Md	All Other	~										
Zielinski Robert M Md	All Other											
Plunkett Robert J Jr Md	All Other											
Khalil Moneer Md	All Other											
Stouter Barbara S	All Other	~										
Mcdonell Mary Jo Md	All Other											
Wolf David Mark Md	All Other	~										
Burruano James C Dpm	All Other	~										
Joyce Gerald Md	All Other	~										
Fosket Claudia Md	All Other	~										
Vasiliadis George C Dpm	All Other	~										
Rothman Ilene L Md	All Other	~					~					
Moy Owen James Md	All Other	~										
Lieber Kent Alex Md	All Other	~	~	~		*	~		~			
Vetrano Anthony T Md	All Other	~										
Rueda Benjamin G Md	All Other	~										
Todoro Carmen M Md	All Other	~										
Semashko Denise Carol Md	All Other											
Rasmusson Timothy R Md	All Other	~										
Rehman Fazalur C Md	All Other	~										
Hakim Shabbir Z Md	All Other	~										
Przybyla Kevin P Do	All Other											



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Provider Name	Provider Category	2.a.i 2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Lema Mark J Md	All Other	~				~					
Levine Ellis G Md	All Other	~				~					
Nava Hector R Md	All Other	~				~					
Hurley John P Dpm	All Other	~									
Buffalo Beacon Corp	All Other	~			~						
Gugino Lawrence J Md	All Other	~									
aplan Richard D Md	All Other	✓									
Abdel-Nabi Hani H Md	All Other	~									
Diaz Ordaz Albert Jose Luis	All Other	✓									
Vopperer Paul Md	All Other	~									
Gelormini Joseph L Md	All Other	~									
Grisanti Michael W Md Pc	All Other	~									
astible Deirdre Mary Md	All Other	~	~		~	~		~			
Nylotte Joseph M Md	All Other	~									
laar Michael Samuel Md	All Other	~						~			
Ruotsi Lee Charles Md	All Other	~									
Chaskes Michael J Md	All Other	~				~					
Guth Kenneth J Md	All Other	~	~			~		~			
Vhalen Guy M Md	All Other	✓	~		~	~		~			
Sansano Michael Jr Md	All Other	~									
ayegh Magdi E Md	All Other	✓									
lamburg Pediatrics Pc	All Other	✓									
lechtler Laszlo L Md	All Other	~									
Murak Daniel J Md	All Other	✓	~		~	~		~			
eddy John J Md	All Other	~									
aker Victory Services Icf	All Other	✓			~						
aker Victory Services Icf	All Other	~			~						
immons Edward Donald Md	All Other										
long Frederick Md	All Other	~									
akomy Steve Md	All Other	~									
ele Shashikant B Md	All Other	~				~					



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Provider NameProvider Category2.a.i2.b.ii2.b.iv2.c.iaLewis Paul Jeffrey MdAll OtherImage: CategoryImage: CategoryImage: CategoryImage: CategoryImage: CategoryShafi Mohamad MdAll OtherImage: CategoryImage: CategoryImage: CategoryImage: CategoryImage: CategorySirianni Samuel Rangatore MdAll OtherImage: CategoryImage: CategoryImage: CategoryImage: CategoryImage: CategoryLaurri Frank Robert MdAll OtherImage: CategoryImage: CategoryImage: CategoryImage: CategoryImage: CategoryHorAll OtherImage: CategoryImage: CategoryImage: CategoryImage: CategoryImage: CategoryMaclean Craig K MdAll OtherImage: CategoryImage: CategoryImage: CategoryImage: CategoryAntalek Matthew MdAll OtherImage: CategoryImage: CategoryImage: CategoryImage: CategoryHartman David A MdAll OtherImage: CategoryImage: CategoryImage: CategoryImage: CategoryBrecher Martin MdAll OtherImage: CategoryImage: CategoryImage: CategoryImage: CategoryLippes Howard A MdAll OtherImage: CategoryImage: CategoryImage: CategoryImage: Category	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Shafi Mohamad Md All Other Sirianni Samuel Rangatore Md All Other Laurri Frank Robert Md All Other Gomez Suescun Jorge A Md All Other All Other All Other Baker Hall,Inc All Other All Other All Other All Other Mcdonnell Margaret Philomena All Other All Other All Other Maclean Craig K Md All Other All Other All Other All Other Antalek Matthew Md All Other Antalek Matthow Md All Other	*	V					
Sirianni Samuel Rangatore Md Laurri Frank Robert Md All Other Gomez Suescun Jorge A Md All Other All Other All Other Baker Hall,Inc Mcdonnell Margaret Philomena All Other All Other All Other All Other Maclean Craig K Md All Other Antalek Matthew Md All Other	×	V				1	
Laurri Frank Robert MdAll OtherAll OtherGomez Suescun Jorge A MdAll OtherImage: Comparison of the compar	×	✓					
Gomez Suescun Jorge A Md Hcr All Other Baker Hall,Inc All Other Mcdonnell Margaret Philomena All Other Maclean Craig K Md All Other All Other All Other All Other Antalek Matthew Md All Other Hartman David A Md All Other	>			~			
HcrAll OtherImage: Control of the control of th	~	~		~			
Baker Hall,Inc Mcdonnell Margaret Philomena All Other Maclean Craig K Md All Other All Other All Other All Other Antalek Matthew Md All Other Hartman David A Md All Other Brecher Martin Md All Other	~						
Mcdonnell Margaret Philomena All Other Maclean Craig K Md All Other Antalek Matthew Md All Other Hartman David A Md All Other Brecher Martin Md All Other	*						
Maclean Craig K MdAll OtherImage: Craig K MdAntalek Matthew MdAll OtherImage: Craig K MdHartman David A MdAll OtherImage: Craig K MdBrecher Martin MdAll OtherImage: Craig K Md							
Antalek Matthew Md All Other Hartman David A Md All Other Brecher Martin Md All Other All Other							
Hartman David A Md All Other V V S S S S S S S S S S S S S S S S S		~		~			
Brecher Martin Md All Other							
		~		~			
Linguis Herrard A Med		~					
Lippes Howard A Md All Other							
Barnes Steven Edmund All Other	✓	~		~			
Perfetto Carlo Michael Md All Other							
Coyne John Francis Md All Other							
Neufeld Robert J Md Pc All Other							
Pfalzer David Frank Md All Other		~		~			
Alvarez Carmen Adriana Md All Other		~		~			
Rand Lawrence G Md All Other							
Fischbeck Susan Md All Other							
Gelfer Alexander Boris Md All Other							
Mcauley-Seton Home Care Corp. All Other							
Mcadam Frederick B Md All Other							
Murray Kenneth Robert Md All Other							
Hatton Elizabeth R Md All Other							
Leberer Joseph P Md All Other							
Wadhwa Arvind K Md All Other		~		~			
Oneil David C Md Phd All Other		~		~			
Nelson Gary Robert Md All Other		~		~			
Gianfagna Robert Anthony Md All Other					_i	i	



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Hocko Michael Md	All Other	~									
Sheth Ashwina Gaurang Md	All Other	~									
Sobie Stephen R Md	All Other										
Kansal Narendra Md	All Other	~									
Martin Raquel Gertrud Md	All Other	~									
Glover Robert Franklin Jr Md	All Other	~					~				
Herman Steven Peter Md	All Other	~		~		~	~		~		
Kasnicki Laurie Md	All Other	~									
Stidham Lynda Margaret Md	All Other	~		~							
Conway James T Md	All Other										
Cohen lan Laurence Md	All Other	~					~				
Rosa Coplon Jewish H&I Lthhcp	All Other										
Veiss Steven D Md	All Other	~									
Connor Erika H	All Other	~					~		~		
Stephenson Grant W	All Other	~					~		~		
Geraci Michael Charles Jr Md	All Other	~									
Martinez Carlos L Md	All Other	~									
Butler Michael P Dpm	All Other	~									
Shields Peter E Md	All Other	~									
Krahn Wolf-Dieter Md	All Other	~	~	~		~	~		~		
Sheridan Manor	All Other										
Gorman Timothy Alan Md	All Other	~	~	~		~	~		~		
Koritz Sara Md	All Other	~									
Alvarez Perez Julio A Md	All Other	~									
Aliotta Philip Joseph Md	All Other	~									
Ellis Nitza F Md	All Other	~		~							
Vild James E Md	All Other	~					~		~		
Maddi Joseph L Md	All Other	~									
liles Charles Ross Md	All Other										
Powalski Robert John Jr Md	All Other	~									
Hansen Robbin H Md	All Other	~		~							



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
arlog Kevin J Md	All Other	~									
oleini Jahangir Md	All Other	~		~			~		~		
Riznyk Peter John Dpm	All Other										
Caushal Ashok Md	All Other										
eating Daniel B	All Other	~									
antos Carlos Md	All Other	~						~			
Rycyna James L Md	All Other	~									
Schaefer Daniel P Md	All Other										
Cardone Linda Ann Md	All Other	~		~							
Bojedla Rama Md	All Other	~					~		~		
Vheeler Dale Robert Md	All Other	~									
ana Steven Joseph Md	All Other	~		~							
aul Tej N Md	All Other										
hehata Nady Md	All Other	~		~		~	~		~		
ain Naresh K Md	All Other	~									
lospice Buffalo Inc	All Other								~		
Vopperer James Michael Md	All Other	~									
lasca Joseph Michael Dpm	All Other	~									
ndrews Thomas J Md	All Other										
lorthpointe Council, Inc	All Other	~				~				~	
ojedla Vijay K	All Other	~					~		~		
lazepa Erzsebet Aniko	All Other	~		~			~		~		
larzinek Gil Zdzislaw Md	All Other										
lieger Peter S Md	All Other	~					~				
laque Shehla Md	All Other	~									
bsolut Ctr Nrs Reh At Westfield	All Other										
odgers Bruce D Md	All Other	~									
ickels Eric Md	All Other	~									
dornetto Gregory J Dpm	All Other	~									
feir Norman John Md	All Other	~									
orris William Md	All Other										



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Kalmuk Eugene J Md Pc	All Other	~					~		~			
Ulatowski Jerome J li	All Other											
Bezbatchenko Mark Md	All Other	~		~								
Lenahan Mary Louise Md	All Other											
Becker Steven B Md	All Other	~		~		~	~		~			
Welliver Josephine R	All Other	~										
Terranova Michael David Md	All Other	~										
Stone Steven Md	All Other	~		~			~		~			
Robinson Donald W Md	All Other											
Parikh Parmanand K Md	All Other	~										
Bevilacqua David S Md	All Other	~										
Yannios Thomas S Md	All Other	~					~		~			
Pietrusik Michael Joseph Dpm	All Other											
Pietrak Stanley James Md	All Other	~										
Gill Liveleen Marco	All Other											
Marchetti David L Md	All Other	~										
Czyrny James J Md	All Other	~										
Bull Robert Leonard Jr Md	All Other											
Bax Joseph A Md	All Other	~										
Scrivani Stephen P Md	All Other	~					~		~			
Calabrese Michael D Md Pc	All Other											
Nasca Paul C Dpm	All Other	~										
Twist James F Md Pc	All Other	~										
Baker Trudy R Md	All Other	~										
Bartels Edward Kelly Md	All Other	~										
Mc Gravey Vincent Joseph Md	All Other	~		~								
Shanbhag Vilasini M Md	All Other	~										
Lee Jeon Hoo Md	All Other	~										
Ruggiero Samuel F Dpm	All Other	~										
Sullivan Philip R Md	All Other	~										
Zakrzewski Les A Md	All Other	~					~		~			



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* Safety Net Providers in Green											
	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv 2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Ridge View Manor	All Other										
Tomljanovich Paul I Md	All Other	~				~					
Leary Daniel A Md Pc	All Other	~									
Boepple Hartwig O Md	All Other	~									
Rtf Crestwood Childrens Ctr	All Other										
St Marie Mark S Md	All Other	~									
Panahon Alvin M Md	All Other	~									
Cirbus James Joseph Md	All Other	~			~	~					
Ucp Nys Reg 1 #05 Medina St	All Other										
Western Ny Childrens Pc	All Other										
Chouchani Adel E Md	All Other	~									
Raiken Deborah Faye Md	All Other	~									
Autumn View Health Cr Facilit	All Other										
Absolut Ct Nrs & Reh At Orchard Par	All Other										
Aquino Michael D Dpm	All Other	~									
Silverstein David Md	All Other	~				~		~			
Schreck Frank Thomas Md	All Other	~									
Matthews James H Md	All Other	~	~	~	~	~		~			
Gunther David E Md	All Other	~		~	~	~		~			
Penepent Philip A Jr Md	All Other	~				~		~			
Siddiqui Mohamed Yusuf A Md	All Other										
Tiberia Nicholas Dpm	All Other										
Luther Ramesh Md	All Other	~									
Raab Thomas Albert Md	All Other	~									
Addesa Albert J Jr Md	All Other	~		~	~	~		~			
Curran Richard Russell	All Other										
Berke Robert Md	All Other	~	~	~	~	~		~			
Kawinski Bohdan Jerzy Md	All Other	~									
Collins Patrick S Md	All Other	~	~	~	~	~		~			
Eggleston Gary E Md	All Other	~	~	~	~	~		~			
Lamancuso John Michael Md	All Other	~			~	~		~			



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	Participating Pa	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
erraro Frank A Md	All Other	~					~		*		
arly Amy Md	All Other	*					~				
Sinatra Lawrence Thomas Md	All Other	~					~		~		
Grossman Zachary D Md	All Other	~					~				
ates Vernice E Md	All Other	~									
onley James George Md	All Other	~									
alip K Khurana, Md., Pllc	All Other	~									
eahn Dale L Md	All Other	~		~			~		~		
Brass Corstiaan Md	All Other										
úlju Keith William Md	All Other	~				~	~				
atchidanand Sateesh Md	All Other	~									
uoti Raymond Joseph Md	All Other	~									
onti David R Md	All Other	~									
gorman Kevin N Md	All Other	~					~		~		
ampione Peter A Md	All Other										
ohnson David N Md	All Other										
ichalski Stanley R	All Other										
uthra Pramod K Md	All Other	~					~		~		
aprove Robert E Md	All Other	~									
orth Gate Health Care Facili	All Other										
ulliton Phillip Charles Dpm	All Other	~									
asud A R Zaki Md	All Other	~									
nain Joseph Marcelo Md	All Other	~									
gnatchik James G Md	All Other	~									
onner George W Md	All Other	~						~			
chulman Robert J Md	All Other	~									
awli Naim A Md	All Other	~									
asalingam M Md	All Other										
azi Khalid Jahangir	All Other										
eating Sean E Dpm	All Other	~									
ommunity Concern Of Wny	All Other	~				~					



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	Participating	j in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
ake Shore Behavioral Hlth In	All Other	~				~					
lanzly Michael Dpm	All Other	~									
Perillo Frank B Dpm	All Other	~									
Casey David M Dds	All Other	~					~				
lowland David M Md	All Other	~									
Villiamsville Suburban	All Other										
lh Svc Erie Southeast Corp V	All Other	~				~					
azili Mohamad Y Pc Md	All Other	~									
loscato John A Pc Md	All Other										
'u Young J Md	All Other	~									
Repicci John A Md	All Other	~									
lman Richard S Md	All Other	~									
ugitt Robert G Md	All Other										
enchini John P Md	All Other	~									
ingh Amarjit Md	All Other										
anhehco Meliton L Md	All Other	~	~			~					
tehlik Edward A Md	All Other	~		~		~	~		~		
hastri R H	All Other	~									
oore Michael C Md	All Other	~									
alabate Joseph A Md	All Other	~									
hagwandas L Sutaria	All Other										
/ild Daniel R Md	All Other										
odkin John J Md	All Other	~					~		~		
erardi Joseph Richard Md	All Other	~									
ade Michael P Md	All Other	~									
rautigam Donald F Md	All Other	~	~	~		~	~		~		
rkin Sara Rachel G Md	All Other	~									
orgach Peter W Pc Md	All Other	~									
epel Timothy V Md Pc	All Other	~		~			~		*		
leskow Sanford Ronald Md	All Other	~					~		~		
aniels Robert L	All Other	~						~			



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Hellriegel John C Jr Md	All Other										
Sachar Rajinder Singh Md	All Other						~		~		
liagara Cnty Mntl Hlth Lckprt	All Other										
liagara Cnty Mntl Hlth N Fall	All Other	~				~					
anchal Narhari M Md	All Other										
odoro Carl A Md	All Other	~									
oberts Douglas Lee Md	All Other	~									
ozower Michael Md	All Other	~									
houchani Gabriel E Md	All Other	~									
ee Keun Yong Md	All Other										
Green Andrew W Md	All Other	~									
hary Kandala Krishna Md	All Other	~					~		~		
zymula Norbert J Md	All Other	~									
lerle P Anandaram Md	All Other										
illie David B Md	All Other										
aq Syed Eajaz UI Md Pc	All Other	~									
hattacharyya J K Md Pc	All Other	~					~		~		
oche Bertrand P Md	All Other	~		~		~	~		~		
uscaglia Anthony Joseph Md	All Other	~									
atel Dilipkumar J Md	All Other										
assenfratz Thomas A Dpm	All Other	~									
lock Brian Md	All Other	~									
anavan J William Md	All Other	~		~							
aar Jean George Pc Md	All Other	~							~		
efrancis Roy Dpm	All Other	~									
obinson Peter S Md	All Other	~				~	~				
u Cheng Shung Pc Md	All Other	~					~		~		
ahlie James G Md	All Other										
ardamone Joseph Gasper Md	All Other										
arrel Jeffrey M Dpm	All Other										
Gerbasi Thomas R Md Pc	All Other	~									



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	Participating Pa	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Platt Bruce L Md	All Other	~										
Atwal Amarjit Md	All Other	~										
St Francis Hm Williamsville	All Other											I
Seneca Health Care Center	All Other											I
Mercy Hosp Snf	All Other	~										
Mcauley Residence Snf	All Other	~										
Garden Gate Hlth Cr Facility	All Other											
Aspire Of Western New York In	All Other											
Buffalo Hearing & Speech Ctr	All Other	~										
Rycyna Stephen D Md Jr	All Other	~										
Ali Irshad Md	All Other	~					~		~			
Bell Thomson John Md	All Other	~										
Gingell Robert Md	All Other											
Child And Adolescent Psy Cl	All Other	~				~						
Gateway Longview	All Other											
Odd Fellow & Rebekah Rhcc	All Other											
Heritage Village Reh & Skilled Nrs	All Other											
Vomans Christian Association	All Other	~	~	~	~	~		~				
Vestfield Memorial Hospital	All Other	~										
Sisters Of Charity Hosp	All Other	~	~	~				~				
Mercy Hospital Of Buffalo	All Other	~	~	~								
Kenmore Mercy Hospital	All Other	~	~	~								
Bertrand Chaffee Hospital	All Other	~		~			~					
St Catherine Laboure Hcc Snf	All Other	~										
uthern Retirement Home	All Other	~										 I
Medina Memorial Hospital Snf	All Other											
Medina Memorial Hospital	All Other											 I
Manteghi Tara Md	All Other	~										 I
Phillon Samjot Singh Md	All Other	~					~					
Matuszak Jason	All Other	~										
Halliwell Kenneth	All Other	~										



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Clark Elwyn C Md	All Other											
Benedicto Alberto C Md	All Other	~										
Barone Steven Michael Md	All Other	~										
Mangovski Christina Mary Rpa	All Other	~										
Claddagh Commission Inc Fsr 2	All Other											
Gunasingham Vyanthanat	All Other	~					~		~			
Fanton Melissa Mary Rpa	All Other											
Baker Hall Day	All Other											
Quebral Agnes	All Other	~		~			~		~			
Underwood lii Willie	All Other	~					~					
Fitzpatrick Edward	All Other											
Bailey Heather L	All Other	~		~			~		~			
Thompson James Edwin Md	All Other	~					~					
Mattson David Michael Kawananakoa	All Other	~					~					
Benamati Karly Ann Pa	All Other	~										
Vona Karen Lynne	All Other	~					~					
Joseph Susan M Rpa	All Other	~										
Taylor Karen Anne Rpa	All Other	~										
Ramsdell Anne	All Other											
Goldsmith Jenna L Np	All Other											
Sabia Michelle Lynn	All Other	~					~					
Raymond Lisa A	All Other	~										
Michael Wellington Faulk	All Other											
Rana Muzamil	All Other	~										
Pham Dang Tuan Md	All Other	~										
Cance William George Md	All Other	~					~					
Cornell Waseya Alicia Md	All Other	~										
Bitikofer Kristin Marie Pa	All Other	~										
Barwell Jennifer J	All Other	~					~		~			
Proy Janice Maureen	All Other	~					~					
Patronik Susan Marie Rpa	All Other	~				~	~		~			



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
etes Jaime Lynn	All Other	~									
Liu Hong Md	All Other										
Pili Roberto Md	All Other	~					~				
Grijalva Galo Alexander Md	All Other										
Anandacoomaraswamy Dharshan	All Other	~					~				
Cotter Daniel Maurice Md	All Other	~									
Williams Philip	All Other	~					~				
Baker Victory Services Semp	All Other										
Faller Julia Barber Md	All Other	~					~				
Thomas Suzanne K	All Other	~									
Jeffrey Wade Martinez	All Other	~									
Laudico Thomas Joseph Do	All Other	~					~				
Cicchetti Michael Scott	All Other	~									
Bell Katie M Rpa	All Other	~				~	~				
Dann Sara Kate	All Other	~									
Walczak Amanda Lee	All Other										
Siddiqui Jafar	All Other	~									
Chestnut Ridge Medical Supplies Inc	All Other										
Rizvi Sarah	All Other	~		~		~	~		~		
Bockhahn Jamie Lynne	All Other										
Frachetti Katherine J	All Other	~	~	~		~	~		~		
Chen Hongbin	All Other	~					~				
Peterson Andrew Craig	All Other	~									
Weber Ryan	All Other	~									
Watson Kathleen R	All Other										
Arica Herring Morrill	All Other	~									
Saikali Nicolas P	All Other	~									
Gothgen Nicole Marie Md	All Other	~					~				
Schulte Mark	All Other	~									
Attuwaybi Bashir	All Other										
Singh Baljinder	All Other	~									



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Kasznica John M	All Other	~					~					
Walcott Roger	All Other	~										
Rachel George Weselak	All Other	~										
Glass Kathleen Zillner	All Other	~				~	~		~			
Schwaab Thomas	All Other	~					~					
Merlino Talia Grace Rpa	All Other	~										
Henna M Sheikh	All Other	~		~			~		~			
Vanstee Breanna	All Other	~				~	~		~			
Griffiths Elizabeth Alice	All Other	~					~					
Damian Daniel Zakroczemski	All Other	~				~	~		~			
Whitmore Metivia-Anne	All Other	~	~	~		~	~		~			
Casselman Courtney Lynn	All Other											
_each-Minazzi Danielle Margaret	All Other	~	~	~		~	~		~			
Butt Ayesha Zaheer	All Other	~	~	~		~	~		~			
Kestler Peggy Sue	All Other	~	~	~		~	~		~			
Suburban Adult Services Inc Spt	All Other											
Burns Linda	All Other	~										
Ji Young Lee	All Other	~										
Schweickhard Jillian Nicole	All Other	~							~			
Mason Thomas	All Other	~										
Tutwiler Tara Lynn	All Other	~										
De Boer Katherine Pauline	All Other											
Wall Robbie Daniel	All Other	~										
Clark Lindsey Dolan	All Other	~										
Pothini Gouri Bhawan	All Other											
Arndt Debra L	All Other	~						~				
Niedzwiedz Nicole	All Other	~										
Jeffrey James Brewer	All Other											
Taylor Ryann Illig	All Other	~		~		~	~		~			
Bolnick Jay	All Other											
Gissou Azabdaftari	All Other	~					~					



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* Safety Net Providers in Green											
	Participating										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv 2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Amborski Erin	All Other	~									
Hennon Mark William	All Other	~				✓					
Qiu Jingxin	All Other	~				✓					
Burke Mark Steven	All Other	~						~			
Lex Jacqueline A	All Other	~									
Ratnakaram Ramakrishna	All Other										
Cloutier Kathleen Jane	All Other										
Mccrea Harry Eugene lii	All Other	~									
Sobieraj Scott Robert Md	All Other										
Fabiano Andrew Joseph	All Other	~				✓					
Sdoia Samuel William	All Other	~				~					
Pond Ausra	All Other										
Rachala Sridhar Reddy	All Other	~									
Saby George	All Other	~				~					
Frederick Peter Jonathan Md	All Other	~				~					
Ylagan Lourdes Rosal	All Other	~				~					
Weingarten Elizabeth Ann	All Other	~		~	~	~		~			
Faisal Shah	All Other	~									
Madhusudanan Mohan	All Other	~									
Nurkin Steven Jeremy	All Other	~				~					
Riedesel Jeremy Martin	All Other	~	~	~	~	~		~			
Santillo John Richard	All Other	~									
Mancl Tara Beth	All Other										
Handyside Ruth Marie	All Other	~				~					
Breeann N Lee	All Other	~									
Chelsea Renee Denn	All Other										
Chen George Liwei	All Other	~				~					
Mapes Renee M	All Other	~				~					
Doerr Mark	All Other	~									
Miller Justin	All Other	~									
Murphy Timothy	All Other	~									



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Summit Educational Resources	All Other										
Brewer Tara J	All Other	~		~		~	~		~		
Ucpa Of Niagara County Inc	All Other										
Shicha Kumar	All Other	~					~				
/ishala Tamirisa Neppalli	All Other	~					~				
Billings Nathaniel Proch	All Other	~									
Afshan Samad	All Other	~									
Feeter Jennifer	All Other	~									
Spillman Sarah	All Other	~		~		~	~		~		
Ong Evadne	All Other	~				~	~		~		
Mcvige Jennifer Williams	All Other	~									
Erie County Nysarc Inc	All Other										
Rutowski Jerome Michael	All Other										
Majewski Sara Ann Md	All Other	~					~				
Fininzio Cara	All Other	~		~		~	~		~		
Norbert Sule	All Other	~					~				
Francescutti Valerie	All Other	~					~				
Kazunori Kanehira	All Other	~					~				
Burbulea Ghinita	All Other	~					~				
Mastroianni Travis A Do	All Other	~									
Carr Heidi Marie	All Other	~									
Dunn Cassandra H	All Other										
Vny Rehabilitation Medicine And Pai	All Other	~									
Danielle Renee Catanese	All Other										
Salis Robertus J	All Other										
agaly William J	All Other	~									
Hendler Craig Matthew	All Other	~					~				
Cantalician Center For Learning Inc	All Other										
Elizabeth A Hanretty	All Other										
Cattaraugus Co Chap Nysarc Hcbs 11	All Other										
Warner Place Adhc	All Other										



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* Sarety Net Providers in Green	Participating Pa	g in Projects										
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Kirstein Ruta Marie	All Other											
Card Tiffany Elizabeth Rpa-C	All Other	~										
Meesala Mrinalini	All Other	~										
Baker Hall Inc Dba Baker Victory Se	All Other	~				~						
Rambarran Brian David	All Other	~										
Robinson Martha Elizabeth	All Other	~		~		~	~		~			
Amber Michelle Nocek	All Other											
Bain Andrew Joseph	All Other	~					~					
Ahmed Sadia	All Other											
Powell Aaron Michael	All Other	~										
Lee Russell D	All Other	~				~	~					
Atwal Ephraim S	All Other	~										
Shah Medical Group Pc	All Other											
Lufkin Laura Elizabeth	All Other											
Milligan Janine Marie	All Other	~					~					
Morotchie Cristi Morgan	All Other											
Xu Bo	All Other	~					~					
Nikolaychook Lyudmila Yuryevna	All Other	~										
Tyler Chad P Do	All Other	~				*						
Jennifer Kathleen Guarino	All Other	~					~		~			
Cohan David M Md	All Other	~					~					
Dunleavy Jason Dana	All Other	~										
Smyers Kristen L	All Other	~										
Rojek Jennifer L	All Other	~										
Gurske-Desperio Jennifer	All Other	~										
Baysal Bora	All Other	~					~					
Schaus Benjamin	All Other	~										
Veingarten Michael	All Other	~										
Silva Meliton	All Other	~										
Sherban Ross	All Other	~										
Ince-Mercer Leia K Md	All Other											



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Provider Name	Provider Category	2.a.i 2	2.b.iii 2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Jones Joshua Md	All Other	~								
Syed Arif	All Other	~								
Matier Jennifer Michalik	All Other	~	~		~	~		~		
Gavriluke Anna	All Other									
Mercy Hospital	All Other	~								
Coolidge Jonathan N	All Other	~								
Bhat Seema Ali Md	All Other	~				~				
Butler Rachael A	All Other	~				~				
Woloszyn Tomasz	All Other	~			~	~		~		
Bock Melissa	All Other	~				~		~		
Wrzeszcz-Onyenma Karolina	All Other									
Brogan Michael M	All Other									
Munella Brenda May	All Other	~			~	~				
Kalakada Nirisha	All Other									
Malhotra Usha	All Other	~				~				
Dudziak Christina Ann	All Other									
Zhao Yujie	All Other	~				~				
Ratliff David	All Other	~								
Liberati Rachel	All Other	~	~		~	~		~		
Arshad Hassan	All Other	~				~				
Masud Ali	All Other									
Peerzada Maajid M Md	All Other	~			~	~		~		
Nehme Elie Antoine	All Other	~				~		~		
Brown Michelle D	All Other									
Kelly Lynn Manganello	All Other	~								
Jessica Drexinger	All Other	~								
Young Jessica Suk-Wah	All Other	~				~				
Kaplan Keith	All Other	~								
Parker Brandon John Md	All Other									
Rojas Luisa F Md	All Other	~								
Hitt James	All Other	~				~				



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	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
ouchan Faraj	All Other	~										
erri Sarah Ann	All Other	~	~	~		~	~		~			
Bry-Lin Hospital	All Other	~				~						
Sarah A Gamel Rpa-C	All Other	~										
Bell James Ryan	All Other											
Gleason Bonnie	All Other	~					~					
Cotowski Adam Scott	All Other	~										
Iolland Darren M	All Other	~				~	~		~			
Susan Gayle Mclanahan	All Other	~				~	~		~			
Singh Tajinder Pal	All Other	~										
hota Sharmilee	All Other	~										
illet Bethany Marie	All Other	~		~		~	~		~			
aeed Mohammad Arshad	All Other											
lerza Hussein	All Other	~				~	~		~			
ngel M Macko	All Other	~		~			~		~			
lochwald Steven N	All Other	~					~					
utkowski John M Md	All Other	~										
Acclure Matthew Gilmour	All Other	~										
ober Sheila Novelli	All Other	~		~		~	~		~			
Ogorchock Jessica E	All Other	~		~		~	~		~			
acqueline S Partridge	All Other											
liccione Joseph A	All Other											
ray Chelsey Michele	All Other	~	~	~		~	~		~			
abib Fadi	All Other	~					~					
ukar Moshim	All Other	~					~					
eyapalan Gerald Rajish	All Other											
eyser Michael Bardo	All Other	~										
/estgarth Maureen L	All Other	~		~		~	~		~			
kers Stacey Nicole	All Other	~										
arrington Emma Lee	All Other											
u Philip David	All Other	~					~		~			



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DSRIP Implementation Plan Project

Community Partners of WNY (PPS ID:46)

	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Sneed Michele N	All Other	~									
Thomas Julie A	All Other	~		~		~	~		~		
Zinno Matthew Joseph	All Other	~									
Chouchani Christian P	All Other	~									
Noack Annaliese Erika	All Other										
Laura Ford-Mukkamala	All Other										
Noel Marie-Eve Christine	All Other	~									
Wittenbrook Kelly Ann	All Other										
Andrea Sturniolo Pa	All Other	~									
Kreymer Michael	All Other	~									
Tauriello Carin Marie	All Other	~					~				
Brown-Croyts Laurie	All Other	~		~			~		~		
Banday Shahid	All Other										
Violante Nicholas	All Other	~									
Cuthbert David	All Other	~									
King Laquita	All Other	~									
Weitzenkorn Dan Edward	All Other	~									
Speciale Leah D	All Other	~				~	~		~		
Mcgowan Emily Elizabeth	All Other										
Kauffman Eric Curtis	All Other	~					~				
Roswell Park Cancer Inst	All Other	~					~				~
Carlson Lyndsey M	All Other	~				~	~				
Chautauqua County Department Of Mh	All Other	~				~					
Streicher Jamie Flavia	All Other	~				~	~		~		
Catholic Health Home Respiratory LI	All Other	~	~								
Matier Brian	All Other										
Powell John William	All Other	~					~				
Melanson Julia Diane	All Other										
Huff Devon Michael	All Other										
Shea Meggan Kathleen	All Other	~									
King Indea Besheka	All Other	~									



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	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
People Inc Cssz38	All Other											
O'Mara Sarah Anne	All Other											
Barrett Lisa Ann	All Other											
Soehnlein Stephanie	All Other	~										
Harris Kassem Nemer	All Other	~					~					
Hernandez Evette M	All Other											
Niagara County Department Of Health	All Other	~										
Petroziello Michael	All Other	~					~					
Singh Amanpal	All Other	~					~					
Yacob Gabriel E	All Other											
Khan Najmul Hasan	All Other	~	~	~		~	~		~			
Sroka Raymond David	All Other	~					~					
Huffman	All Other	~										
Qureshi Zeeshan M	All Other	~										
Rpci Oncology Pc	All Other	~					~					
Thompson Erika	All Other											
Young Paul Raymond	All Other											
Fakhraei Pirouz	All Other	~										
Wadhawan Sachin	All Other	~										
Lorenc Todd	All Other	~										
Pequeen Theresa	All Other											
Rivershore Ics	All Other											
Bax Chelsie Ann	All Other	~										
Han Song Yi	All Other	~										
Mata Brian	All Other											
Pokharel Saraswati	All Other	~					~					
Eckler Justin	All Other	~					~		~			
Stevenson Karen Anne	All Other	~										
Cattaraugus Rehabilitation Center I	All Other											
Juncewicz Edmund Andrew	All Other	~										
Hanzly Michael Ignatius	All Other	~					~					



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	Participating	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
carbinsky Aislinn Marie	All Other	~									
Raja Quratul Ain	All Other	~				✓	~		~		
lercy Hospital	All Other	~									
Vang Yubao	All Other	~									
furphy Nancy Anne	All Other	~					~		~		
assavin Daniel S	All Other	~									
surke Megan Elizabeth	All Other	~									
bst Jaime Rehmann	All Other	~									
sattaglia Emily Christine	All Other										
asanello Joseph Francis	All Other	~					~		~		
ema Bethany	All Other	~					~				
aylor Martina	All Other	~									
loore Danielle Ashley	All Other	~									
alley Jill Marie	All Other	~									
entley Susan Elizabeth	All Other	~	~	~		~	~		~		
eed Daniel P	All Other	~									
ohal Kunwardeep	All Other	~									
rzybelinski Krista	All Other	~	~	~		~	~		~		
Vagner Patricia A	All Other	~					~		~		
jay Narhari Panchal	All Other	~									
Vilkins Ryan David	All Other	~									
atta Vikas	All Other										
utt Saleha Asil	All Other										
ohnson Allison Leigh	All Other	~				~	~		~		
ngerson Katie Lynn	All Other	~	~	~		~	~		~		
indzia Amanda Jean	All Other	~				~	~		~		
chwarz Colleen Michelle	All Other	~				~	~		~		
/lodarek Beth R	All Other	~				~	~		~		
/aterfront Operations Assoc Llc	All Other										
farengo Amanda Elyse	All Other										
ercy Hospital	All Other	~									



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Community Partners of WNY (PPS ID:46)

	Participating	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Rudloff Mary Elizabeth	All Other	~				~	~		~			
Kass-Hout Omar	All Other	~										
Nazareth Michael	All Other											
Carpie John	All Other	~										
Rueda Jacqueline	All Other	~							~			
Cuwik Lauren Marie	All Other	~		~			~		~			
Sibiga Lauralee	All Other	~		~			~					
Cirsch Stephanie Ann	All Other	~		~			~					
Dibben Eric	All Other	~		~			~		~			
Ontiveros Evelena	All Other	~					~					
Sasso Kimberly Jane	All Other											
818 Como Park Blvd Operating	All Other											
459 Bailey Ave Operating Co Llc	All Other											
ruskinovsky Alexander Moses	All Other	~					~					
Corbett Adele M	All Other	~					~		~			
lusted Tracie M	All Other											
roucher Thomas Walter	All Other	~					~					
ry-Lin Hospital Inc	All Other											
alazar Moreno Wayra Ysi	All Other	~				~	~		~			
Acdonald Valerie Ann	All Other	~				~	~		~			
lazareth Helen Marie	All Other	~					~					
lorgan Erin	All Other											
araga Richard	All Other											
eland Katie Roselyn	All Other	~						~				
25 Bennett Road Operating Co Llc	All Other											
lenderson Jennifer Gayle	All Other											
afarzadeh-Amiri Sara	All Other											
essler Jonathan David	All Other											
carpelli Francesco	All Other											
lopp Laura Eve	All Other	~					~		~			
edmond John F	All Other											



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	Participating	g in Projects									
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Lyon Cheryl	All Other	~	~								
Garner Kelly	All Other										
Christopher Andrea	All Other	~					~				
Jordan Jeffrey Michael	All Other										
Rogers Roger	All Other	~									
Heim Jacqueline	All Other										
Armstrong Robert	All Other										
Lacayo Allen Dorcas Isidora	All Other										
Gleason Kirstin	All Other	~	~	~		~	~		~		
Baer James Robert	All Other	~					~				
Drakopoulos Marinos	All Other	~					~				
Perry Nicholas Anthony	All Other	~					~				
Pula David Aaron	All Other										
Zsiros Emese	All Other	~					~				
Barr Jennifer Jo	All Other										
Swartz Aimee Jean	All Other	~									
Gallagher Sarah Quinlivan	All Other										
_eszak Paula White	All Other										
Mangione Michael	All Other										
Alraiyes Abdul Hamid	All Other	~					~				
Shrestha Pujan	All Other	~						~			
Roberto Craig M	All Other										
Sleeper Deborah Ann	All Other	~				~	~		~		
200 Bassett Road Operating Company	All Other										
Medfirst Urgent Care Pllc	All Other										
Redeye Vivien Leah	All Other										
Reed Kory B	All Other										
Plucinski Matthew James	All Other										
Murak Stephen Adam	All Other	~					~		~		
Scheib Sandra	All Other										
Glose Heather Julia	All Other										



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	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Bush Deborah L	All Other										
Acnichol Meghan	All Other										
Bougard Katherine Elizabeth	All Other	~		~			~		~		
iracuse Kristen Marie	All Other										
unce Janelle C	All Other										
ung Jiyeon	All Other										
ox Carrie Ann	All Other										
775 Maelou Drive Operating Company	All Other										
850 Grand Island Blvd Operating Co	All Other										
600 Niagara Falls Blvd Operating C	All Other										
Cleveland Sarah Sheehan	All Other	~					~		~		
rol Amber	All Other										
mith Rachel M	All Other										
ticht Rebecca M	All Other										
mes Kaitlin M	All Other										
unkirk Operating Llc	All Other										
asputis Mara Seree	All Other										
ota Lindsay	All Other										
alay Jacqueline Alyse	All Other	~				~	~		~		
arnes Angela	All Other										
iss Lioudmila	All Other										
antle Anne Marie V	All Other										
oodfellow Matthew T	All Other										
aker Victory Services	All Other										
allucci Derek	All Other										
rownschidle Sara	All Other										
abeaux Gregory Thomas	All Other										
ann Matthew	All Other										
adecki Joshua Edward	All Other										
nanahan Jacqueline	All Other										
uvendran Samuel N	All Other										



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Ball Jodi Susan All Other Dombkowski Laura Elizabeth All Other Smith Melissa Emily All Other Morris Sarah Emily All Other Ocque Rebecca Zipporah All Other Smith Alicia Denise All Other Janocha Jennifer Marie All Other	ovider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Dombkowski Laura Elizabeth All Other Smith Melissa Emily All Other Morris Sarah Emily All Other Ocque Rebecca Zipporah All Other Smith Alicia Denise All Other Janocha Jennifer Marie All Other												
Smith Melissa Emily Morris Sarah Emily Ocque Rebecca Zipporah Smith Alicia Denise Janocha Jennifer Marie All Other All Other All Other												
Morris Sarah Emily Ocque Rebecca Zipporah All Other Smith Alicia Denise All Other Janocha Jennifer Marie All Other												
Ocque Rebecca Zipporah Smith Alicia Denise All Other Janocha Jennifer Marie All Other												
Smith Alicia DeniseAll OtherJanocha Jennifer MarieAll Other												
Janocha Jennifer Marie All Other												
												1
Schwartz Rachel Cara All Other												
Kovaleva Maria All Other												
Snyder Angelika All Other												
Akkinepally Sita Lakshmi All Other												
Maclean Sean William All Other												
Vaillancourt Mary Jill All Other												
Glover Amy Lyn All Other												
Mercy Hospital Of Buffalo All Other												
Deshmukh Prajwal Ashok All Other												
Magotra Minoti All Other												
Schaaf Jennifer B All Other												
Mccue Patrick Ryan All Other												
Bevilacqua William Frederick All Other												
Frankiewicz Jeffrey R All Other												
Campana Paul William All Other												
Niland Briana All Other												
Dyskin Evgeny Arkadyevich All Other												
Castro Rodrigo Alejandro All Other												
D'Angelo Alexandra Christine All Other												
Parai Rajarshi All Other												
Eustace Mary Elizabeth All Other												
Adib Keenan All Other												
Amelemah Charles Amoafo All Other												
Eckam Desiree Nicole All Other												



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	Participatin	g in Projects										
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Deluke Elise Christine	All Other											
Brownell Brandon James	All Other											
Ridge View Manor Llc	All Other											
Igboeli Ifeoma Jacqueline	All Other											
Garner Kelly Jon	All Other											
Varga, Margaret	Uncategorized											
Vaccarelli Beth	Uncategorized											
Mosher Rebekah	Uncategorized											
Buczkowski Blair	Uncategorized											
Seneca Health Care Center	Uncategorized											
Heritage Green Hcc Snf	Uncategorized											
Melton Michelle Ms.	Uncategorized											
2850 Grand Island Blvd Operating Co	Uncategorized											
Brown Takisha	Uncategorized											
Talty Kayla	Uncategorized											
Mcauley Residence Snf	Uncategorized											
Harris Hill Nursing Facility	Uncategorized											
Bly William	Uncategorized											
Medina Memorial Hospital	Uncategorized											
Jones Vanessa Mrs.	Uncategorized											
Gustavus Adolphus Child & Family Services	Uncategorized											
Baker Victory Services Icf	Uncategorized											
Lake Shore Behavioral Hlth In	Uncategorized											
Mendyk Heather	Uncategorized											
Plescia Chelsea	Uncategorized											
Todd Eric	Uncategorized											
Herndon Lindsay	Uncategorized											
Dunwoodie Aman Kathy	Uncategorized											
Frigon Christopher	Uncategorized											
Upstate Pharmacy Ltd	Uncategorized											
Cattaraugus Rehabilitation Center I	Uncategorized											



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* Safety Net Providers in Green												
	Participating	j in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Pietrowski Melanie	Uncategorized											
Brath Ericka	Uncategorized											
St Catherine Laboure Hcc Snf	Uncategorized											
Medina Memorial Hospital Snf	Uncategorized											
Mount St Mary Hsp Hlth Ctr	Uncategorized											
Sisters Of Charity Hosp	Uncategorized											
Buffalo Psychiatric Center Act Team	Uncategorized											
Tender Loving Family Care	Uncategorized											
Gazzoli Nicholas Mr.	Uncategorized											
Wilton Andrew	Uncategorized											
Rinehuls Don	Uncategorized											
Jennie B Richmond Chaffee Nur	Uncategorized											
Sisters Of Charity Hosp	Uncategorized											
Rosa Coplon Jewish H&I Lthhcp	Uncategorized											
Erie Co. Department Of Mental Health	Uncategorized											
1818 Como Park Blvd Operating	Uncategorized											
Marcolini Courtney	Uncategorized											
Bennett Kelsey	Uncategorized											
Komoroske Elizabeth	Uncategorized											
Womans Christian Association	Uncategorized											
Absolut Ctr Nrs & Reh At Dunkirk	Uncategorized											
Pitt Megan Mrs.	Uncategorized											
Johnson Eric	Uncategorized											
Western Ny Childrens Pc	Uncategorized											
Cattaraugus County Nysarc	Uncategorized											
Jackson Tony	Uncategorized											
Stange Tracy	Uncategorized											
Dellaneve Christina	Uncategorized											
Baumet Kathleen	Uncategorized											
Szykowny Kayla	Uncategorized											
Buffalo Beacon Corp	Uncategorized											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Nomans Christian Association	Uncategorized											
Robertson Sharese Ms.	Uncategorized											
Mcmahon, Sheila, B.S.	Uncategorized											
Bradley Joshua	Uncategorized											
Van Velson Shauna	Uncategorized											
Goodwin Jennie	Uncategorized											
Tobey Nicole Mrs.	Uncategorized											
Mh Svc Erie Southeast Corp V	Uncategorized											
People Inc Main St Icf	Uncategorized											
New Directions Youth & Family Services, Inc.	Uncategorized											
Klaiber Katielynn	Uncategorized											
Dolph Sarah	Uncategorized											
Notaro, Julie	Uncategorized											
Mcghee Mary Ms.	Uncategorized											
Redick, Robert	Uncategorized											
Baker Victory Services	Uncategorized											
api Joseph Mr.	Uncategorized											
Lusk Allison	Uncategorized											
Hole Elizabeth	Uncategorized											
Nordin Chad	Uncategorized											
Community Action Org Erie Cty	Uncategorized											
Community Services For The Developmentally Disabled	Uncategorized											
Rehabilitation Ctr Catt Daytr	Uncategorized											
iving Independent For Elders (Life)	Uncategorized											
Hillside Children?S Center	Uncategorized											
Catholic Health Home Respiratory LI	Uncategorized											
Radice Christina	Uncategorized											
Szymanski Erika	Uncategorized											
Manuszewski, Amanda, Ms	Uncategorized											
Depaul Mental Hith Svcs B	Uncategorized											
Goldstein Jordan	Uncategorized											



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Pozzuolo Erika Mrs.	Uncategorized											
Marasco Angela	Uncategorized											
Issa Melanie	Uncategorized											
Alam Madina	Uncategorized											
Montgomery Jalonda	Uncategorized											
Ann Stenger (Ruch) Crna	Uncategorized											
Mercy Hosp Snf	Uncategorized											
Transitional Services Inc Mh	Uncategorized											
Constantino, Mark-Ot	Uncategorized											
Absolut Ctr /Nrs Reh At Salamanca	Uncategorized											
Garrison, Tracy	Uncategorized											
Cooke Crystal	Uncategorized											
Amherst Medical Assoc Llp	Uncategorized											
Gunderia, Purav, B.A.	Uncategorized											
Kenmore Mercy Hospital	Uncategorized											
Mercy Hospital Of Buffalo	Uncategorized											
Burbee Katherine	Uncategorized											
Lamarca Nicholas	Uncategorized											
Wny Rehabilitation Medicine And Pai	Uncategorized											
Bechtold Tessa	Uncategorized											
Phifer Matthew	Uncategorized											
Cantalician Center For Learning Inc	Uncategorized											
White Arianna	Uncategorized											
Ralph Shannyn	Uncategorized											
Wright Emily	Uncategorized											
Hughes Alicia Miss	Uncategorized											
Boyer Amber	Uncategorized											
Boucounis Jennifer Ms.	Uncategorized											
Williams Tiffany	Uncategorized											
Battaglia Courtney	Uncategorized											
Bry-Lin Hospital	Uncategorized					1						



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Odd Fellow & Rebekah Rhcc	Uncategorized											
Riley Jean Ms.	Uncategorized											
5775 Maelou Drive Operating Company	Uncategorized											
Vera Molly Miss	Uncategorized											
Schechter Jake	Uncategorized											
Baker Kathryn	Uncategorized											
Farris Colleen	Uncategorized											
Rtf Crestwood Childrens Ctr	Uncategorized											
Mid Erie Mental Health Svc	Uncategorized											
Thornton Marlon	Uncategorized											
Rivett Joseph	Uncategorized											
Child And Adolescent Psy Cl	Uncategorized											
Hillside Children?S Center	Uncategorized											
Koehler Kristin	Uncategorized											
Cazenovia Recovery Systems. Inc. (New Beginings)	Uncategorized											
Merisola Olivia	Uncategorized											
Luthern Retirement Home	Uncategorized											
Absolut Ctr Nur/Rehab At Houghton	Uncategorized											
Cattaraugus Rehab Ctr	Uncategorized											
Porter Essence	Uncategorized											
Pruitt Jessica	Uncategorized											
Baker Hall,Inc	Uncategorized											
Brandes Shannon	Uncategorized											
Montemage Tiffany	Uncategorized											
Valley Gloria Ms.	Uncategorized											
Mach Debora	Uncategorized											
Ridge View Manor	Uncategorized											
Owczarczak Michael J	Uncategorized											
Smith, Karen	Uncategorized											
Carter Joanne	Uncategorized											
Stevens Jessica	Uncategorized											



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Mh Svc Erie Southeast Corp V	Uncategorized											
Northpointe Council Inc	Uncategorized											
Hoover Danielle	Uncategorized											
Swift Victoria	Uncategorized											
Bertrand Chaffee Hospital	Uncategorized											
Mh Svc Erie Southeast Corp V	Uncategorized											
Sandonato Abigail Miss	Uncategorized											
Wegst Melissa	Uncategorized											
Wrotniak Jamie	Uncategorized											
Cazenovia Recovery Systems. Inc. (Ivy House)	Uncategorized											
Mccullough, Kecia	Uncategorized											
Fazzino, Jeffrey, Ms/Lmhc	Uncategorized											
Niagara County Department Of Mental Health	Uncategorized											
Hillside Children?S Center	Uncategorized											
Women'S Christian Association Hospital Dba Wca Hospital	Uncategorized											
Lobuzzetta, Mindi	Uncategorized											
Garden Gate HIth Cr Facility	Uncategorized											
Bower, Karen-Pt	Uncategorized											
Cooper, Christina B.A.	Uncategorized											
225 Bennett Road Operating Co Llc	Uncategorized											
Valvo, Krystal	Uncategorized											
Rpci Oncology Pc	Uncategorized											
Nazario Robert Mr.	Uncategorized											
Hitt Jeremy Mr.	Uncategorized											
Pasternak Paul Mr.	Uncategorized											
Menorah Licensed Home Care	Uncategorized											
Green Arry	Uncategorized											
Child And Adolescent Psy Cl	Uncategorized											
Cattaraugus Rehab Center Inc	Uncategorized											
Volcy Suzanne Ms.	Uncategorized											
Cole Jacob	Uncategorized											
	•									•		



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	Participatin Participatin	g in Projects									
Provider Name	Provider Category	2.a.i 2	.b.iii 2.b.	v 2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Wojtaszczyk Shelley Jakeman	Uncategorized										
Kropp Nicole	Uncategorized										
Hurst Paulette	Uncategorized										
Sheridan Manor Llc	Uncategorized										
Deplato Susan Mrs.	Uncategorized										
Dunbar Nicole	Uncategorized										
Zaleski Christina	Uncategorized										
Stark Christa	Uncategorized										
Criswell Abby	Uncategorized										
Sementelli Kelly Miss	Uncategorized										
Grundtisch Elizabeth Ann	Uncategorized										
Pozak Richard	Uncategorized										
Aspire Of Western New York In	Uncategorized										
awson, Melinda Pt	Uncategorized										
Darner Theresa	Uncategorized										
Redfern Megan	Uncategorized										
arrell Meghan	Uncategorized										
Kerr Megan	Uncategorized										
Oomingo Jason	Uncategorized										
ritton, Lori	Uncategorized										
Chestnut Ridge Medical Supplies Inc	Uncategorized										
Prus, Amanda, M.S.W.	Uncategorized										
Solpietro Edward	Uncategorized										
Heritage Pk Hcc Snf	Uncategorized										
Medina Memorial Hospital	Uncategorized										
Marconi, Joanne, B.S.W.	Uncategorized										
Strong Rebecca	Uncategorized										
obson Ryan	Uncategorized										
Aspire Of Western New York Inc	Uncategorized										
Saeva Joseph Mr.	Uncategorized										
Griffin, Michelle, B.S.	Uncategorized										



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	Participating Pa	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Mental Health Services-Erie County	Uncategorized											
Bellavia Andrea	Uncategorized											
Pysz Janelle	Uncategorized											
Baker Victory Healthcare Ctr	Uncategorized											
Tripi Beth	Uncategorized											
Danieu Jennifer	Uncategorized											
Martin Michele	Uncategorized											
Sullivan Alyssa	Uncategorized											
Kibler, Mitchell	Uncategorized											
Rtf Baker Hall	Uncategorized											
Gorenflo Renate Kuroski	Uncategorized											
Delaware Center For Rehabilitation & Specialty Healthcare	Uncategorized											
Hillside Children?S Center	Uncategorized											
Quale Brette	Uncategorized											
Bossard, Julie, M.S.	Uncategorized											
Krugolets Amanda	Uncategorized											
Opalinski Shelley Ms.	Uncategorized											
Jacob Michelle	Uncategorized											
Mh Svc Erie Southeast Corp V	Uncategorized											
Niagara County Department Of Health	Uncategorized											
Popielski Jessica	Uncategorized											
Buncy Lindsay	Uncategorized											
Kieliszek Katie	Uncategorized											
Sabia Nicholas	Uncategorized											
Margaret A Stutzman A T C	Uncategorized											
Kingsbury Eric Mr.	Uncategorized											
Jankowski Patricia	Uncategorized											
Ucp Asso Of Nys Staten Is	Uncategorized											
Medina Memorial Hospital	Uncategorized											
Shah Medical Group Pc	Uncategorized											
Toben Blake	Uncategorized											



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* Safety Net Providers in Green											
	Participating	in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv 2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Hospice Buffalo Inc	Uncategorized										
Medfirst Urgent Care Pllc	Uncategorized										
Williamsville Suburban	Uncategorized										
Fam & Child Svcs Niagara Mh	Uncategorized										
Frank, Heidi, B.A.	Uncategorized										
Baker Victory Services	Uncategorized										
O'Brien Kara	Uncategorized										
Balassone Amy	Uncategorized										
Western Ny Childrens Pc	Uncategorized										
The Gerry Homes Dba Orchard Grove Residences	Uncategorized										
Roberts Jodie	Uncategorized										
Morelli Katherine	Uncategorized										
Adymy Madonna	Uncategorized										
Rizzo Rachell	Uncategorized										
Gordon Michael	Uncategorized										
Lengel Jordan Mrs.	Uncategorized										
Szyszkowski Amy Ms.	Uncategorized										
Niagara Homemaker Services Inc	Uncategorized										
Winship Community Resid Inc	Uncategorized										
Medina Memorial Hospital	Uncategorized										
Dabkowski Joseph Mr.	Uncategorized										
Kitts Caitlyn	Uncategorized										
4459 Bailey Ave Operating Co Llc	Uncategorized										
200 Bassett Road Operating Company	Uncategorized										
Foy Crystal Ms.	Uncategorized										
Bowback, Ann	Uncategorized										
Niagara Hospice Inc	Uncategorized										
Chautauqua County Department Of Mh	Uncategorized										
Chautauqua Dmh Health Home	Uncategorized										
Sommer Tara	Uncategorized										
Waterfront Operations Assoc Llc	Uncategorized										



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Warner Place Adhc	Uncategorized										
Palmer Amanda	Uncategorized										
Grillo Alejandro	Uncategorized										
_aura Contreras-Goode Crna	Uncategorized										
Mh Svc Erie Southeast Corp V	Uncategorized										
Myles, Shieda, M.S.W.	Uncategorized										
Community Concern Of Wny	Uncategorized										
Northwestern Mem Hsp II	Uncategorized										
Mental Health Serv Se Corp V	Uncategorized										
Medina Memorial Hospital	Uncategorized										
Ashby Jessica	Uncategorized										
Nercy Hospital	Uncategorized										
rnold Amanda	Uncategorized										
Celkenberg Marcy	Uncategorized										
ake Shore Behavioral Health	Uncategorized										
Bell Sandra Ms.	Uncategorized										
bsolut Ctr Nrs & Reh At Eden	Uncategorized										
Child And Adolescent Psy Cl	Uncategorized										
Absolut Ct Nrs & Reh At Orchard Par	Uncategorized										
Galang Michael F Do	Uncategorized										
Suburban Adult Services Inc	Uncategorized										
Aspire Of Western New York Inc	Uncategorized										
Absolut Ctr Nrs Reh At Westfield	Uncategorized										
Bry-Lin Hospitals Inc	Uncategorized										
Zimmerman, Karen	Uncategorized										
Peterson, Christine	Uncategorized										
Craig Laquisha	Uncategorized										
coswell Park Cancer Inst	Uncategorized										
Pucci Alisa Miss	Uncategorized										
flichel Giseline	Uncategorized										
Fulater Gina	Uncategorized										



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	Participatin	g in Projects									
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i
Nagel Brooke	Uncategorized										
Vilcox Robert	Uncategorized										
upkin, Ivar	Uncategorized										
Medina Memorial Hospital	Uncategorized										
Symonds Sue	Uncategorized										
Black Rock Pharmacy Inc	Uncategorized										
Autumn View Health Cr Facilit	Uncategorized										
Northpointe Council, Inc	Uncategorized										
/ascuscript Inc	Uncategorized										
Child And Adolescent Psy Cl	Uncategorized										
Dison Maegan	Uncategorized										
Calcagno Hayley	Uncategorized										
rank Ann	Uncategorized										
Rogers Emmanuel	Uncategorized										
Bry-Lin Hospital Inc	Uncategorized										
Kulbacki Shannon	Uncategorized										
Ross Carol Mrs.	Uncategorized										
Chautauqua County Department Of Health	Uncategorized										
čemla, Vickie	Uncategorized										
Baker Victory Services Icf	Uncategorized										
Brooks Ivory	Uncategorized										
Satewood Dessie	Uncategorized										
Barbour Lynlee	Uncategorized										
t Catherine Laboure Hcc Snf	Uncategorized										
Sosi Renee Mrs.	Uncategorized										
affran Danielle	Uncategorized										
Ih Svc Erie Southeast Corp V	Uncategorized										
Rebecca Tingley Crna	Uncategorized										
isher, Kristen	Uncategorized										
Siepierski, Rebecca	Uncategorized										
Miliotto Alexandra	Uncategorized										



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	Participatin	g in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Medina Memorial Hospital	Uncategorized											
Office Mental Health Mh	Uncategorized											
Dipasqua, Aimee	Uncategorized											
Baker Victory Healthcare Ctr	Uncategorized											
Garvey Erin	Uncategorized											
Gillis-Buscaglia Julia	Uncategorized											
Epstein Jane	Uncategorized											
Chautauqua Hospice And Palliative	Uncategorized											
Hillside Childrens Ctr	Uncategorized											
Boyle, (Tilli) Alicia, L.M.S.W.	Uncategorized											
Alexander Amy	Uncategorized											
Hunt Andrea	Uncategorized											
Hoch Melissa	Uncategorized											
Denney Megan	Uncategorized											
Mcculskey Rebecca Jo	Uncategorized											
Meza Caitlin	Uncategorized											
Avery Stephanie	Uncategorized											
Hcr	Uncategorized											
Catholic Health System Oral (Ltc) Pharmacy, Inc.	Uncategorized											
Lankenau Susan	Uncategorized											
Payton Jennifer	Uncategorized											
Mercy Hospital Of Buffalo	Uncategorized											
North Gate Health Care Facili	Uncategorized											
Sisters Of Charity Hsp Of Buffalo	Uncategorized											
Morgan Cindy Mrs.	Uncategorized											
Hopkins, Roland, Ma/Crc/Lmhc	Uncategorized											
Hynes Nicole	Uncategorized											
Adornetto Amy	Uncategorized											
Hoffman Nicholas	Uncategorized											
Child And Adolescent Psy Cl	Uncategorized											
Aspire Of Western New York Inc	Uncategorized											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Baker Hall,Inc	Uncategorized											
Cardiovascular Group	Uncategorized											
Bass Rafikka	Uncategorized											
Shea Colleen	Uncategorized											
Whitley Jessica	Uncategorized											
Lindsey Dior	Uncategorized											
Medina Memorial Hospital	Uncategorized											
Mh Svc Erie Northwest Cor-Scm	Uncategorized											
Roberts Tracy	Uncategorized											
Richardson Lindsay	Uncategorized											
Bull Dana	Uncategorized											
Depaul Adult Care Communities, Inc Woodcrest Alp	Uncategorized											
Hillside Children?S Center	Uncategorized											
Pope, Tylica	Uncategorized											
Romanowski Andrea	Uncategorized											
Johnson Riessa	Uncategorized											
Senick Robin	Uncategorized											
Mojola Omole Md	Uncategorized											
Mcauley-Seton Home Care Corp.	Uncategorized											
Mary Schultz Crna	Uncategorized											
Vandermark Brandy Ms.	Uncategorized											
Skolikas, Martha	Uncategorized											
Baker Hall Inc Dba Baker Victory Se	Uncategorized											
Paradiso Mary	Uncategorized											
Cah Heritage Christian Servic	Uncategorized											
Boris Rozuk Crna	Uncategorized											
Durgan Crystal	Uncategorized											
Heritage Village Reh & Skld Nrs Inc	Uncategorized											
Metzger, Mark	Uncategorized											
Biegas Lisa Ms.	Uncategorized											
Shepherd Marisa Ms.	Uncategorized											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Mh Svc Erie Southeast Corp V	Uncategorized											
Gateway Longview	Uncategorized											
Sandeep Kaur Crna	Uncategorized											
Novack Lindsay Ms.	Uncategorized											
Prosser James	Uncategorized											
Cappello Cayla	Uncategorized											
Southern Tier Peds Prac Pc	Uncategorized											
Our Lady Of Peace Nrs Cr Res	Uncategorized											
Pls lii Llc Dba We Care	Uncategorized											
Cah Aspire Of Wny Inc	Uncategorized											
Ventrilla Kathleen Mr.	Uncategorized											
Cattaraugus Rehabilitation Ctr Nhtd	Uncategorized											
Mckissick Erin	Uncategorized											
Horizon Village Inc	Uncategorized											
Cattaraugus Rehab Center Mh	Uncategorized											
Antonios Papanicolau-Sengos Md	Uncategorized											
Rau Kellyanne	Uncategorized											
Mcgovern Michelle	Uncategorized											
Connolly Robin	Uncategorized											
Frida Gelfer Md	Uncategorized											
Washington Rose Miss	Uncategorized											
Buffalo Pc Act Team Risp Cnsta	Uncategorized											
Scanlon Siobhan	Uncategorized											
Colwell Hollie	Uncategorized											
Cowan Carol	Uncategorized											
Erika Stewart Np	Uncategorized											
Marsh Diane Ms.	Uncategorized											
Holbrook Jessica	Uncategorized											
Murphy Alexandra	Uncategorized											
Liesten Annette K	Uncategorized											
Cattaraugus Rehab Str Tbi	Uncategorized											



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Health Home Partners Of Wny Llc	Uncategorized											
Hanson, Michael	Uncategorized											
Sobkowiak Courtney	Uncategorized											
Womans Christian Association	Uncategorized											
Kenmore Mercy Hospital	Uncategorized											
Smith, Kevin	Uncategorized											
Mcnally Nora Ms.	Uncategorized											
Thompson Megan	Uncategorized											
Shepard Anita	Uncategorized											
Clement Marissa	Uncategorized											
Divita Tina	Uncategorized											
Green Juanita	Uncategorized											
Waterfront Center	Uncategorized											
De Paul Community Svcs Inc	Uncategorized											
Claddagh Commission Inc.	Uncategorized											
Buffalo Psychiatric Center	Uncategorized											
Ferrigno Sally	Uncategorized											
Sisters Of Charity Hosp	Uncategorized											
Chautuaqua Nursing & Rehabilitation Center	Uncategorized											
Halloran Shana	Uncategorized											
Jalowiec Tiffany	Uncategorized											
Juergens Jessica	Uncategorized											
Aspire Of Western New York Inc	Uncategorized											
Cutrona, Thomas, B.A.	Uncategorized											
Mh Svc Erie Southeast Corp V	Uncategorized											
Cattaraugus Rehab Ctr	Uncategorized											
Dziomba Amy	Uncategorized											
Halady Steven	Uncategorized											
St Francis Williamsville	Uncategorized											
Mh Svc Erie Southeast Corp V	Uncategorized											
Chappell, Baron, B.A.	Uncategorized											



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Triplet Shirley	Uncategorized											
Heritage Village Reh & Skilled Nrs	Uncategorized											
David Hohn Md	Uncategorized											
Parkview Health Services Of New Yor	Uncategorized											
Armstrong Mary	Uncategorized											
Patricko Kara	Uncategorized											
Granieri Michelle	Uncategorized											
Niagara Cnty Mntl Hlth N Fall	Uncategorized											
Cattaraugus Rehabilitation Ct	Uncategorized											
Morrow Emily	Uncategorized											
Williams Dellrece	Uncategorized											
Ward Carrie Miss	Uncategorized											
Seals Latoya	Uncategorized											
Father Baker Manor	Uncategorized											
Living Opp Of Depaul Mh	Uncategorized											
Madden Kate	Uncategorized											
Baker Victory Services	Uncategorized											
Smith Daniel Ms.	Uncategorized											
Hillside Children?S Center	Uncategorized											
Lipp Rebekka Miss	Uncategorized											
Atherinis Camilla	Uncategorized											
Womans Christian Association	Uncategorized											
Schultz-Yaminski Kari	Uncategorized											
Directions In Independent Liv Mh	Uncategorized											
Hillery Bridget	Uncategorized											
Steven Jaeckle Pa	Uncategorized											
Lauria Lynn	Uncategorized											
Absolut Ctr Nr Reh Allegany	Uncategorized											
2600 Niagara Falls Blvd Operating C	Uncategorized											
Noel Lowdie	Uncategorized											
Cattaraugus Rehabilitation Ctr Nhtd	Uncategorized											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Price Michelle	Uncategorized											
Goter Brittany	Uncategorized											
Buffalo Hearing & Speech Ctr	Uncategorized											
Niagara Cnty Mntl Hlth Lckprt	Uncategorized											
Menorah Campus Adult Home, Inc	Uncategorized											
Lake Shore Behavioral HIth In	Uncategorized											
Buscaglia, Annelisa, B.A.	Uncategorized											
Duffy Danielle	Uncategorized											
Caputi Elizabeth	Uncategorized											
Chautauqua County Mh	Uncategorized											
Lutheran Home & Rehab Center / Luteran Retirement Home	Uncategorized											
Huntley, Gary	Uncategorized											
Botzenhart Janette Mrs.	Uncategorized											
Depaul Adult Care Communities, Inc Kenwell Alp	Uncategorized											
Outpatient Therapy Clinic	Uncategorized											
Summit Educational Resources	Uncategorized											
Palumbo, Alison, M.S.W.	Uncategorized											
Pllana Arian Mr.	Uncategorized											
Elmwood Health Center	Uncategorized											
Buffalo Pc	Uncategorized											
Haley Jayne	Uncategorized											
Alisankus, Anton	Uncategorized											
Kamilow Jacob	Uncategorized											
Vesper Amanda	Uncategorized											
Heritage Village Retirement Campus	Uncategorized											
Jewish Family Svc Psy Clinic	Uncategorized											
Nazir Talat	Uncategorized											
Wideman Vicky	Uncategorized											
Goodwin Kelly	Uncategorized											
Kania Jackie	Uncategorized											
Rudolph Ashlee	Uncategorized											



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	Participating Participating	in Projects										
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Westfield Memorial Hospital	Uncategorized											
Colicchia Rita A	Uncategorized											
Depaul Comm Ser Mh	Uncategorized											
Ricupito Lori	Uncategorized											
Campese Zandra	Uncategorized											
Dowd Mary	Uncategorized											
Brothwell Sarah	Uncategorized											
Catholic Charities Of Wny Mh	Uncategorized											
Spectrum Human Services Mh	Uncategorized											
Heist Maria	Uncategorized											
Serafini Stephanie	Uncategorized											
Smith Lamont Mr.	Uncategorized											
Mercy Hospital	Uncategorized											
/ickers Tara	Uncategorized											
Miller Melody	Uncategorized											
Mercy Hospital	Uncategorized											
Debonis Julie	Uncategorized											
Martin-Rodgers Lachandra	Uncategorized											
Mohan Jean Ms.	Uncategorized											
Horizon Health Services Mh	Home and Community Based Services											
ake Shore Behavioral Hlth In	Home and Community Based Services											
Cazenovia Recovery Systems, Inc.	Home and Community Based Services											
Horizon Health Services Mh	Home and Community Based Services											
Cazenovia Recovery Systems, Inc.	Home and Community Based Services											
Cazenovia Recovery Systems, Inc.	Home and Community Based Services											
Cazenovia Recovery Systems, Inc.	Home and Community Based Services											
Cazenovia Recovery Systems Inc	Home and Community Based Services											
Cazenovia Recovery Systems, Inc.	Home and Community Based Services											
amily Help Center	Home and Community Based Services											
Healthy Community Alliance	Home and Community Based Services											
Restoration Society, Inc.	Home and Community Based Services											



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Provider Name	Provider Category	2.a.i	2.b.iii	2.b.iv	2.c.ii	3.a.i	3.b.i	3.f.i	3.g.i	4.a.i	4.b.i	
Western New York Independent Living, Inc.	Home and Community Based Services											

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dcao	Communication Documentation	46_DY5Q4_PPP_COMM_CPWNY_COVID-19_Expenses_Statement_26491.docx	CPWNY COVID-19 Expenses Statement	05/14/2020 01:27 PM
trampado	Templates	46_DY5Q4_PPP_TRAIN_PIT_Replacement_Template_CPWNY_DY5,_Q4_26162.xlsx	CPWNY PIT Replacement template DY5Q4	04/23/2020 10:03 AM

Narrative Text :

CPWNY PIT Replacement Template DY5Q4