

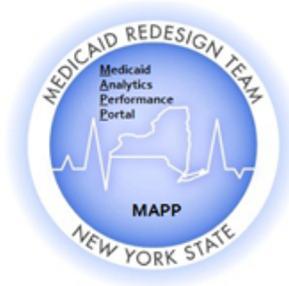
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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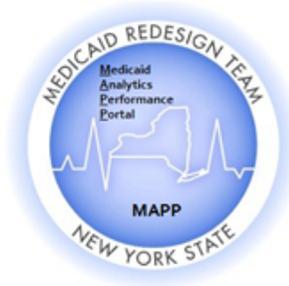


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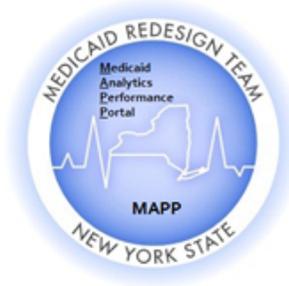


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**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Bronx-Lebanon Hospital Center (PPS ID:27)

Quarterly Report - Implementation Plan for Bronx-Lebanon Hospital Center

Year and Quarter: DY2, Q2

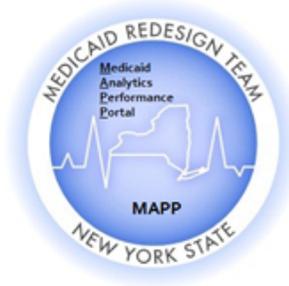
Quarterly Report Status:  Adjudicated

Status By Section

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

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	 Completed
2.a.iii	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	 Completed
2.b.i	Ambulatory Intensive Care Units (ICUs)	 Completed
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	 Completed
3.a.i	Integration of primary care and behavioral health services	 Completed
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	 Completed
3.d.ii	Expansion of asthma home-based self-management program	 Completed
3.f.i	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	 Completed
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	 Completed
4.c.ii	Increase early access to, and retention in, HIV care	 Completed



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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	11,511,609	12,267,591	19,838,235	17,566,681	11,511,609	72,695,724
Cost of Project Implementation & Administration	7,912,683	9,428,772	10,245,746	7,076,674	2,967,256	37,631,131
Admin Cost & Management Fees	2,967,256	3,057,980	3,635,587	3,076,815	2,225,442	14,963,080
Project Cost and Resource Requirements	4,945,427	6,370,792	6,610,159	3,999,859	741,814	22,668,051
Revenue Loss	2,472,714	3,822,475	6,940,667	8,922,763	9,890,851	32,049,470
Sustainability Fund	1,236,357	2,548,317	4,957,619	7,692,037	8,654,495	25,088,825
Contingency Fund	1,236,357	1,274,158	1,983,048	1,230,726	1,236,356	6,960,645
Internal PPS Provider Bonus Payments	13,599,924	11,467,425	14,872,856	13,845,665	11,127,208	64,913,078
Performance Payments on Metrics & Milestone	12,363,567	10,193,267	13,220,317	12,307,258	9,890,852	57,975,261
Bonus Payments to PPS Members	1,236,357	1,274,158	1,652,539	1,538,407	1,236,356	6,937,817
Cost of non-covered services	741,814	764,495	991,524	923,044	741,814	4,162,691
Other	0	0	0	0	0	0
Total Expenditures	24,727,135	25,483,167	33,050,793	30,768,146	24,727,129	138,756,370
Undistributed Revenue	0	0	0	0	0	0

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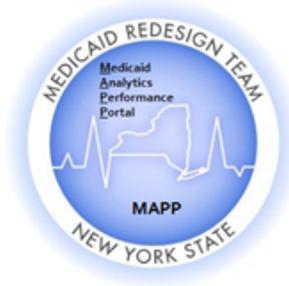
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
12,267,591	72,695,724	7,874,522	61,467,111

Budget Items	DY2 Q2 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	0	8,688,483	7,575,833	80.35%	28,942,648	76.91%
Cost of Project Administration	0					
Cost of Project Implementation	0					
Revenue Loss	0	0	3,822,475	100.00%	32,049,470	100.00%
Sustainability Fund	0					
Contingency Fund	0					
Internal PPS Provider Bonus Payments	2,540,130	2,540,130	8,927,295	77.85%	62,372,948	96.09%
Performance Payments on Metrics & Milestone	2,540,130					
Bonus Payments to PPS Members	0					
Cost of non-covered services	0	0	764,495	100.00%	4,162,691	100.00%
Other	0	0	0		0	
Total Expenditures	2,540,130	11,228,613				

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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

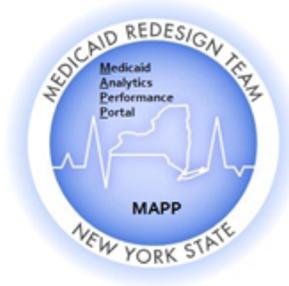
Bronx-Lebanon Hospital Center (PPS ID:27)

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

✔ 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	11,511,609	12,267,591	19,838,235	17,566,681	11,511,609	72,695,724
Practitioner - Primary Care Provider (PCP)	2,052,352	1,987,687	2,445,759	1,999,929	1,384,719	9,870,446
Practitioner - Non-Primary Care Provider (PCP)	1,026,176	993,844	1,222,879	999,965	692,360	4,935,224
Hospital	2,791,802	6,523,691	9,849,137	11,691,895	11,423,933	42,280,458
Clinic	3,078,528	2,981,531	3,668,638	2,999,894	2,077,079	14,805,670
Case Management / Health Home	2,873,293	2,782,762	3,424,062	2,799,901	1,938,607	13,818,625
Mental Health	2,052,352	1,987,687	2,445,759	1,999,929	1,384,719	9,870,446
Substance Abuse	2,052,352	1,987,687	2,445,759	1,999,929	1,384,719	9,870,446
Nursing Home	820,941	795,075	978,303	799,972	553,888	3,948,179
Pharmacy	205,235	198,769	244,576	199,993	138,472	987,045
Hospice	205,235	198,769	244,576	199,993	138,472	987,045
Community Based Organizations	1,026,176	993,844	1,222,879	999,965	692,360	4,935,224
All Other	1,026,176	993,844	1,222,879	999,965	692,360	4,935,224
Uncategorized						0
PPS PMO	5,516,515	3,057,980	3,635,587	3,076,815	2,225,442	17,512,339
Total Funds Distributed	24,727,133	25,483,170	33,050,793	30,768,145	24,727,130	138,756,371
Undistributed Revenue	0	0	0	0	0	0

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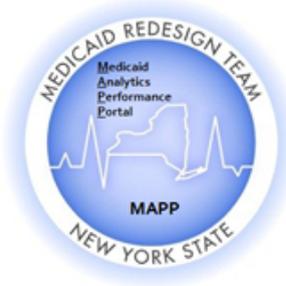
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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
12,267,591.00	72,695,724.00	9,236,148.80	69,029,140.80

Funds Flow Items	DY2 Q2 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q2 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	Percent Spent By Project											DY Adjusted Difference	Cumulative Difference
						Projects Selected By PPS												
						2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii			
Practitioner - Primary Care Provider (PCP)	14,028.10	100.00%	14,028.10	100.00%	14,028.10	60	23	6	11	0	0	0	0	0	0	0	1,973,658.90	9,856,417.90
Practitioner - Non-Primary Care Provider (PCP)	11,973.78	100.00%	11,973.78	100.00%	11,973.78	99	0	0	0	0	0	0	0	0	1		981,870.22	4,923,250.22
Hospital	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	6,523,691	42,280,458
Clinic	1,962,008.37	100.00%	1,962,008.37	100.00%	1,962,008.37	6.85	13.83	14.75	13.78	14.59	9.18	9.6	10.93	0	6.49		1,019,522.63	12,843,661.63
Case Management / Health Home	138,644.03	100.00%	138,644.03	100.00%	138,644.03	29.05	20.16	0	19.6	0	0	0	12.13	0	19.06		2,644,117.97	13,679,980.97
Mental Health	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		1,987,687	9,870,446
Substance Abuse	45,157.55	100.00%	45,157.55	100.00%	45,157.55	89.48	0	0	.7	9.82	0	0	0	0	0		1,942,529.45	9,825,288.45
Nursing Home	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		795,075	3,948,179
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		198,769	987,045
Hospice	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		198,769	987,045
Community Based Organizations	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		993,844	4,935,224
All Other	89,975.37	100.00%	89,975.37	100.00%	89,975.37	89.87	3.05	0	7.08	0	0	0	0	0	0		903,868.63	4,845,248.63
Uncategorized	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	0	0.00%	769,655	100.00%	1,404,796												2,288,325	16,107,543
Total	2,261,787.20	100.00%	3,031,442.20	100.00%	3,666,583.20													



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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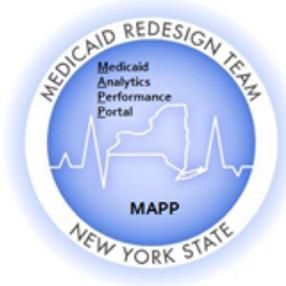
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Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q2
Practitioner - Primary Care Provider (PCP)		14,028.10
Fajardo Bienvenido Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Perez Hector Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Gomez David A Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Moran-Almonte Roberto A Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Pedro Antonio Corzo	Practitioner - Primary Care Provider (PCP)	1,402.81
Goyzueta Franz Esteban Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Gonzalez Patria Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Ortiz Jose Carlos Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Alerte Marc Antoine R Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Moquete Ramon Andres Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Practitioner - Non-Primary Care Provider (PCP)		11,973.78
Terrilyn Jammie Reynolds	Practitioner - Non-Primary Care Provider (PCP)	855.27
Kaushik Chandra S Dds	Practitioner - Non-Primary Care Provider (PCP)	855.27
Matuza Albert Robert Dds	Practitioner - Non-Primary Care Provider (PCP)	855.27
Lee Sur Bong Dds	Practitioner - Non-Primary Care Provider (PCP)	855.27
Hedayati Ahmad	Practitioner - Non-Primary Care Provider (PCP)	855.27
Kaur Simerjit	Practitioner - Non-Primary Care Provider (PCP)	855.27
Campos Maria M	Practitioner - Non-Primary Care Provider (PCP)	855.27
Joseph Amin Dds	Practitioner - Non-Primary Care Provider (PCP)	855.27
Hirschhorn Philip Lon Dds	Practitioner - Non-Primary Care Provider (PCP)	855.27
Salaverry Kristina R	Practitioner - Non-Primary Care Provider (PCP)	855.27
Singh Narinder Pal Dds	Practitioner - Non-Primary Care Provider (PCP)	855.27
Isaacs Karla Dds	Practitioner - Non-Primary Care Provider (PCP)	855.27
Rouse Jeffrey A Dds	Practitioner - Non-Primary Care Provider (PCP)	855.27
Swainson Raymond Edward	Practitioner - Non-Primary Care Provider (PCP)	855.27
Hospital		0
	Hospital	0
Clinic		1,962,008.37

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q2
Help/Project Samaritan Svcs Corp	Clinic	121,512.04
Urban Health Plan Inc	Clinic	325,016.87
Vocational Inst Proj Comm Svc	Clinic	74,638.03
St Christophers Inn Inc	Clinic	36,627.95
Martin Luther King Hlth Ctr	Clinic	1,380,786.28
Jgb Rehabilitation Corp	Clinic	23,427.20
Case Management / Health Home		138,644.03
Vnsny Community Health Services	Case Management / Health Home	60,047.16
Bronx Aids Service Ai	Case Management / Health Home	37,406.06
Argus Community Inc Ai	Case Management / Health Home	41,190.81
Mental Health		0
	Mental Health	0
Substance Abuse		45,157.55
Addiction Research & Trtmnt C	Substance Abuse	13,488.99
Arms Acres	Substance Abuse	15,834.28
Conifer Park	Substance Abuse	15,834.28
Nursing Home		0
	Nursing Home	0
Pharmacy		0
	Pharmacy	0
Hospice		0
	Hospice	0
Community Based Organizations		0
	Community Based Organizations	0
All Other		89,975.37
St Vincent Depaul Res Adhc	All Other	13,488.99
Lucien Gina Np	All Other	19,611.82
Selfhelp Special Fam Hc Inc	All Other	13,575.07
Grazi Sol Jay	All Other	15,968.87



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q2
Dominican Sisters Family Lthh	All Other	13,755.55
Comunilife Mental Health Cl	All Other	13,575.07
Uncategorized		0
	Uncategorized	0



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY2Q2
Additional Providers			0
	Additional Providers		0



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

✔ IPQR Module 1.5 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Distribute Project plan developed by each project for distribution to project participants, include total project implementation budget	Completed	Distribute Project plan developed by each project for distribution to project participants, include total project implementation budget	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Based on the total project begets, finalize provider level project budgets that outline specific flows of funds	Completed	Based on the total project begets, finalize provider level project budgets that outline specific flows of funds	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task In consultation with PPS participants develop a preliminary PPS level budget for administration, implementation, revenue loss, and cost of services not covered.	Completed	In consultation with PPS participants develop a preliminary PPS level budget for administration, implementation, revenue loss, and cost of services not covered.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop an approach to funds flow and distribution that includes the drivers for each of the funds flow budget categories	Completed	Develop an approach to funds flow and distribution that includes the drivers for each of the funds flow budget categories	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Distribute funds flow and distribution plan to Finance Committee and Project Committees and receive input	Completed	Distribute funds flow and distribution plan to Finance Committee and Project Committees and receive input	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Revise plan and obtain approval from Finance and Steering Committees	Completed	Revise plan and obtain approval from Finance and Steering Committees	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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 Communicate approved funds flow plan to each Project and its network providers and incorporate funds plan and budget into provider participation agreements	Completed	Communicate approved funds flow plan to each Project and its network providers and incorporate funds plan and budget into provider participation agreements	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finalize Funds Flow policy and procedure including DSRIP period closing requirements and expected funds distribution schedule for distribution to PPS partners	Completed	Finalize Funds Flow policy and procedure including DSRIP period closing requirements and expected funds distribution schedule for distribution to PPS partners	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task In cooperation with the stakeholder engagement work group, educate participating providers about the financial aspects of project participation including reporting schedules and funds distribution timeframes.	Completed	In cooperation with the stakeholder engagement work group, educate participating providers about the financial aspects of project participation including reporting schedules and funds distribution timeframes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Annually prepare funds flow budgets based on final budget review with Project Committees and approval of Finance Committee.	Completed	Annually prepare funds flow budgets based on final budget review with Project Committees and approval of Finance Committee.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Complete funds flow budget and distribution plan and communicate with network	dmaq	Templates	27_DY2Q2_BDGT_MDL15_PRES1_TEMPL_v1_Section_01_-_Budget_Template_DY2Q2_6622.xlsx	Updated Budget Template DY2Q2	10/25/2016 02:37 PM



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

DSRIP Implementation Plan Project

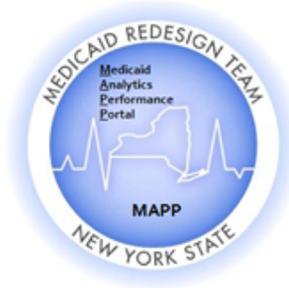
Bronx-Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

✔ IPQR Module 1.6 - PPS Defined Milestones

Instructions :

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

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

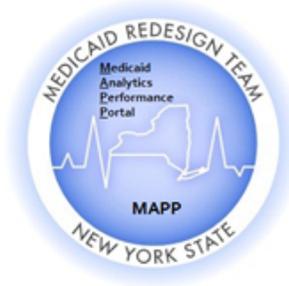
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

✔ 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	13,212,129	13,212,129	13,212,129	13,212,129	13,212,129	66,060,645
Cost of Project Implementation & Administration	0	0	0	0	0	0
Administration	0	0	0	0	0	0
Implementation	0	0	0	0	0	0
Revenue Loss	0	0	0	0	0	0
Internal PPS Provider Bonus Payments	0	0	0	0	0	0
Cost of non-covered services	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total Expenditures	0	0	0	0	0	0
Undistributed Revenue	13,212,129	13,212,129	13,212,129	13,212,129	13,212,129	66,060,645

Current File Uploads

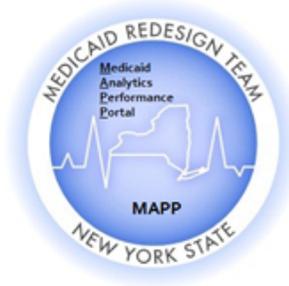
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Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

Benchmarks

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
13,212,129	66,060,645	11,072,211	63,920,727

Budget Items	DY2 Q2 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	2,139,918	2,139,918	0		0	
Administration	539,437					
Implementation	1,600,481					
Revenue Loss	0	0	0		0	
Internal PPS Provider Bonus Payments	0	0	0		0	
Cost of non-covered services	0	0	0		0	
Other	0	0	0		0	
Total Expenditures	2,139,918	2,139,918				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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Narrative Text :



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

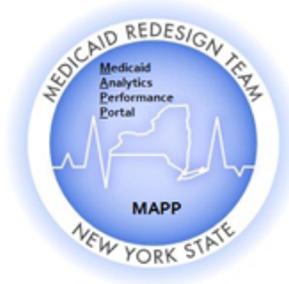
DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

✔ 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	13,212,129	13,212,129	13,212,129	13,212,129	13,212,129	66,060,645
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	0	0	0	0	0	0
Clinic	0	0	0	0	0	0
Case Management / Health Home	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0
All Other	0	0	0	0	0	0
Uncategorized	0	0	0	0	0	0
PPS PMO	0	0	0	0	0	0
Total Funds Distributed	0	0	0	0	0	0
Undistributed Non-Waiver Revenue	13,212,129	13,212,129	13,212,129	13,212,129	13,212,129	66,060,645

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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Narrative Text :



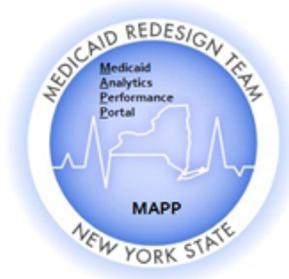
**New York State Department Of Health
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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

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

Benchmarks

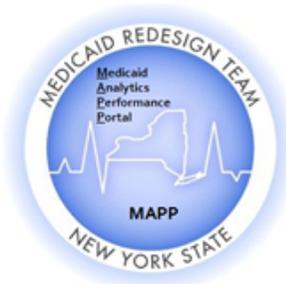
Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
13,212,129.00	66,060,645.00	12,933,786.45	65,782,302.45

Funds Flow Items	DY2 Q2 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q2 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)	7,014.05	0.00%	0	0.00%	7,014.05	0	0
Practitioner - Non-Primary Care Provider (PCP)	3,113.35	0.00%	0	0.00%	3,113.35	0	0
Hospital	0	0.00%	0	0.00%	0	0	0
Clinic	53,773.83	0.00%	0	0.00%	53,773.83	0	0
Case Management / Health Home	106,335.31	0.00%	0	0.00%	106,335.31	0	0
Mental Health	0	0.00%	0	0.00%	0	0	0
Substance Abuse	0	0.00%	0	0.00%	0	0	0
Nursing Home	0	0.00%	0	0.00%	0	0	0
Pharmacy	13,488.99	0.00%	0	0.00%	13,488.99	0	0
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	13,488.99	0.00%	0	0.00%	13,488.99	0	0
All Other	40,661.06	0.00%	0	0.00%	40,661.06	0	0
Uncategorized	40,466.97	0.00%	0	0.00%	40,466.97	0	0
Additional Providers	0	0.00%	0	0.00%	0		

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Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)



Funds Flow Items	DY2 Q2 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q2 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
PPS PMO	0	0.00%	0	0.00%	0	0	0
Total	278,342.55	0.00%	0	0.00%	278,342.55		

Current File Uploads

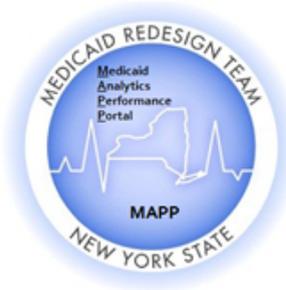
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Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q2
Practitioner - Primary Care Provider (PCP)		7,014.05
Szteinbok Maurice Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Ramon Delmonte Md Pc	Practitioner - Primary Care Provider (PCP)	1,402.81
Reyes Juan D Md	Practitioner - Primary Care Provider (PCP)	1,402.81
Mendez Luis Rafael	Practitioner - Primary Care Provider (PCP)	1,402.81
Migrace Medical Practice Pc	Practitioner - Primary Care Provider (PCP)	1,402.81
Practitioner - Non-Primary Care Provider (PCP)		3,113.35
Dow John Paul Dds	Practitioner - Non-Primary Care Provider (PCP)	855.27
Agarwala Ajay K Md	Practitioner - Non-Primary Care Provider (PCP)	1,402.81
Rock Alexander	Practitioner - Non-Primary Care Provider (PCP)	855.27
Hospital		0
	Hospital	0
Clinic		53,773.83
New York Neuro And Rehab Ctr	Clinic	53,773.83
Case Management / Health Home		106,335.31
Community Care Management Partners	Case Management / Health Home	32,151.84
Citizens Advice Bureau Ai	Case Management / Health Home	74,183.47
Mental Health		0
	Mental Health	0
Substance Abuse		0
	Substance Abuse	0
Nursing Home		0
	Nursing Home	0
Pharmacy		13,488.99
Leroy Pharmacy Iii Llc	Pharmacy	13,488.99
Hospice		0
	Hospice	0
Community Based Organizations		13,488.99
Health People	Community Based Organizations	13,488.99

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	Provider Category	DY2Q2
All Other		40,661.06
Unique People Svcs Vyse Ave	All Other	13,663.27
Pioneer Homecare Corp	All Other	13,508.80
Berg Debra	All Other	13,488.99
Uncategorized		40,466.97
God'S Love We Deliver, Inc.	Uncategorized	13,488.99
Renaissance Home Care	Uncategorized	13,488.99
First Care Of New York, Inc.	Uncategorized	13,488.99



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider			
Provider Name	Provider Category	IA Provider Approval/Rejection Indicator	DY2Q2
Additional Providers			0
	Additional Providers		0



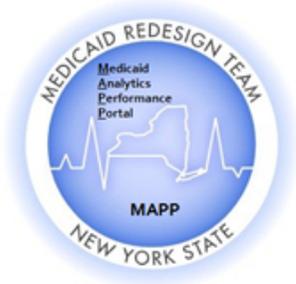
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

IPQR Module 1.11 - IA Monitoring

Instructions :



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Section 02 – Governance

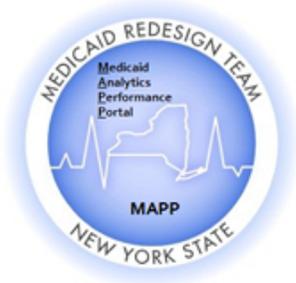
✅ IPQR Module 2.1 - Prescribed Milestones

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 LLC oversees existing committee structure	Completed	LLC oversees existing committee structure	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Existing committees including Finance, Clinical (PDI), Workforce, and IT and their existing memberships are formally organized under LLC	Completed	Existing committees including Finance, Clinical (PDI), Workforce, and IT and their existing memberships are formally organized under LLC	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Complete administrative services agreement between LLC and BLHC for professional and administrative services	Completed	Complete administrative services agreement between LLC and BLHC for professional and administrative services	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task LLC formally organizes existing Steering Committee as its governing board/board of managers	Completed	LLC formally organizes existing Steering Committee as its governing board/board of managers	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Complete by-laws/operating agreement of LLC	Completed	Complete by-laws/operating agreement of LLC	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish BLHC PPS LLC	Completed	Establish BLHC PPS LLC	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	Completed	Contract for operational management of clinical quality with	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

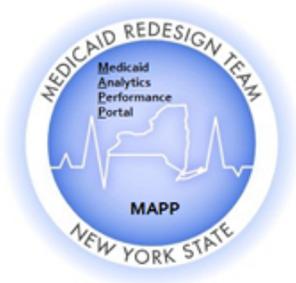


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Contract for operational management of clinical quality with PMO		PMO							
Task Select initial reporting metrics for each project	Completed	Select initial reporting metrics for each project	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Draft charters for each of the cross functional workgroups	Completed	Draft charters for each of the cross functional workgroups	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Re-organize PDI as Clinical Quality Committee recognizing existing membership as members	Completed	Re-organize PDI as Clinical Quality Committee recognizing existing membership as members	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review and finalize Clinical Committee charter and send to Steering Committee for review	Completed	Review and finalize Clinical Committee charter and send to Steering Committee for review	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Confirm existing membership on each of the 10 project workgroups	Completed	Confirm existing membership on each of the 10 project workgroups	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Confirm evidence based protocols for each domain 3 project	Completed	Confirm evidence based protocols for each domain 3 project	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task Finalize Steering Committee by-laws/committee charter	Completed	Finalize Steering Committee by-laws/committee charter	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Adopt mission statements and charter of Workforce, Finance, IT and PDI	Completed	Adopt mission statements and charter of Workforce, Finance, IT and PDI	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a quality committee and program	Completed	Develop a quality committee and program	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop compliance plan	Completed	Develop compliance plan	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop dispute resolution process for providers	Completed	Develop dispute resolution process for providers	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES

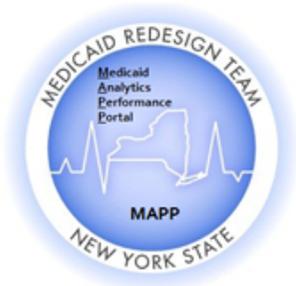


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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 Steering Committee receives reports from each committee - Workforce, Finance, IT, PDI, Quality and Compliance at each meeting	Completed	Steering Committee receives reports from each committee - Workforce, Finance, IT, PDI, Quality and Compliance at each meeting	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop key metrics for each management committee - IT, workforce, Clinical , Compliance, Quality, and Finance	Completed	Develop key metrics for each management committee - IT, workforce, Clinical , Compliance, Quality, and Finance	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task The Steering committee will ask each committee and project to use the Implementation plan metrics and milestone as a guide to develop individual committee and project metrics and milestones in compliance with the overall implementation plan and DOH timelines.	Completed	The Steering committee will ask each committee and project to use the Implementation plan metrics and milestone as a guide to develop individual committee and project metrics and milestones in compliance with the overall implementation plan and DOH timelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task The Steering Committee will review and approve the quarterly reports of each committee and project that must be submitted in compliance with the implementation plan.	Completed	The Steering Committee will review and approve the quarterly reports of each committee and project that must be submitted in compliance with the implementation plan.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Distribute tools to participating providers to report on their DSRIP activities	Completed	Distribute tools to participating providers to report on their DSRIP activities	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task The PPS project participation statement of work which will be attached to each provider's participation agreement, will identify the metrics and milestones that the provider must work cooperatively with other providers to accomplish throughout the DRSIP contract.	Completed	The PPS project participation statement of work which will be attached to each provider's participation agreement, will identify the metrics and milestones that the provider must work cooperatively with other providers to accomplish throughout the DRSIP contract.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task The PPS provider manual will be distributed to each provider, giving each provider the information necessary to comply with participation in the PPS and the individual projects.	Completed	The PPS provider manual will be distributed to each provider, giving each provider the information necessary to comply with participation in the PPS and the individual projects.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	LLC contracts with PMO to operationalize oversight and	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

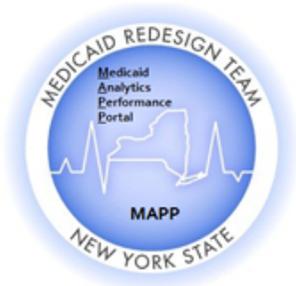


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
LLC contracts with PMO to operationalize oversight and monitoring of quality, provider financial stability, provider contracts management, IT and other implementation activities		monitoring of quality, provider financial stability, provider contracts management, IT and other implementation activities							
Task Educate participating providers on PPS compliance program	Completed	Educate participating providers on PPS compliance program	04/01/2015	12/31/2015	04/01/2015	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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Engage community and provider relations expertise to develop plan	Completed	Engage community and provider relations expertise to develop plan	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify gaps in the participating provider network and seek providers to fill those gaps.	Completed	Identify gaps in the participating provider network and seek providers to fill those gaps.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review list of PPS Network Providers to confirm contact information	Completed	Review list of PPS Network Providers to confirm contact information, etc.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop and implement an outreach program to CBOs educating them and their clients about the importance of participating in the PPS by permitting their health information to be shared among their medical and social service providers.	Completed	Develop and implement an outreach program to CBOs educating them and their clients about the importance of participating in the PPS by permitting their health information to be shared among their medical and social service providers.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Effective provider engagement will occur when providers participate in town halls or webinars; distribute PPS materials to their clients; or sign a provider agreement to participate in a project.	Completed	Effective provider engagement will occur when providers participate in town halls or webinars; distribute PPS materials to their clients; or sign a provider agreement to participate in a project.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task LLC approves community engagement plan	Completed	LLC approves community engagement plan	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #6	Completed	Signed CBO partnership agreements or contracts.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	NO

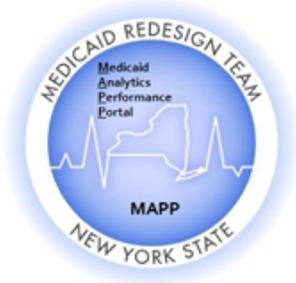


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize partnership agreements or contracts with CBOs									
Task LLC develops Phase 2 scopes of work for each project that is attached to the participating provider agreement and distributed to participating provider. Scopes of work are an attachment to existing provider agreements and clearly define the provider's responsibility as a partner in the project.	Completed	LLC develops Phase 2 scopes of work for each project that is attached to the participating provider agreement and distributed to participating provider. Scopes of work are an attachment to existing provider agreements and clearly define the provider's responsibility as a partner in the project.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Each project will review the list of participating providers and identify any gaps that may exist. The project leads can recommend additional providers to the steering committee if they are needed to complete the project's network	Completed	Each project will review the list of participating providers and identify any gaps that may exist. The project leads can recommend additional providers to the steering committee if they are needed to complete the project's network	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Contracts are distributed, signed and implemented	Completed	Contracts are distributed, signed and implemented	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	04/01/2015	06/30/2018	04/01/2015	06/30/2018	06/30/2018	DY4 Q1	NO
Task Identify appropriate agencies based on existing collaborations with the department of corrections, department of social services, and department of health	Completed	Identify appropriate agencies based on existing collaborations with the department of corrections, department of social services, and department of health	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Commence meetings with identified agencies for interaction and participation in the PPS	Completed	Commence meetings with identified agencies for interaction and participation in the PPS	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Engage selected and identified agency and begin to develop a formal relationship between the agency and PPS through MOUs or contracts	Completed	Engage selected and identified agency and begin to develop a formal relationship between the agency and PPS through MOUs or contracts	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

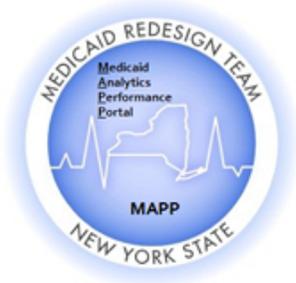


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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 Identify the role and responsibility of each identified public agency in the PPS' projects	Completed	Identify the role and responsibility of each identified public agency in the PPS' projects	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Begin cooperation with selected agencies	In Progress	Begin cooperation with selected agencies	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Integrate selected public agencies into the PPS project teams, including those agencies in all appropriate activities of the projects, and establish reporting requirements for the agency as necessary	In Progress	Integrate selected public agencies into the PPS project teams, including those agencies in all appropriate activities of the projects, and establish reporting requirements for the agency as necessary	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Monitor agency participation as a provider in the PPS projects and establish communications to provide them with feedback about there PPS participation	In Progress	Monitor agency participation as a provider in the PPS projects and establish communications to provide them with feedback about there PPS participation	04/01/2015	06/30/2018	04/01/2015	06/30/2018	06/30/2018	DY4 Q1	
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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Review list of PPS Network Providers to confirm contact information	Completed	Review list of PPS Network Providers to confirm contact information	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Inventory communication needs and available communication channels that can be used to reach key stakeholders	Completed	Inventory communication needs and available communication channels that can be used to reach key stakeholders	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop workforce communication plan that meets need of PPS providers - review plan with key stakeholders	Completed	Develop workforce communication plan that meets need of PPS providers - review plan with key stakeholders	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop educational materials to communicate BLHC PPS goals to the workforce	Completed	Develop educational materials to communicate BLHC PPS goals to the workforce	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
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	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO

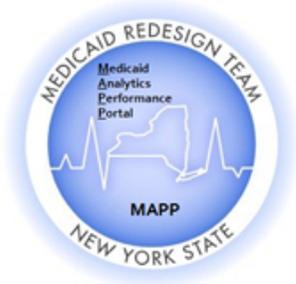


**New York State Department Of Health
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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		how they will be included in project delivery and in the development of your PPS network.							
Task Conduct a community network analysis to identify multi-function organizations that provide social, behavioral health and other support services	Completed	BLHC PPS will identify multi-function organizations that provide social, behavioral health and other support services (such as assistance with obtaining food and shelter) to their clientele. From the beginning, BLHC PPS has included many community organizations like as major participants in the development of the PPS. Additionally, BLHCPPS will include numerous smaller care coordination agencies in project development to make certain that those agencies working mostly closely with our vulnerable population have a voice.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Conduct a gap analysis to ensure that patient needs identified in the Community Needs Assessment are aligned with the network service capacity	Completed	CBOs help to ensure that the PPS' attributed members have sufficient access to a range of services from vocational/technical education and training to health education to supportive housing and other services that may be identified in the Community Needs Assessment.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Engage identified agencies through inter-agency meetings, town halls, and project advisory committees and begin to develop a formal relationship between the agency and PPS through MOUs or contracts	Completed	The BLHC PPS has identified 13 community providers as participants into the PPS through either a letter of attestation or a signed agreement and will first contract with those entities. If the PPS finds that attributed members do not have sufficient access through these 13 providers, we will seek to expand the network, strategically selecting providers to fill gaps in access.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify CBO agency staff to participate (either as a member or co-chair) on project and cross-functional workgroups. If applicable, request CBOs with expertise to conduct trainings for the PPS.	Completed	As care and prevention shifts to the community, CBOs play an increasingly important role in ensuring the success of the PPS and DSRIP. As such, their expertise and participation on project and cross-functional workgroups cannot be understated. CBOs that possess an expertise applicable to the PPS patient population may provide training to others in the PPS. For example, a CBO may have expertise using peer engagement models that other agencies providing care coordination services in the PPS could benefit from.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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Bronx-Lebanon Hospital Center (PPS ID:27)

IA Instructions / Quarterly Update

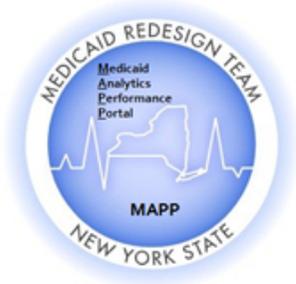
Milestone Name	IA Instructions	Quarterly Update Description
Finalize governance structure and sub-committee structure	If there have been changes, please describe those changes and upload any supporting documentation as necessary.	Please state if there have been any changes during this reporting quarter.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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	dmaq	Templates	27_DY2Q2_GOV_MDL21_PRES1_TEMPL_Organizational_Governance_Committees_DY2Q2_6585.xlsx	Updated Organizational Governance Committees DY2Q2	10/25/2016 01:36 PM
	dmaq	Templates	27_DY2Q2_GOV_MDL21_PRES1_TEMPL_Meeting_Schedule_Template_-_All_Committees_DY2Q2_Update_6584.xlsx	Updated Meeting Schedule Template - All Committees for DY2Q2	10/25/2016 01:34 PM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	dmaq	Templates	27_DY2Q2_GOV_MDL21_PRES2_TEMPL_Meeting_Schedule_Template_-_CQC_only_DY2Q2_Update_6589.xlsx	Updated CQ Committee Meeting schedule DY2Q2	10/25/2016 01:42 PM
	dmaq	Templates	27_DY2Q2_GOV_MDL21_PRES2_TEMPL_Governance_Committees_CQ_only_DY2Q2_6587.xlsx	updated CQ committee governance DY2Q2	10/25/2016 01:41 PM
	dmaq	Templates	27_DY2Q2_GOV_MDL21_PRES2_TEMPL_Clinical_Governance_Committees_Template_DY2Q2_Update_6586.xlsx	Updated clinical governance committees DY2Q2	10/25/2016 01:39 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	dmaq	Templates	27_DY2Q2_GOV_MDL21_PRES5_TEMPL_Community_Engagement_Plan_DY2Q2_Update_6591.xlsx	Updated community engagement plan DY2Q2	10/25/2016 01:47 PM
Finalize workforce communication and engagement plan	dmaq	Templates	27_DY2Q2_GOV_MDL21_PRES8_TEMPL_Workforce_Committee_Template_DY2Q2_6593.xlsx	Updated Workforce committee template DY2Q2	10/25/2016 01:49 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	



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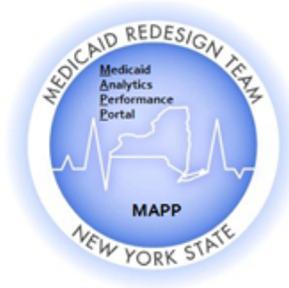
Bronx-Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 & Ongoing	
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	MPA Organizational Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

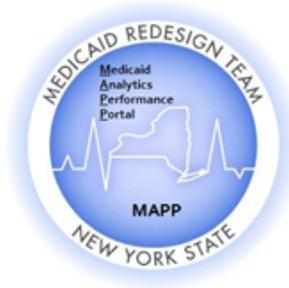
PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



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DSRIP Implementation Plan Project

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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.

Risk: The financial fragility of many participating providers; Mitigation: PPS Finance committee will monitor each participating provider initially and then annually;

Risk: The culture of competition rather than cooperation that exists among similar agencies and providers; Mitigation: The PPS leadership will continue to meet with other PPS leaders in the Bronx to collaborate on services;

Risk: the ability of the PPS to attain project goals within the proposed budget; Mitigation: The PPS will work with partners to identify cost effective strategies and will participate in learning collaborative focused on transformational activities;

Risk: Lack of understanding of DSRIP and PPS among provider participants; Mitigation: The PPS will continue its stakeholder outreach activities to educate providers and the community about its goals;

Risk: The ability to develop and implement a project management office in conjunction with the Mount Sinai PPS in a timely manner; Mitigation: The two institutions will begin implementation of the PMO prior to the start of DSRIP;

Risk: The ability to develop meaningful data that will support the activities of the PPS; Mitigation: The PPS IT committee will continue to seek appropriate platforms and technology to assure meaningful data.

✓ 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.)

The primary interdependency is the participating provider contract that will link providers to the PPS and establish the working relationship between the PPS and its provider network. This will require significant provider outreach and education. Integral to that network is an IT platform that is available to all PPS participants and establishes a framework for data exchange and management as well as reporting. The Workforce plan will be a key component of transformation for many providers as they move away from traditional facility based activities into community-based activities. It will be incumbent on the PPS to have a plan and program in place to retrain a sufficient number of providers to work in these community based settings providing case management and care coordination. The PPS network includes two Health Homes and we are leveraging resources from

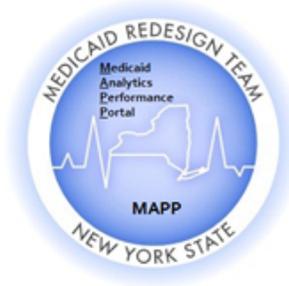


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the two Health Homes to provide support for care coordination and other social determinants of health. Additionally, a significant number of analysts will be necessary to manage the data and report on the activities of each of the projects and the PPS as a whole. The Steering Committee will establish a process for financially fragile providers to apply to the PPS for sustainability funds and for the PPS to take action on those requests. Finally, much of the transformation is based on changing beneficiary behavior. The PPS will develop culturally appropriate outreach and education to engage attributed members in care coordination and management that will assist them in achieving their health goals.



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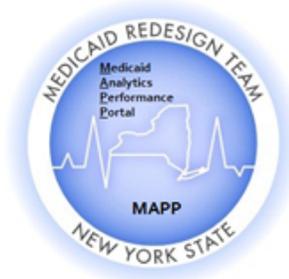
Bronx-Lebanon Hospital Center (PPS ID:27)

✓ 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
PPS Governance and organization	Fred Miller	Establish LLC, PMO contract, Provider participation contracts, compliance program
PPS Compliance Officer	Yasmine Gourdian/Bronx Lebanon	Ensuring that the PPS is in compliance with all DSRIP related policies and procedures
Integrated Delivery System Implementation & Oversight	Dennis Maquiling/Bronx Lebanon	Establish and Implement DSRIP: IT, Project Implementation, PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metrics
Financial management and oversight	Victor DeMarco/Bronx Lebanon	Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers
IT Development and Implementation	Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan	IT platform, interconnectivity with PPS partners, data base management, performance reporting management
Workforce Committee	Rosa Agosto/ Urban Health Plan & Selena Griffin-Mahon/ Bronx Lebanon	Develop Workforce Strategy for BLHC PPS
PDI/Clinical Committee	John Coffey, MD/ Bronx Lebanon	Project Implementation strategy
PCMH	Blaze Gusic/Bronx Lebanon & Javiera Riveria/ Urban Health Plan	Engage providers and aid them with reaching PCMH Level 3
Care Coordination	Christina Coons/ VNSNY & Kathryn Salisbury / Mental Health Association - New York City	Functions as the central point for care coordination and Deliverables across the PPS
Stakeholder Engagement	Joann Casado/Urban Health Plan, Chris Arce/ Bronx Lebanon & Roy Wallach/ Conifer Park-Armes Acre	Coordinate stakeholder communication for the PPS



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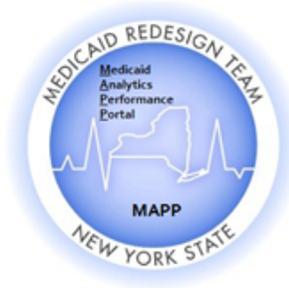
Bronx-Lebanon Hospital Center (PPS ID:27)

✔ 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		
Dennis Maquiling- Bronx- Health Access	Governance Committee Member	Development and implementation of PPS Governance Structure
Neil Pessin- Community Care Management Partners; VNSNY	Governance Committee Member	Development and implementation of PPS Governance Structure
Dr. Isaac Dapkins - Bronx-Lebanon Hospital Center	Governance Committee Member	Development and implementation of PPS Governance Structure
Dr. Ben Kortnizer- Mount Sinai Hospital	Governance Committee Member	Development and implementation of PPS Governance Structure
Sui Line Xu- 1199 SEIU	Governance Committee Member	Development and implementation of PPS Governance Structure
Dr. Jeffry Levine- Bronx Health Home	Governance Committee Member	Development and implementation of PPS Governance Structure
Dr. Rosa Gil- Comunilife	Governance Committee Member	Development and implementation of PPS Governance Structure
Octavio Marin- Special Care Center, Bronx Lebanon Hospital Center	Governance Committee Member	Development and implementation of PPS Governance Structure
Paloma Hernandez- Urban Health Plan	Governance Committee Member	Development and implementation of PPS Governance Structure
Dr. Ramon Moquete- Hudson Heights IPA	Governance Committee Member	Development and implementation of PPS Governance Structure
Mary Zagajeski- Dominican Sisters Family Health Services	Governance Committee Member	Development and implementation of PPS Governance Structure
Victor DeMarco, Senior Vice President & CFO Bronx Lebanon Hospital Center	Governance Committee Member	Development and implementation of PPS Governance Structure
External Stakeholders		
NY State DOH	Regulatory Organization	Rules and Policy
NYC DOHMH	Regulatory Organization	Rules and Policy
Legislators	Oversight to Policy and Engagement	Rules and Policy
External PPS	Treatment and Patients Interactions	Care Coordination
Medicaid Managed Care Plans	Treatment and Patients Interactions	Billing and Care Management
Advocacy Organizations	User Out-Reach and Structure	Influence and Committee Roles



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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.

A central tenant of effective governance is communication, as is evidenced by key organizational milestones, including:

- (1) Finalize community engagement plan, including communications with the public and non-provider organizations;
- (2) Finalize partnership agreements or contracts with CBOs; and
- (3) Finalize workforce communication and engagement plan.

Successful realization of these deliverables will require a shared IT infrastructure that includes Provider and Patient Engagement solutions, as identified in the organization's IT Plan, including the BL PPS Participant Portal and the Contact Center. These tools will allow the PPS to provide information and technical assistance across its network and service area, thus meeting governance-specific deliverables. In addition, a robust and shared IT infrastructure will minimize the risk for DSRIP under-performance and provide the PPS governing body with data and informatics required to support effective and strategic decision-making.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the project's success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

✅ IPQR Module 2.8 - Progress Reporting

Instructions :

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



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The governance work stream will be successful when the Steering Committee is operating as the governing board of the PPS and is approving budgets, distributing funds, contracted for services with the PMO, overseeing and monitoring quality and compliance and fostering outreach to providers and beneficiaries. In 5 years, the LLC will be engaged in risk contracts with MCOs that reflect an integrated delivery system developed by the PPS.

IPQR Module 2.9 - IA Monitoring

Instructions :



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Section 03 – Financial Stability

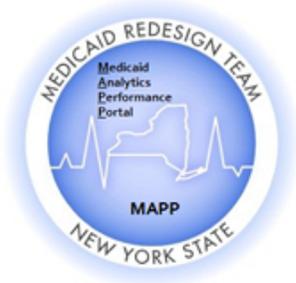
✅ IPQR Module 3.1 - Prescribed Milestones

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.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Develop and receive approval for Finance Mission	Completed	Develop and receive approval for Finance Mission	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Finalize Finance functions including banking, treasury, accounting, general ledger and receive steering approval for activities	Completed	Finalize Finance functions including banking, treasury, accounting, general ledger and receive steering approval for activities	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Produce cash flow forecasts and report to Steering Committee	Completed	Produce cash flow forecasts and report to Steering Committee	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish policies and procedures for Steering Committee approvals of funds distributions to partners	Completed	Establish policies and procedures for Steering Committee approvals of funds distributions to partners	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Complete ASO agreement between BLHC and PPS for financial services	Completed	Complete ASO agreement between BLHC and PPS for financial services	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES

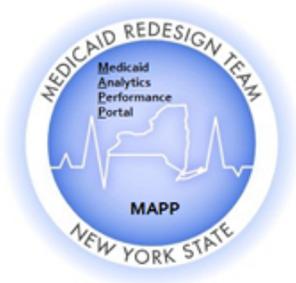


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		providers, which must include an analysis of provider performance on the following financial indicators: 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							
Task Finance committee establishes metrics for financial monitoring	Completed	Finance committee establishes metrics for financial monitoring	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Distribute financial monitoring survey to each participating provider along with participating provider agreement and compliance questionnaire	Completed	Distribute financial monitoring survey to each participating provider along with participating provider agreement and compliance questionnaire	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review provider financial information in relation to metrics for review of financial stress established by PPS	Completed	Review provider financial information in relation to metrics for review of financial stress established by PPS	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Evaluate responses and determine partner institutions that are at financial risk	Completed	Evaluate responses and determine partner institutions that are at financial risk	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Contact partners to verify risk status	Completed	Contact partners to verify risk status	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task If partner is determined to be vital to a project or if the financial stress is a direct result of DSRIP activities, determine funds needed to reduce risk and require a corrective action plan as a prerequisite to fund distribution	Completed	If partner is determined to be vital to a project or if the financial stress is a direct result of DSRIP activities, determine funds needed to reduce risk and require a corrective action plan as a prerequisite to fund distribution	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Monitor financially fragile providers, particularly those that have received sustainability funds	Completed	Monitor financially fragile providers, particularly those that have received sustainability funds	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Annually re-evaluate revenue losses to partners as a result of DSRIP projects and use information to make recommendations to Steering Committee about the distribution of	Completed	Annually re-evaluate revenue losses to partners as a result of DSRIP projects and use information to make recommendations to Steering Committee about the distribution of sustainability funds	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

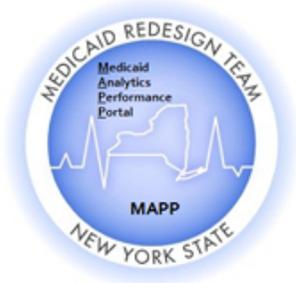


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
sustainability funds									
Task Finance committee establishes requirements and process to apply for financial sustainability funds	Completed	Finance committee establishes requirements and process to apply for financial sustainability funds	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
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).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Distribute compliance survey to all participating providers and receive and review results of those partners required to maintain a compliance program	Completed	Distribute compliance survey to all participating providers and receive and review results of those partners required to maintain a compliance program	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 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 responsibility of the PPS 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 responsibility of the PPS lead	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Hire Compliance Officer who has independent reporting responsibility to the LLC and PPS Lead	Completed	Hire Compliance Officer who has independent reporting responsibility to the LLC and PPS Lead	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task In collaboration with MSPPS develop comprehensive compliance program including policies and procedures that define and implement a code of conduct and other required elements of the compliance plan. Obtain Steering Committee approval of plan.	Completed	comprehensive compliance program including policies and procedures that define and implement a code of conduct and other required elements of the compliance plan. Obtain Steering Committee approval of plan.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review results of participating partner compliance survey and develop criteria for corrective actions	Completed	Review results of participating partner compliance survey and develop criteria for corrective actions	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish permanent reporting requirement of Compliance to Steering Committee at least quarterly	Completed	Establish permanent reporting requirement of Compliance to Steering Committee at least quarterly	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4	Completed	This milestone must be completed by 09/30/2016. Value-	10/01/2015	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	YES

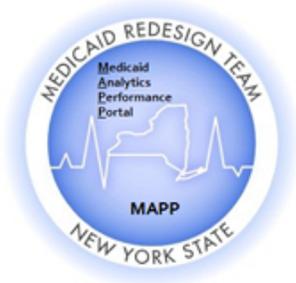


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop detailed baseline assessment of revenue linked to value based payment, preferred compensation modalities for different provider types and functions, and MCO strategy for the PPS and for facilitating network partner engagement with the MCOs.		based payment plan, signed off by PPS board.							
Task PPS will evaluate its current risk arrangements including its health home and its global risk contract with Health First as a baseline for future risk contracts. VBP accounts for 19% of the lead entity's Medicaid revenue today.	Completed	PPS will evaluate its current risk arrangements including its health home and its global risk contract with Health First as a baseline for future risk contracts. VBP accounts for 19% of the lead entity's Medicaid revenue today.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS will seek PPS community based partners and other PPS partners to integrate their services into current risk arrangement that could permit partners to share in upside risk under current arrangements.	Completed	PPS will seek PPS community based partners and other PPS partners to integrate their services into current risk arrangement that could permit partners to share in upside risk under current arrangements.	01/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will seek care coordination arrangements with MCOs built on its successful health home model that currently manages 4000 lives using an electronic assessment tool	Completed	PPS will seek care coordination arrangements with MCOs built on its successful health home model that currently manages 4000 lives using an electronic assessment tool	01/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will expand care coordination arrangements to other MCOs to learn how to manage larger and more complex populations	Completed	PPS will expand care coordination arrangements to other MCOs to learn how to manage larger and more complex populations	01/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will engage community partners to participate on care coordination teams	Completed	PPS will engage community partners to participate on care coordination teams	01/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Based on experience with care coordination, PPS will implement learning collaborative about care coordination as a tool to move toward VBP.	Completed	Based on experience with care coordination, PPS will implement learning collaborative about care coordination as a tool to move toward VBP.	01/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will develop a road map to expand care coordination to additional MCOs	Completed	PPS will develop a road map to expand care coordination to additional MCOs	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

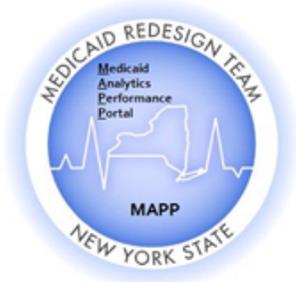


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task PPS will finalize a plan to move from care coordination contracts to contracts that include upside risk for PPS and its partners	Completed	PPS will finalize a plan to move from care coordination contracts to contracts that include upside risk for PPS and its partners	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will work with additional MCOs to establish a shared savings arrangement based on care management to move those populations, at least to a level 1 VBP.	Completed	PPS will work with additional MCOs to establish a shared savings arrangement based on care management to move those populations, at least to a level 1 VBP.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #5 Finalize a plan towards achieving 80% value-based payments across network by year 5 of the waiver at the latest, including efforts to educate PPS network partners on VBP, organizational models to support VBP contracting such as ACOs and IPAs, and to facilitate network partner engagement with MCOs.	Completed	This milestone must be completed by 3/31/2017. Value-based payment plan, signed off by PPS board.	10/01/2015	12/31/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	YES
Task Collect and Analysis current state of PPS's VBP arrangements	Completed	Collect and Analysis current state of PPS's VBP arrangements	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Perform gap analysis on current state to meet the 90% contracting goals	Completed	Perform gap analysis on current state to meet the 90% contracting goals	10/01/2015	12/31/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Create a Focus Group with Finance and Steering Committee to handle Value-based Payment planning and execution	Completed	Create a Focus Group with Finance and Steering Committee to handle Value-based Payment planning and execution	10/01/2015	12/31/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Draft Plan to achieve 90% value-based payments across network by year 5 of the waiver	Completed	Draft Plan to achieve 90% value-based payments across network by year 5 of the waiver	10/01/2015	12/31/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Review and Modify Plan to achieve 90% value-based payments across network by year 5 of the waiver	Completed	Review and Modify Plan to achieve 90% value-based payments across network by year 5 of the waiver	01/01/2016	12/31/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Finalize and sign-off from steering the Plan to achieve 90% value-based payments across	Completed	Finalize and sign-off from steering the Plan to achieve 90% value-based payments across network by year 5 of the waiver	01/01/2016	12/31/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

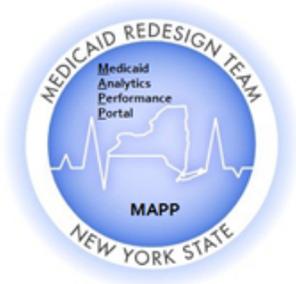


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network by year 5 of the waiver									
Milestone #6 ≥10% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs	Completed		06/30/2016	03/31/2018	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	YES
Task PPS will evaluate its current shared risk arrangement for its health home population as a model for 2aiii participants	Completed	PPS will evaluate its current shared risk arrangement for its health home population as a model for 2aiii participants	07/01/2016	03/31/2018	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Based on that evaluation, PPS will seek to expand its shared risk arrangement to include the 2aiii population	Completed	Based on that evaluation, PPS will seek to expand its shared risk arrangement to include the 2aiii population	07/01/2016	03/31/2018	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPs will evaluate the possibility of a bundled payment methodology for a subpopulation engaged in one of the projects	Completed	PPs will evaluate the possibility of a bundled payment methodology for a subpopulation engaged in one of the projects	07/01/2016	03/31/2018	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will test the bundled payment methodology with the lead entity	Completed	PPS will test the bundled payment methodology with the lead entity	07/01/2016	03/31/2018	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will seek an MCO partner to develop a bundled payment methodology for the identified subpopulation	Completed	PPS will seek an MCO partner to develop a bundled payment methodology for the identified subpopulation	07/01/2016	03/31/2018	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task If the results of the bundled payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners	Completed	If the results of the bundled payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners	07/01/2016	03/31/2018	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Completed		10/01/2015	06/30/2019	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	YES
Task	Completed	Collect and Analysis current state of PPS's VBP	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Collect and Analysis current state of PPS's VBP arrangements		arrangements							
Task Perform gap analysis on current state to meet the 50% contracting goals	Completed	Perform gap analysis on current state to meet the 50% contracting goals	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS will seek MCO partners to develop level 1 VBP contracts	Completed	PPS will seek MCO partners to develop level 1 VBP contracts	10/01/2015	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will test the MCO agreements with partners	Completed	PPS will test the MCO agreements with partners	07/01/2017	09/30/2017	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task If the results of the VBP level 1 payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners to meet the 50% Goal	Completed	If the results of the VBP level 1 payment methodology at the lead entity are acceptable, PPS will expand participation to other PPS partners to meet the 50% Goal	01/01/2018	03/31/2018	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Completed		07/01/2015	06/30/2019	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	YES
Task PPS will seek approval to participate in the Innovator Program	Completed	PPS will seek approval to participate in the Innovator Program	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Collect and Analysis current state of PPS's VBP arrangements	Completed	Collect and Analysis current state of PPS's VBP arrangements	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Perform gap analysis on current state to meet the 90% contracting goals	Completed	Perform gap analysis on current state to meet the 90% contracting goals	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task After receiving approval for Innovator Program, lead entity will establish learning collaborative with PPS partners to implement the Innovator program with selected partners based on the due	Completed	After receiving approval for Innovator Program, lead entity will establish learning collaborative with PPS partners to implement the Innovator program with selected partners based on the due diligence listed above	07/01/2016	03/31/2019	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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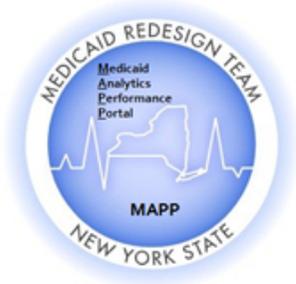
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
diligence listed above									
Task PPS will seek MCO partners to expand Innovator program coverage to those MCO populations	Completed	PPS will seek MCO partners to expand Innovator program coverage to those MCO populations	07/01/2016	03/31/2019	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will test the MCO agreements with partners	Completed	PPS will test the MCO agreements with partners	07/01/2016	03/31/2019	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS will ramp up contracting agreements to close remaining gap	Completed	PPS will ramp up contracting agreements to close remaining gap	07/01/2016	03/31/2019	07/01/2016	09/30/2016	09/30/2016	DY2 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
Develop detailed baseline assessment of revenue linked to value based payment, preferred compensation modalities for different provider types and functions, and MCO strategy for the PPS and for facilitating network partner engagement with the MCOs.	dmaq	Documentation/Certification	27_DY2Q2_FS_MDL31_PRES4_DOC_Financial_Sustainability_VBP_Milestones_6674.docx	Blank document	10/25/2016 04:10 PM
Finalize a plan towards achieving 80% value-based payments across network by year 5 of the waiver at the latest, including efforts to educate PPS network partners on VBP, organizational models to support VBP contracting such as ACOs and IPAs, and to facilitate network partner engagement with MCOs.	dmaq	Documentation/Certification	27_DY2Q2_FS_MDL31_PRES5_DOC_Financial_Sustainability_VBP_Milestones_6676.docx	Blank document	10/25/2016 04:13 PM
≥10% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs	dmaq	Documentation/Certification	27_DY2Q2_FS_MDL31_PRES6_DOC_Financial_Sustainability_VBP_Milestones_6677.docx	Blank document	10/25/2016 04:15 PM



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	dmaq	Documentation/Certification	27_DY2Q2_FS_MDL31_PRES7_DOC_Financial_Sustainability_VBP_Milestones_6678.docx	Blank document	10/25/2016 04:18 PM
≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	dmaq	Documentation/Certification	27_DY2Q2_FS_MDL31_PRES8_DOC_Financial_Sustainability_VBP_Milestones_6681.docx	Blank document	10/25/2016 04:25 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 detailed baseline assessment of revenue linked to value based payment, preferred compensation modalities for different provider types and functions, and MCO strategy for the PPS and for facilitating network partner engagement with the MCOs.	VBP Milestones on hold per DOH
Finalize a plan towards achieving 80% value-based payments across network by year 5 of the waiver at the latest, including efforts to educate PPS network partners on VBP, organizational models to support VBP contracting such as ACOs and IPAs, and to facilitate network partner engagement with MCOs.	
≥10% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs	



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Delivery System Reform Incentive Payment Project**

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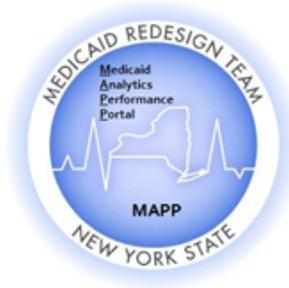
Bronx-Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
<p>≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher</p>	
<p>≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher</p>	

Milestone Review Status

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



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Bronx-Lebanon Hospital Center (PPS ID:27)

✔ 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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PPS Defined Milestones Current File Uploads

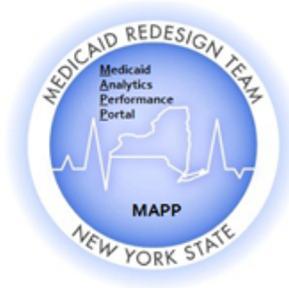
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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Bronx-Lebanon Hospital Center (PPS ID:27)

✔ 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.

The financial stability of BLHC, the lead entity, will have a major impact on the financial sustainability of the PPS. BLHC anticipates a reduction in admissions and is planning a reduction in bed capacity to adjust for this. Other institutional providers, specifically nursing facilities in this PPS, are still struggling with the concept of reduced admissions or changes in business practices. Their ability to make adjustments will impact their financial stability and ability to achieve project goals of the PPS as well. The Steering committee has approved a budget plan that includes a sustainability fund. This fund is 5% of the budget in year 1 and grow to 35% of the budget in year 5, allowing the PPS to provide funds to partners who are experiencing financial issues. Partners will apply to receive funds from the sustainability fund through a grant application process. Grants will be approved by the Steering committee and managed by the Finance Committee through the PMO.

Risk: inability to collect and analyze data for reporting. Mitigation: The PPS is developing systems and relationships, such as with the RHIO, that could permit better access to more complete data.

Risk: PPS providers may not be able to produce data timely. Mitigation: Provisions of the provider contract will tie incentive payments to timely and accurate data reporting.

Risk: The ability of the PPS to transition to VBP. Mitigation: The PPS is developing a major provider outreach and educational campaign to teach providers about VBP and help them prepare for it.

✔ IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The financial sustainability strategy is dependent on an integrated IT system that generates information necessary to make decisions about the PPS' ability to assume financial risk arrangements. The IT system will also support the on-going monitoring of PPS partner's financial health and the "budget to actual" of each of the projects, among other financial indicators. The 10 clinical projects will ultimately change the healthcare delivery system into a more integrated community based system. This transformation will be guided and monitored by the finance committee. As healthcare delivery is transformed, changes into the workforce could create financial challenges for PPS partners. The sustainability fund will be available, by application, to help with the changes in each individual provider's workforce. The PPS will rely on the active stakeholder engagement workgroup to educate providers about the PPS and DSRIP participation, their individual roles in projects and workgroups, and the funds that will be available to support implementation.



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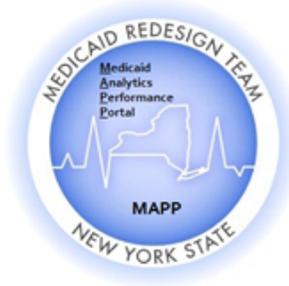
Bronx-Lebanon Hospital Center (PPS ID:27)

✔ 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
Financial Management and oversight	Victor DeMarco/Bronx Lebanon	Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers



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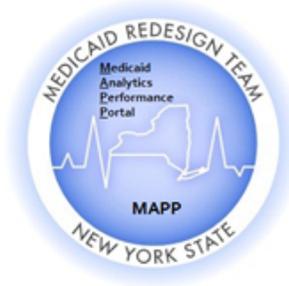
Bronx-Lebanon Hospital Center (PPS ID:27)

✓ IPQR Module 3.6 - Key Stakeholders

Instructions :

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

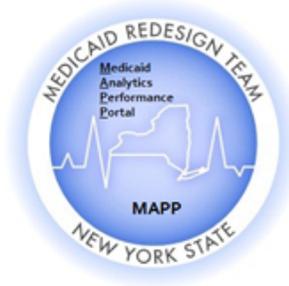
Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Berenice Diaz, Urban Health Plan Inc.	Voting Member	Financial oversight and participation in finance committee
Elizabeth Hirschhorn, American Dental Offices	Voting Member	Financial oversight and participation in finance committee
Rosemary Cabrera, Bailey House	Voting Member	Financial oversight and participation in finance committee
Yocasta Garcia, Hudson Heights/Bronx United IPA	Voting Member	Financial oversight and participation in finance committee
Dr. Biren Patel, Hemant Patel MD PC/ Harlem Medical Group PC	Voting Member & Finance Project Liaison	Financial oversight and participation in finance committee
Nunzio Signorella, BOOM!Health	Member	Financial oversight and participation in finance committee
Michelle Trebitsch, Visiting Nurse Service of New York	Voting Member	Financial oversight and participation in finance committee
Alan Wengrofsky, Community Healthcare Network	Voting Member	Financial oversight and participation in finance committee
Geoffrey Anaele, Dannelisse Corporation	Voting Member	Financial oversight and participation in finance committee
Connie Fong, Dannelisse Corporation	Member	Financial oversight and participation in finance committee
Alan Zuckerman, Harlem United	Member	Financial oversight and participation in finance committee
John Salandra, Dominican Sisters	Voting Member	Financial oversight and participation in finance committee
Jessica Diamond, Brightpoint Health	Voting Member	Financial oversight and participation in finance committee
William Herl, Care for the Homeless	Voting Member	Financial oversight and participation in finance committee
Victor Demarco, Bronx Lebanon Hospital Center	Chair & Voting Member	Financial oversight and participation in finance committee
Arvind Pragani, Bronx Lebanon Hospital Center	Member & Finance Project Liaison	Financial oversight and participation in finance committee
Phil Opatz, Community Care Management Partners Health Home (CCMP)	Voting Member	Financial oversight and participation in finance committee
Silva Umukoro, Urban Health Plan Inc.	Member	Financial oversight and participation in finance committee
Tamisha McPherson, Harlem United	Member	Financial oversight and participation in finance committee
Dan McCarthy, Healthfirst	MEember	Financial oversight and participation in finance committee
Richard Parker, Bronx Lebanon Hospital Center	Member, Committee Secretary	Financial oversight and participation in finance committee
Rocco Morello, Bronx Lebanon Hospital Center	Member & Finance Project Liaison	Financial oversight and participation in finance committee



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Bronx-Lebanon Hospital Center (PPS ID:27)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Rosemarie Gooden, Unique People Services	Member	Financial oversight and participation in finance committee
Sheldon Foster, Unique People Services	Voting Member	Financial oversight and participation in finance committee
Dennis Maquiling, Bronx Lebanon Hospital Center	Voting Member	Financial oversight and participation in finance committee
Louis Lopez Bronx Lebanon Hospital Center,	Member & Finance Project Liaison	Financial oversight and participation in finance committee
External Stakeholders		
NY State DOH	Regulatory Organization	Rules and Policy
NYC DOH	Regulatory Organization	Rules and Policy
Legislators	Oversight to Policy and Engagement	Rules and Policy
External PPS	Treatment and Patients Interactions	Care Coordination
Medicaid Managed Care Plans	Treatment and Patients Interactions	Billing and Care Management
Advocacy Organizations	User Out-Reach and Structure	Influence and Committee Roles



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

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Bronx-Lebanon Hospital Center (PPS ID:27)

✔ 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 BLHC PPS's IT infrastructure will enable detailed monitoring of program performance across the entire PPS and the multiple work streams, including by the CFO and the finance team along multiple dimensions relevant to financial operations, value-based payment, and PPS sustainability through PPS-wide data sharing platforms such as the provider portal and Customer Relationship Management (CRM) tools. The IT infrastructure will allow tracking of performance metrics across all DSRIP metrics and milestones to help inform the Financial Sustainability work stream as they strategize how best to incentivize behaviors among PPS members that will lead to achievement of quality care, patient satisfaction, and shared financial goals. The CFO and finance team will utilize this capability to develop specific reports that will provide insight into the performance of the PPS from a financial sustainability perspective to drive strategy, as well as compute appropriate payments to PPS members, based on the findings from these reports. They will also be able to monitor dashboards to identify high-cost centers within the PPS and to assess financial risks to - and opportunities for - the organization. In addition, member organizations will submit reports and data relating to DSRIP business and financial operations electronically to the PPS finance team. Additionally, through the development and use of an integrated IT platform that is geared to monitoring performance and improving outcomes, the PPS will be well suited to continue its growth and long-term strategy to sustain a value based payment and practice system, while meeting the diverse needs of the BLHC PPS's population.

The PPS is working to establish a CRM tool in order to track all reporting functions of the PPS and all contracts. This will include the reporting of financial metrics on a quarterly basis. The data will be self-reported through easy-to use portal system. The RHIO data warehouse containing information from providers and payers will serve an essential purpose in evaluating value-based payment options as the PPS matures. The PPS will also be able to share reports and performance measures along all dimensions, both financial, and non-financial, across the PPS through provider portals, the PPS website, CRM, and care management and coordination tools to help drive the entire network towards improving performance and long-term financial sustainability.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.



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✅ IPQR Module 3.8 - Progress Reporting

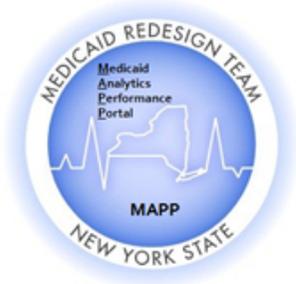
Instructions :

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

Financial sustainability will be measured by the ability of the PPS to adhere to the budget and deliver successful projects within the constraints of those budgets. Ultimately, the PPS will be successful if it is able to transform its 10 projects into an organized delivery system that is capable of assuming risk for its attributed population and successfully managing the health of that population and the budgets that support that population health.

IPQR Module 3.9 - IA Monitoring

Instructions :



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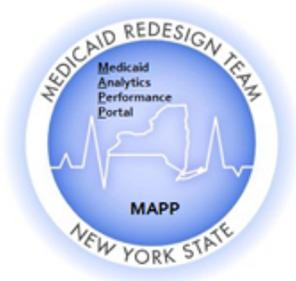
Section 04 – Cultural Competency & Health Literacy

✅ IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Convene a meeting between Project Development and Implementation (PDI), Workforce, Care Coordination and Stakeholder Engagement Workgroups and Committees to identify a CC/HL sub-committee that will develop a cultural competency and health literacy strategy aimed at reducing health disparities and poor health outcomes within the PPS	Completed	Convene a meeting between Project Development and Implementation (PDI), Workforce, Care Coordination and Stakeholder Engagement Workgroups and Committees to identify a CC/HL sub-committee that will develop a cultural competency and health literacy strategy aimed at reducing health disparities and poor health outcomes within the PPS	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Building off the work of the Community Needs	Completed	Building off the work of the Community Needs Assessment,	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

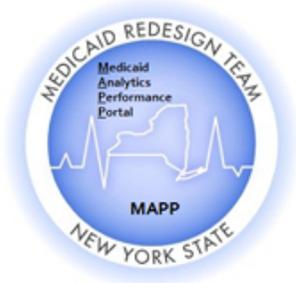


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Bronx-Lebanon Hospital Center (PPS ID:27)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Assessment, PDI will 1) identify priority groups (including people with disabilities) experiencing health disparities and 2) identify key factors and barriers to improve patient access to primary, behavioral health and preventive care		PDI will 1) identify priority groups (including people with disabilities) experiencing health disparities and 2) identify key factors and barriers to improve patient access to primary, behavioral health and preventive care							
Task The Training and Employment Funds (TEF) will inventory existing cultural competency training programs and survey projects and partners for training needs on cultural competency	Completed	The Training and Employment Funds (TEF) will inventory existing cultural competency training programs and survey projects and partners for training needs on cultural competency	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Stakeholder Engagement will define a communication plan that allows for input and feedback from key stakeholders in the community	Completed	Stakeholder Engagement will define a communication plan that allows for input and feedback from key stakeholders in the community	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PDI will work with CC/HL sub-committee to develop culturally-appropriate assessments, tools and patient self-management materials	Completed	PDI will work with CC/HL sub-committee to develop culturally-appropriate assessments, tools and patient self-management materials	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task TEF and other training partners will identify curricula to be developed for the PPS that address core employee CC/HL competencies	Completed	TEF and other training partners will identify curricula to be developed for the PPS that address core employee CC/HL competencies	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task CC/HL sub-committee will develop recommendations for a PPS-wide strategy that defines cultural competency and standards for culturally appropriate services and care	Completed	CC/HL sub-committee will develop recommendations for a PPS-wide strategy that defines cultural competency and standards for culturally appropriate services and care	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Sub-Committee will present the CC/HL recommendations for the PPS CC/HL strategy to Workforce, PDI, Stakeholder, and Steering Committee for approval	Completed	Sub-Committee will present the CC/HL recommendations for the PPS CC/HL strategy to Workforce, PDI, Stakeholder, and Steering Committee for approval	11/08/2015	12/31/2015	11/08/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate	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-	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
material).		based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches							
Task Workforce will engage in contracting with the Training and Employment Funds (TEF) to act as clearinghouse for training activities	Completed	Workforce will engage in contracting with the Training and Employment Funds (TEF) to act as clearinghouse for training activities	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Workforce will survey partners to determine training capacity and knowledge across the PPS and externally including existing curricula, vendors and methods of training	Completed	Workforce will survey partners to determine training capacity and knowledge across the PPS and externally including existing curricula, vendors and methods of training	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce will work with TEF to conduct an assessment of training needs for clinicians (and other segments of the workforce) by project	Completed	Workforce will work with TEF to conduct an assessment of training needs for clinicians (and other segments of the workforce) by project	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Work with TEF to identify organizations that can provide necessary cultural competency trainings and/or develop new curriculum to meet identified Workforce needs	Completed	Work with TEF to identify organizations that can provide necessary cultural competency trainings and/or develop new curriculum to meet identified Workforce needs	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Work with TEF to develop a comprehensive training plan to outline training needs by project and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings	Completed	Work with TEF to develop a comprehensive training plan to outline training needs by project and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS	Completed	Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Submit comprehensive training plan to Steering	Completed	Submit comprehensive training plan to Steering Committee for approval	05/01/2016	06/30/2016	05/01/2016	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
Committee for approval									

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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✔ IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

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

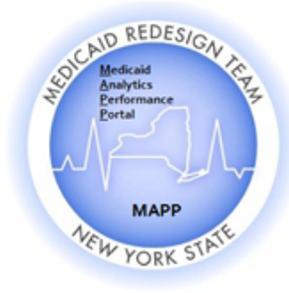
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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New York State Department Of Health Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

✓ 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.

Risk: High level health conditions and cultural diversity of the PPS population. The population of the BLHC PPS as described in the CNA is 72% Medicaid 65% Hispanic/Latino; 33% percent African American, Caribbean, West African. One quarter of this population speak English "not very well"; 38% are below the federal poverty line; 15.8% are unemployed; have the highest rates of premature death from HIV/AIDS, heart disease, diabetes, cancer, and/or injury in NYS. Mitigation: This means that the PPS has to take steps to combat not just disease conditions but the social determinants that exacerbate those treated conditions. The PPS has already made great strides in dealing with these issues, as seen in the existing programs and targeted actions within the PPS. The PPS will leverage the health home programs to help mitigate the health disparities and social detriments of health for the PPS targeted population. To fully complete the measures and metrics laid out in the plan, integration of both medical and social services must continue. The diverse needs of the population are a challenge to the outcome of the projects because there will be no standard solution. The actions that are taken by the PPS must be as diverse as the population that the PPS serves.

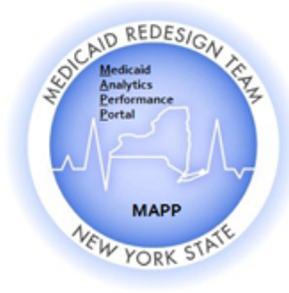
Risk: Training capacity and employee engagement. Mitigation: Workforce will need to work closely with PDI project leads, Stakeholder Engagement, and TEF to ensure that there are sufficient resources to train up existing and newly hired staff on the unique cultural competency and health literacy challenges of the PPS population and that the content of the training coincides with project development.

✓ 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.)

The successful implementation of the cultural competency and health literacy strategy is dependent on several closely tied work streams within and outside the PPS. The Community Needs Assessment Committee played a vital role in describing the patient population and identifying the underlying causes of health disparities. The Workforce committee must work closely with TEF in order to identify existing curricula and develop standardized training material for the PPS. This process necessitates buy-in from multiple segments of the healthcare workforce and strong provider engagement by the Stakeholder Engagement Workgroup to educate partners on the linkage between cultural competency and health literacy and health outcomes. Resources must be allocated by the Finance Committee. A common training and evaluation plan must be developed in conjunction with TEF and IT to ensure that the cultural competency and health literacy gap is closed and that outcomes are properly tracked. Project milestones, tasks, and outcomes relating to CC/HL need to be reviewed and incorporated into the overall strategy. Other patient communication vehicles (e.g. patient portal and PPS website) will need to be reviewed for cultural competency and health literacy. Project staff will be informed of the training by the PDI and the Care Coordination Cross Functional Workgroups. Steering committee will ultimately be responsible for reviewing the CC/HL standards that are developed and accepting them for the PPS.



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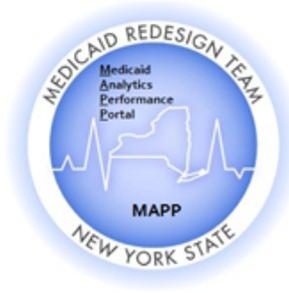
Bronx-Lebanon Hospital Center (PPS ID:27)

✔ 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
Workforce Committee Co-Chairs	Rosa Agosto / Urban Health Plan & Selena Griffin Mahon / Bronx Lebanon	Ensure that the workforce committee is meeting and that tasks are being accomplished in a timely manner, provide leadership and guidance
Workforce Project Team	Members of Workforce Committee, project leads, union representation, subject matter experts	Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS.
Stakeholder Engagement Cross Functional Workgroup	Roy Wallach / Arms Acres	Build communication plan with stakeholders. Ensure we have an accurate list of stakeholders and that stakeholders understand what information the workforce committee needs and why. Key deliverables includes presenting CC/HL standards to PPS stakeholders.
Project Development and Implementation (PDI) / Clinical & Quality Committee	John Coffey / Bronx Lebanon	Project Implementation strategy; identifying key health challenges for the priority populations in project workgroups; Provide accurate forecasts of necessary CC/HL needs and workforce competency needs; work with partners to gather partner specific information
Cultural Competency & Health Literacy committee	Members of Workforce Committee, project leads, stakeholder engagement, union representation, subject matter experts	Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS.
Care Coordination Cross Functional Workgroup	Christina Coons / VNSNY & Kathryn Salisbury / Mental Health Association of New York City (MHA-NYC)	Provide guidance on roles, responsibilities, and skill sets (including cultural competency and health literacy) of care coordination staff that work directly with patients.
Workforce Clearinghouse	Established by the PPS and 1199SEIU Leagues Training and Employment Funds (TEF)	Entity established to serve all PPS participating partners in order to assist with assessing training needs, securing necessary training, providing trainings, developing curricula, and working with employees on retraining and redeployment
3fi Project work group and Cultural Competency & Health Literacy committee co-chair	Diane Strom Bronx Lebanon	Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS.
Cultural Competency & Health Literacy committee co-chair	Shali Sharma Bronx Works	Give input on existing cultural competency and health literacy resources in the community. Key deliverable includes the development of CC/HL standards for the PPS.



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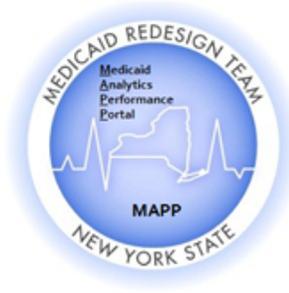
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✓ IPQR Module 4.6 - Key Stakeholders

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		
Shirley Riley, 1199	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Celestino Fuentes, Argus Community	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Debbie Witham, VIP Services, Inc	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Julie Peskoe, Home Care NY	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Lawrence Lang, The PAC Program	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Nestor Sanchez, Home Care NY	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Rosa Agosto, Urban Health Plan	Workforce Committee Partner, Co- Chair	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Kathy Miller, Bronx RHIO	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Dennis Maquiling, Bronx Lebanon Hospital Center	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Roy Wallach, Arms Acres	Workforce Committee Partner & Co-Chair, Stakeholder Engagement Committee	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Vivian Torres, Self Help Community Services, Inc	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Selena Griffin, Bronx Lebanon Hospital Center	Workforce Committee Partner, Co- Chair	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
PCDC	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Cathy Giandurco Premier Home Health Care Services	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Nicole Kelly Strive International	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training

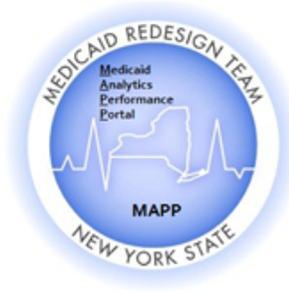


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Marcia Halley University Consultation Center	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Marisol Alcantara NYSNA	Workforce Committee Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Denise Bauer, Catholic Charities	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Joann Casado, UHP	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Dr. John Coffey, BLHC	Stakeholder Engagement Workgroup Partner & Chair , Integrated Delivery System Project- 2ai	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
John Diaz-Chermack Hospice of NY	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Bill Herl, Care for the Homeless	Stakeholder Engagement Workgroup Partner & Finance Committee Member	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Vicente Liz, MD, BLHC	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Dr. Magdy Mikhail, BLHC	Stakeholder Engagement Workgroup Partner, Chair, Material Child Prject- 3fi	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Fernando Martinez, the Osbourne Group	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Michelle Miller, Catholic Charities	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Lisa Orriola, BLHC	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Biren Patel, Hemant Patel MD PC/ Harlem Medical Group	Stakeholder Engagement Workgroup Partner & Voting Member- Finance Committee	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Peter Sherman, BLHC	Stakeholder Engagement Workgroup Partner, Co-chair, Asthma Project- 3dii	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Roy Vega, BLHC	Stakeholder Engagement Workgroup Partner	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Debbie Pantin, VIP	Stakeholder Engagement Workgroup Partner & Co-chair Integration of Behavioral Health in Primary Care project- 3ai	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Brent Stackhouse, Mount Sinai Hospital	Stakeholder Engagement Workgroup Partner, Voting Member BHA PPS LLC Board/Steering Committee	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
Gary Rosario, BLHC	Stakeholder Engagement Workgroup Partner, Co-chair	Work with clearinghouse to share and/or develop CC/HL curricula and provide training
External Stakeholders		
Labor Unions	Workforce Committee Partner	Employee awareness and education

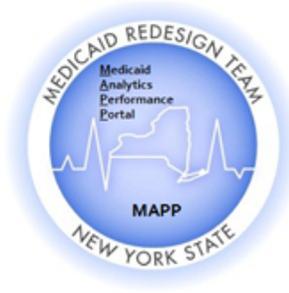


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Organizations that provide cultural competency and health literacy training	Workforce Committee Partner	Deliver training activities
Advocacy Groups (LGBTQ health, people with disabilities, etc.)	Workforce Committee Partner	Provide input and feedback on CC/HL strategy
Faith-based organizations	Workforce Committee Partner	Provide input and feedback on CC/HL strategy
Training and Employment Funds (TEF)	Workforce Committee Partner	Develop curriculum and other training materials; track and monitor training outcomes



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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.

The development of a cultural competency/health literacy strategy and the development of a shared IT infrastructure will take place concurrently, each informing the other through project DY1. Key points where cultural competency and health literacy must be considered when establishing the PPS's shared IT infrastructure include:

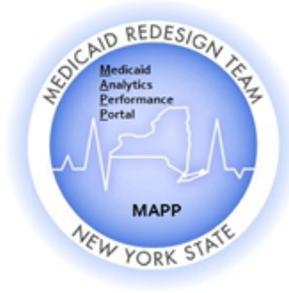
- (1) Definition of granular data elements to be collected, and the standardization of data collection across the network;
- (2) The development and implementation of a population health analytics platform that includes measurement of health literacy, and which allows for analysis of the impact of health literacy on outcomes for target populations, and the ability to track the cultural makeup of the PPS's population and the surrounding areas;
- (3) The development and implementations of culturally competent protocols to support the deployment of care management and coordination tools;
- (4) Providing assistance to providers and community-based organizations and healthcare entities that do not have the infrastructure to collect, analyze, and use the data;
- (5) Recognition of cultural competence in the development of referral management tools;
- (6) Accounting for Health Literacy and Cultural Competence in the development and implementation of patient engagement tools, including the Patient Portal and Warmline; and
- (7) Tracking improvements in provider cultural competence and patient health literacy through newly implemented business intelligence and analytics tools.

Additionally, the IT strategy will enable the PPS to monitor and track usage of key programs and services that promote cultural competency and health literacy. Through the established data sharing platforms, such as the provider and public portals, call center, and Customer Relationship Management Tools (CRM), the PPS will enable sharing resources and data to community-based organizations, workers, providers, and patients. As the IT system is developed, mechanisms will be put in place to support and monitor cultural competency and health literacy needs including monitoring and tracking the cultural makeup of a PPS and surrounding area, integration with community health care entities/centers, and monitoring the cultural competency of staff.

✔ IPQR Module 4.8 - Progress Reporting

Instructions :

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



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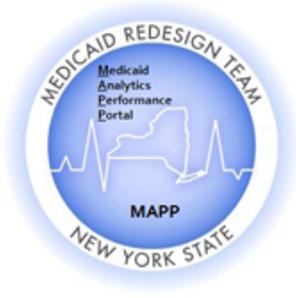
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Workforce population: % of staff members that complete training modules within the identified time period; % of staff that score within target % range on a post-training competency evaluation; % of staff that report satisfaction with the training upon completion

Patient population: % of patients who have improved compliance with attending appointments; % of patients that demonstrate improved adherence with medication; % of patients with reduced unnecessary medical utilization; % of patients with improved satisfaction scores with health literacy efforts.

IPQR Module 4.9 - IA Monitoring

Instructions :



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Section 05 – IT Systems and Processes

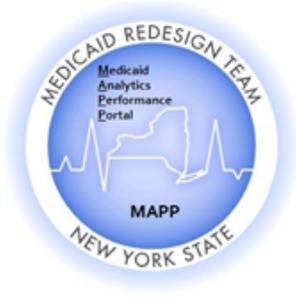
✅ IPQR Module 5.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Develop a detailed, current state assessment plan of PPS participants' IT capabilities, gaps, and needs including EHR adoption, interfaces to RHIO, interoperability, and data analytics.	Completed	Develop a detailed, current state assessment plan of PPS participants' IT capabilities, gaps, and needs including EHR adoption, interfaces to RHIO, interoperability, and data analytics.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct data collection for current state assessment, which includes self-assessment surveys to partners(use of EMR, HIE, Analytics, etc.), RHIO connectivity analysis(performed in conjunction with the RHIO), RHIO feed analysis of connected partners, in-depth discussions with partners on IT current state and proposed future state, etc.	Completed	Conduct data collection for current state assessment, which includes self-assessment surveys to partners(use of EMR, HIE, Analytics, etc.), RHIO connectivity analysis(performed in conjunction with the RHIO), RHIO feed analysis of connected partners, in-depth discussions with partners on IT current state and proposed future state, etc.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct IT gap analysis of PPS participants, which includes analyzing PCMH gaps, EMR gaps, MU current state, RHIO connectivity analysis, RHIO feed analysis of each connected partner, etc. Note: This analysis will be an ongoing effort throughout the deployment. Note:	Completed	Conduct IT gap analysis of PPS participants, which includes analyzing PCMH gaps, EMR gaps, MU current state, RHIO connectivity analysis, RHIO feed analysis of each connected partner, etc. Note: This analysis will be an ongoing effort throughout the deployment. Note: Integration with RHIO includes a detailed assessment and ongoing monitoring.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

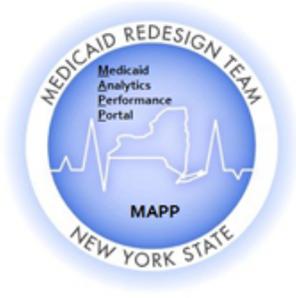


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Integration with RHIO includes a detailed assessment and ongoing monitoring.									
Task Review and approval of Assessment Plan, Key Findings, and Gap Analysis by Bronx Lebanon PPS leadership	Completed	Review and approval of Assessment Plan, Key Findings, and Gap Analysis by Bronx Lebanon PPS leadership	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop IT strategic plan based on assessment findings, which includes strategies to address gaps in the current state and periodic review of findings/ remediation plan.	Completed	Develop IT strategic plan based on assessment findings, which includes strategies to address gaps in the current state and periodic review of findings/ remediation plan.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop an IT Change Management Strategy.	Completed	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Define PPS' vision for an IT Change Management strategy in consultation with the IT Committee, local IT Department representatives, and RHIO. This will include the guiding principles for governance of the change process.	Completed	Define PPS' vision for an IT Change Management strategy in consultation with the IT Committee, local IT Department representatives, and RHIO. This will include the guiding principles for governance of the change process.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identify required types of IT changes and importance, based on IT Current State Assessment, needs of the project workgroups and stakeholders, and IT solutions the PPS deploys(HIE/Analytics platform). Determine which IT Changes will be handled locally by the IT Departments change management processes, which types of changes will be performed centrally, and that appropriate communication channels exist between the IT Committee and	Completed	Identify required types of IT changes and importance, based on IT Current State Assessment, needs of the project workgroups and stakeholders, and IT solutions the PPS deploys(HIE/Analytics platform). Determine which IT Changes will be handled locally by the IT Departments change management processes, which types of changes will be performed centrally, and that appropriate communication channels exist between the IT Committee and local IT departments.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

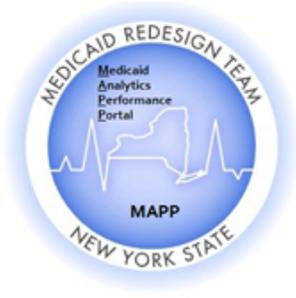


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
local IT departments.									
Task Develop IT Change Management Strategy, including PPS governance approach, communication and involvement of stakeholders, education and training, risk assessment and management, and workflow definition. Hardware and software requirements and decisions (e.x. centralized vs non-centralized) will inform the IT Change Management Strategy. Note: The data security components will be handled in the data security and confidentiality plan (outlined below)	Completed	Develop IT Change Management Strategy, including PPS governance approach, communication and involvement of stakeholders, education and training, risk assessment and management, and workflow definition. Hardware and software requirements and decisions (e.x. centralized vs non-centralized) will inform the IT Change Management Strategy. Note: The data security components will be handled in the data security and confidentiality plan (outlined below)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review and approval by PPS leadership of the IT Change Management Plan	Completed	Review and approval by PPS leadership of the IT Change Management Plan	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Completed	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- 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 DEAs 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).	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Develop the framework for PPS-wide data sharing and interoperability roadmap, including resources responsible/allocated for key components, informed by the IT Current State Assessment. The RHIO will be engaged to identify common pitfalls and shortcoming of	Completed	Develop the framework for PPS-wide data sharing and interoperability roadmap, including resources responsible/allocated for key components, informed by the IT Current State Assessment. The RHIO will be engaged to identify common pitfalls and shortcoming of interoperability and data sharing (e.x. organizations not capturing the correct data for an Master Patient Identifier). The Interoperability	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
interoperability and data sharing (e.x. organizations not capturing the correct data for an Master Patient Identifier). The Interoperability roadmap will offer remediation steps to these shortcomings (i.e. rules to the road).		roadmap will offer remediation steps to these shortcomings (i.e. rules to the road).							
Task Develop draft plan and strategy for IT standards and infrastructure, for each type of IT Solution (e.x. EMR, HIE, Analytics, etc.) based on the DSRIP requirements of each project. This will include a training plan.	Completed	Develop draft plan and strategy for IT standards and infrastructure, for each type of IT Solution (e.x. EMR, HIE, Analytics, etc.) based on the DSRIP requirements of each project. This will include a training plan.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop draft governance and policy framework for data sharing and shared IT infrastructure, including data exchange agreements between all providers within the PPS.	Completed	Develop draft governance and policy framework for data sharing and shared IT infrastructure, including data exchange agreements between all providers within the PPS.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Solicit stakeholders input and gather IT requirements on plan for IT standards and infrastructure(outlined above), including the RHIO, all project workgroups, PDI (Clinical Committee), stakeholder engagement, etc. All feedback will be collected centrally, reviewed as a committee and reviewed with the RHIO determine any functionality gaps at the HIE and local organization level(Gap Analysis and ongoing review). The approach will be modified as needed.	Completed	Solicit stakeholders input and gather IT requirements on plan for IT standards and infrastructure(outlined above), including the RHIO, all project workgroups, PDI (Clinical Committee), stakeholder engagement, etc. All feedback will be collected centrally, reviewed as a committee and reviewed with the RHIO determine any functionality gaps at the HIE and local organization level(Gap Analysis and ongoing review). The approach will be modified as needed.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Solicit stakeholder input on draft governance and policy framework, including data exchange agreements, and revise as needed	Completed	Solicit stakeholder input on draft governance and policy framework, including data exchange agreements, and revise as needed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Map IT standards and infrastructure plan to the finalized Current State Assessment to determine gaps. Prioritize IT deployment based on largest impact to the projects, which will be identified when soliciting stakeholder input (e.x. meeting	Completed	Map IT standards and infrastructure plan to the finalized Current State Assessment to determine gaps. Prioritize IT deployment based on largest impact to the projects, which will be identified when soliciting stakeholder input (e.x. meeting	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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with project workgroups).									
Task Review and approval of roadmap by PPS leadership, including governance and policy framework, plan for IT standards and infrastructure, deployment plan, training plan, and guidance to participants. This plan will be widely disseminated amongst the stakeholders.	Completed	Review and approval of roadmap by PPS leadership, including governance and policy framework, plan for IT standards and infrastructure, deployment plan, training plan, and guidance to participants. This plan will be widely disseminated amongst the stakeholders.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Develop draft member Engagement Plan, including a Cultural/ Linguistic Needs Assessment Plan. This will be reviewed with various stakeholders including the PDI Committee (The PPS' Clinical Committee which includes providers, administrators, and clinicians serving the underserved and vulnerable populations) to ensure patient engagement is done effectively.	Completed	Develop draft member Engagement Plan, including a Cultural/ Linguistic Needs Assessment Plan. This will be reviewed with various stakeholders including the PDI Committee (The PPS' Clinical Committee which includes providers, administrators, and clinicians serving the underserved and vulnerable populations) to ensure patient engagement is done effectively.	07/01/2015	10/30/2015	07/01/2015	10/30/2015	12/31/2015	DY1 Q3	
Task Refine draft Engagement Plan based on stakeholder input and findings. Ensure the Engagement plan leverages RHIO training policies and procedures, which include training front desk staff and material distribution for patients and workforce on benefits of joining the Health Information Exchange (RHIO).	Completed	Refine draft Engagement Plan based on stakeholder input and findings. Ensure the Engagement plan leverages RHIO training policies and procedures, which include training front desk staff and material distribution for patients and workforce on benefits of joining the Health Information Exchange (RHIO).	07/01/2015	10/30/2015	07/01/2015	10/30/2015	12/31/2015	DY1 Q3	
Task Review and approval of Engagement Plan by PPS leadership	Completed	Review and approval of Engagement Plan by PPS leadership	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO

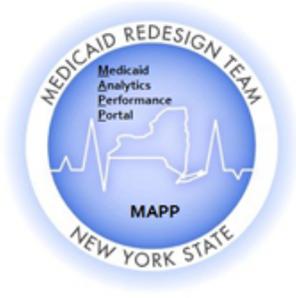


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		out throughout network.							
Task Define data security and confidentiality guiding principles and PPS needs. Leverage stakeholders such as the +A38 (with data security, technical, HIPAA, and privacy experts), RHIO, Legal, Compliance, and local IT department representatives when defining guiding principles and PPS needs.	Completed	Define data security and confidentiality guiding principles and PPS needs. Leverage stakeholders such as the +A38 (with data security, technical, HIPAA, and privacy experts), RHIO, Legal, Compliance, and local IT department representatives when defining guiding principles and PPS needs.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Incorporate data security guiding principles and needs into draft governance and policy framework and draft IT Standards and Infrastructure Plan, and draft Data Security and Confidentiality Plan.	Completed	Incorporate data security guiding principles and needs into draft governance and policy framework and draft IT Standards and Infrastructure Plan, and draft Data Security and Confidentiality Plan.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct analysis of information security risks of the technical and policy components of the IT Data Sharing and Interoperability Roadmap. This will include analysis of potential threats or security risks	Completed	Conduct analysis of information security risks of the technical and policy components of the IT Data Sharing and Interoperability Roadmap. This will include analysis of potential threats or security risks	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop risk mitigation controls and the rollout and implementation of ongoing security testing and incorporate into the Data Security and Confidentiality Plan. This will include network and server security and database encryption measures to prevent external threats. This will be done in conjunction with the stakeholders mentioned above (e.x. IT Committee).	Completed	Develop risk mitigation controls and the rollout and implementation of ongoing security testing and incorporate into the Data Security and Confidentiality Plan. This will include network and server security and database encryption measures to prevent external threats. This will be done in conjunction with the stakeholders mentioned above (e.x. IT Committee).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Review and approval of Data Security and Confidentiality Plan by PPS leadership	Completed	Review and approval of Data Security and Confidentiality Plan by PPS leadership	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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).	dmaq	Templates	27_DY2Q2_IT_MDL51_PRES1_TEMPL_IT_Committee_Meeting_Schedule_6618.xlsx	Updated IT Committee meeting schedule DY2Q2	10/25/2016 02:23 PM
Develop an IT Change Management Strategy.	dmaq	Templates	27_DY2Q2_IT_MDL51_PRES2_TEMPL_IT_Committee_Meeting_Schedule_6616.xlsx	Updated IT Committee meeting schedule DY2Q2	10/25/2016 02:21 PM
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	dmaq	Training Documentation	27_DY2Q2_IT_MDL51_PRES3_TRAIN_Training_Schedule_Template_-_Providers_Across_Settings_6620.xlsx	Updated Training Schedule Template - Providers across Settings DY2Q2	10/25/2016 02:26 PM
	dmaq	Templates	27_DY2Q2_IT_MDL51_PRES3_TEMPL_IT_Committee_Meeting_Schedule_6619.xlsx	Updated IT Committee meeting schedule DY2Q2	10/25/2016 02:25 PM
Develop a data security and confidentiality plan.	dmaq	Training Documentation	27_DY2Q2_IT_MDL51_PRES5_TRAIN_2016_ORIENTATION_SCHEDULE_(3)_6615.pdf	Updated orientation schedule	10/25/2016 02:18 PM
	dmaq	Documentation/Certification	27_DY2Q2_IT_MDL51_PRES5_DOC_012016_HIPAA_training_6614.pptx	Updated compliance training	10/25/2016 02:16 PM

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.	



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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 & Ongoing	



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✔ IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

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

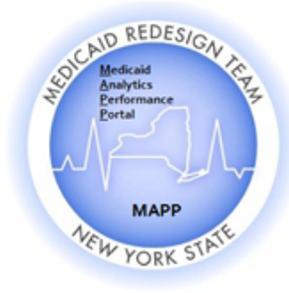
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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✓ IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

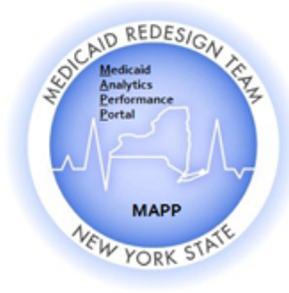
Please describe the key challenges or risks that you foresee in creating and implementing your IT governance structure, your plans for data sharing across your network, your approach to data security and confidentiality, and the achievement of the milestones described above, including the potential impacts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

- Risk 1: PPS partners not fully comprehending the IT requirements;
Mitigation Strategy: Engage in comprehensive community-based partner education through workshops, web-based learning tools and 1:1 interaction at partner sites; development of education materials by provider type to clearly state expectations and requirements.
- Risk 2: Partners inability to achieve meaningful adoption of IT capabilities to connect to centralized IT services and engage in data sharing;
Mitigation Strategy: PPS has planned for provision of technical assistance with relation to EHR adoption and PCMH certification. PPS will establish incremental IT adoption milestones and site visits to ensure progress towards defined requirements and performance objectives. Financial incentives will be put into place to encourage IT adoption by partners with DSRIP dollars.
- Risk 3: Breadth of EHRs and electronic platforms currently in use may pose significant barrier and/or cost for development of interfaces by vendors for HIE connectivity;
Mitigation Strategy: PPS IT committee will conduct a deeper assessment to better understand vendors within PPS, work to negotiate interfaces for top volume platforms first; as well as work with partners without IT platforms to adopt software from a select set of vendors.
- Risk 4: Consent process may inhibit ability to access and share pertinent patient data;
Mitigation Strategy: Continue to coordinate with GNYHA, other PPSs, RHIOs and stakeholders to drive policy change and consent education for patients through providers to continually improve level of consent and mitigate policy barriers.
- Risk 5: As with any collaborative, stakeholders may not reach consensus on strategic, business or governance decisions in a timely manner;
Mitigation Strategy: Implementation plan will carefully map out deliverable/decision points and risks of indecision will be raised immediately to PPS leadership for arbitration; PPS will leverage State guidance on key business and technical decisions where appropriate.
- Risk 6: New information that becomes available over the course of the project on IT systems and processes may require changes to the developed IT plans and strategy.
Mitigation strategy: Update impacted plans based on quarterly reports on each milestone work stream.

✓ IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

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



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The IT Systems and Processes work stream is dependent on several other work streams, including: governance, workforce strategy, performance reporting, and, over time, financial sustainability.

The main interdependencies with governance include bylaw and policy creation for data sharing and confidentiality, creation of change management strategies, contracting with external community-based organizations to ensure appropriate IT usage and engagement, and participation/ performance monitoring.

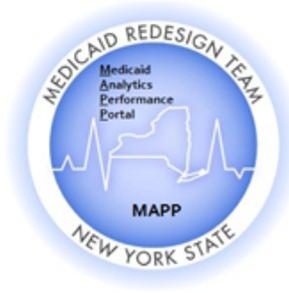
The main interdependencies with workforce strategy include the development of relevant training programs and materials, hiring appropriately qualified staff as needed, and defining/ achieving a target workforce state that includes IT usage capabilities.

The main interdependencies with performance reporting include developing clinical quality and performance dashboards, and developing/employing training programs.

The main interdependencies with financial sustainability include ensuring appropriate allocation and usage of funding, and over time, the adjustment and adaptation of funding and/or pricing for financially fragile providers and organizations.

IT systems represent the largest capital expenditure, with many partners requesting funding, therefore continuous management of this allocation is crucial.

The IT Systems and Processes work stream is a critical aspect of creating a successful Integrated Delivery System (IDS), and therefore will impact many of the other work streams, but does not have specific dependencies on them.



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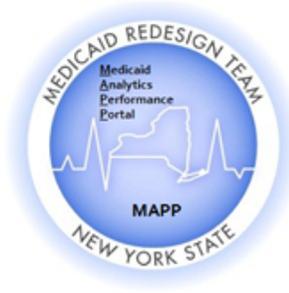
Bronx-Lebanon Hospital Center (PPS ID:27)

✓ 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
Provision of centralized IT services to fulfill 2.a.i and other project core IT requirements	PPS IT Committee (Co-Chairs: Dan Figueras and Alison Connelly-Flores- Urban Health Plan), PMO	Design, plan and implementation of IT infrastructure to achieve: bidirectional data sharing, HIE connectivity, alerts, messaging, care coordination, PCMH level III and adoption of MU II eligible EHRs
Provision of IT and data governance for PPS partners, RHIOs and coordination with State entities and MCOs for data exchange, analytics, reporting, etc.	Ivan Durbak, Bronx Lebanon Hospital Center	<ul style="list-style-type: none"> - Data governance model and data use agreement(s) by provider type - Minimum Data Set requirements by provider type - HIPAA and IS compliance policies, training and infrastructure - Data and user access management & audits - Vendor selection and management
Provide consistent, impartial and balanced leadership for PPS IT strategy and infrastructure needs	PPS IT Committee (Co-Chairs: Dan Figueras and Alison Connelly-Flores- Urban Health Plan), PMO	IT leadership on behalf of BL PPS partners to ensure IT strategy, investments and services/ infrastructure meet the needs of the PPS, address critical gaps and enable ongoing rapid cycle evaluation and performance management
Operational leadership and Performance management oversight	BL PPS, Inc.: Director of IT (TBD)	<ul style="list-style-type: none"> - Development of performance management and reporting tools - Development of dashboards as needed by PPS leadership, committees and providers - IT implementation plan management; daily oversight of project teams and vendors - Lead development of technical assistance and resources with vendors, project teams, etc.



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DSRIP Implementation Plan Project

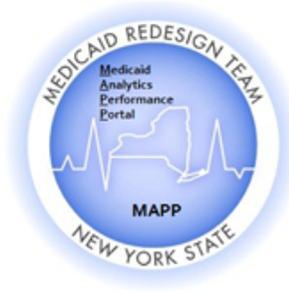
Bronx-Lebanon Hospital Center (PPS ID:27)

✓ 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		
Alison Connelly-Flores, Urban Health Plan Inc., IT Committee Member & Co-chair	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Charlie Carroll, Upper Room AIDS Ministry, Inc., IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Chase McCaleb, Bronx Lebanon Integrated Services System Incorporate, IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Isaac Dapkins, MD, Bronx Lebanon Hospital Center, IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Cory Sherb, Selfhelp Community Services, Inc., IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process

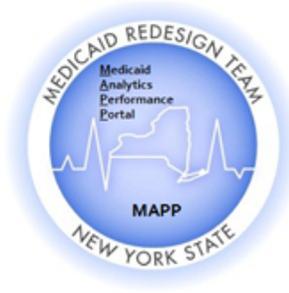


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Key stakeholders	Role in relation to this organizational workflow	Key deliverables / responsibilities
		improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Dan Figueras, Urban Health Plan, Inc., IT Committee Member & Co-chair	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Gary Lapon, CHN, IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Henry Denis, American Dental Offices, IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Ivan Durbak, Bronx Lebanon Hospital Center; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Jennifer Spadafora, CHN; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members

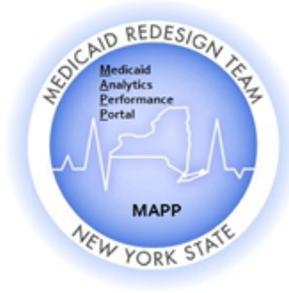


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Key stakeholders	Role in relation to this organizational workflow	Key deliverables / responsibilities
Kathy Miller, Bronx RHIO; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Phyllis Chin, CHN; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Ruslan Beltsy, Dannelisse Corporation; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Tracie Jones, Bronxworks; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Virgilina Gonzalez, Bronx Lebanon Hospital Center; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
Luis Matos, Communitelife; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across

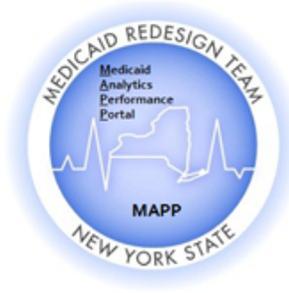


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
David Dring, Self Help Community Services, Inc; IT Committee Member	Accountable to BL PPS Board and Executive committee for delivery of IT strategy for PPS	Delivery of IT infrastructure Ensure coordination with PPS partners for assessment, planning, implementation, ongoing management, reporting and process improvement; Ongoing coordination and strategy alignment across PPS to ensure data sharing and care coordination for significant proportion of PPS members; Responsible for development of implementation plan with in put from committee members
External Stakeholders		
Bronx RHIO Leadership	RHIO leadership within region	Responsible for coordination with BL PPS IT leadership for deployment of IT strategy; delivery of HIE connectivity, and select functionality (e.g. DIRECT messaging); ensuring cross-RHIO/PPS connectivity via SHIN-NY; provision of consent management and integration with statewide MPI and data sharing initiatives



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✔ IPQR Module 5.7 - Progress Reporting

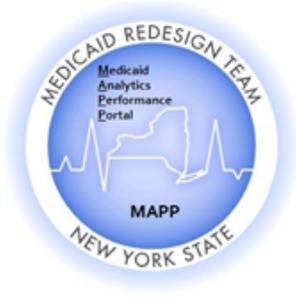
Instructions :

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

The IT work stream leadership will develop a comprehensive implementation plan, supplemented by GANTT chart outlining quarterly milestones based on performance requirements (DSRIP) and implementation milestones for the PPS IT strategy. The implementation plan will provide a measurable guide for progress that will be regularly shared with Leadership and collaborating committees to ensure provision of deliverables, services and functionality in line with PPS scale and speed, and overall PPS IT requirements. In addition to IT implementation progress tracking and management, the committee will engage in PPS partner feedback requests through surveys and discussion forums to ensure solutions and services continually meet partner needs, expectations and deliver value. Example measures to be tracked include EHR adoption, Meaningful Use, PCMH L3 certification, use of evidence-based guidelines, patient engagement systems, data exchange agreements, etc.

IPQR Module 5.8 - IA Monitoring

Instructions :



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Section 06 – Performance Reporting

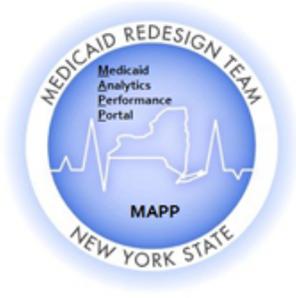
✅ IPQR Module 6.1 - Prescribed Milestones

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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task PMO will Identify PPS resources that are responsible for clinical and financial outcomes of specific patient pathways	Completed	Staffing and Resource Plan for Outcomes Monitoring and Reporting	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO will collaborate with NYSDOH, industry subject matter experts, and stakeholders to define performance measures/metrics to track and report on processes and outcomes. Develop effective communication strategy for PPS partners/stakeholders	Completed	Performance Measures/Metrics, and Communication Strategy	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PMO, with the IT Committee will define PPS-level dashboard technology that will be used by providers/organizations/staff to monitor outcomes and guide targeted quality improvement interventions. Update communication strategy as needed	Completed	Technology Architecture for Dashboard Technologies, and Communication Strategy	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PMO will establish framework for facilitating rapid	Completed	Rapid Cycle Evaluation Framework	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

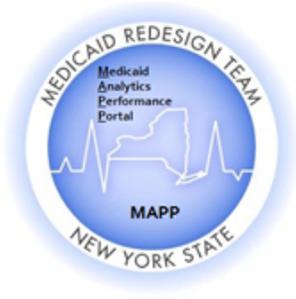


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
cycle improvement informed by diligent outcomes tracking									
Task Review and approval of Performance and Communication Strategy by PPS Steering Committee.	Completed	Final Performance Reporting and Communication Strategy	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PMO will establish sub-committees who will be responsible for goal-setting and monitoring across the PPS.	Completed	Sub-Committee Charter and Defined Goals	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PMO will update Performance and Communications Strategy implementation based upon subsequent monthly reports and evidence of the flow of performance reporting information, and approval by PPS Steering Committee	Completed	Monthly Reports, and applicable change management documentation	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	04/01/2016	06/30/2018	04/01/2016	06/30/2018	06/30/2018	DY4 Q1	NO
Task PPS Leadership will work with the PMO, PDI, IT and Workforce Committees to the develop initial draft Performance Reporting Training Program	Completed	Draft Performance Reporting Training Program	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PPS Leadership will gather and incorporate input from stakeholders on draft Training Program, as needed	In Progress	Summary of Stakeholder Input	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Review and approval of Performance Reporting Training Program by PPS Steering Committee	Not Started	Final Performance Reporting Training Program	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3	
Task The Workforce Committee will implement Performance Reporting Training Program	Not Started	Program Management Documentation	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 Q1	
Task PPS Leadership and the Workforce Committee will deliver the description of Training Programs delivered and participant-level data, including	Not Started	Quarterly Reports, Description of Training Programs Delivered, Participant-Level Data, and Training Outcomes	01/01/2018	06/30/2018	01/01/2018	06/30/2018	06/30/2018	DY4 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
training outcomes, based upon subsequent quarterly reports									

IA Instructions / Quarterly Update

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

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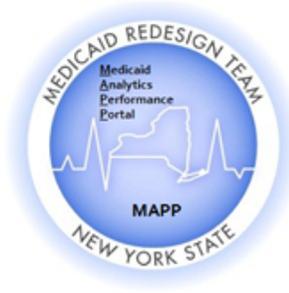
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Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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DSRIP Implementation Plan Project

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✔ IPQR Module 6.2 - PPS Defined Milestones

Instructions :

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

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

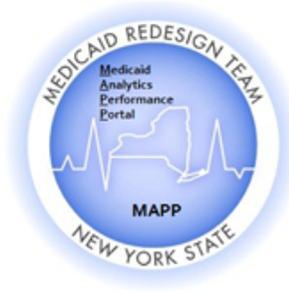
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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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.

- Risk 1: The performance monitoring and reporting infrastructure that will be provided by NYSDOH relative to what will be provided by the PPS is not clearly defined at this time. Mitigation Strategy: Close collaboration between the NYSDOH and PPSs across the state will be necessary in order to mitigate this risk. In addition, increased transparency by the NYSDOH could provide PPS with necessary information to implement an effective strategy that spans all DYs.
- Risk 2: Some organizations/providers within the PPS could be reluctant to agree to strict performance reporting and monitoring, particularly in comparison to their competitors within the same PPS. Mitigation Strategy: This risk can be mitigated by a strong governance/sub-committee presence, and effective communication strategy that addresses specific provider/organizational concerns.
- Risk 3: The PPS is a multi-stakeholder environment where many varying opinions and voices will exist. It is often difficult to define and implement specific performance metrics in this kind of environment. Mitigation Strategy: This risk can be mitigated by developing an initial set of PPS-level performance measures/metrics, with input from the NYSDOH and industry subject matter experts, and incorporating stakeholder input as appropriate throughout the process.
- Risk 4: Ability to connect effectively to the RHIO for data sharing. Mitigation Strategy: Connecting all providers to the RHIO in a timely manner to improve data sharing and analytics so we can identify issues with performance.
- Risk 5: Ability of the RHIO to create a data analytics tool. Mitigation Strategy: Working closely with the RHIO to identify and create the specs for performance and quality metrics by project. As well as the creation of profiles by patient, providers, etc.

✔ 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 Performance Reporting work stream has dependencies on several other work streams, including IT, Governance, and Workforce. This work stream is dependent on the IT Systems and Processes work stream because these systems will enable performance monitoring and reporting through the creation of an integrated data network. Performance Reporting is interlinked with the Governance of the PPS. Without effective leadership and a clearly defined organizational structure with clear responsibilities and lines of accountability, our ability to embed performance reporting structures and processes will be severely limited. The Workforce Strategy work stream is also an important factor in our efforts to developing a consistent performance reporting and to embed the performance reporting framework we will establish. Training on the use of these

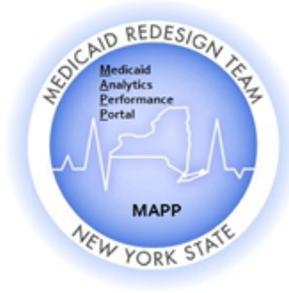


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systems will need to be a central part of our broader training strategy for all the staff who are impacted by our workforce transformation. The success of performance reporting relies on quick and accurate transfers of vital performance information. Practitioner Engagement and Clinical Integration will both be absolutely crucial to the success of our efforts to create a common performance culture throughout the PPS network, and to embed the new performance reporting practices.



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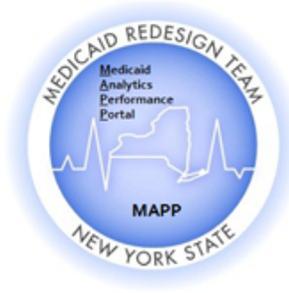
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✔ IPQR Module 6.5 - Roles and Responsibilities

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
Oversight and accountability for delivery of performance reporting capability	PPS Leadership; CIO; IT Committee	<ul style="list-style-type: none"> • Performance reporting infrastructure (design, planning and implementation) • Coordination with NYDOH, PPS partners and other sources for data collection • Development of dashboards to enable performance management and rapid cycle evaluation • Management and oversight of performance reporting and data collection staff and project leads, including engagement of committees and governance leads to inform process
Responsible for informing development of performance tools, monitoring performance of partners and PPS, informing process improvement and corrective action	PPS Leadership (CFO, CEO, CMO), Finance Committee; IT Committee; Project Development and Implementation (PDI) Committee	<ul style="list-style-type: none"> • Inform identification of key indicators and operational, clinical, financial, quality and other performance metrics • Responsible for informing development of dashboards, performance thresholds, reviewing data/reports and making recommendations to Governing Board on necessary actions
Develop and provide training on clinical quality and performance improvement	Workforce Committee	<ul style="list-style-type: none"> • Coordination with the PPS Leadership, IT, and Finance to ensure that staff participating in DSRIP projects are properly trained to report data required for performance monitoring.
Provision of claims data, benchmark data and support in development of population health analytic tools	MCOs	Coordinate with PPS in provision of claims data and benchmark data to support performance management; potential for contract negotiation based on improved total cost management
Provide general oversight to DSRIP projects	PMO Office	Coordinate with PPS in establishment and progress of DSRIP projects
Provide general oversight to DSRIP projects	DSRIP Clinical Leads	Members of Project accountable for quality of patient care and financial outcomes per project



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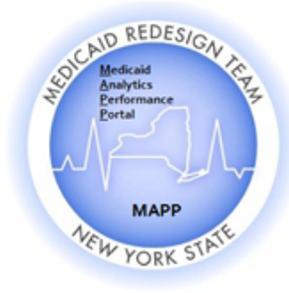
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✓ IPQR Module 6.6 - Key Stakeholders

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		
Alison Connelly-Flores, Urban Health Plan Inc., IT Committee Member & Co-Chair	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Charlie Carroll, Upper Room AIDS Ministry, Inc., IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Chase McCaleb, Bronx Lebanon Integrated Services System Incorporate, IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Cory Sherb, Selfhelp Community Services, Inc., IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dan Figueras, Urban Health Plan, Inc., IT Committee Member, Co-Chair	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Gary Lapon, CHN, IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Henry Denis, American Dental Offices, IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Ivan Durbak, Bronx Lebanon Hospital Center; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format

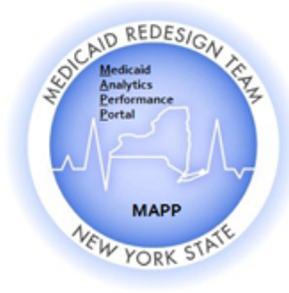


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		specified manner/format
Jennifer Spadafora, CHN; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Kathy Miller, Bronx RHIO; IT & Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Phyllis Chin, CHN; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Ruslan Beltsy, Dannelisse Corporation; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Tracie Jones, Bronxworks; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dennis Maquiling, Bronx Lebanon Hospital Center; IT & Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Luis Matos, Communitlife; IT Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Denise Cherenfant, 1199 SEIU, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Lawrence Lang, The PAC Program, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Nestor Sanchez, Home Care NY, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format

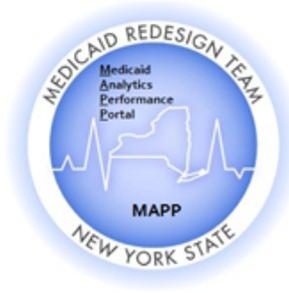


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		goal measures; provide timely reporting and submission of data in specified manner/format
Rosa Agosto, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Roy Wallach, Liberty Management, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Serena Griffin, Bronx Lebaon Hospital Center, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Celestino Fuentes, Liberty Management, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Debbie Witham, VIP Services, Inc, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Julie Peskoe, Home Care NY, Workforce Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dennis Maquiling - Bronx-Lebanon Hospital Center; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Neil Pessin- Community Care Management Partners; VNSNY; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dr. Isaac Dapkins - Bronx-Lebanon Hospital Center; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Brent Stakehouse- Mount Sinai Hospital; Steering	Accountable to BL PPS Board and Executive committee for	Based on reports and data, adapt DSRIP performance, strategies

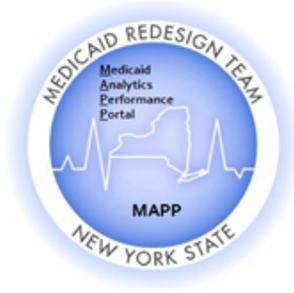


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Committee Member	performance reporting for PPS	and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Shirley Riley- 1199 SEIU; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dr. Jeffrey Levine- Bronx Health Home; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dr. Rosa Gil- Comunilife; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Octavio Marin- Special Care Center, Bronx Lebanon Hospital Center; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Paloma Hernandez- Urban Health Plan; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Dr. Ramon Moquete- Hudson Heights IPA; Steering Committee Member	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
Mary Zagajeski, Dominican Sisters Family Health Services	Accountable to BL PPS Board and Executive committee for performance reporting for PPS	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
External Stakeholders		
NY State DOH	Provision of statewide/PPS dashboards and performance data	Provide data, including claims data, consolidated reports and web-based dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common operational definitions for metrics and milestones and reporting requirements; provide guidance on performance improvement opportunities and evidence-based guidance and PPS benchmark data

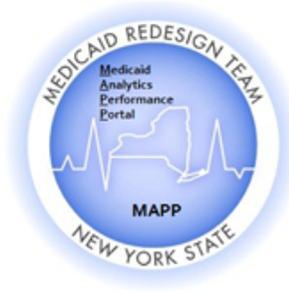


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
NYC DOH	Provision of claims data, benchmark data and support in development of population health analytic tools	Provide data, including claims data, consolidated reports and web-based dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common
Managed care organizations	Will provide key information to the PPS. Will also be necessary for arranging shared shavings agreements with the PPS in the later stages of DSRIP	Provide data to PPS Shared saving
Patient representative organizations	Provide patient feedback to support performance monitoring and performance improvement	Input into performance monitoring and continuous performance improvement processes
CBOs	Will provide key information to the PPS.	Provide data to PPS
PCP	Will provide key information to the PPS.	Provide data to PPS



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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 development of shared IT infrastructure across the PPS will support performance reporting in numerous ways. The HIT system will utilize robust data sets supporting proactive comprehensive care and DSRIP performance management, operating within an integrated data network providing data-driven clinical decision making. Core DSRIP performance metrics and milestones will be integrated within performance dashboards and PPS reporting at the governance partner and individual provider level to ensure transparency and enable pro-active risk management. Sub-committees will be responsible for goal setting and monitoring across the PPS, raising risks to leadership and recommending remediation.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

✓ IPQR Module 6.8 - Progress Reporting

Instructions :

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

The success of the work stream will be measured against progress in the planning, design and deployment of performance reporting processes and tools that will enable users to access health information on centralized dashboards. Performance reporting will begin as a manual process and increase over time to allow for greater automation capabilities for queries, user features and other data points. The IT Committee will coordinate with PPS governance and committee leadership to define the requirements and milestones for performance reporting capabilities within a timeframe aligned with State-provided reporting templates and timelines. Measures of success will be included that are relevant to the specific health markers of the population being managed.



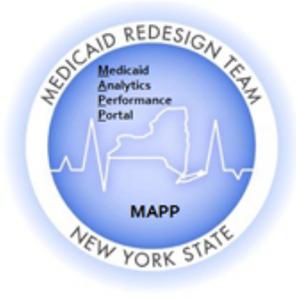
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IPQR Module 6.9 - IA Monitoring

Instructions :



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Section 07 – Practitioner Engagement

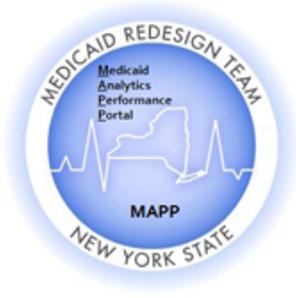
✅ IPQR Module 7.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	In Progress	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Review past engagements -- Look at previous actions undertaken by core PPS Providers to identify successful tactics and continued challenges	Completed	Review past engagements -- Look at previous actions undertaken by core PPS Providers to identify successful tactics and continued challenges	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Determine the practitioner function -- Gather information on functions and services offered by PPS partners	Completed	Determine the practitioner function -- Gather information on functions and services offered by PPS partners	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Map stakeholders present: (a) key professional groups (physicians, nurses, behavioral health specialists, community health workers etc.); and (b) geographic areas or clusters of providers	Completed	Map stakeholders present: (a) key professional groups (physicians, nurses, behavioral health specialists, community health workers etc.); and (b) geographic areas or clusters of providers	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Define criteria for identifying and prioritizing stakeholders --- represent: a) attribution b) services c) possible impacts	Completed	Define criteria for identifying and prioritizing stakeholders --- represent: a) attribution b) services c) possible impacts	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	

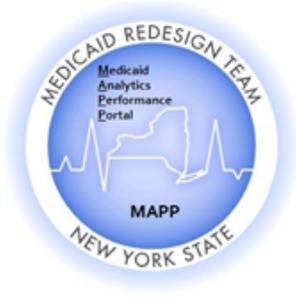


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices	In Progress	Establish ongoing stakeholder panel. These are services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new collaborative care practices	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Define short- and long-term goals, and set tactics and process for engagement. a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication b. Process for managing grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices	Completed	Define short- and long-term goals, and set tactics and process for engagement. a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication b. Process for managing grievances rapidly and effectively c. High-level approach to the use of learning collaborative d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Steering Committee will review and finalize the provider communication and engagement plan.	Completed	Steering Committee will review and finalize the provider communication and engagement plan.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Identification of practitioner leaders to represent practitioner interests in governance/policy --This will involve seeking input from practitioners on their role in the DSRIP transformative process	In Progress	Identification of practitioner leaders to represent practitioner interests in governance/policy --This will involve seeking input from practitioners on their role in the DSRIP transformative process	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #2 Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	In Progress	Practitioner training / education plan.	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4	NO
Task	In Progress	Review existing plans and materials	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	



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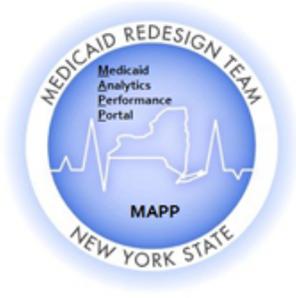
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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Review existing plans and materials									
Task Establish stakeholders needs based on: a. Core goals of DSRIP program b. PPS projects c. Cross-PPS work streams underpinning the delivery of the DSRIP projects, including value-based payment, case management and clinical integration	In Progress	Establish stakeholders needs based on: a. Core goals of DSRIP program b. PPS projects c. Cross-PPS work streams underpinning the delivery of the DSRIP projects, including value-based payment, case management and clinical integration	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Define criteria for identifying and prioritizing stakeholders based on : a. attribution b. services c. possible impacts	In Progress	Define criteria for identifying and prioritizing stakeholders based on : a. attribution b. services c. possible impacts	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Establish Ongoing training panel. Develop an overarching schedule of face-to-face training sessions across PPS designed to directly communicate with and answer questions from the majority of practitioners in the creation of interest groups/panels/committees as devices for building collaboration and consensus	In Progress	Establish Ongoing training panel. Develop an overarching schedule of face-to-face training sessions across PPS designed to directly communicate with and answer questions from the majority of practitioners in the creation of interest groups/panels/committees as devices for building collaboration and consensus	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Define short- and long-term goals, and set tactics and rules for the engagement.	In Progress	Define short- and long-term goals, and set tactics and rules for the engagement.	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 360 Review of training materials and feedback	In Progress	360 Review of training materials and feedback	07/01/2016	03/31/2017	07/01/2016	03/31/2017	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	User ID	File Type	File Name	Description	Upload Date
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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.	

Milestone Review Status

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



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✔ IPQR Module 7.2 - PPS Defined Milestones

Instructions :

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

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

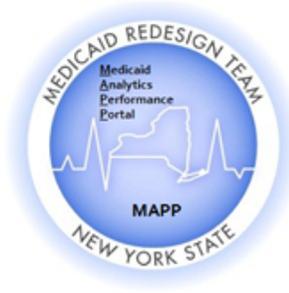
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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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.

Risk: The level of engagement of our practitioners in the PPS varies. The risk is whether or execution of a provider outreach strategy reaches all providers in the community. We have some practitioners that are heavily involved playing key roles on both projects and committees. At this stage our current engagement activities are focused on education of our practitioners to what DSRIP is and how they can participate in the process. We are changing and challenging the way they do business and it is important that they see the value that this transformational process will bring the long run.

Mitigation: We will encourage and foster committee formation, drive representation in governance, and create leadership development programs, etc. to address the appropriately identified risks of provider engagement. To mitigate this risk, we will involve a 'train the trainer' approach as part of our training and education program. We will also develop electronic and printed training materials that will continue to engage practitioners in the DSRIP program, even if they join a provider after the practitioner education and training roadshow. This is designed to ensure the core behaviors and practices of our DSRIP program remain embedded within organizations.

Risk: Provider resistance to working to achieve PCMH Level 3 due to a lack of admin support to implement this change, amongst other reasons.

Mitigation: The PPS will develop a plan to provide support to assist providers to meet PCMH and MU.

✓ 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.)

Communication with stakeholders through a variety of media including a newsletter, regularly scheduled town hall meetings, PAC meetings, and on-going project committee work are all designed to engage stakeholders as often as possible in PPS activities. Primary dependencies however, are the Finance Committee and its work to develop project budgets, funds flows to providers engaged in each project and an incentive payment distribution methodology that is clear and understandable to providers. The IT Committee, Stakeholder Engagement Workgroup, and Workforce Committee will also be critical to the success of practitioner engagement. Many practitioners will need significant support from the PPS to engage in clinical integration, population health management strategies, and in adopting IT systems that allow for communication and data flow between PPS members. The PPS is also engaging providers to develop a process for them to reach PCMH level III certification. Stakeholder Engagement Workgroup has already begun planning for the PPS wide implementation of PCMH III. The Workforce Committee is working with stakeholders to understand the new skills and workflows that will generate from the clinical projects. The Workforce Committee will offer educational guidance to the Stakeholder Engagement Committee on issues related to re-deploying staff, skills development, and job training. The ability of the PPS to communicate to the community's practitioners, not just the larger organizations, will be key to the further success of the DSRIP initiative. The on-

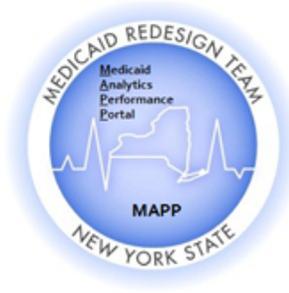


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going communication initiatives described above will help to engage stakeholders at all levels in PPS activities.



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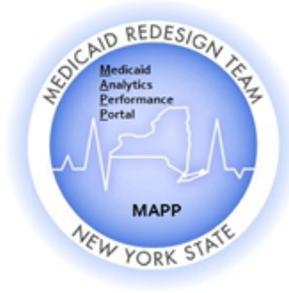
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✓ IPQR Module 7.5 - Roles and Responsibilities

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
Financial Management and oversight	Victor DeMarco, Bronx Lebanon	Financial oversight of PPS participating providers; development and communication of funds flow
IT Development and Implementation	Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan; Kathy Miller/Bronx RHIO	Interconnectivity with PPS partners
Stakeholder Engagement	Roy Wallach/ Conifer Park-Armes Acre	Coordinate stakeholder communication for the PPS
Workforce Development	Selena Griffin-Mahon/ Bronx Lebanon	Develop overall training plan to include practitioners across the PPS workforce spectrum.
PCMH functionality	Javiera Riveria/ Urban Health Plan	Engage providers and aid them in reaching PCMH Level 3
PPS Governance and organization	Fred Miller/ Garfield-Miller, LLP	Establish LLC, Provider participation contracts, compliance program
Integrated Delivery System Implementation & Oversight	Dennis Maquiling/Bronx Lebanon	Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight.



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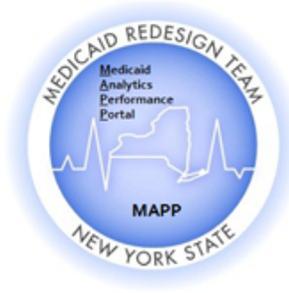
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✓ IPQR Module 7.6 - Key Stakeholders

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		
Denise Bauer, Catholic Charities	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Dr. John Coffey, BLHC	Stakeholder Engagement Workgroup Partner; Project Development and Implementation/Clinical & Quality Committee Chair	Engage providers and assist in the work of the PPS
Joann Casado, Urban Health Plan	Stakeholder Engagement Workgroup Partner - Co-Chair; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Magdy Mikhail, BLHC	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Fernando Martinez, the Osbourne Group	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Michelle Miller, Catholic Charities	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Lisa Orriola, BLHC	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Biren Patel, Hemant Patel MD PC/ Harlem Medical Group	Stakeholder Engagement Workgroup Partner, Finance Committee Voting Member	Engage providers and assist in the work of the PPS
Peter Sherman, BLHC	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Roy Vega, BLHC	Stakeholder Engagement Workgroup Partner	Engage providers and assist in the work of the PPS
Debbie Pantin, VIP	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Ben Kortnizer, Mount Sinai Hospital	Stakeholder Engagement Workgroup Partner, BHA PPS LLC Board Member	Engage providers and assist in the work of the PPS
Chris Arce, BLHC	Stakeholder Engagement Workgroup Partner, Co-Chair; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dennis Maquiling, BLHC	Stakeholder Engagement Workgroup Partner; Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Roy Wallach, Liberty Management	Stakeholder Engagement Workgroup Partner, Co-Chair; Project Development and Implementation Committee Partner; Workforce Committee Partner	Engage providers and assist in the work of the PPS
Alexandria Rodriguez, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Christina Coons, VNSNY	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS

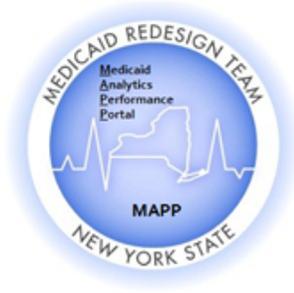


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
David Gerber, St. Christopher's Inn	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Debbie Lester, Urban Health Plan	Project Development and Implementation Committee Partner, Co-Chair	Engage providers and assist in the work of the PPS
Dr. Abayomi Salako, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Issac Dapkins, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Jeffery Levine, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Manuel Vasquez , Urban Health Plan	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Mario F. Moquete, Hudson Heights IPA	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dr. Richard Cindrich, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Georgia Connell, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Javiera Rivera, Urban Health Plan	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Kathryn Salisbury, MHA of NYC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Leonardo Vicente , BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Luarnie Bermudo, Domincian Sisters Family Health Services	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Natalie Cruz, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Paloma Hernandez, Urban Health Plan	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Patricia Cahill, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Richard Biscotti, ArchCare	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Richard Parker, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Dennis Maquiling, BLHC	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Scott Auwarter, Bronx Works	Project Development and Implementation Committee Partner	Engage providers and assist in the work of the PPS
Shirley Riley, 1199 SEIU	Workforce Committee Partner & BHA PPS LLC Board Member	Engage providers and assist in the work of the PPS
Celestino Fuentes, Liberty Management	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Julie Peskoe, Home Care NY	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Lawrence Lang, The PAC Program	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Nestor Sanchez, Home Care NY	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Rosa Agosto, Urban Health Plan	Workforce Committee Partner, Co-Chair	Engage providers and assist in the work of the PPS
Kathy Miller, Bronx RHIO	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Vivian Torres, Self Help Community Services, Inc	Workforce Committee Partner	Engage providers and assist in the work of the PPS
Selena Griffin, BLHC	Workforce Committee Partner, Chair	Engage providers and assist in the work of the PPS
External Stakeholders		
NY State DOH	Regulatory Organization	Rules and Policy

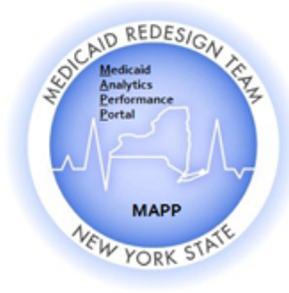


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
NYC DOHMH	Regulatory Organization	Rules and Policy
Legislators	Oversight to Policy and Engagement	Rules and Policy
External PPSs	Treatment and Patients Interactions	Care Coordination
Medicaid Managed Care Plans	Treatment and Patients Interactions	Billing and Care Management
Advocacy Organizations	User Out-Reach and Structure	Influence and Committee Roles



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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.

The shared IT infrastructure platforms, including specific tools such as the BL PPS Participant Portal, a web-based interface for PPS users that will include access to reporting functionality, data analytics, care management tools and PPS-sponsored communications, including training and education programs, will connect practitioners and facilitate practitioner engagement, which will be crucial to providing access to critical functionality such as dashboards, performance reporting, patient alerts, and secure messaging. BL PPS's proposed shared IT infrastructure will deliver efficiency, interoperability, and high value-added solutions that will facilitate practitioner engagement through the provision of tools that support better time management, performance management and reporting, and improve overall provider satisfaction. The Practitioner Engagement workflow has key dependencies around IT Systems and Processes, as described above. The PPS will employ diligent project management and monitoring to ensure infrastructure (such as the connectivity through the RHIO), and functionality are adequate to facilitate effective provider engagement, as well as the training necessary to achieve it. The focus of a shared IT Infrastructure will be to provide patient-level data to all PPS partners in a manner that supports better time management and user satisfaction. IT will identify the provider gaps as it relates to Meaningful and EHR, and develop a strategy to provide technical assistance and support them with achieving PCMH level 3.

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

✓ IPQR Module 7.8 - Progress Reporting

Instructions :

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

Practitioner engagement will be encouraged through regularly scheduled town hall meetings and inclusion on various PPS project workgroups. Continuation of PPS updates via e-mail and website maintenance will help ensure that practitioners are able to receive pertinent news and updates. We will have set the targets for delivering education & face-to-face training for implementation of project specific processes in our



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network and we will use this metric to monitor the progress of this work stream. In addition, we will monitor the attendance at practitioner training events. The design of these programs will involve specific targets being set for the number of attendees per training as well as questionnaires pre- and post-testing designed to assess impact and satisfaction.

IPQR Module 7.9 - IA Monitoring

Instructions :



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Section 08 – Population Health Management

✅ IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	Completed	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Define priority target populations by using CNA and other proprietary data to develop disease specific profiles which take into account co-morbidities and social determinants of health (homelessness , etc.)	Completed	Define priority target populations by using CNA and other proprietary data to develop disease specific profiles which take into account co-morbidities and social determinants of health (homelessness , etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Acquire, aggregate and leverage data in support of population health.	Completed	Acquire, aggregate and leverage data in support of population health.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Engage patients, physicians and other clinicians and create a collaborative partnership to develop population health roadmap	Completed	Engage patients, physicians and other clinicians and create a collaborative partnership to develop population health roadmap	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Develop intervention protocols for identified population	Completed	Develop intervention protocols for identified population	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Identify the necessary IT infrastructure to support a population health approach and work in the	Completed	Identify the necessary IT infrastructure to support a population health approach and work in the PPS	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

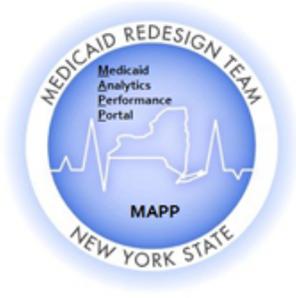


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS									
Task Develop a plan to assist primary care physicians and other clinicians with achieving PCMH level 3 2014 certification	Completed	Develop a plan to assist primary care physicians and other clinicians with achieving PCMH level 3 2014 certification	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task The lead entity will develop a methodology to evaluate acute care bed utilization in the PPS	Completed	The lead entity will develop a methodology to evaluate acute care bed utilization in the PPS	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task The lead entity will identify, aggregate and acquire data including utilization data such as salient data, managed care utilization and others (RHIO, MAPP) as well as the lead entity's internal data sets	Completed	The lead entity will identify, aggregate and acquire data including utilization data such as salient data, managed care utilization and others (RHIO, MAPP) as well as the lead entity's internal data sets	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Identifies members of the PPS who have gaps in care and requires intervention	Completed	Identifies members of the PPS who have gaps in care and requires intervention	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task The lead entity will review inpatient utilization data on a rolling 3 month basis	Completed	The lead entity will review inpatient utilization data on a rolling 3 month basis	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Engage patients, physicians and other clinicians and create a collaborative partnership to identify potentially avoidable admissions.	Completed	Engage patients, physicians and other clinicians and create a collaborative partnership to identify potentially avoidable admissions.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Define criteria for identifying DSRIP projects impact on bed reduction to allow for planning and implementation of strategy	Completed	Define criteria for identifying DSRIP projects impact on bed reduction to allow for planning and implementation of strategy	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Review existing plans and materials focusing on strategies to move patients quickly to the most appropriate level of care.	Completed	Review existing plans and materials focusing on strategies to move patients quickly to the most appropriate level of care.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	Completed	Evaluate existing and DSRIP project activities that will impact	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Evaluate existing and DSRIP project activities that will impact bed utilization		bed utilization							
Task Map bed reduction strategies to stakeholders needs and prioritize	Completed	Map bed reduction strategies to stakeholders needs and prioritize	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Establish ongoing training regarding potentially avoidable admissions panel	Completed	Establish ongoing training regarding potentially avoidable admissions panel	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Define short and long-term goals, and set tactics and rules for the plan	In Progress	Define short and long-term goals, and set tactics and rules for the plan	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Bed reduction plan finalized and approved by Steering committee	In Progress	Bed reduction plan finalized and approved by Steering committee	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4	

IA Instructions / Quarterly Update

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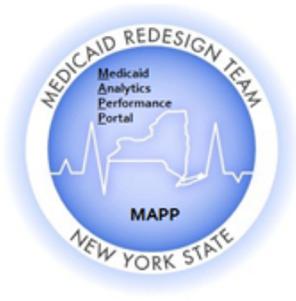
Prescribed Milestones Current File Uploads

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

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



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Milestone Review Status

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



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✔ IPQR Module 8.2 - PPS Defined Milestones

Instructions :

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

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

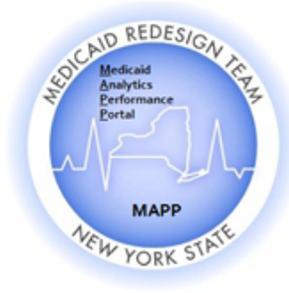
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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✓ IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

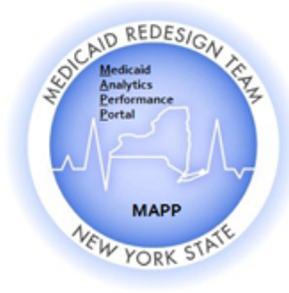
Instructions :

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

- Risk 1: Provider engagement and compliance with reporting.
Mitigation Strategy: Provider Engagement & Performance monitoring and reporting infrastructure will be created to identify and engage those providers that fall behind.
- Risk 2: Attributed Patient Utilization with other PPSs service providers.
Mitigation Strategy: Data from NYSDOH relative to what will be provided by the PPS is not clearly defined at this time. Close collaboration between the NYSDOH and PPSs across the state will be necessary in order to mitigate this risk. In addition transparency by the NYSDOH could provide PPS with necessary information to implement an effective strategy that spans all DYs.
- Risk 3: Some organizations/providers within the PPS could be reluctant to agree to strict performance reporting and monitoring, particularly in comparison to their competitors within the same PPS.
Mitigation Strategy: This risk can be mitigated by a strong governance/sub-committee presence, and effective communication strategy that addresses specific provider/organizational concerns.
- Risk 4: The PPS is a multi-stakeholder environment where many varying opinions and voices will exist. It is often difficult to define and implement specific performance metrics in this kind of environment.
Mitigation Strategy: This risk can be mitigated by developing an initial set of PPS-level performance measures/metrics, with input from the NYSDOH and industry subject matter experts, and incorporating stakeholder input as appropriate throughout the process.
- Risk 5: Inadequate workforce - Workforce need through the DSRIP transformative years may lack the necessary skills sets to provide services for PPS. Mitigation Strategy: To mitigate this risk we will assess the current skills of the workforce as well as the job descriptions and possible retaining and redeployment the workforce to provide the support/services need to manage the attributed population.
- Risk 6: Standardized Protocols for delivery of care (care coordination, etc.) may impact the PPS performance.
Mitigation Strategy: To mitigate this risk we will create protocols that take into account different patient needs as well as allow for modifications.
- Risk 7: A lack of collaboration across PPSs. Mitigation: All of the Bronx area PPSs are starting to meet regularly to identify commonalities related to projects and processes and to share best practices and aggregated patient utilization data.

✓ IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :



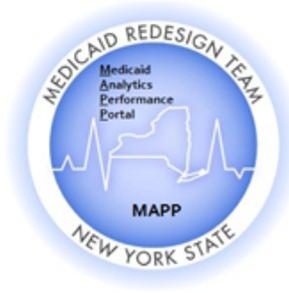
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Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The Population Management work stream has dependencies on several other work streams, including IT Systems and Processes, Workforce and Governance. This work stream is dependent on the IT Systems and Processes work stream because these systems will enable population health monitoring and reporting through the creation of an integrated data network. Workforce training and availability is interdependent with the ability to create population health profiles to provide services to meet the needs of the population. The main inter-dependencies with the Governance work stream include the effective creation of policies and procedures for population health monitoring and reporting, adherence to those policies and procedures, and creation/implementation of sub-committees who will be responsible for goal-setting and monitoring across the PPS.



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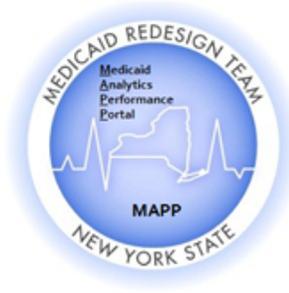
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✔ IPQR Module 8.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Governance and organization	Fred Miller, Esq. Garfunkel Wild, LLC	Establish LLC, PMO contract, Provider participation contracts, compliance program
Integrated Delivery System Implementation & Oversight	Dennis Maquiling/Bronx Lebanon	Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric
Financial Management and oversight	Victor DeMarco/Bronx Lebanon	Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric
IT Development and Implementation	Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan	IT platform, interconnectivity with PPS partners, data base management, performance reporting management
Workforce Committee	Selena Griffin-Mahon/ Bronx Lebanon	Develop Workforce Strategy for BLHC PPS
PDI/Clinical Committee	John Coffey, MD/ Bronx Lebanon	Project Implementation strategy
PCMH	Javiera Rivera/ Urban Health Plan	Engage providers and aid them is reaching PCMH Level 3
Care Coordination	Christina Coons/ VNSNY	Functions as the central point for care coordination and Deliverables across the PPS
Stakeholder Engagement	Roy Wallach/ Conifer Park-Armes Acre	Coordinate stakeholder communication for the PPS



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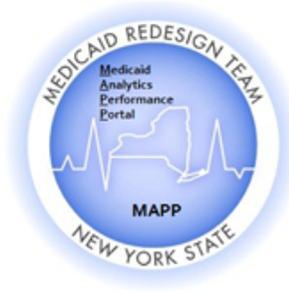
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✓ IPQR Module 8.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Alexandria Rodriguez, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Beth Lorell, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Christina Coons, VNSNY	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
David Gerber, St. Christopher's Inn	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Lester, Urban Health Plan	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Pantin , VIP Services	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Deborah Witham, VIP Services	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Abayomi Salako	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Issac Dapkins, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Jeffery Levine, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. John Coffey, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Kamala Greene, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Magdy Mikhail	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Manuel Vasquez , Urban Health Plan	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Mario F. Moquete, Hudson Heights IPA	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones

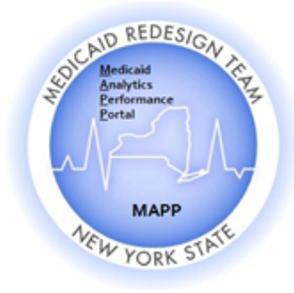


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Dr. Peter Sherman , BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Richard Cindrich, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Gary Rosario, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Georgia Connell, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Javiera Rivera, Urban Health Plan	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Joann Casado, Urban Health Plan	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Kathryn Salisbury, MHA of NYC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Luarnie Bermudo, Dominican Sisters Family Health Services	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Natalie Cruz, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Paloma Hernandez, Urban Health Plan	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Patricia Cahill, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Richard Biscotti, ArchCare	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Richard Parker, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Roy Wallach, Arms Acres, Conifer Park	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Sam Shutman, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Scott Auwarter, Bronx Works	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Virgilina Gonazalez, BLHC	Project Development and Implementation Committee/ Clinical & Quality Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
External Stakeholders		
NY State DOH	Regulatory Organization	Rules and Policy
NYC DOH	Regulatory Organization	Rules and Policy
Legislators	Oversight to Policy and Engagement	Rules and Policy

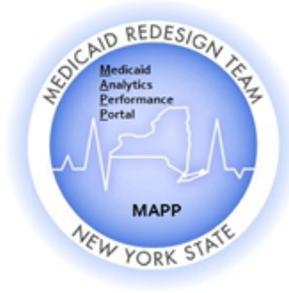


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
External PPS	Treatment and Patients Interactions	Care Coordination
Medicaid Managed Care Plans	Treatment and Patients Interactions	Billing and Care Management
Advocacy Organizations	Treatment and Patients Interactions	Billing and Care Management



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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.

Many BLHC PPS partners have localized data analytics tools and are engaging in population health management at the individual-provider level. What is lacking, however, is the centralization of information to develop a more complete picture of population health to foster accountability and improvement in outcomes. In response, BL PPS intends to develop a Population Health Analytics Platform that includes capabilities for generating registries, conducting data cube analytic functions and managing population health data cohorts through the utilization of a RHIO data repository. This tool will enable provider organizations to analyze and track the health of the populations they serve, and to implement interventions on specific cohorts of patients. The PPS's shared IT infrastructure will assist with the monitoring of health outcomes and the distribution of information to PPS partners and stakeholders to meet DSRIP project goals. The following services will implement solutions to measure and improve the population health status through the use of predictive analytics, reporting and registries for care management, and utilization management:

- (1) Support the adoption and/or upgrade of EHRs by providing options and technical assistance to organizations who are not yet on an EHR system, or who are using an EHR system with insufficient functionality;
- (2) Expand health information exchange (HIE) to facilitate interoperability by connecting partners to the RHIO;
- (3) Implement Care Management and Coordination tools that will enable care management and coordination at the population level;
- (4) Deploy tools for provider and patient engagement; and
- (5) Develop business intelligence and analytics tools.

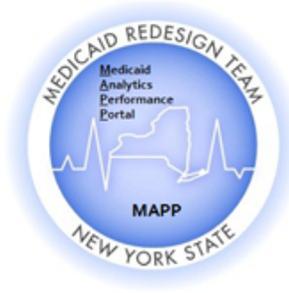
The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

✓ IPQR Module 8.8 - Progress Reporting

Instructions :

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



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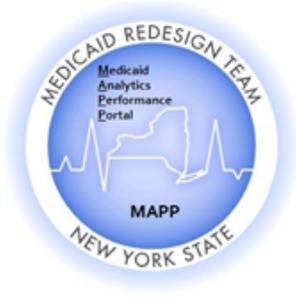
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The success of the work stream will be measured through progress reporting on population health management by creating population profiles, utilization dashboards that enable identification of the target population, monitoring of the number of patients engaged in care, and tracking and trending on health outcomes. In addition to the State-defined metrics specific to the PPS Projects tracked by the PMO (behavioral health, asthma, maternal child health, HIV/AIDS, and diabetes), progress toward local and national benchmarks will be assessed through a wide range of publically available data sets updated on an annual or semi-annual basis. For example, the NYC DOHMH Bureau of HIV/AIDS's semi-annual report will provide epidemiological updates on the access to, and retention in HIV care relative to the the goals defined in the Governor's End of AIDS plan. Other benchmarks for success will include (but are not limited to) objectives outlined by the City's Take Care New York Initiative and HHS Healthy People 2020.

IPQR Module 8.9 - IA Monitoring

Instructions :



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Section 09 – Clinical Integration

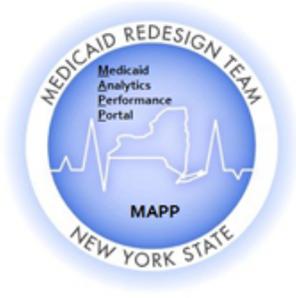
✅ IPQR Module 9.1 - Prescribed Milestones

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	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Define the 1) purpose of the NA, 2) target population for NA, and 3) key NA questions	Completed	Conduct a data assessment and gap analysis to identify service provider needs	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Conduct a literature review to develop a working definition of what successful "clinical integration" entails for the PPS	Completed	PMO through stakeholder engagement will identify active Clinical providers	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop a plan for collecting and analyzing primary and secondary data sources	Completed	Assess existing programs and workflows to enable cross and bi-directional communication providers and patients.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Map clinical, care management and other providers in the network through stakeholder engagement	Completed	Determined projected needs for Clinical Integration for DSRIP	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assess existing programs, human resources, IT solutions and, and workflows that drive a care	Completed	Identify key datas need to change for Clinical integration	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

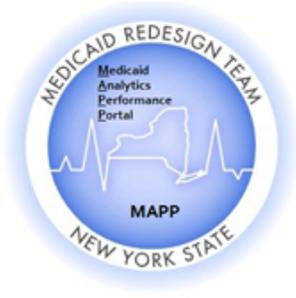


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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
coordination within the network									
Task Develop key data measures and benchmarks for successful clinical integration within the PPS	Completed	Identify key interfaces needs for clinical integration	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Identify reports needed to support clinical integration functions	Completed	Identify reports needs to support clinical integration functions	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Establish a 360 review processes for aligned needs and provider expectations	Completed	Establish 360 Review prepossess for aligned needs and provider expectations	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Clinical Quality Committee review and approval of Clinical Integration Needs Assessment	Completed	Steering Committee review and approval of clinical integration plan	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Conduct the capacity and asset assessment to of identified PPS providers	Completed	Identify the services provided by participating clinical partners	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Report findings to the Steering Committee	Completed	Create Clinical Quality Committee to assist with assessment of clinical needs and monitoring.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Identify key Clinical and other information for sharing	Completed	Identify key Clinical and other information for sharing	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Coordinate data sharing systems and interoperability	Completed	Coordinate data sharing systems and interoperability	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	Establish framework for discharge coordination	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Establish framework for discharge coordination									
Task Training for operations staff on care coordination and communication tools	Completed	Training for operations staff on care coordination and communication tools	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Training for providers across settings	Completed	Training for providers across settings	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Establish framework for hospital admission coordination	Completed	Establish framework for hospital admission coordination	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Establish 360 Review prepossess for aligned needs and provider expectations	Completed	Establish 360 Review prepossess for aligned needs and provider expectations	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Steering Committee review and approval of clinical integration plan	Completed	Steering Committee review and approval of clinical integration plan	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
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Prescribed Milestones Current File Uploads

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

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



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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 9.2 - PPS Defined Milestones

Instructions :

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

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

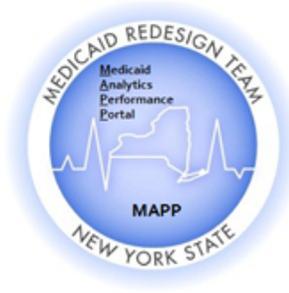
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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PPS Defined Milestones Narrative Text

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.

Risk: The major risks to implementation include: the financial fragility of many participating provider;

Mitigation: Participating partners will be required to complete a financial monitoring survey along with their provider agreements. Financial monitoring metrics will be established to evaluate and determine which partner institutions may be at risk and eligible for sustainability funds. Re-evaluation and monitoring will mitigate the potential risks to the implementation and sustainability of projects posed by fragile providers.

Risk: The culture of competition rather than cooperation that exists among similar agencies and providers.

Mitigation: The PPS will take a patient-centered approach focusing on optimal health outcomes for patients within the community. To that end, the approach to community planning will necessitate heavy involvement by stakeholders outside of the hospital system. The composition of workgroups and committees will include MCOs, CBOs, Health Homes, and other providers to ensure that members are involved in the process. Town Halls, Project Advisory Committees, and resources distributed to e-mail listservs and posted on the website are all activities conducted with the purpose of creating a culture of cooperation and transparency among providers.

Risk: The ability of the PPS to attain project goals within the proposed budget.

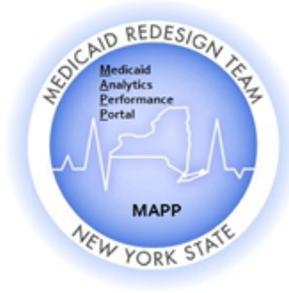
Mitigation: The Finance Committee (along with PMO, IT Committee, and Workforce Committee) will work closely with the Project Workgroups leads in an effort to ensure that project goals are clear and realistic. In particular, members from various committees will be present on project workgroups to monitor fidelity to the proposed budgets and report progress back to the Finance Committee.

Risk: Lack of understanding of DSRIP and PPS among provider participants.

Mitigation: Provider participants will receive ongoing DSRIP 101 trainings through the Stakeholder Engagement Cross Functional Workgroup and receive educational materials produced by the Training and Employment Funds. Participants will be engaged through participation on various workgroups and committees as members or co-leads. A provider communication strategy/plan will be developed by the Stakeholder Engagement CFW.

Risk: The ability to develop and implement a project management office in conjunction with the Mount Sinai PPS.

Mitigation: BLHC PPS and Mount Sinai PPS have established a strategic partnership to coordinate projects, where appropriate, and to jointly develop the resources needed to implement the projects. The PPS has mapped out all of the project requirements affecting all of our committed providers and have developed a map of the project requirements that show where they cross-cut and which providers will be involved in the projects. For those project requirements that are most pervasive, we have set up a PMO and cross functional team tasked with driving consistent, coordinated implementation.



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Risk: The ability to develop and/or collect meaningful data that will support the activities of the PPS.

Mitigation: The Clinical Committee will work closely with the IT Committee to develop outcomes (including HEDIS and actively engaged metrics) and the specific activities required to achieve the outcomes.

Risk: PCP non-compliance with PCMH Level 3 and adopting processes specific to the projects.

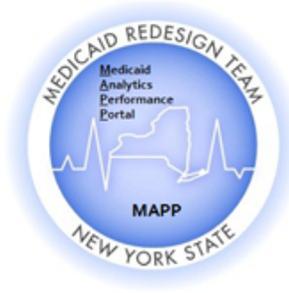
Mitigation: The PPS will work closely through PCMH and Stakeholder Engagement Cross-functional Workgroups to develop and implement a needs assessment that will be used to ascertain PCP readiness within the PPS to to achieve PCMH level 3. Based on the needs assessment, the Stakeholder Engagement Work Group that will meet with the group to identify gaps in provider representation and provide technical assistance to PCPs interested in participating in the project.

✅ 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.)

The primary interdependency is the participating provider contract that will link providers to the PPS and establish the working relationship between the PPS and its provider network. This will require significant provider outreach and education. Integral to that network is an IT platform that is available to all PPS participants and establishes a framework for data exchange and management as well as reporting. The Workforce plan will be a key component of transformation for many providers as they move away from traditional facility based activities into community based activities. It will be incumbent on the PPS to have a plan and program in place to retrain a sufficient number of providers to work in these community based settings providing case management and care coordination. Additionally, a significant number of analyst will be necessary to manage the data and report on the activities of each of the projects and the PPS as a whole. The Steering Committee will establish a process for financially fragile providers to apply to the PPS for sustainability funds and for the PPS to take action on those requests. Finally, much of the transformation is based on changing beneficiary behavior. The PPS will develop culturally appropriate outreach and education to engage attributed members in care coordination and management that will assist them in achieving their health goals. As well as other financial dependencies such as Value-based payment reform which will require sharing of clinical information as well as monitoring clinical performance (HEDIS/QARR and other clinical performance measures).



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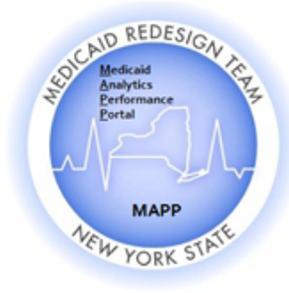
Bronx-Lebanon Hospital Center (PPS ID:27)

✓ 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
PPS Governance and organization	Fred Miller, ESQ. Garfunkel Wild LLC	Establish LLC, PMO contract, Provider participation contracts, compliance program
Integrated Delivery System Implementation & Oversight	Dennis Maquiling/Bronx Lebanon	Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric
Financial Management and oversight	Victor DeMarco/Bronx Lebanon	Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers
IT Development and Implementation	Ivan Durbak/Bronx Lebanon & Dan Figueras/Urban Health Plan	IT platform, interconnectivity with PPS partners, data base management, performance reporting management
Workforce Committee	Selena Griffin-Mahon/ Bronx Lebanon & Rosa Agosto, Urban Health Plan	Develop Workforce Strategy for BHAPPS
PDI/Clinical Committee	John Coffey, MD/ Bronx Lebanon & Debbie Lester Urban Health Plan & Virgilina Gonzalez, Bronx Lebanon	Project Implementation strategy
PCMH	Javiera Rivera/ Urban Health Plan & Dr. Blaze Gusic, Bronx Lebanon	Engage providers and aid them in reaching PCMH Level 3
Care Coordination	Christina Coons/ VNSNY & Kathryn Salisbury, MHA-NYC	Functions as the central point for care coordination and Deliverables across the PPS
Stakeholder Engagement	Chris Arce, Bronx Lebanon & Roy Wallach/ Confer Park-Armes Acre	Coordinate stakeholder communication for the PPS
Cultural Competency & Health Literacy	Diane Strom, Bronx Lebanon & Shali Sharma, BronxWorks	Develop Cultural Competency & Health Literacy Strategy for BHA PPS



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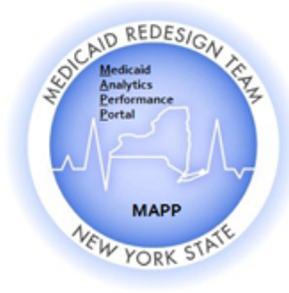
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✓ IPQR Module 9.6 - Key Stakeholders

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		
Alexandria Rodriguez, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Beth Lorell , BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Christina Coons, VNSNY	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
David Gerber, St. Christopher's Inn	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Lester, Urban Health Plan	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Debbie Pantin , VIP Services	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Deborah Witham , VIP Services	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Abayomi Salako, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Issac Dapkins, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Jeffery Levine, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. John Coffey, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Vicente Liz-Defillo, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Magdy Mikhail, BLHC	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Manuel Vasquez , Urban Health Plan	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Mario F. Moquete, Hudson Heights IPA	Project Development and Implementation/ Clinical & Quality Committee Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones

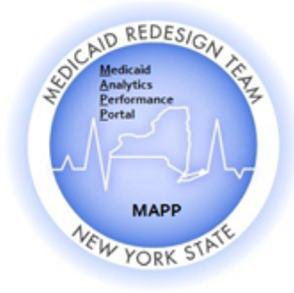


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Dr. Peter Sherman , BLHC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dr. Richard Cindrich, BLHC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Chris Arce, BLHC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Georgia Connell, BLHC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Javiera Rivera, Urban Health Plan	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Joann Casado, Urban Health Plan	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Kathryn Salisbury, MHA of NYC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Leonardo Vicente, BLHC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Louis Harris, Domincian Sisters Family Health Services	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Natalie Cruz, BLHC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Paloma Hernandez, Urban Health Plan	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Patricia Cahill, BLHC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Richard Biscotti, ArchCare	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Richard Parker, BLHC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Roy Wallach, Arms Acres, Conifer Park	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Dennos Maquiling, BLHC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Scott Auwarter, Bronx Works	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
Virgilina Gonazalez, BLHC	Project Development and Implementation/ Clinical & Quality Committe Committee Partner	Participate in PPS and worked towards meeting deliverables and milestones
External Stakeholders		
NY State DOH	Regulatory Organization	Rules and Policy

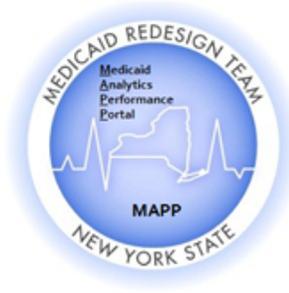


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
NYC DOHMH	Regulatory Organization	Rules and Policy
Legislators	Oversight to Policy and Engagement	Rules and Policy
External PPS	Treatment and Patients Interactions	Care Coordination
Medicaid Managed Care Plans	Treatment and Patients Interactions	Billing and Care Management
Advocacy Organizations	User Out-Reach and Structure	Influence and Committee Roles



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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.

Clinical integration is the primary goal of the BL PPS IT strategy, particularly through achievement of network-wide data sharing and interoperability that will enable care delivery and management at the population level across PPS providers. The PPS is developing plans to connect all provider types to the RHIO through EHRs and other electronic tools to share various forms of structured and unstructured data to enable bidirectional data sharing. Additionally, the PPS strategy will include:

- (1) Referral management and tracking tools to enable consultation between various providers;
- (2) Reporting, dashboards, and performance monitoring and management through the Customer Relationship Management (CRM) tools and provider portals; and
- (3) Secure messaging and alerts through the RHIO connections.

In order to ensure the efficient and effective data sharing that is required for an integrated delivery system, the PPS will:

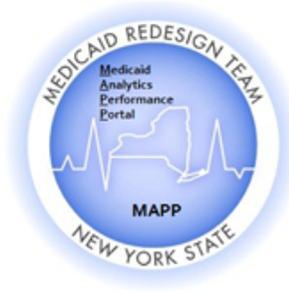
- (1) Analyze existing data sharing and confidentiality protocols, and will modify the protocols as needed;
- (2) Integrate any manual processes, such as flat-file conversions to ensure that PPS participants without EHRs can effectively contribute necessary data;
- (3) Identify and analyze what functionality and assistance can/will be provided by the NY DOH.

The PPS will measure its success through monitoring the number of PPS organizations that connect and pass data through the HIE. The HIE is a key component to the success of clinical integration throughout the PPS and will allow for analytics and reporting (mentioned above).

The PPS IT Committee expects to leverage the RHIO in several key capacities including the exchange of clinical information between organizations, aggregation and consolidation of Actively Engaged patients, and Centralized analytics. Most immediately, the RHIO's patient matching algorithm will be leveraged for aggregating the Actively Engaged patients. This will minimize any duplicative counting across organizations. Each organization participating in the projects will either export a flat file or interface with the RHIO with the actively engaged patient data.

In terms of the long-term expectations, the IT Committee has engaged the project workgroups to finalize the data exchange needs of the PPS. It is expected the RHIO will meet these interface and exchange needs in a phased approach, targeting key organizations that are required for the projects success. As the RHIO increases the number of PPS data feeds, the quality and richness of the data will increase. This data will feed the reporting database for Centralized analytics.

✓ IPQR Module 9.8 - Progress Reporting



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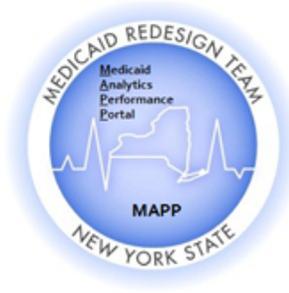
Instructions :

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

This work stream will be successful by enhancing clinical integration linkages and identifying areas to measure success, i.e. progress on PCMH certification, provider scale, RHIO consents, etc. The governance work stream will be successful when the steering committee is operating as the governing board of the PPS and is approving budgets, distributing funds, contracted for services with the PMO, overseeing and monitoring quality and compliance and fostering outreach to providers and beneficiaries. In 5 years, the LLC will be engaged in risk contracts with MCOs that reflect the integrated delivery system developed by the PPS.

IPQR Module 9.9 - IA Monitoring:

Instructions :



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Section 10 – General Project Reporting

✓ IPQR Module 10.1 - Overall approach to implementation

Instructions :

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

The project implementation team is organized with leads and co-leads for each project. The leads are from the hospital and co-leads are from community based organizations. The projects teams themselves are comprised of fully committed providers from both the lead hospital and the community. Each project is staffed by a project manager who is responsible for keeping the development of the project on track in compliance with metrics and milestones. The PPSs plans to monitor progress, ensure compliance with project requirements including metrics and milestones, and will stay committed to the speed and scale numbers for each project through the project managers who staff the developing DSRIP Project Management Office (PMO). This PMO will provide oversight and coordination to the DSRIP clinical projects. The projects themselves will be rolled out simultaneously, with the focus on interaction of project goals and the sharing of resources. Functions that can be centralized and focused will be in order to leverage staffing and other resources. In the clinical projects, where appropriate, a "pilot" agency will be slated to begin testing the selected interventions.

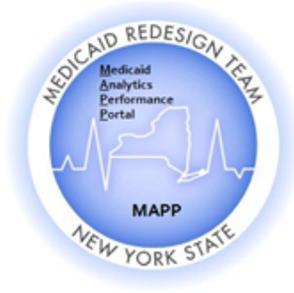
The PSS is dedicated to quality improvement and will continue the cycle of 1) identifying problems; 2) adapting knowledge to the local context; 3) conducting stakeholder analysis; 4) taking an inventory of resources; 5) assess facilitators and barriers to implementation; 6) select and tailor interventions to situations unique to the PPS population; 7) access implementation fidelity; 8) track project outcomes; and 9) sustain/maintain knowledge use.

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

Instructions :

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

To coordinate the various projects that will be working towards similar goals and project requirements independently, the PPS has created cross-functional workgroups (Stakeholder Engagement, PCMH, and Care Coordination) to coordinate clinical efforts that are integral to each of the projects. These workgroups are designed to avoid duplication of efforts and to develop multiple approaches to solving the same issue. For example, managing transitions of care more effectively will be a central part of multiple projects and without a proactive approach to coordination there is a risk that different protocols will be developed at different sites or in different projects. The PCMH workgroup and the Stakeholder Engagement Workgroup also work across all of the projects to coordinate outreach activities and to manage the process of attaining Level 3 PCMH certification and stakeholder education. The PPS also holds bi-weekly workflow meetings with the project leads to identify common issues and tasks.



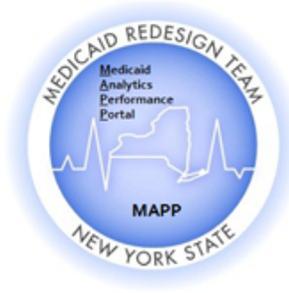
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BLHC PPS and Mount Sinai PPS have established a strategic partnership to coordinate projects, where appropriate, and to jointly develop the resources needed to implement the projects. The PPS has mapped out all of the project requirements affecting all of our committed providers and have developed a map of the project requirements that show where they cross-cut and which providers will be involved in the projects. For those project requirements that are most pervasive, we have set up a PMO and cross functional team tasked with driving consistent, coordinated implementation.

We have also used a provider/requirement map as the starting point for identifying the clinical, financial, administrative, or technological initiatives that will be most important for the successful delivery of our DSRIP projects. These initiatives will receive specific attention from the MS/BL PPS PMO.



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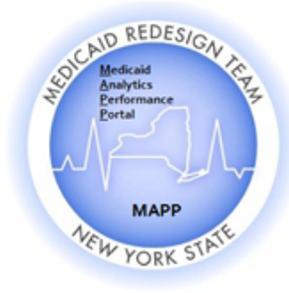
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✔ IPQR Module 10.3 - Project Roles and Responsibilities

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
Oversight and accountability for delivery of performance reporting capability	Ivan Durbak / Bronx Lebanon	<ul style="list-style-type: none"> • Performance reporting infrastructure (design, planning and implementation) • Coordination with NYDOH, PPS partners and other sources for data collection • Development of dashboards to enable performance management and rapid cycle evaluation • Management and oversight of performance reporting and data collection staff and project leads, including engagement of committees and governance leads to inform process
DSRIP Project Teams	Dennis Maquiling / Bronx Lebanon	Responsible for reaching speed and scale. Developing Clinical interventions
Responsible for informing development of performance tools, monitoring performance of partners and PPS, informing process improvement and corrective action	Victor DeMarco, John Coffey, and Dennis Maquiling / Bronx Lebanon	<ul style="list-style-type: none"> • Inform identification of key indicators and operational, clinical, financial, quality and other performance metrics • Responsible for informing development of dashboards, performance thresholds, reviewing data/reports and making recommendations to Governing Board on necessary actions
Coordinate activities on overlapping projects where applicable	Jill Huck / Mount Sinai & Dennis Maquiling / Bronx Lebanon	Share best practices between PPS
Sharing of patient data and coordination of patient care	HHC	Now has 45% of our original lives due to project 11. Must work with them to coordinate care and share information across PPS
Provision of claims data, benchmark data and support in development of population health analytic tools	Chase McCaleb / Bronx Lebanon; Alison Connelly and Dan Figueras / Urban Health Plan;	Coordinate with PPS in provision of claims data and benchmark data to support performance management; potential for contract negotiation based on improved total cost management
Provide general oversight to DSRIP projects	Dennis Maquiling / Bronx Lebanon	Coordinate with PPS in establishment and progress of DSRIP projects



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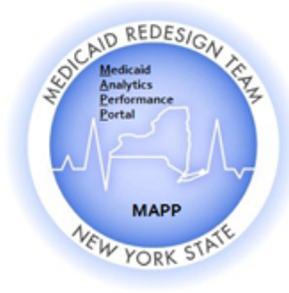
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✓ IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects

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		
Steering Committee	Development and implementation of PPS Governance Structure; ensuring PPS is managing DSRIP projects and funds in appropriate manner; Key decision makers	<ul style="list-style-type: none"> • Making key decisions for the PPS on strategy and process
Yasmine Gourdian, CCO/Bronx Lebanon	PPS Compliance Officer	<ul style="list-style-type: none"> • Ensuring that the PPS is in compliance with all DSRIP related polices and procedures
Victor DeMarco, CFO/Bronx Lebanon	Financial Management and oversight	<ul style="list-style-type: none"> • Financial structure and management of PPS, treasury and accounting, financial oversight of PPS participating providers
Dennis Maquiling/Bronx Lebanon	Integrated Delivery System Implementation & Oversight	<ul style="list-style-type: none"> • Establish and Implement DSRIP: IT, Project Implementation , PCMH Certification, Care Coordination, Stakeholder Engagement oversight. Reporting on milestones and metric
Fred Miller, Esq/ Garfunkel Wild LLC	PPS Governance and organization	<ul style="list-style-type: none"> • Establish LLC, PMO contract, Provider participation contracts, compliance program
PPS Partners	Submit data and review dashboards	Based on reports and data, adapt DSRIP performance, strategies and initiatives to achieve metrics/milestones and/or bridge gaps to goal measures; provide timely reporting and submission of data in specified manner/format
PCMH Committee	Cross Functional Workgroup	Monitor, and support PCP transformation in PCMH level 3
Care Coordination CFW	Cross Functional Workgroup	Centralize and Standardize care coordination
Workforce Committee	PPS Committee	Centralize and Standardize training and workforce issues
PDI Committee	Oversight Committee For PPS DSRIP projects	Provide oversight for DSRIP performance reporting; provide common operational definitions for metrics and milestones and reporting
IT Committee	PPS Committee	Monitor, tech support, upgrade of IT and reporting systems.
External Stakeholders		
NYSDOH	Provision of statewide/PPS dashboards and performance data	Provide data, including claims data, consolidated reports and web-based dashboards for PPSs for performance management; provide templates for DSRIP performance reporting; provide common

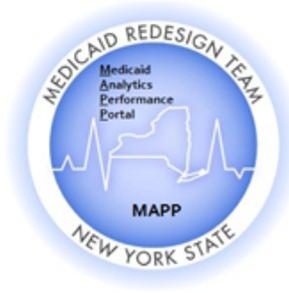


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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		operational definitions for metrics and milestones and reporting requirements; provide guidance on performance improvement opportunities and evidence-based guidance and PPS benchmark data
NYC DOH	Coordinate on projects and data sharing and provision of technical support to the projects and PPS	Provide data and technical assistance
MCOs	<ul style="list-style-type: none"> • Provision of claims data, benchmark data and support in development of population health analytic tools • Will also be necessary for arranging shared shavings agreements with the PPS in the later stages of DSRIP 	<ul style="list-style-type: none"> • Coordinate with PPS in provision of claims data and benchmark data to support performance management; potential for contract negotiation based on improved total cost management • Shared savings
Other City PPSs	<ul style="list-style-type: none"> • Exchange of best practices; Work together on projects in common where possible 	<ul style="list-style-type: none"> • Share data and best practices • Coordinate cross PPS sharing of information and workgroups
Patient representative organizations	Provide patient feedback to support performance monitoring and performance improvement	Provide input around performance monitoring and continuous performance improvement processes
CBOs	Will provide key information to the PPS and enter into risk sharing agreements.	Provide data to PPS; provide preventative care to patients in community settings.
PCP	Will provide key clinical information to the PPS.	Provide data to PPS; drivers of key clinical aspects of projects



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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 PPS performed detailed data collection and analysis of PPS partners current state and future state technology investments/capabilities by performing surveys, interviews, and leveraging existing PPS knowledge from the Bronx RHIO. The information analyzed included data on EMR's, RHIO connectivity, Registry capability, Meaningful Use, and reporting functionality.

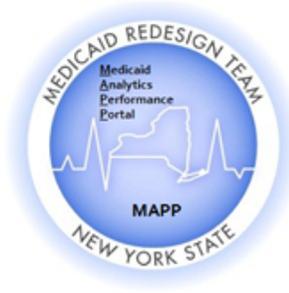
In addition to performing PPS wide IT analysis, the IT Committee met with all project groups to gather both immediate and long term IT needs for EMR, HIE, registries, reporting, alerts, tracking of key metrics, templates, etc. In the short term, the project workgroups are currently using flat file export strategies (from an EMR/spreadsheet), to meet with immediate reporting and registry needs of the PPS. Providers that are part of the RHIO have the ability to view this data through a Provider Portal. In the long term, The PPS will use continue to leverage the Bronx RHIO to meet the clinically interoperable requirements, however migrate from flat file exports to a bi-directional HL7 data feed. The Bronx RHIO will support the clinical information exchange and reporting needs of the PPS.

✅ 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.

Each project has quality performance measures defined by CMS through HEDIS/QARR, 3M, HCAPS, and DSRIP specific quality measures that will require quality oversight for performance and process improvement. These measures will be monitored at the Clinical and Quality Committee on regular basis. The PPS will develop PPS wide dashboards with drill down capability to specific organizations and providers for the purpose of sharing data, identifying quality gaps, and developing processes to improve and monitor outcomes. As such, these measures will be at the center for quality performance 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.

The PPS has established a Stakeholder Engagement committee that is responsible for identifying providers, linking providers to projects, and creating a directory of services throughout the PPS by provider and provider type. Providers are linked to projects and each project has specific deliverables, which drive outreach and engagement to specific providers that can address the project needs.

The stakeholder engagement team will also be responsible for communicating any changes and updates specific to projects (i.e. processes updates, screening tools, standardized assessments, etc.) by meeting with providers face to face, via newsletters, website, Town Hall, PAC, WebEx events, and other venues. In addition to communicating project updates, Stakeholder engagement will meet with providers to ensure they have the most up to date materials and identify any issues providers may have.

The PPS is also in the process of identifying a CRM vendor, which will enable the PPS and providers to identify services available throughout network. Providers will also have the ability to track and update their project deliverables.

IPQR Module 10.8 - IA Monitoring

Instructions :



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Section 11 – Workforce

IPQR Module 11.1 - Workforce Strategy Spending (Baseline)

Instructions :

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

Funding Type	Year/Quarter										Total Spending(\$)
	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)(\$)	
Retraining	16,000.00	516,500.00	500,000.00	500,000.00	525,000.00	525,000.00	525,000.00	525,000.00	250,000.00	250,000.00	4,132,500.00
Redeployment	0.00	45,000.00	125,000.00	200,000.00	450,000.00	450,000.00	375,000.00	375,000.00	625,000.00	625,000.00	3,270,000.00
New Hires	500.00	4,500.00	525,000.00	500,000.00	200,000.00	200,000.00	375,000.00	375,000.00	500,000.00	500,000.00	3,180,000.00
Other	500,000.00	800,000.00	330,000.00	200,000.00	250,000.00	280,000.00	250,000.00	277,500.00	200,000.00	195,000.00	3,282,500.00
Total Expenditures	516,500.00	1,366,000.00	1,480,000.00	1,400,000.00	1,425,000.00	1,455,000.00	1,525,000.00	1,552,500.00	1,575,000.00	1,570,000.00	13,865,000.00

Current File Uploads

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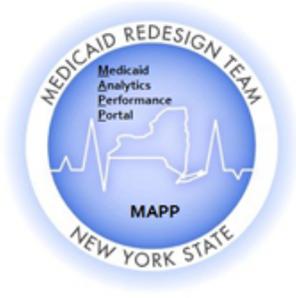
No Records Found

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	



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

DSRIP Implementation Plan Project

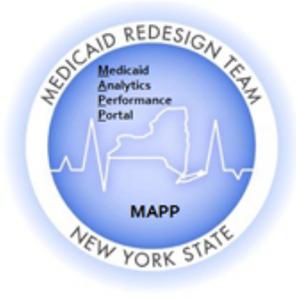
Bronx-Lebanon Hospital Center (PPS ID:27)

✅ IPQR Module 11.2 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Establish a comprehensive workforce project team that includes representatives from the workforce committee and vendors who will be providing data gathering and analysis.	Completed	Establish a comprehensive workforce project team that includes representatives from the workforce committee and vendors who will be providing data gathering and analysis.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish a process to meet with all project teams to educate them about what the requirements of the workforce committee are and what data the committee will need from them to complete its work. Get initial information about workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, redeployment, and workforce budget, including costs of recruiting, training, redeploying, and hiring.	Completed	Establish a process to meet with all project teams to educate them about what the requirements of the workforce committee are and what data the committee will need from them to complete its work. Get initial information about workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, redeployment, and workforce budget, including costs of recruiting, training, redeploying, and hiring.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Contract with vendor to conduct survey of projects and partners to determine target state, get information about current workforce and future workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, and redeployment.	Completed	Contract with vendor to conduct survey of projects and partners to determine target state, get information about current workforce and future workforce needs, including credentialing requirements, training needs, projected new hires, projected attrition, and redeployment.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Set meetings for vendor to meet with each project to determine specific project processes, requirements, scope, and needs.	Completed	Set meetings for vendor to meet with each project to determine specific project processes, requirements, scope, and needs.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

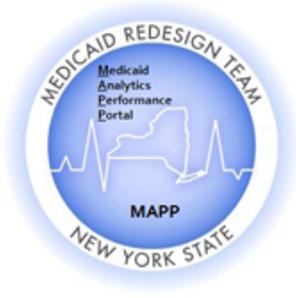


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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 Create job family framework to match to DOH's job category list and customize by project, including skills and licensure requirements.	Completed	Create job family framework to match to DOH's job category list and customize by project, including skills and licensure requirements.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Create a unique profile for each project's specific needs.	Completed	Create a unique profile for each project's specific needs.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Use publicly available information about workforce trends to inform target state analysis, such as turnover rates, attrition, etc.	Completed	Use publicly available information about workforce trends to inform target state analysis, such as turnover rates, attrition, etc.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Create workforce target and plan for the PPS. Plan will have project specific and PPS wide targets.	Completed	Create workforce target and plan for the PPS. Plan will have project specific and PPS wide targets.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Finalize committee report and submit to Steering Committee for sign off.	Completed	Finalize committee report and submit to Steering Committee for sign off.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Completed	Completed workforce transition roadmap, signed off by PPS workforce governance body.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Finalize list of committee members to ensure representation from all areas of the delivery system and develop a process for decision making within the committee.	Completed	Finalize list of committee members to ensure representation from all areas of the delivery system and develop a process for decision making within the committee.	07/01/2015	07/02/2015	07/01/2015	07/02/2015	09/30/2015	DY1 Q2	
Task Work with vendor to survey projects and partners and determine current and future state analyses.	Completed	Work with vendor to survey projects and partners and determine current and future state analyses.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Using current state and target state analyses, develop a roadmap that describes the plan to achieve the target state, including projected goals, timeline, budget, and process for hiring, retraining, redeployment, etc. and submit to steering committee for sign off.	Completed	Using current state and target state analyses, develop a roadmap that describes the plan to achieve the target state, including projected goals, timeline, budget, and process for hiring, retraining, redeployment, etc. and submit to steering committee for sign off.	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO

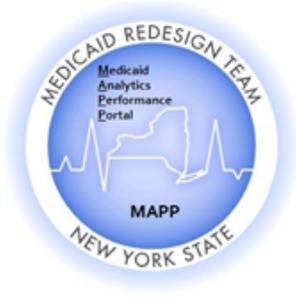


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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 assessment of workforce and projected future state.									
Task Work with vendor to create a survey tool that collects current PPS workforce data, including credentials, skill levels, training capacity, compensation, and benefits (will also be used for Milestone 4 & 5).	Completed	Work with vendor to create a survey tool that collects current PPS workforce data, including credentials, skill levels, training capacity, compensation, and benefits (will also be used for Milestone 4 & 5).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Work with vendor to establish which partners should be surveyed based on level of participation and potential workforce impact	Completed	Using tools above, survey partners about current and future staffing needs.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Using tools above, survey partners about current and future staffing needs	Completed	Using tools above, survey partners about current and future staffing needs	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Analyze project workforce needs both by project and across the PPS to project future state.	Completed	Analyze project workforce needs both by project and across the PPS to project future state.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Use target state in Milestone 1 to complete a comparative analysis of current workforce state to future workforce needs both by project and across the PPS.	Completed	Use target state in Milestone 1 to complete a comparative analysis of current workforce state to future workforce needs both by project and across the PPS.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Project number of workers to be redeployed (partial and full), retrained and hired by role and submit to steering committee for approval.	Completed	Project number of workers to be redeployed (partial and full), retrained and hired by role and submit to steering committee for approval.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
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.	In Progress	Compensation and benefit analysis report, signed off by PPS workforce governance body.	04/01/2016	06/30/2019	04/01/2016	06/30/2019	06/30/2019	DY5 Q1	YES
Task Work with vendor to create a survey tool that collects PPS workforce data, including compensation and benefits (referenced in Milestone 3).	Completed	Work with vendor to create a survey tool that collects PPS workforce data, including compensation and benefits (referenced in Milestone 3).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

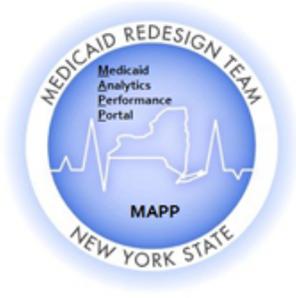


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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 Work with vendor to establish which partners should be surveyed based on level of participation and potential workforce impact.	Completed	Work with vendor to establish which partners should be surveyed based on level of participation and potential workforce impact.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Using tools above, survey partners about compensation and benefits by role.	Completed	Using tools above, survey partners about compensation and benefits by role.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	Completed	Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Create DY1 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	Completed	Create DY1 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Not Started	Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	Not Started	Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4	
Task Create DY3 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	Not Started	Create DY3 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4	
Task Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Not Started	Survey partners to determine any changes in compensation and benefits, including impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	04/01/2018	06/30/2018	04/01/2018	06/30/2018	06/30/2018	DY4 Q1	

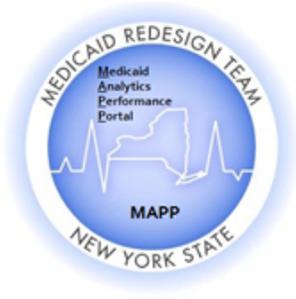


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
placements.									
Task Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	Not Started	Work with vendor to create an analysis that describes the impact on compensation and benefits, including impacted titles and positions by partner and project.	04/01/2018	03/31/2019	04/01/2018	03/31/2019	03/31/2019	DY4 Q4	
Task Create DY5 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	Not Started	Create DY5 report for steering committee with impact of DSRIP on compensation and benefits, including recommendations for mitigation strategies.	04/01/2018	03/31/2019	04/01/2018	03/31/2019	03/31/2019	DY4 Q4	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	07/01/2015	12/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Educate project leads and staff about how to request trainings.	Completed	Educate project leads and staff about how to request trainings.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Contract with SEIU 1199 Training and Employment Fund to create a Workforce Center that can centrally manage recruitment, training, retraining, and redeployment of workers across the PPS for union and non-union workers.	Completed	Contract with SEIU 1199 Training and Employment Fund to create a Workforce Center that can centrally manage recruitment, training, retraining, and redeployment of workers across the PPS for union and non-union workers.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Include questions in current state survey that ask partners about training capacity, including existing curricula, preferred vendors and methods of training (include in survey tool developed in Milestones 3 & 4).	Completed	Include questions in current state survey that ask partners about training capacity, including existing curricula, preferred vendors and methods of training (include in survey tool developed in Milestones 3 & 4).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop operating procedures for projects and partners to work with TEF to procure trainings and for TEF to track trainings conducted.	Completed	Develop operating procedures for projects and partners to work with TEF to procure trainings and for TEF to track trainings conducted.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Work with TEF to conduct an assessment of training needs by project and partner.	Completed	Work with TEF to conduct an assessment of training needs by project and partner.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Work with TEF to identify partners who can provide necessary trainings and to identify new	Completed	Work with TEF to identify partners who can provide necessary trainings and to identify new trainings to be developed.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
trainings to be developed.									
Task Work with TEF to develop comprehensive training plan to outline training needs by project, job classification, and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings.	Completed	Work with TEF to develop comprehensive training plan to outline training needs by project, job classification, and partner. The plan will include a timeline for development of new trainings, a plan to contract with partners for trainings, measurement to ensure trainings are effective, and a method for tracking who has attended trainings.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Discuss training plan with partners for feedback on training plan and strategies.	Completed	Discuss training plan with partners for feedback on training plan and strategies.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Submit comprehensive training plan to steering committee for approval.	Completed	Submit comprehensive training plan to steering committee for approval.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS.	Completed	Create a process for the Workforce Committee to maintain an oversight role to ensure that the trainings are meeting the needs of the PPS.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	

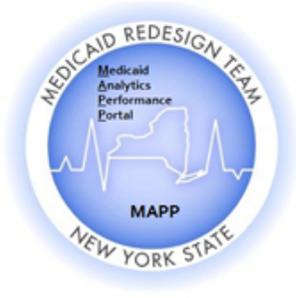
IA Instructions / Quarterly Update

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

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Create a workforce transition roadmap for achieving defined target workforce state.	dmaq	Meeting Materials	27_DY2Q2_WF_MDL112_PRES2_MM_9_23_16_Workforce_Committee_Agenda_Minutes_7708.docx	Workforce Committee meeting 09.23.2016 agenda and minutes.	12/12/2016 11:03 AM
	dmaq	Meeting Materials	27_DY2Q2_WF_MDL112_PRES2_MM_9_9_16_Workforce_Committee_Agenda_Minutes_7707.docx	Workforce Committee meeting 09.09.2016 agenda and minutes.	12/12/2016 11:03 AM
	dmaq	Meeting Materials	27_DY2Q2_WF_MDL112_PRES2_MM_8_26_16_Workforce_Committee_Agenda_Minutes_7706.doc	Workforce Committee meeting 08.26.2016 agenda and minutes.	12/12/2016 11:02 AM



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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	dmaq	Meeting Materials	27_DY2Q2_WF_MDL112_PRES2_MM_8_12_16_Workforce_Committee_Agenda_Minutes_7705.docx	Workforce Committee meeting 08.12.2016 agenda and minutes.	12/12/2016 11:02 AM
	dmaq	Meeting Materials	27_DY2Q2_WF_MDL112_PRES2_MM_7_29_16_Workforce_Committee_Agenda_Minutes_7704.docx	Workforce Committee meeting 07.29.2016 agenda and minutes.	12/12/2016 11:01 AM
	dmaq	Meeting Materials	27_DY2Q2_WF_MDL112_PRES2_MM_7_15_16_Workforce_Committee_Agenda_Minutes_7703.docx	Workforce Committee meeting 07.15.2016 agenda and minutes.	12/12/2016 11:00 AM
	dmaq	Meeting Materials	27_DY2Q2_WF_MDL112_PRES2_MM_Meeting_Schedule_Template_Workforce_DY2Q2_7702.xlsx	Workforce Committee meeting template DY2Q2	12/12/2016 11:00 AM
	dmaq	Documentation/Certification	27_DY2Q2_WF_MDL112_PRES2_DOC_Board_of_Managers_Meeting_Minutes_9-27-16_v2_7701.docx	Steering committee minutes showing approval of Workforce Transition Roadmap (see page 2)	12/12/2016 10:59 AM
	dmaq	Documentation/Certification	27_DY2Q2_WF_MDL112_PRES2_DOC_BHA_Workforce_Transition_Roadmap_30Sep2016_Final_v2_6772.pdf	Workforce Transition Roadmap	10/26/2016 12:22 PM
Perform detailed gap analysis between current state assessment of workforce and projected future state.	dmaq	Documentation/Certification	27_DY2Q2_WF_MDL112_PRES3_DOC_Board_of_Managers_Meeting_Minutes_9-27-16_v2_7709.docx	Steering Committee minutes showing approval of Current State Assessment and Gap Analysis - see page 2	12/12/2016 11:04 AM
	dmaq	Documentation/Certification	27_DY2Q2_WF_MDL112_PRES3_DOC_BHA_Current_State_Assessment_& Gap_Analysis_30Sep2016_Final_6659.pdf	Workforce gap analysis	10/25/2016 03:45 PM
Develop training strategy.	dmaq	Documentation/Certification	27_DY2Q2_WF_MDL112_PRES5_DOC_Board_of_Managers_Meeting_Minutes_9-27-16_v2_7710.docx	Steering Committee minutes showing approval of Workforce Training Strategy - see page 2	12/12/2016 11:05 AM
	dmaq	Documentation/Certification	27_DY2Q2_WF_MDL112_PRES5_DOC_BHA_Training_strategy_FINAL_with_appendices_6663.docx	Training strategy	10/25/2016 03:52 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	
Create a workforce transition roadmap for achieving defined target workforce state.	



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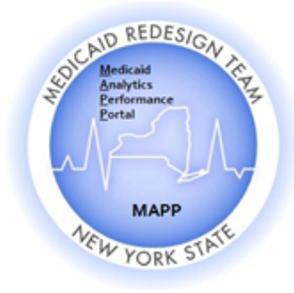
Bronx-Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform detailed gap analysis between current state assessment of workforce and projected future state.	
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	
Develop training strategy.	

Milestone Review Status

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



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

✔ IPQR Module 11.3 - PPS Defined Milestones

Instructions :

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

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

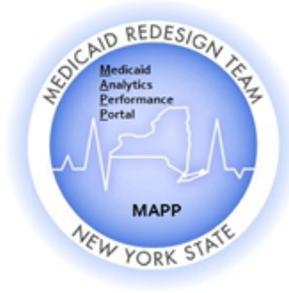
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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No Records Found



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

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Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

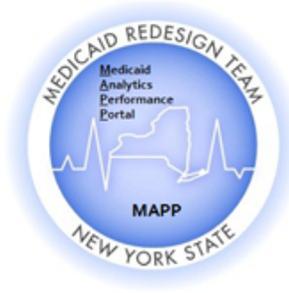
Please describe the key challenges and risks that you foresee in achieving the milestones set out above, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk 1: Risk of uneven understanding across partners about workforce requirements and deadlines. Mitigation Strategy 1: The WC will work with the stakeholder engagement and steering committees to educate all partners and projects. We will develop supporting materials (videos, presentations, etc.) for partners. Risk 2: Partners and projects not being responsive to survey deadlines leading to incomplete and inaccurate information. Mitigation Strategy 2: The PPS has a stakeholder engagement committee. The chair of the stakeholder engagement committee is a key member of the workforce committee. The stakeholder engagement committee will work to educate stakeholders about the processes and practices of DSRIP. We will develop an ongoing communication plan with all stakeholders to ensure that participating partners are fully aware of and engaged in the DSRIP implementation. In addition, we are working with other Bronx area PPS's to have a common survey to minimize the number of surveys that partners need to complete. Risk 3: Risk of difficulty in engaging participating partners with different union affiliation and addressing wage and benefit differences. Some DSRIP participating partners are in current collective bargaining relationships with unions, but some are not. There are different compensation and benefit scales across participating partners. A potential risk is that non-union participating partners who are uneasy with the concepts of sharing their workforce data with union participating partners and union connected vendors will not be comfortable sharing data. In addition, compensation and benefit differences between union and non-union employers will make redeployment more difficult. Mitigation Strategy 3: The WC will create a Workforce Center that can serve all DSRIP participating partners regardless of their union affiliation. By all participating partners having access to the Workforce Center for training, redeployment, hiring, etc., we will build trust among all participating partners, union and non-union. The Workforce Center will work with impacted employees (across a number of PPS's) to mitigate any negative compensation or benefit changes. Risk 4: Risk of difficulty in recruiting and training a culturally competent workforce. Mitigation Strategy 4: We will address this by doing a skill assessment of current employees. Employees with specific language skills could be retrained for new jobs, rather than trying to teach current employees a new language. We will rely on the experience of participating partners who are currently servicing patients in a number of emerging languages and make sure we are building our capacity in a way that will effectively serve our population. Risk 5: Risk of inaccurately projecting workforce numbers. Mitigation Strategy 5: We have hired a vendor who will work with each specific project to assess their needs and use publicly available information on workforce trends to ensure that projects are taking all information into account when projecting workforce needs. Risk 6: Risk of difficulty recruiting because of competition with other PPS's. Mitigation Strategy 6: The Workforce Center will operate across all the PPS's, so that retraining, hiring and redeployment can happen in the most efficient manner. Risk 7: Risk of difficulty of providing online and blended training and sharing information about training because of varying technological capacity of partners and the high cost of licensing training software. Mitigation Strategy 7: We will work with our IT committee and our Workforce Center to ensure we are able to track workforce data.

✓ 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.)



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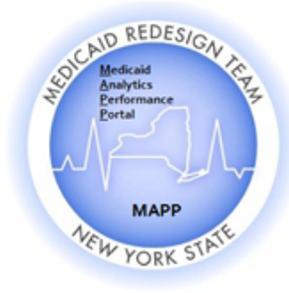
Leadership/Steering Committee: We will need to work closely with the Steering Committee to make sure they are fully aware of the requirements of the workforce committee. We will rely on them to review all of our milestone documents and approve them.

Stakeholder Workgroup: As we mention in our Risk Mitigation strategy, the stakeholder engagement workgroup will be our lead partner in conducting outreach to participating partners both to educate them and to get information from them about workforce needs.

Clinical & Project Committees: In order to come up with our target state, we will need to understand the needs of each project and the current and future workforce capacity of our participating partners. The workforce vendor will conduct regular meetings with the project committees to ensure that we understand their workforce projections and are able to convert them to a numerical estimate.

Finance Committee: We will count on the finance committee to ensure that all participating partners understand the correct uses of DSRIP funding. We will also need to ensure there is adequate funding for our work in training and educating our workforce about upcoming changes.

Cultural Competency Workgroup; There will be overlap between the work of the CC workgroup and the workforce committee. One of our co-chairs is on the CC committee and we will work closely with them, especially during the training needs assessment phase, to ensure coordination.



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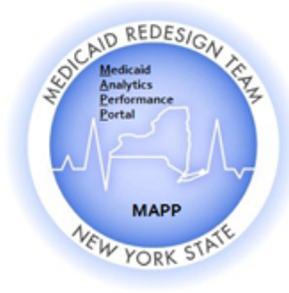
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✓ IPQR Module 11.6 - Roles and Responsibilities

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 Committee Co-Chairs	Rosa Agosto & Selena Griffin Mahon	Ensure that the workforce committee is meeting and that tasks are being accomplished in a timely manner, provide leadership and guidance
Workforce Committee	Members of workforce committee: Rosa Agosto, Urban Health Plan Denise Cherenfant, 1199 SEIU Training Fund Christina Coons, Visiting Nurses John Diaz-Chermack, Hospice of NY Celestino Fuentes, Argus Community Inc. Cathy Giandurco, Premier Home Health Care Selena Griffin-Mahon, Bronx-Lebanon Hospital Ctr. Marcia Halley, University Consultation Center Nicole Kelley, Strive International Lawrence Lang, The PAC Program Lucia Pons, Dannelisse Corp Shirley Riley, 1199 Nestor Sanchez, Dannelisse Corp Roy Wallach, Arms Acres and Conifer Park Debbie Witham, VIP Community Services Marisol Alcantara, NYSNA Jed Tyrpak,, Committee of Interns & Residents	Meet regularly to track progress. Provide strategic direction to the workforce project team, give input into surveys and survey process and provide feedback and support on survey implementation. Review and approve all reports prior to submission to steering committee.
Workforce Project Team	Vendor representatives, project management staff, workforce committee co-chairs (Monique Stoner, KPMG; Selena Griffin-Mahon, BL; Rosa Agosto, Urban Health Plan; Denise Cherenfant, 1199 SEIU Training Fund, Duane Granston, BL)	Monitor implementation of tasks. Responsible for reporting and tracking all progress. Create documents for committee review.
Stakeholder Engagement Committee	Roy Wallach, Liberty Managem Chris Arce, Bronx Lebanon Joann Casado, UHP Dr. John Coffey, BLHC	Build communication plan with stakeholders. Ensure we have an accurate list of stakeholders and that stakeholders understand what information the workforce committee needs and why.

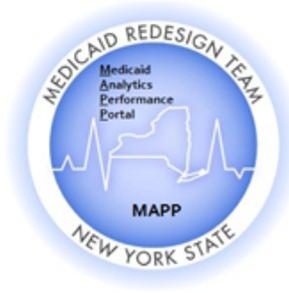


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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Bill Herl, Care for the Homeless Dr. Magdy Mikhail, BLHC Fernando Martinez, the Osbourne Group Michelle Miller, Catholic Charities Lisa Orriola, BLHC Biren Patel, Hemant Patel MD PC/ Harlem Medical Group Peter Sherman, BLHC Roy Wallach Arms Acre, Conifer Park Debbie Pantin, VIP Brent Stackhouse, Mount Sinai Hospital Gary Rosario, BLHC	
Bronx Health Access Workforce Center	Established by the PPS with 1199SEIU Training and Employment Fund, will have staff person assigned to assist BL with training needs assessment and procuring and tracking trainings for partners	Entity established to serve all PPS participating partners in order to assist with assessing training needs, securing necessary training, providing trainings, developing curricula, and working with employees on retraining and redeployment
Workforce Vendor	KPMG	Work with workforce committee to create and conduct surveys, analyze data, and create current state analysis, target state, gap analysis, compensation and benefits analysis, and workforce roadmap.



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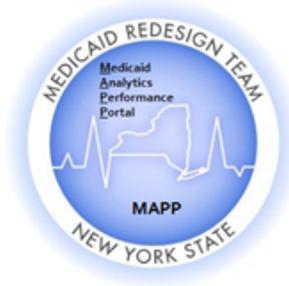
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✓ IPQR Module 11.7 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
HR directors and leads of partner organizations	Need to share information through the completion of surveys	Completing surveys and sharing data
Training Directors (training entities)	Partner with workforce center, catalog existing capacity, participate in needs assessment	Work with workforce center to share and/or develop curricula and provide training
Clinical project leads	Share information about workforce project needs and status	Provide accurate forecasts of necessary workforce needs and workforce competency needs; work with partners to gather partner specific information
Network partners	Share information about organizational needs and capacity	Resource to share information and feedback
External Stakeholders		
Labor organizations, including 199SEIU UHE, NYSNA, and others	Labor Unions	Educate and communicate with members about DSRIP
1199SEIU Training and Employment Fund	Training Entity	Provide support and expertise in creating a workforce center for training, retraining and redeployment
Workforce Development Agencies	Training Entities	Provide training for new and incumbent workers
Institutes of Higher Education	Institutes of Higher Education	Provide training for degree required positions and serve as a pipeline for trained workers
Other NYC PPS's	Co-contractees with TEF and KPMG	Partners in delivery system redesign and in creating workforce training opportunities, also partners in creating and implementing workforce surveys



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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.

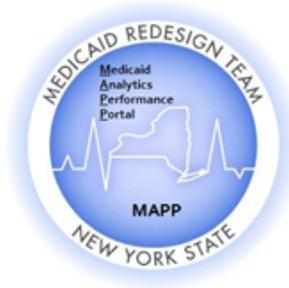
The BL PPS's shared IT infrastructure, in particular its proposed Customer Relationship Management (CRM) and Business Intelligence tools will support the PPS's plans for workforce transformation by providing an efficient means for gathering and reporting provider-related data, analytics, performance and communication, including functionality to track and report all DSRIP-related process and outcome metrics. The use of a system-wide tool allows the BL PPS to clearly define data fields and ensure that all organizations are using the same metrics, a key factor in assuring accurate quarterly reporting. This capacity is particularly important for the ability to report net workforce changes at the BL PPS network level. These systems can be used to track the impact of both vacancies and workforce improvements on meeting DSRIP-specified goals and objectives and ensure the distribution of PPS-led training and technical assistance, as needed. The provider portal will also be used by partner organizations to access BL PPS-wide training and information materials, including standardized messaging for staff engagement, when appropriate for dissemination in this format. Online trainings could be tracked through the CRM tool, and serve as a mechanism for tracking and documenting training attendance, progress, and certification.

✓ IPQR Module 11.9 - Progress Reporting

Instructions :

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

The Workforce Committee will work with our vendors and the IT committee to develop a process to manage the data collection so we can submit it to our Steering Committee for inclusion in quarterly reports. We have established a project team who will meet with vendors regularly to ensure we are reaching our goals. We will need to do an analysis of which partners use different workforce tracking technologies and ensure that we can aggregate and share data across the PPS.



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✔ IPQR Module 11.10 - Staff Impact

Instructions :

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

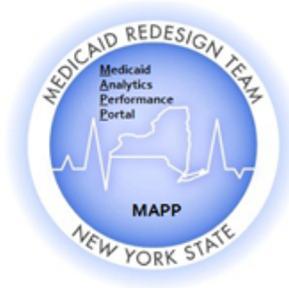
Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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dmaq	Templates	27_DY2Q2_WF_MDL1110_TEMPL_BHA_Workforce_Staffing_Impact_(Projections)_DY2Q2_7006.xlsx	Staffing impact projections DY2Q2	10/27/2016 11:11 AM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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✔ IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

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

Benchmarks	
Year	Amount(\$)
Total Cumulative Spending Commitment through Current DSRIP Year(DY2)	4,762,500.00

Funding Type	Workforce Spending Actuals		Cumulative Spending to Date (DY1-DY5)(\$)	Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)
	DY1(Q1/Q2)(\$)	DY1(Q3/Q4)(\$)		
Retraining	503,169.00	0.00	911,794.87	59.50%
Redeployment	45,000.00	0.00	100,244.74	27.09%
New Hires	31,728.95	0.00	165,604.88	16.08%
Other	503,488.39	0.00	1,841,614.40	100.63%
Total Expenditures	1,083,386.34	0.00	3,019,258.89	63.40%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
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Narrative Text :

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



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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 11.12 - IA Monitoring:

Instructions :



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

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

Instructions :

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

<p>Risk: Lack of clarity amongst PPS partners and their specific roles, leading to performance issues and delays in achieving project milestones and metrics Mitigation: Sharing strategic plan with all PPS partners</p>
<p>Risk: Lack of clarity regarding how to effectively communicate across the PPS so that all partners are engaged leading to potential delays in meeting milestones and metrics. Mitigation: Sharing strategic plan and work plans for key areas with PPS partners and having them understand the important role that they each play in the PPS</p>
<p>Risk: Lack of decision in selection of an IT platform leading to a potential delay in meeting project metrics and milestones especially in regard to health information exchange and secure messaging requirement Mitigation: Hold meetings to engage providers in selection of a system, analyze pros and cons for each option, seek partner input to arrive at consensus, and develop support plan for partners that need assistance in adopting the selected IT platform.</p>
<p>Risk: Lack of clarity in how performance data will be collected and reported across the PPS leading to potential delays in reporting progress on metrics and milestones as required Mitigation: IT and Quality Committee develops an interim and long term data collection and reporting system</p>
<p>Risk: Lack of clarity regarding how the PPS will collect and report data on patient engagement and population health management. Mitigation: IT committee to work with PPS providers to develop an interim and long term reporting system</p>
<p>Risk: Lack of clarity as to how PPS providers will achieve PCMH recognition and meet meaningful use metrics: Mitigation: Using a learning collaborative approach, PCMH cross functional teams will be formed and will jointly work towards achieving recognition.</p>
<p>Risk: Lack of clarity as to specific structure of the Management Office and process for allocation of sufficient resources to PPS partners to assure success Mitigation: Development of an efficient Management Office to coordinate activities and ensure resources are appropriately allocated</p>
<p>Risk: Lack of clarity as to how the PPS will transition toward value based payment system Mitigation: Charge Finance Committee to engage PPS partners and negotiate appropriate contracts with MCOs with appropriate legal counsel</p>



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Risk: Lack of resources necessary to develop and deploy a comprehensive workforce strategy for the PPS that supports an integrated delivery system

Mitigation: Workforce committee will develop a comprehensive detailed strategy including training and development plan inclusive of an assessment/gap analysis with the goals of 1) building skills/knowledge within the current PPS partners and 2) retraining displaced workers and redeploying into the new job whenever possible

Risk: Lack of clarity regarding the PPS wide and individual project budget to support the integrated delivery system

Mitigation: Finance and Steering committee to develop overall program budget and guide the development of individual project budgets

Risk: Lack of clarity in how job roles will be re-defined and staff will be re deployed

Mitigation: Workforce Committee will develop a clearinghouse to assist workers who will be re-trained and re-deployed and will develop a decision making process to be utilized to determine which workers will be re-deployed and re-trained



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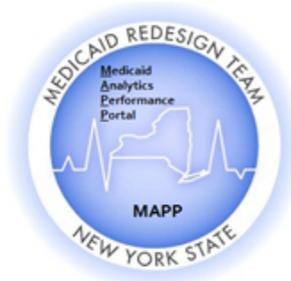
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✅ IPQR Module 2.a.i.2 - Prescribed Milestones

Instructions :

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

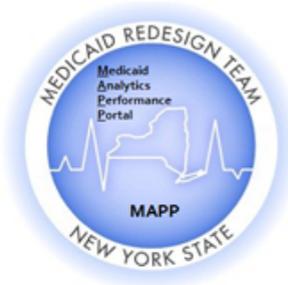
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Monitor and report to the Steering Committee and the State the status of the evolving provider network		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Conduct a gaps analysis of each provider in the PPS in regard to integrated care delivery readiness including work already completed		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a review of commitment level for all PPS providers and a plan to engage providers who are not yet committed to the IDS		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development of a comprehensive plan to actively engage providers by provider type considering level of engagement in the overall PPS and in individual projects		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identification of payers, development and completion of a comprehensive payer directory		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Development and implementation of a communication and engagement plan focused on social services agencies		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a comprehensive directory of social services agencies and partner organizations and process for integrating		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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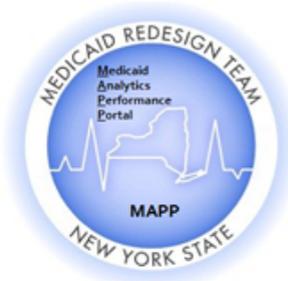
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
these resources across the PPS										
Task Identification of providers across the PPS and development of a comprehensive provider directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of an ongoing communication plan focused on providers within the PPS with modes and timelines for communication		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on payers with timelines for monthly meetings		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of an ongoing communication plan focused on providers within the PPS with modes and timelines for communication		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Development and implementation of project level policies and procedures that ensure accountability for all participating providers		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Implementation of an outreach plan to keep providers actively engaged in the PPS		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Development of a communication plan with the two Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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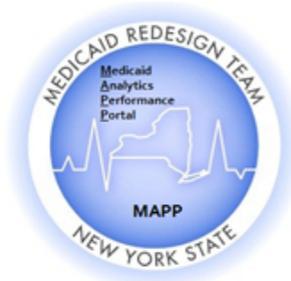
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Development of an engagement plan to engage the Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS										
Task Development of a joint interim IT plan with the PPS and Health Homes for population health management		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a joint plan with the PPS and Health Homes to integrate IT solution platform for population health management		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of a communication & engagement plan with the two Health Homes within the PPS to develop a strategy to evolve the PPS into an IDS		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Monitor and report to the Steering Committee and the State on status of HH and ACO service integration and population health management system evolving to an IDS		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implementation of a joint interim and long-term IT plan with the PPS and Health Homes for population health management		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Management office will leverage PPS expertise to develop a system to track population health working with it to develop effective data reporting system		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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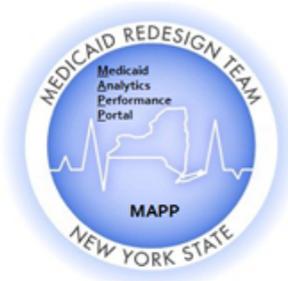
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Development of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Monitoring of behavioral health strategy and plan for ensuring access to behavioral health services and reporting		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a strategy and plan for ensuring patient access to PPS services		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of providers across the PPS and development of a comprehensive provider directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a communication plan focused on all providers within the PPS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of an engagement plan focused on all providers within the PPS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Leveraging of provider expertise and sharing of best practices across the PPS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of an interim population health management strategy with key metrics for each project using IT and patient tracking registries until PPS wide IT platform solution is implemented		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a strategy to utilize outreach, patient navigators, peers, care managers across the PPS based on Health Home best practices to ensure patients receive appropriate services		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of a PPS wide contact system for patients/clients that connects them to needed services		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of Behavioral Health Strategy and Plan for ensuring patient access to behavioral health services		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of an communication & engagement plan focused on all providers within the PPS		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implementation of a strategy to utilize outreach, patient		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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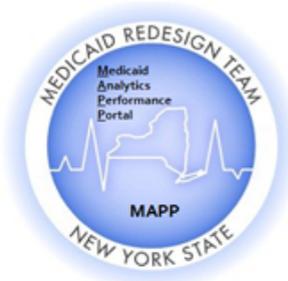
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
navigators, peers, care managers across the PPS based on Health Home best practices to ensure patients receive appropriate service										
Task Implementation of a strategy and plan for patients/clients that connects them to needed services		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implementation of an interim population health management strategy with key metrics using IT and patient tracking until PPS wide IT platform solution is implemented		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Based on the CNA, development of a public health strategy for the PPS		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Development of a plan to educate patients about the PPS		Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Implementation of a plan to educate patients about the PPS		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop and Implementation of a public health strategy across the PPS		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Monitoring of the impact of the public health strategy across the PPS		Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Monitoring and reporting to the Steering Committee and to the State on the plan to educate patients about the PPS		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development of IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Monitor and report to the Steering Committee and to the State on status of patients receiving appropriate health care and community support		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implementation of IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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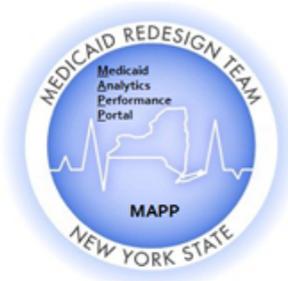
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Development and implementation of interim IT EHR secure messaging and alerts to Health Home Case Managers, outreach, patient navigation and care management providers to ensure patient engagement in appropriate services										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task identification of safety net providers across the PPS and development of a comprehensive safety net provider directory including an it assessment (current state and gap) for all PPS providers		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Selection of a PPS wide IT platform and plan for engaging all providers in using the selected platform		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identification of safety net provider IT capabilities including current status in regards to: EHR implementation, participation in		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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the RHIO, secure messaging systems, alerts systems										
Task Development of a needs assessment and gaps analysis focused on safety net providers IT needs		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Development of a plan to address safety net providers needs based on data from the needs assessment and gaps analysis		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of plan to address safety net providers IT needs and monitoring system to track progress		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	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)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Development of a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 every quarter		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

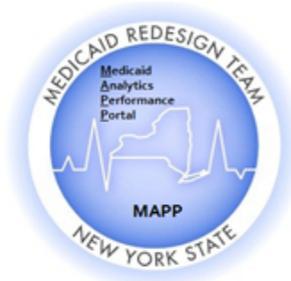


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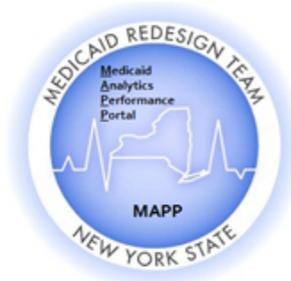
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identification of primary care providers within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
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 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identification of safety net provider IT capabilities including capability to utilize patient registries for population health management		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development of a needs assessment and gaps analysis of safety net providers capability in actively using EHRs and use of targeted registries		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Development and implementation of an interim plan to address gaps in safety net providers ability to actively share EHRs and use patient registries for population health management while IT platform is in planning stage		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of key metrics and system for tracking key metrics for all PPS projects; asthma, diabetes, behavioral health and HIV/AIDS		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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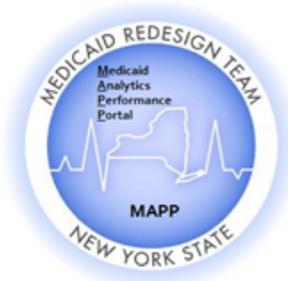
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Implement process for steering committee and clinical oversight of population health management, and use of targeted registries		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implement a Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on asthma, diabetes, behavioral health conditions, maternal-child health and HIV AIDS.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop and implement a process to monitor and report to the steering committee and the State on status of population health, EHRs and patient registries		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Development of a data dictionary to support the running of patient registry data		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Monitor and report to the steering committee and the State on status of achievement of PCMH and MU		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identification of primary care providers eligible for PCMH designation within the PPS and development of a PCP directory		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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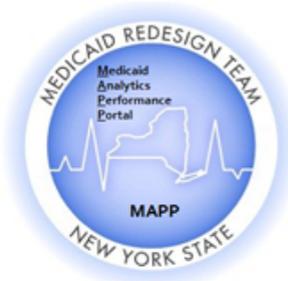
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve 2014 Level 3 PCMH standards and meaningful use										
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving 2014 PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of a plan, staffing and budget to provide technical assistance to PCPs pursuing PCMH designation and collaboratively assisting them in achieving 2014 PCMH Level 3 certification and meaningful use		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving 2014 level 3 PCMH certification and meaningful use		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	DY4 Q4	Project	N/A	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Medicaid Managed Care contract(s) are in place that include value-based payments.		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Identify the current state of MCO contracts toward value based payment arrangements for all providers in the PPS		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Investigate contract management tools		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Actively engage MCOs to execute contracts with providers in the PPS ensuring payment while transitioning toward value based payment arrangements		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Using lessons learned from piloted value based payment arrangements, draft contracts with MCOs that are based on value based payment arrangements		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Monitoring and Reporting to the State in regard to the status of		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4



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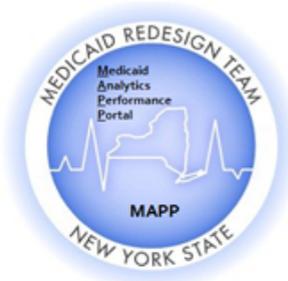
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
transition to value based payment arrangements										
Task Develop system wide processes for making VBP arrangements		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Identify all payers in the PPS geographic region and engage them in monthly meetings to develop strategies toward creating value based payment arrangements		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Identify providers and MCOs already engaged in making VBP arrangements and pilot new models		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Pilot and monitor strategies with MCOs that create value based payment arrangements		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Finalize MCO contracts with appropriate signatures based on value based payment arrangements		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Share new successful models with other PPS providers		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify Medicaid MCOs and actively engage them in monthly meetings to discuss utilization trends, performance issues and payment reform		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Initiate engagement of Governance, PPS providers, primary care providers, patient navigation/care coordination in reviewing utilization and performance trends utilizing data to develop plans to reach at risk patients		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Pilot strategies with MCOs to address high utilization, performance issues and payment reform and monitor results through sharing of performance data (example: provider level and overall PPS level report cards)		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Using lessons learned from pilot initiatives, develop PPS wide		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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protocols to 1) improve appropriate utilization, 2) improve performance on key metrics such as HEDIS, and 3) value based payment reform model										
Task Develop and implement a system for monitoring and reporting to the steering committee and the State of status of meeting outcomes and recommendations		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY4 Q4	Project	N/A	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	08/31/2015	03/31/2019	08/31/2015	03/31/2019	03/31/2019	DY4 Q4
Task Identify organizations with readiness to engage in developing payment reform models with MCOs		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Engage these organizations with demonstrated readiness in discussions on provider compensation aligned with value based payment		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Organizations with readiness will pilot provider compensation models based on VBPR		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Organizations with readiness will pilot risk sharing arrangements with contracted MCOs		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Develop and implement system to compensate providers in the PPS based on performance and patient outcomes evolving to value based payment arrangements		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Monitor and Report to the steering committee and the State on the status of PPS transition to value based payment reform		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Share successful models with other providers		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Document successful VBPR and provider compensation models		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Identify community health workers, peers, and culturally competent CBOs including the Health Homes within the PPS and develop a comprehensive directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess current outreach and navigation resources and gaps analysis		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and implement a communication and engagement plan focused on community health workers, peers, culturally competent CBOs and the Health Homes (starts with a social worker, system for communicating with CHW, assessment/reassessment tools, communicate plan back, bi-directional activity, PCMH) (spider web) (concentric circles)		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Leverage and engage the expertise of the PPSs two Health Homes in outreach, patient navigation and care management for the entire PPS including sharing of best practices		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop a plan to address gaps in outreach and navigation		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Using best practices from the Health Homes, develop a plan to engage community health workers, peers and culturally competent CBOs in population health management and patient registries using the PPSs IT platform		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop and implement a strategy for community health workers, peers, culturally competent CBOs and Health Homes to share best practices in patient engagement		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop clearly defined outreach and navigation roles and		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
standardized training plan										
Task Based on plan, hire, retrain and/or re-deploy to fill gaps in outreach and navigation		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Map centralized outreach and navigation system ensuring access for all PPS providers		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Share best practices with PPS provider network		Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	
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 & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	



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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Mid-Point Assessment	



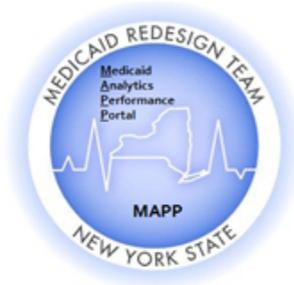
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IPQR Module 2.a.i.4 - IA Monitoring

Instructions :



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

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

Instructions :

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

Risk: The PPS believes the medical diagnoses originally proposed to identify patients for this project is too exclusive. In addition, these medical diagnoses tend to indicate other co-morbidities which would qualify the patient for the Health Home. Furthermore, it would be difficult for participating providers to screen for eligibility without access to the patient's medical record. Mitigation: The PPS has expanded the criteria to include more expansive list of common chronic diseases and conditions including Diabetes, Hypertension, Cardiovascular disease, Asthma/other respiratory diseases, Behavioral Health (Non-Serious Mental Illnesses), Substance Abuse, or Cancer.

Risk: There is no existing mechanism to identify and assign Health Home at risk patients to Health Homes and their downstream care management agencies. Mitigation: the PPS plans to create a Care Coordination clearinghouse that will screen patients that enter the healthcare system from a variety of settings (i.e. inpatient, outpatient, ED, CBO) for their Health Home at risk eligibility. Patients identified as eligible for Health Home at risk care coordination will be assigned to the care coordinator co located at the site of their preferred PCP.

Risk: With an expansion of patient pool, there is a possibility that it will be difficult for existing care coordinators to manage additions to their caseloads. In addition, the limited DSRIP funds available for project implementation make it difficult to hire the number of care coordinators needed to meet the patient engagement targets for this project. Mitigation: The PPS has identified network providers who have FTEs available to contribute to this effort, and will implement a plan to train, redeploy, and hire care coordinators for the project.

Risk: Currently the two participating Health Homes and their downstream providers use multiple care management IT platforms which makes it difficult to collate and report data to the state as well as share information across providers. Mitigation: The PPS will explore avenues to ensure partners connect to the Bronx RHIO for reporting and data sharing purposes.

Risk: Providers participating in this project will be at different stages in meeting PCMH requirements and many do not know what those requirements are. Mitigation: The BLHC PPS has developed a PCMH Work Group that is responsible for developing a work plan that outlines how the BLHC PPS will ensure NCQA 2013 Patient Centered Medical Home (PCMH) and Advanced Primary Care (APC) accreditation and to provide guidance and assistance to providers.

Risk: Each participating provider has their own care plan and the information collected on each patient may differ. This makes it difficult to assess and evaluate patient health outcomes and recommend appropriate interventions. Mitigation: The BLHC PPS has developed a Care Coordination Work Group that will create a comprehensive care plan that captures information to ensure the patient receives the appropriate project intervention.

Risk: The 2.a.iii project planning work group lacks adequate representation from providers representing a variety of primary care settings such as clinics and private doctor's offices to serve as part of care plan development. Mitigation: BLHC PPS has developed a Stakeholder Engagement

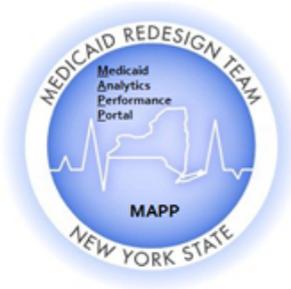


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Work Group that will meet with the group to identify gaps in provider representation and will connect the work group with PCPs interested in participating in the project.



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

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	7,000

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	560	1,400	2,240	2,800
	Quarterly Update	592	1,050	0	0
	Percent(%) of Commitment	105.71%	75.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	1,050	0	0
	Percent(%) of Commitment	0.00%	75.00%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (1,050) does not meet your committed amount (1,400) for 'DY2,Q2'

Current File Uploads

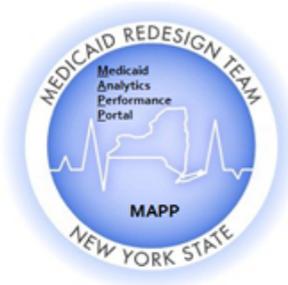
User ID	File Type	File Name	File Description	Upload Date
dmaq	Documentation/Certification	27_DY2Q2_PROJ2aiii_MDL2aiii2_PES_DOC_BHA-2aiii-DY2Q2-Patient_List_-_Final_7135.xlsx	Patient List 2.a.iii DY2Q2	10/27/2016 01:57 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2 Q2



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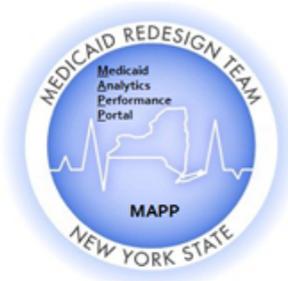
Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

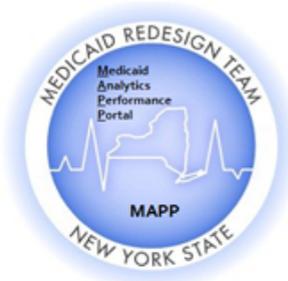
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Define the Health Home at Risk Target Population		Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Identify and document the role and responsibilities of PCMH/APC PCP in the HH At Risk program		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify and document the role and responsibilities of HH/Care Coordinators in the HH At Risk program		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Combine care coordination and comprehensive assessments from both HHs (Bronx Health Home and CCMP) to create one assessment for the PPS		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify and document the role and responsibilities of other providers in the HH At Risk program		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Integrate the assessments/screening tools from the other DSRIP projects into the consolidated HH At risk Comprehensive Health Assessment		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Notate skip logic, scoring logic and care plan intervention triggers in the Comprehensive Health Assessment		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Compare care plans of both HHs (Bronx Health Home and CCMP) to create one care plan for the PPS		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4



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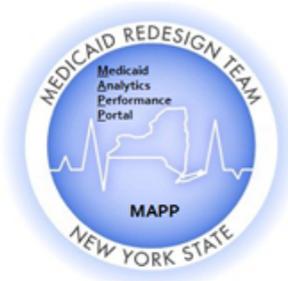
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Include other DSRIP project interventions/domains into care plan		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Notate how Health Assessment drives the care plan		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Submit newly developed Comprehensive Assessment and Care Plan to Care Coordination CFW and Steering Committee for approval		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with IT Committee to develop a timeline to build the Comprehensive Assessment and Care Plan into participating provider's EMR/Care Management platforms		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and APCM standards		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Survey which PCP providers participating in project 1) are/are not PCMH 2011 certified and 2) are/are not working towards PCMH 2014 certification		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identification of primary care providers eligible for PCMH designation within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving 2014 PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve 2014 Level 3 PCMH standards and meaningful use		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Based on needs assessment and gaps analysis, development of a plan, staffing and budget to provide technical assistance to		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2



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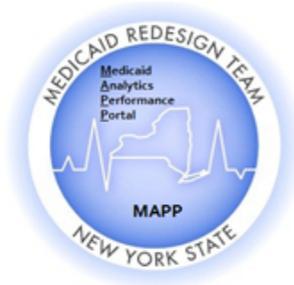
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PCPs pursuing PCMH designation and collaboratively assisting them in achieving 2014 PCMH Level 3 certification and meaningful use										
Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving 2014 level 3 PCMH certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Monitoring and Reporting of status of providers achieving 2014 level 3 PCMH certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Monitor and report to the Steering committee and the State on status of achievement of PCMH and MU		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	DY4 Q2	Project	N/A	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2018	07/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2018	07/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Case Management / Health Home	In Progress	07/01/2015	09/30/2018	07/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	07/01/2015	09/30/2018	07/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Subtask A - Start: Identify which HH at risk participating safety net providers have/do not have an EHR and is connected to the Bronx RHIO		Project		In Progress	07/01/2015	09/30/2018	07/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Develop a strategy to ensure EHR meets Bronx RHIO connectivity requirements		Project		In Progress	07/01/2015	09/30/2018	07/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Incorporate sharing of information through the Bronx RHIO into the care plan work flow process		Project		In Progress	09/30/2015	09/30/2018	09/30/2015	09/30/2018	09/30/2018	DY4 Q2
Task		Project		In Progress	07/01/2015	09/30/2018	07/01/2015	09/30/2018	09/30/2018	DY4 Q2



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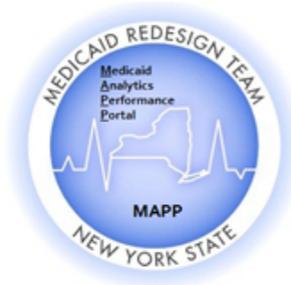
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Subtask B - Start: Identify which HH at risk participating safety net providers use/do not use alerts and secure messaging										
Task Develop a strategy to help participating safety net providers use alerts and secure messaging		Project		In Progress	07/01/2015	09/30/2018	07/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Incorporate alerts and secure messaging functionality in the care plan work flow process		Project		In Progress	10/01/2015	09/30/2018	10/01/2015	09/30/2018	09/30/2018	DY4 Q2
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	DY4 Q2	Project	N/A	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	07/01/2015	09/30/2018	07/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2018	07/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Subtask A - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet PCMH Level standards		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 certification		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of primary care providers within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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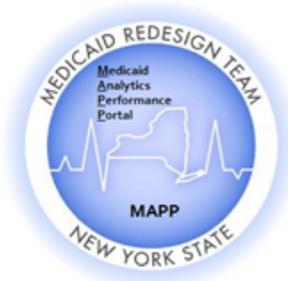
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
them in process of achieving PCMH Level 3 certification										
Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Subtask B - Start: Determine which of the HH at risk participating providers have/do not have EHRs that meet meaningful use standards		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Implementation of a plan to provide technical assistance to PCPs assisting them in achieving meaningful use standards		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop a system to monitor and report to the steering committee and the State on status of achievement of meaningful use standards		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve meaningful use standards		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of primary care providers within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving meaningful use standards		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving meaningful use standards		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY4 Q2	Project	N/A	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identification of safety net provider IT capabilities including		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
capability to utilize patient registries for population health management										
Task Development of a needs assessment and gaps analysis of safety net providers capability in actively using EHRs and use of targeted registries		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Development and implementation of an interim plan to address gaps in safety net providers ability to actively share EHRs and use patient registries for population health management while IT platform is in planning stage		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development of key metrics and system for tracking key metrics for all PPS projects; asthma, diabetes, behavioral health and HIV/AIDS		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Implement process for steering committee and clinical oversight of population health management, and use of targeted registries		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implement a Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on asthma, diabetes, behavioral health conditions, maternal-child health and HIV AIDS		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop and implement a process to monitor and report to the Steering Committee and the State on status of population health, EHRs and patient registries		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Development of a data dictionary to support the running of patient registry data		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	DY4 Q2	Project	N/A	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Procedures to engage at-risk patients with care management plan instituted.		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1

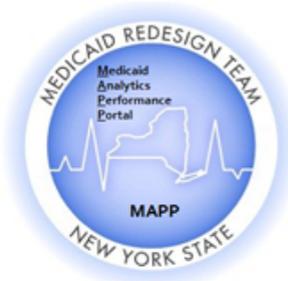


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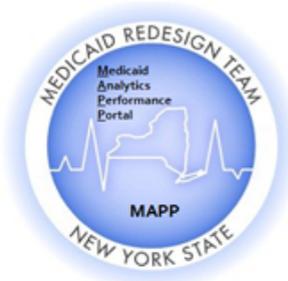
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop a standard process workflow for conducting a health assessment and developing the care plan; add to the HH At Risk process workflow										
Task Develop a strategy to identify and engage HH at risk patients; add to the HH At Risk process workflow		Project		Completed	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with other DSRIP projects to determine the role of care coordinators for each project; add to the HH At Risk process workflow		Project		Completed	07/31/2015	09/30/2015	07/31/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify PCMH/APCM care planning standards outlined in the PCMH 2014 standards and guidelines manual ; add to the HH At Risk process workflow		Project		Completed	07/31/2015	12/31/2015	07/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Submit HH At Risk process workflow to Care Coordination CFW and Steering Committee for approval		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Workforce Committee to develop the protocols to train Care Coordinators on new HH At Risk workflow (i.e. identification, engagement, assessment, and development of care plan)		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to train front line staff Care Coordinators on new HH at risk work flow (i.e. identification, engagement, assessment, and development of care plan)		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Work with PCMH workgroup to educate participating PCPs about new HH at Risk work flow		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Pilot new HH At Risk work flow		Project		In Progress	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Evaluate HH At Risk work flow pilot; modify workflow where necessary		Project		Not Started	07/01/2017	12/31/2017	07/01/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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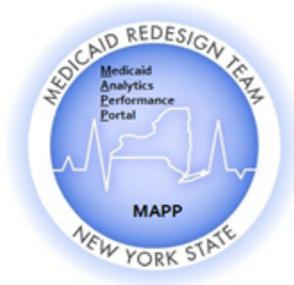
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Case Management / Health Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify PCP and Care Management participating agencies partners		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine collaboration guidelines between the PCP and Care Coordinators (i.e. sharing patient data, structure of cross provider multi-specialty clinical team , agreement to meet and make group-decisions for shared patients, responsibilities of all provider types)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a strategy to assign CMAs to PCP office/clinics		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Case Management / Health Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step A - Start: Identify interested PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Health Home At Risk program		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify interested PPS network medical providers and determine their role in the Health Home At Risk program		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify interested PPS network behavioral health providers and determine their role in the Health Home At Risk program		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine collaboration guidelines amongst participating		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
providers (i.e. sharing patient data, structure of cross provider multi-specialty clinical team , agreement to meet and make group-decisions for shared patients, responsibilities of all provider types)										
Task Step B - Start: Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step A - Start: Work with Clinical Committee to obtain evidence based practice guidelines for management of chronic conditions DSRIP projects		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Add evidence based practice guidelines to care plan intervention options		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



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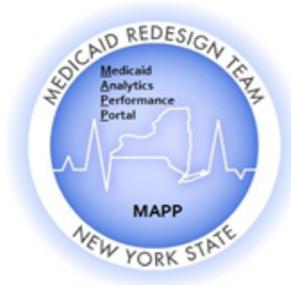
Bronx-Lebanon Hospital Center (PPS ID:27)

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
Work with Workforce Committee to educate front line CC staff on evidence based chronic disease management practice guidelines										
Task Pilot deployment of care plan which includes evidence based practice guidelines		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step B - Start: Work with other DSRIP projects to collect their review their intervention data and outcomes		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish ongoing quarterly meetings with participating providers to review analytical data and determine whether specific interventions have had an impact of specific conditions.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step C - Start: Work with Stakeholder Engagement Committee to identify PPS social services agencies (e.g. homeless shelters, food banks, legal aid) who are critical to managing at risk populations (i.e. homeless, unemployed, system involved etc.)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with social service agencies to determine their role in managing at risk populations; include that in the HH at risk workflow		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Work with Clinical Committee to develop referral algorithm and linkage process to social service providers		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Pilot referral algorithm and linkage process		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate effectiveness of referral process; modify where necessary		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

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

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

Milestone Review Status

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



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Milestone Review Status

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



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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Mid-Point Assessment	



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

Instructions :



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Project 2.b.i – Ambulatory Intensive Care Units (ICUs)

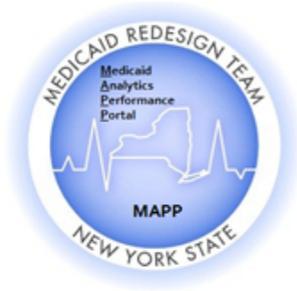
✓ IPQR Module 2.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

The Ambulatory ICU (AICU) is designed to improve care and decrease unnecessary hospital utilization for multimorbid patients with a past history of, or very high risk for, re-hospitalizations.

1. Risk: Patient Complexity. Assessing the target population (i.e., patients with multiple mental health and/or medical illnesses) is labor and time intensive. Each assessment lasts two or more hours and involves multiple providers and specialists across the continuum of services – primary care, specialty health care, mental health care, substance abuse, housing, and legal services. Mitigation Strategy: We plan to begin with two AICUs at Urban Health Plan (UHP) and Bronx-Lebanon Hospital Center (BLHC). Both organizations have considerable leadership experience in team-based assessments and care of high-risk patients. An advanced telemedicine capability will allow team members, specialists, and patients to be involved remotely, increasing availability and efficiency.
2. Risk. Referral and Engagement. Community providers may be reluctant to refer patients to the AICU. In the past, organizations competed for patients. Mitigation: Collaboration with Stakeholder Engagement CFW to develop relationships between community providers and AICUs to enhance communication and education strategy as well as establishing other AICUs at partner clinical sites will help overcome this barrier.
3. Risk. Staff development. The experience and capacities of professional staff – including physicians, social workers, and nurses – to be able to consider, address and treat the variety of problems presented by AICU cases need to be broadened. Mitigation Strategy: Intensive education on the purpose and methods of an AICU will help professionals realize they are involved in the entirety of the patient's situation from keeping an accurate patient's problem list to consulting with legal aid attorneys.
4. Risk. Demonstrating Effectiveness. With complex patients success does not happen overnight and differences made by the AICU will be challenging to demonstrate. For a time, such patients will continue to go to the emergency department, miss appointments, and have personal crises. Mitigation Strategy: Our experience with a pilot AICU team's efforts is promising. Our first 113 patients showed a 28% cost decrease from inpatient and emergency department visits during the first year. Qualitative assessments showing increased provider and patient satisfaction, along with decreased costs within the first year will make a powerful argument for the AICU's utility and increase referrals in later years.
5. Risk. Electronic Health Record Compatibility. UHP, BLHC, and other providers use a variety of electronic medical record platforms that are currently not interoperable. Mitigation Strategy: We anticipate meeting this challenge by sharing reports extracted from EMRs used by UHP and BLHC. Communication to outside providers will be done through a secure health messaging system.
6. Risk. PCMH Level 3. The challenges involved in getting all sites to PCMH 2014 Level 3 are formidable. Mitigation Strategy: The AICU are likely to attain 2014 PCMH standards because they are in practice settings already working to attain these standards. The PCMH cross-functional workgroup focuses on fulfillment of this requirement.



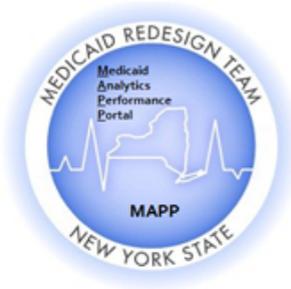
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7. Risk. Cultural Competency. The South Bronx is a heterogeneous population using a variety of languages. Mitigation Strategy: Work closely with Workforce and Stakeholder Engagement to develop a gap analysis that will identify cultural and health needs of the population served to develop strategy for health literacy and cultural competence.

8. Risk. Ability to link patients to care coordination. Mitigation. Leverage the two Health Homes in the PPS and the centralized Care Coordination Clearinghouse to identify and link patients to appropriate care coordination.



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

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	1,051

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	125	378	503	757
	Quarterly Update	267	659	0	0
	Percent(%) of Commitment	213.60%	174.34%	0.00%	0.00%
IA Approved	Quarterly Update	0	659	0	0
	Percent(%) of Commitment	0.00%	174.34%	0.00%	0.00%

Current File Uploads

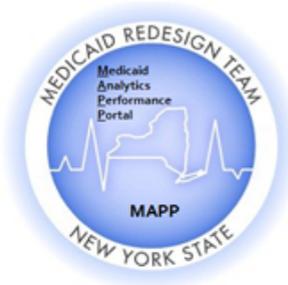
User ID	File Type	File Name	File Description	Upload Date
dmaq	Documentation/Certification	27_DY2Q2_PROJ2bi_MDL2bi2_PES_DOC_BHA-2bi-DY2Q2-Patient_List_-_Final_7137.xlsx	Patient list 2.b.i DY2Q2	10/27/2016 02:01 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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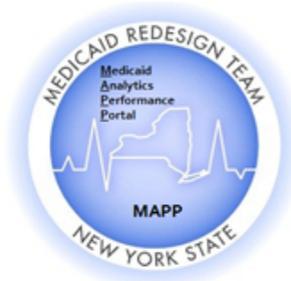
Bronx-Lebanon Hospital Center (PPS ID:27)

✓ IPQR Module 2.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.

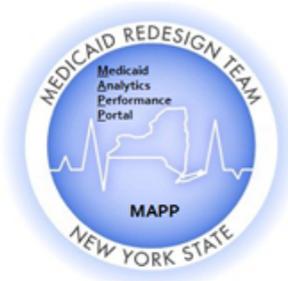
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has recruited adequate specialty resources within the community including medical, behavioral, nutritional, rehabilitation, and other necessary providers to meet the population needs.		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has established a standard clinical protocol for Ambulatory ICU services.		Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Assess whether the network of providers serving the ambulatory ICU is sufficient to serve the ambulatory ICU population		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Develop list of network of providers that can currently serve the ambulatory ICU population		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Continuously assess network of providers and ensure capacity to serve ambulatory ICU patients		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Develop and pilot clinical protocols for provision of AMB-ICU services		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task If gaps analysis demonstrates gaps in network of providers, develop a plan with workforce to fill those gaps		Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Bring successful ambulatory ICU clinical protocols to scale		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop and finalize standardized work flow, clinical protocols, and policies and procedures		Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task		Project		In Progress	01/01/2016	03/31/2019	01/01/2016	03/31/2019	03/31/2019	DY4 Q4



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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
If analysis demonstrates gaps in network of providers, implement a plan with workforce to fill gaps to serve the ambulatory ICU population										
Task Train staff on standardized work flow, clinical protocols, and policies and procedures		Project		In Progress	07/01/2016	12/31/2017	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.	DY4 Q4	Project	N/A	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Each identified Ambulatory ICU has established partnerships with the local Health Home based on the Nuka Model.		Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Partner with the two Health Homes in the PPS to ensure that all AMB-ICU patients have an assigned Health Home Case Manager		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Compile list of community resources; housing, rehabilitation, behavior health, social services, home care etc. within the PPS to serve the ambulatory ICU population		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implement protocols and policies and procedures outlining how Health Home and community based services serve the Ambulatory ICUs		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop system for tracking the number of ambulatory ICU patients with an assigned Health Home Case Manager		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Develop staff training on protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement staff training on protocols and policies outlining how Health Home and community services serve the Ambulatory ICUs		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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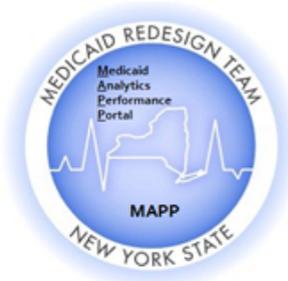
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Health Home referrals.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clearly define inclusion criteria for entry to ambulatory ICU project		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Assess current IT capacity to create registry of ambulatory ICU patients		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop methodology for identifying ambulatory ICU patients through EMR reporting tools		Project		Completed	07/31/2015	03/31/2016	07/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Engage health plans to share data that will identify high cost/high utilization patients that may be appropriate for inclusion in ambulatory ICU project		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify multiple mechanisms for identifying ambulatory ICU patients		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop a patient registry at each ambulatory ICU that is updated each quarter		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Based on ambulatory ICU definition, develop report to run a patient registry list		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create structured data fields in EMRs to report on number of engaged patients quarterly		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Collaborate with care coordination committee to identify and refer appropriate patients within the PPS to the AMB-ICU who are not identified through utilization and registry reports		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create system for reporting on the number of Ambulatory ICU patients that are assigned to the Health Home including what phase (outreach or enrollment)		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop system for tracking selected population health metrics and utilization for ambulatory ICU patient population		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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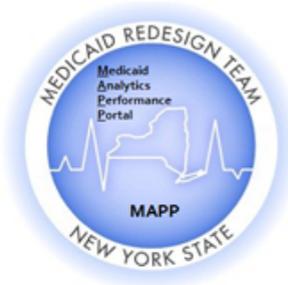
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Analyze related quality metrics and utilization data and focus on areas in need of improvement using PDSA rapid improvement cycles										
Task Develop and deliver training for staff to collect, track and report patient data		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Establish care managers co-located at each Ambulatory ICU site.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has co-located health home care managers and social support services.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop plan to ensure Health Home Case Managers are co-located at AMB-ICUs		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop a list of social services resources within the PPS to be used to support the AMB-ICU population		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Engage social services resources within the PPS in serving patient population in AMB-ICUs		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implement plan to co-located Health Home Case Managers at AMB-ICUs		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure that all safety net project participants are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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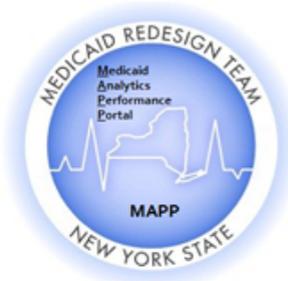
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identification of safety net providers across the PPS and development of a comprehensive safety net provider directory including an it assessment (current state and gap) for all PPS providers		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Development of a plan to educate patients/clients on the RHIO Consent to ensure their understanding of the form		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Selection of a PPS wide IT platform and plan for engaging all providers in using the selected platform		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identification of safety net provider IT capabilities including current status in regards to: EHR implementation, participation in the RHIO, secure messaging systems, alerts systems		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Development of a needs assessment and gaps analysis focused on safety net providers IT needs		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Development of a plan to address safety net providers needs based on data from the needs assessment and gaps analysis		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implementation of plan to address safety net providers IT needs and monitoring system to track progress		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Monitor and report to the Steering Committee and to the State on status of sharing of EHRs and RHIO consent		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Development and implementation of a PPS wide plan for sharing EHR systems, PPS wide engagement in the RHIO, secure messaging and alerts systems		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Provider	Safety Net Practitioner -	In Progress	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
PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.			Primary Care Provider (PCP)							
Task Develop a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a system to monitor and report to the steering committee and the State on status of achievement of PCMH Level 3 every quarter		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards and meaningful use		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identification of primary care providers within the PPS and development of a PCP directory		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification and meaningful use		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.	DY4 Q4	Project	N/A	In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Secure patient portal supporting patient communication and engagement.		Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Develop a secure patient portal to support patient communication and engagement for the ambulatory ICU population		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Implement a secure patient portal to support patient communication and engagement for the ambulatory ICU population		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop a training plan to implement secure patient portal supporting patient communication and engagement for the ambulatory ICU population		Project		Not Started	10/01/2016	12/31/2017	10/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Implement a training plan to implement secure patient portal supporting patient communication and engagement for the ambulatory ICU population		Project		Not Started	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Monitor and report on the implementation of a secure patient portal to support patient communication and engagement for the ambulatory ICU population		Project		Not Started	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for team based care planning.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Research internal and external best practices/models in Team Based Care that includes multi-disciplinary case conferences and care planning meetings for each ambulatory ICU patient		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Pilot Team Based Care case review and planning during Interdisciplinary case conferences		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify internal and/or external trainers who are proficient at training on Team Based Care, case review and planning, and multi disciplinary case conferences		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Obtain or Develop training materials on Team Based Care Review		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implement training on Team Based Care planning and multi disciplinary case conferences		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop policies and procedures on team-based case review and planning		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop and implement protocols/work flow for Team Based		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Care and Interdisciplinary Case Conferences										
Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.	DY4 Q4	Project	N/A	In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task EHR System with Real Time Notification System is in use.		Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Develop real time notification system in EMRs for ambulatory ICU population		Project		In Progress	07/01/2016	12/31/2017	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Implement system real time notification system in EMRs for ambulatory ICU population		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Develop a training plan to implement provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population .		Project		Not Started	10/01/2016	03/31/2019	10/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Implement a training plan provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population		Project		Not Started	01/01/2017	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task Monitor and report on the implementation of provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization for ambulatory ICU population .		Project		Not Started	01/01/2017	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Monitor and report on number of engaged ambulatory ICU patients		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop process for identifying patients for ambulatory ICU patient registry		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	04/01/2015	09/30/2016	04/01/2015	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
Implement process for identifying patients for ambulatory ICU patient registry										
Task Develop most effective and efficient platform for reporting on number of engaged patients		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

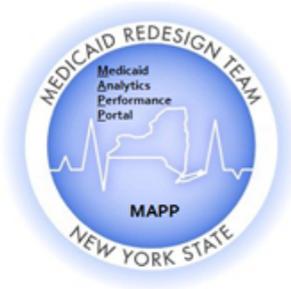
Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.	
Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.	
Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.	
Establish care managers co-located at each Ambulatory ICU site.	
Ensure that all safety net project participants are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up.	
Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	
Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.	
Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.	
Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
and utilization.	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

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



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✔ IPQR Module 2.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	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Mid-Point Assessment	



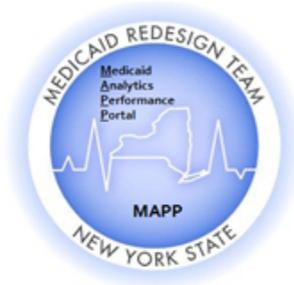
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IPQR Module 2.b.i.5 - IA Monitoring

Instructions :



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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: managing a patient's social determinants of health that adversely impacts their risk for readmission (e.g. homelessness). Mitigation: The PPS will co-locate care coordinators at PCPs sites in order to connect patients to social services that will facilitate their compliance with discharge instructions.

Risk: Identifying placements with medical resources for homeless patients post discharge. Mitigation: The PPS will screen patients upon admission for unstable housing. We will connect patients with highest risk of readmission to our Ambulatory ICU program or to medical shelters. We also plan to implement a process to regularly communicate with homeless shelters with limited medical resources.

Risk: Ensuring patients with behavioral health issues comply with their discharge instructions. Mitigation: The PPS plans to draw upon its psychiatric resources at Bronx Lebanon Hospital and in the community to coordinate medical and behavioral health treatment. Patients with complex medical issues that are also seriously mentally ill will benefit from Ambulatory ICU level care. Patients with SMI and less complex medical issues will be linked to a primary care practice that co-locates both behavioral health and care coordination. Although substance abuse is a challenge to successfully treat, a more difficult subset are patients not willing to accept treatment referrals. We believe we can improve our process for engaging our referrals by making use of existing community resources, creating relationships between care coordinators/health navigators and patients and using peer resources.

Risk: Locating patients for follow up care post discharge. Many patients in the BLHC PPS are difficult to locate because they have unstable housing, are incarcerated, or do not have a phone. Mitigation: Issue, the project will collect caregiver contact information, personal cell phone numbers, expected addresses and pharmacies used for follow-up. For patients without phones, care coordinators will help them apply for the Obama phone.

Risk: Connectivity to care coordination does not occur. Mitigation: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan to ensure patient compliance with care and to provide the necessary support

The DSRIP start-up funds available are not sufficient in order to expand this project successfully and meet our patient engagement targets. The project plans to use the existing Care Transitions program at Bronx Lebanon to roll out this project.

Many patients at risk for readmission do not have the health benefit for all services needed. To address this challenge, the BLHC PPS will rely on its social service organizations such as JASA who have benefits entitlement navigators who can help people access services that they qualify for.

Providers participating in this project have different EHR systems that do not talk with each other. To help facilitate the sharing of patient data across providers electronically, all participating organizations will have to join the Bronx RHIO which may not be financially realistic for some



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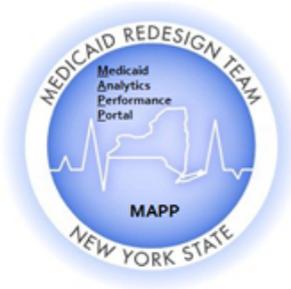
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community based providers.

It is difficult for hospital discharge planners to follow up with patients who have been transitioned to residential care (i.e. hospice, nursing home, and/or assisted living) due to privacy and confidentiality restrictions. PPS plans to connect patients with a care coordinator who can act as a liaison between the hospital discharge planners and the residential care facilities.

Lack of communication between these out-of-network hospitals and providers within the PPS will make it difficult to follow up with the patients and connect them with the care they need to prevent their read



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

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	17,500

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,400	3,500	5,880	7,350
	Quarterly Update	1,767	4,797	0	0
	Percent(%) of Commitment	126.21%	137.06%	0.00%	0.00%
IA Approved	Quarterly Update	0	4,797	0	0
	Percent(%) of Commitment	0.00%	137.06%	0.00%	0.00%

Current File Uploads

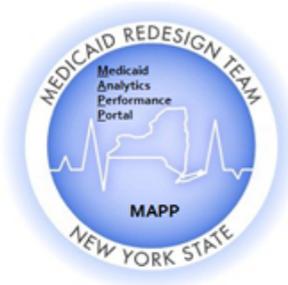
User ID	File Type	File Name	File Description	Upload Date
dmaq	Documentation/Certification	27_DY2Q2_PROJ2biv_MDL2biv2_PES_DOC_BHA-2biv-DY2Q2-Patient_List_-_Final_7138.xlsx	Patient list 2.b.iv DY2Q2	10/27/2016 02:02 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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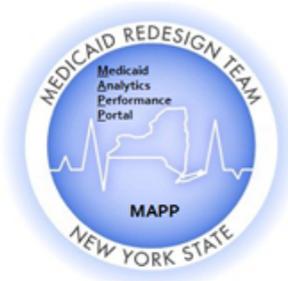
Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

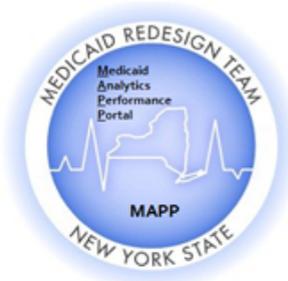
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1 subtask start: Adapt existing Care Transitions pre and post discharge protocols to fit the 30 day readmission window and new patient population		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify existing workflow and transition protocol for Health Home/downstream CMAs		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify existing workflow and transition protocol for homecare and social service providers		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify existing workflow and transitions for PCPs, behavioral health providers, and clinics (medical and behavioral)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify "out-of-PPS network" hospitals in the Bronx or with existing relationships with PPS and determine their role in Care Transitions Intervention Model. Integrate into Care Transitions workflow.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder CRW to identify PPS-network home care service providers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder CFW Identify PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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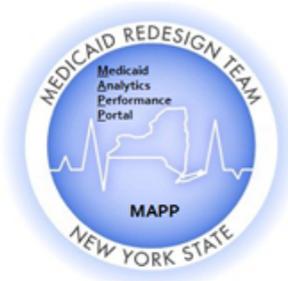
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Work with Stakeholder CFW to identify PPS network clinics and top PCP employers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder CFW to identify HH/downstream CMA providers and determine their role in the Care Transitions Intervention model. Integrate into Care Transitions workflow. Integrate into Care Transitions workflow.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder CFW to identify psychiatric providers and behavioral outpatient service providers and determine their role in the Care Transitions Intervention Model. Integrate into Care Transitions workflow.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder CFW to identify drug inpatient and outpatient rehab and detox providers and determine their role in the Care Transitions Intervention Model		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a gap analysis of the pre and post discharge resources needed		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with Workforce Committee to develop Training Materials on new integrated care team procedures and protocols		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Work with Workforce Committee to train providers about the new process		Project		In Progress	06/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Pilot new protocols		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate effectiveness of new process, and modify process as necessary		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.		Project		In Progress	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
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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 1 subtask start: Work with Steering and Stakeholder to Identify which network providers have existing contracts with MCOs for care transitions		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Steering to identify areas for opportunity to negotiate, revise, or renew contracts with MCOs for care transitions (e.g. bundled payments, covered providers)		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 2 subtask start: Work with Steering to Identify whether or not MCOs provide transitional care services. If no, negotiate a contract with MCOs to provide transitions services		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify where duplication of workflows exist between the DSRIP Care Transitions program and MCOs providing transitional services		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Streamline the procedures, policies, protocols, workflows etc of the DSRIP Care Transitions program and the MCOs providers transitions services		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Steering to Identify the types of care transitions services HH/downstream CMAs offer		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify where duplication of workflows exist between the DSRIP Care Transitions program and HH/downstream CMAs		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Streamline the processes, procedures, protocols, workflows etc of the DSRIP Care Transitions program and the HH/downstream CMAs		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop data sharing and communication plan with MCOs and HHs/CMAs; Encrypted E-mail communication between MCO/HHs and Care Transitions Team until HIE is in place		Project		In Progress	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
Task Work with Workforce Committee to develop Training Materials on new streamline process, procedures, and workflow		Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Work with Workforce Committee to train front line staff on new streamlined processes, procedures, workflow etc		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Work with Workforce Committee to pilot new streamlined care transitions processes, procedures, workflow etc		Project		Not Started	04/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Evaluate effectiveness of new streamlined processes, procedures, workflows etc, modify process as necessary		Project		Not Started	01/01/2018	03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task Task 3 subtask start: Identify existing protocol/process (if any) to identify Health Home eligible patients		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify challenges in existing protocol/process to identify Health Home eligible patients and assign them a care coordinator		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Collaborate with PPS Health Homes to mitigate challenges in existing protocol/process to identify Health Home eligible patients and assign them a care coordinator		Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Develop a risk stratification process that links patients to appropriate level of care coordination services		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Document revised HH linkage process		Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Work with Workforce Committee to develop Training Materials on new HH linkage process		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Work with Workforce Committee to train front line staff on new HH linkage process		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot new process		Project		Not Started	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Evaluate effectiveness of new process, and modify process as necessary		Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure required social services participate in the project.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Required network social services, including medically tailored		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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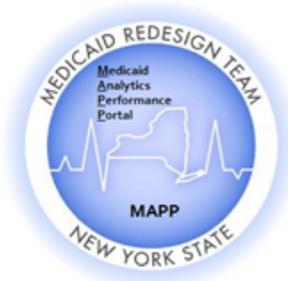
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
home food services, are provided in care transitions.										
Task Task 1 subtask start: Identify interested PPS network social service providers (e.g. housing, transportation, nutrition, legal aide etc) and determine their role in the Care Transitions Intervention Model		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Bronx Hospital discharge Department to align referral services from Care Transitions program		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Stakeholder to develop a referral algorithm to determine which social services providers will receive the referral		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a gap analysis of post discharge social services needed		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify PPS network social services providers that will fill the gap in pre and post discharge resources		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with Workforce Committee to develop training tools on new referral process		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Work with Workforce Committee to train staff on new referral process		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot the revised referral process		Project		Not Started	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Evaluate revised referral process, and make changes where necessary		Project		Not Started	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of		Provider	Hospital	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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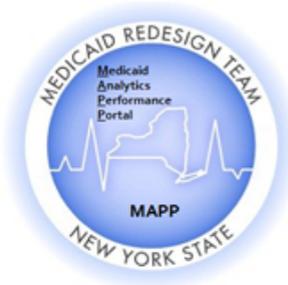
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
planned discharges.										
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1-3 subtask start: Identify provider types that need early notification of planned discharges (e.g. PCPs, Care Coordinators, Specialists, Housing)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify existing structure to notify providers		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify gaps in existing structures to notify providers		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Identify best practices in the literature or among partner providers to address failures in the notification process		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop new policy and procedure to address failures in the notification process		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to develop training tools on new notification process		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to train staff on new notificaiton process		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot new notification policy and procedure for a few patients		Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate pilot and identify areas for improvement		Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Revise notification policy and procedure based on evaluation results		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Expand policy and procedure to total patient population		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Continue to monitor and evaluate policy and procedure for quality improvement		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Task 4 subtask start: Identify exiting policies and procedures that either prohibits or allow care managers/care coordinators to visit patients in the hospital		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



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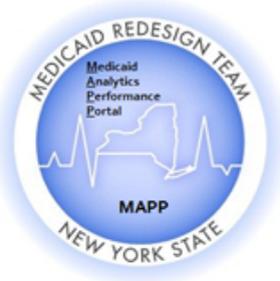
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Work with hospital leadership to ensure care managers/care coordinators have access to the hospitals		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with inpatient staff and care management agencies to Identify ideal role and responsibilities care managers/care coordinators in the inpatient setting		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training tools for new hospital care coordinator hospital access process		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a pilot for a few patients		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Evaluate pilot implementation and identify areas for improvement		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Revise pilot based on evaluation results		Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Expand policy and procedure to total patient population		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Continue to monitor and evaluate policy and procedure for quality improvement		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop discharge plan tool/template		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with BL hospital IT staff to build discharge plan into Allscripts		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with IT Committee to ensure that discharge plan can be shared to providers via the Bronx RHIO		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop a strategy of sharing data across providers for patients that do not sign the RHIO consent form		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Work with Workforce Committee to develop training tools on how to access the discharge plan on the Bronx RHIO		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to train providers on how to get patient to sign yes to the Bronx RHIO consent form		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #6 Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create a 30 day transition of care workflow		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify roles and responsibilities of providers (e.g. clinics, PCPs, social service providers, homecare, care coordinators) integral to the workflow		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Document activities and roles identified in the 30 day transition of care period		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify sites to pilot the 30 day transition of care protocol		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Workforce Committee to develop training materials		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Work with Workforce Committee to train front line staff to pilot sites on new process. There may be a different process for internal versus external trainings		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Pilot new processes		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate effectiveness of new process, and modify as necessary		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1 subtask start: Refine Care Transitions patient eligibility criteria		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop actively engaged data collection specs										
Task Create patient tracking template to be used by providers		Project		Completed	04/10/2015	12/31/2015	04/10/2015	12/31/2015	12/31/2015	DY1 Q3
Task Submit specs, tracking template, and protocols to IT		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Pilot tracking of patients		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Evaluate effectiveness of new process, and modify as necessary		Project		In Progress	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Monitor hard to reach patients that are impacting actively engaged counts		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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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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Milestone Review Status

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



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✔ IPQR Module 2.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	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Mid-Point Assessment	



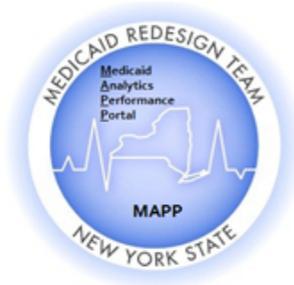
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IPQR Module 2.b.iv.5 - IA Monitoring

Instructions :



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Project 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: Partner engagement. Mitigation: Engage through phone, email, in-person; Define partner roles/expectations; Identify buy-in barriers; Provide education on integration models; share examples of successful integration models; Follow Up "Coach" calls for support; Develop Learning Collaborative for providers.

Risk: Workforce unfamiliar with integrated clinical practice may fail to adopt as required. Mitigation: Educate workforce on foundation of collaborative care/ integrated clinical practices; Communicate with providers discussing concerns/suggestions related to clinical care practices; provide implementation guidance according to new standards; Develop specific competencies defining role of team members; Develop training program addressing primary care/behavioral health topics; Develop written plan/flow chart with new practice design/workflow

Risk: Primary Care Providers failing to adopt new PCMH guidelines within required time frame. Mitigation: Educate providers/administrators on specific elements of PCMH guidelines; Develop toolkit that illustrates steps to achieve PCMH certification by DY3, Q4; Offer webinars/learning collaborative opportunities on PCMH certification process; Customize training-offering in-person consultation/support at provider sites; Offer trainings at centralized location after office hours; Create Help Line via phone/ email for providers with PCMH specialist/support person

Risk: Primary Care Providers may fail to implement screenings or not use screening tools as indicated. Mitigation: Educate providers on screening tools implementation; On-site training at provider locations; Group training at centralized location after office hours; Create Help Line via phone/email for providers from a screening tool specialist/support person

Risk: Insufficient quantity of behavioral health providers. Mitigation: Develop relationships with professional schools to recruit behavioral health providers; Hire peer mentor/recovery coaches to work with care team helping clients achieve wellness goals; Explore online therapy

Risk: Insufficient quantity of multilingual speaking behavioral health providers. Mitigation: Strengthen behavioral health skill set of providers who are multilingual; Recruit providers speaking non-English languages; Use multilingual peer mentor/recovery coaches; Offer free foreign language courses to existing staff; Create incentives for staff to learn foreign languages

Risk: Patient confusion regarding new concept of multiple providers in one location. Mitigation: Educate patients on integrated care; Offer workshops preparing patients for transition; Prepare multilingual Flyer for patients; Implement joint case conferences

Risk: Patients with severe illnesses/acute symptoms may not benefit from level of services offered onsite. Mitigation: Leverage existing Health Homes to develop referral process with PPS partners providing intensive services for those requiring services offsite; Walk-in appointments for crisis management; Weekend/evening availability; ER diversion plan; Create 24 hour warm line; Utilize Peer Mentors/Recovery Coaches



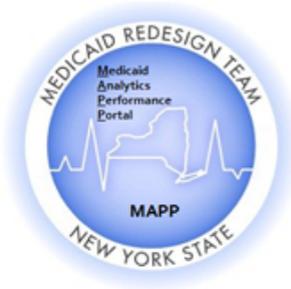
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Risk: Programs may make decisions without input from stakeholders, compromising person-centered care driven by patient choice. Mitigation: Institute advisory board consisting of patients, families, providers, community partners and engage patients in dialogue about services provided, satisfaction/suggestions to improve/maintain high-quality care

Risk: Connectivity to care coordination does not occur. Mitigation: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan to ensure patient compliance with care and to provide the necessary



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

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	21,000

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,505	1,750	3,150	4,200
	Quarterly Update	31,978	35,854	0	0
	Percent(%) of Commitment	2124.78%	2048.80%	0.00%	0.00%
IA Approved	Quarterly Update	0	35,854	0	0
	Percent(%) of Commitment	0.00%	2048.80%	0.00%	0.00%

Current File Uploads

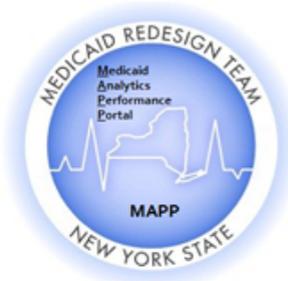
User ID	File Type	File Name	File Description	Upload Date
dmaq	Documentation/Certification	27_DY2Q2_PROJ3ai_MDL3ai2_PES_DOC_BHA-3ai-DY2Q2-Patient_List_-_Final_7139.xlsx	Patient list 3.a.i DY2Q2	10/27/2016 02:05 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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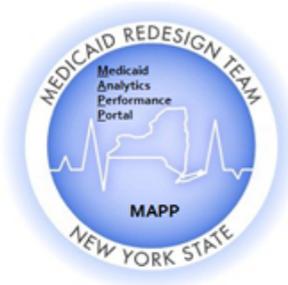
✔ IPQR Module 3.a.i.3 - Prescribed Milestones

Models Selected		
Model 1	Model 2	Model 3

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Establish a PCMH Working Group			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify all participating primary care sites			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize contracts/MOUs with PCP practices			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish policies and procedures outlining coordination of care and hand-offs between BH and PCP			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish training for providers on integrated model of care			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Institute clear workflows for assessment, referrals and follow up care to be provided			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Train providers on workflows and care coordination			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

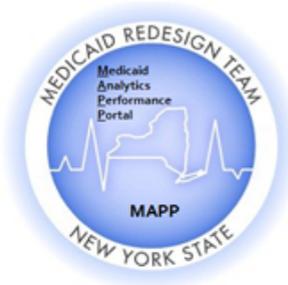


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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
processes											
Task Develop a plan to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop a system to monitor and report to the steering committee on status of achievement of PCMH Level 3 every quarter			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a plan to conduct a needs assessment and gaps analysis of PCPs within the PPS to ascertain their readiness to achieve PCMH Level 3 standards			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of primary care providers within the PPS and development of a PCP directory			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Development and implementation of a communication and engagement plan focused on primary care providers to engage them in process of achieving PCMH Level 3 certification			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on needs assessment and gaps analysis, development of a plan with staffing and budget to provide technical assistance to PCPs assisting them in achieving PCMH Level 3 certification			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task In coordination with the Workforce Committee, re-deploy and recruit staff necessary to support co-location			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	In Progress	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.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

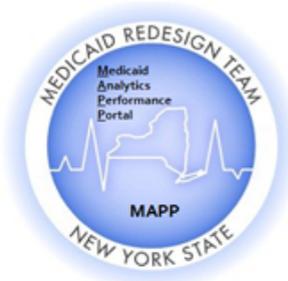


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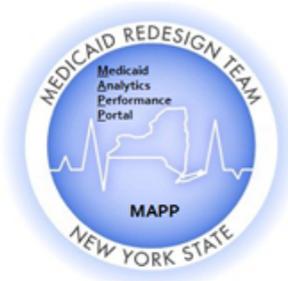
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
place, including medication management and care engagement processes.											
Task Identify group of providers to meet regularly to design collaborative care approach			Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish training for providers on coordinated care models			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish policies and procedures for patients that need a warm transfer			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Train care team on workflows and care coordination			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Establish and implement a mechanism to track patients that receive a warm transfer			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a gap analysis to determine the success of the warm transfer and make any necessary changes to the system			Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
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.	DY4 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Screenings are documented in Electronic Health Record.			Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4



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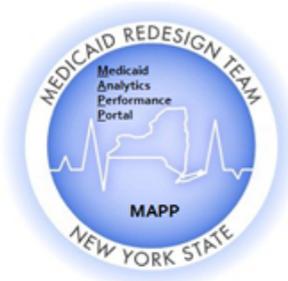
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Establish training for providers on the various screening tools			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish policies and procedures for patients that need a warm transfer			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish and implement a mechanism to track patients that receive a warm transfer			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct a gap analysis to determine the success of the warm transfer and make any necessary changes to the system			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Train care team on workflows and care coordination			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Perform a current state assessment and gap analysis of EMR technology throughout the PPS, specifically looking at MU EMR's, RHIO Connectivity and Behavioral health/physical health Integration within EMR's			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Work with IT and Workforce Committee to develop and			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4



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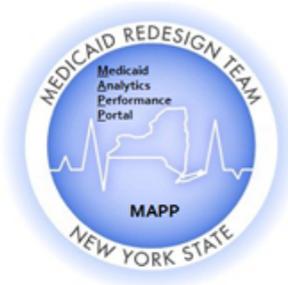
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
implement a training on EHR integration of medical and behavioral health records to inform providers											
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize patient inclusion criteria and identification per NYS and PPS criteria including risk stratification criteria			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task IT meets with Project workgroup to determine IT Requirements, including identifying fields and templates required for tracking patients, reporting, and risk stratification of patients			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Build discrete variables to track patients in EHR/Template, which will allow the PPS to track engaged patients.			Project		Completed	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create tracking and reporting system with IT platform.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create a dashboard tracking the progress of the projects engagement of actively engaged patients			Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop current state assessment plan to determine the current landscape of EHR deployments, state of implemented interoperability between these systems, and levels of functional data sharing in the MS PPS provider network, including a list of PPS participant organizations to be queried			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct data collection (survey of partners) for assessment utilizing tools such as email, phone, and in person assessments.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Provide PPS Recommendations and information to organizations procuring an EMR, which will meet PPS requirements including MU and RHIO Connectivity.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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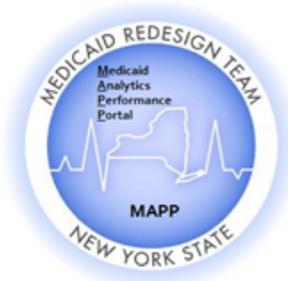
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Leverage the Stakeholder Engagement workgroup to communicate messages around financial and technical assistance programs offered by NYS and NYC.											
Task Work directly with RHIO on solutions to exchange behavioral health information among partners			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop framework for data sharing and interoperability roadmap, including resources responsible for key components.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Solicit stakeholder input on plan for IT standards and infrastructure. Revise as needed.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Discuss consent issues and options when exchanges Behavioral health information with RHIO			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Build a provider portal with the ability to view an integrated medical and behavioral health record of individual patients at the RHIO level.			Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Build analytics analyzing behavioral health information among partners			Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Monitor use of provider portal to ensure providers utilize the developed technology appropriately and make any adjustments to the provider portal as necessary throughout the process			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY4 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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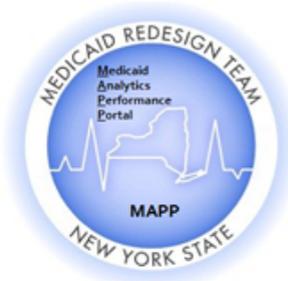
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engagement process.											
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY4 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Screenings are documented in Electronic Health Record.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Mental Health	Not Started			10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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EHR demonstrates integration of medical and behavioral health record within individual patient records.											
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY4 Q4	Model 3	Project	N/A	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		Not Started	01/01/2017	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task Identify group of providers to provide guidance on the design of IMPACT model approach			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Regularly scheduled formal meetings are held to develop and refine IMPACT model.			Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Establish training protocol for providers on the IMPACT model			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify sites with capacity to implement or are currently using IMPACT			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with Workforce Committee to recruit and re-deploy staff for IMPACT sites			Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Working with Workforce Committee to train new staff hired for IMPACT			Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention			Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task IMPACT screenings and intervention is documented in Electronic Health Record.			Project		Not Started	01/01/2017	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task Train care team on workflows and care coordination			Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #10	DY2 Q4	Model 3	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4



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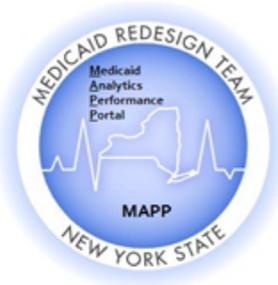
Bronx-Lebanon Hospital Center (PPS ID:27)

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
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.											
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		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention			Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Establish training protocol for providers on the IMPACT model			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop and implement care coordination and patient flow for IMPACT			Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine the number of depression care managers needed in the PPS to support IMPACT patients			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to develop and			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

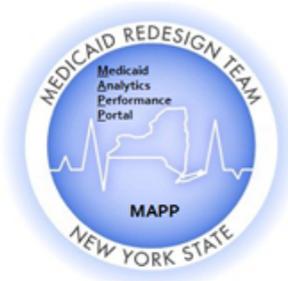
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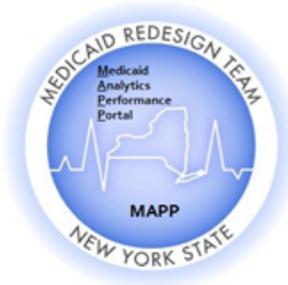
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
disseminate a job description for the position											
Task Work with workforce committee to Recruit or redeploy a depression case managers for IMPACT			Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Train depression care managers on the IMPACT model and patient flow			Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures are in place to facilitate and document completion of IMPACT screening and intervention			Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Depression Case manager documents patient care in EMR			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Take an inventory of the number of psychiatrists in the PPS			Project		In Progress	02/01/2016	03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify the number of patients likely to access IMPACT services and need a psychiatrist			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Determine the number of psychiatrists needed in the PPS to support IMPACT patients			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to develop job description for recruitment			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Work with Workforce Committee to recruit or redeploy psychiatrists for IMPACT			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Train psychiatrists on the IMPACT model and patient flow			Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures are in place to facilitate and			Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3



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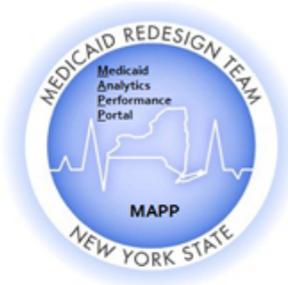
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
document completion of IMPACT screening and intervention											
Task Psychiatrists document patient care in EMR			Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY4 Q4	Model 3	Project	N/A	In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Identify discrete screening variable in EHRs			Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Work with IT committee to create and implement a screening report to track the progress of IMPACT			Project		In Progress	12/01/2015	03/31/2019	12/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Provide quarterly roster of eligible patients screened vs the total eligible to project team			Project		Not Started	01/01/2017	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task Develop outreach to difficult to reach IMPACT eligible patients to bring to the program			Project		Not Started	01/01/2017	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY4 Q4	Model 3	Project	N/A	In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 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		Not Started	01/01/2017	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task Review evidence-based IMPACT care model guidelines			Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create an universal algorithm for treatment for depression/anxiety and/or substance use			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Individual sites adjust the universal algorithm to fit their specific site with mandatory case review at 10-12 weeks in the program			Project		Not Started	01/01/2017	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4



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Task Reassess and adjust algorithm as needed after 1-2 cycles.			Project		Not Started	01/01/2017	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Work with IT and Workforce Committee to develop and implement a training on EHR integration of medical and behavioral health records to inform providers including psychiatrists			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Finalize patient inclusion criteria and identification per NYS and PPS criteria including risk stratification criteria			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task IT meets with Project workgroup to determine IT Requirements, including identifying fields and templates required for tracking patients, reporting, and risk stratification of patients			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Build discrete variables to track patients in EHR/Template, which will allow the PPS to track engaged patients.			Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4

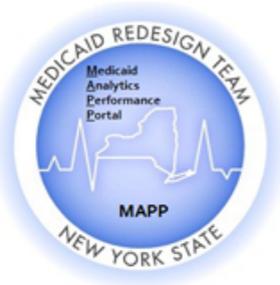


**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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 Create tracking and reporting system with IT platform.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create a dashboard tracking the progress of the projects engagement of actively engaged patients			Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop current state assessment plan to determine the current landscape of EHR deployments, state of implemented interoperability between these systems, and levels of functional data sharing in the MS PPS provider network, including a list of PPS participant organizations to be queried			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Conduct data collection (survey of partners) for assessment utilizing tools such as email, phone, and in person assessments.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform a current state assessment and gap analysis of EMR technology throughout the PPS, specifically looking at MU/RHIO Connectivity			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Provide PPS Recommendations and information to organizations procuring an EMR, which will meet PPS requirements including MU and RHIO Connectivity.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Leverage the Stakeholder Engagement workgroup to communicate messages around financial and technical assistance programs offered by NYS and NYC.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Work directly with RHIO on solutions to exchange behavioral health information among partners			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Discuss consent issues and options when exchanges Behavioral health information with RHIO			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Build a provider portal with the ability to view an integrated medical and behavioral health record of individual patients at the RHIO level.			Project		In Progress	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Build analytics analyzing behavioral health information			Project		In Progress	12/01/2015	03/31/2017	12/01/2015	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
among partners											
Task Monitor use of provider portal to ensure providers utilize the developed technology appropriately and make any adjustments to the provider portal as necessary throughout the process			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

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



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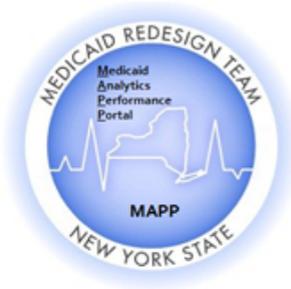
Bronx-Lebanon Hospital Center (PPS ID:27)

Prescribed Milestones Narrative Text

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

Milestone Review Status

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



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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

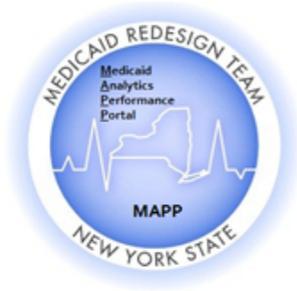
PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	



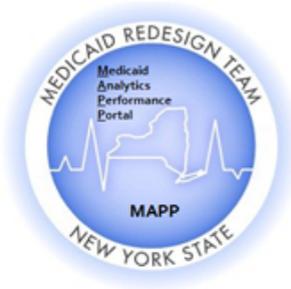
**New York State Department Of Health
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IPQR Module 3.a.i.5 - IA Monitoring

Instructions :



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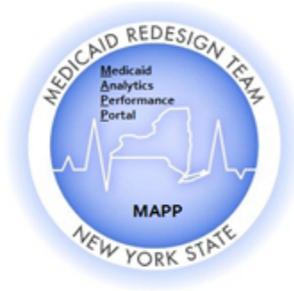
Project 3.c.i – Evidence-based strategies for disease management in high risk/affected populations (adults only)

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

Instructions :

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

<p>Risk: Assuring all providers are trained on the selected best practices for management of diabetes</p> <p>Mitigation</p> <ul style="list-style-type: none">- Select the evidence-based best practice for disease management and share with BLHCPPS partners- Identify all providers that need to be trained by coordinating training across the BLHCPPS- Select and train master trainers to facilitate training across the BLHCPPS- Develop a timetable to ensure all required providers will be trained and to implement best practices- Develop tracking tool to monitor training to ensure that all providers requiring training participate in this process <p>Risk: Partial adherence by providers of the evidence based practices, E.g. Not meeting the 80% participation of the required primary care practices within the BLHCPPS.</p> <p>Mitigation</p> <ul style="list-style-type: none">- Develop communication/engagement plan to engage providers that are not participating- Identify providers champion in the selected best practice to communicate the message- Develop a BLHCPPS learning collaborative to ensure implementation- Monitor effectiveness of the learning collaborative- Report on the outcomes of the learning collaborative <p>Risk: Insufficient staff as required for the described care coordination team to cover the number of patients within the target population who will need this service.</p> <p>Mitigation strategy</p> <ul style="list-style-type: none">• Workforce committee will be created to address definitions by repurpose and hire new staff• Collaboration with CBO's to leverage staffing needs.• Stanford disease model to be provided by Community partners• Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management <p>Risk: Ensure coordination with the Medicaid Managed Care organizations serving the target population.</p> <p>Mitigation Strategy</p> <ul style="list-style-type: none">- Share BLHCPPS initiative with MCOs to discuss coordination efforts and- Engage MCOs in regular meetings to share strategies- Identify MCOs serving the target population and gaps in care and coverage are by MCO in the target community- Establish a contract with MCOs to provide coverage and payment for services



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- Have MCOs share data with BLHCPPS partners on a quarterly basis to assess coordination of provision of quality value based services
- Align with Finance Workgroup Plan

Risk: Many BLHCPPS partners do not have EHRs or other technical platforms to track all patients engaged in this project.

Mitigation Strategy

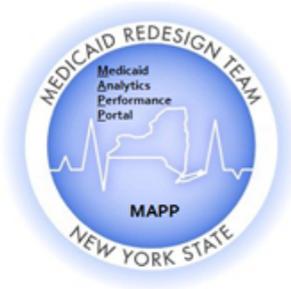
- Collaborate with the PCMH and IT Committees to identify partners current technical platforms
- Create a timeline and plan to develop a tracking tool in conjunction with IT Committee, that can be used by all BLHCPPS partners who do not have a technical platform to monitor their progress
- Work with the PCMH and IT Committees to align work with IT Workgroup Plan for technical assistance and implementation
- Link current IT infrastructures and disease registries so that patient care can be tracked and information shared between care providers.

Risk: Failure to meet the 2014 NCQA standards, Meaningful Use, and/or PCMH Level 3 standards by the end of Demonstration Year 3 for EHR systems used by participating safety net providers

Mitigation Strategy

- Identify where the providers are in terms of meeting the Meaningful Use and PCMH Level 3
- Use a learning collaborative to share best practices
- Track partners that are not meeting the standards
- Develop a plan to provide technical assistance to providers not meeting the standards

Risk: Connectivity to care coordination does not occur. Mitigation: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan



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✔ IPQR Module 3.c.i.2 - Patient Engagement Speed

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY3,Q4	14,000

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	3,500	4,340	7,980	8,820
	Quarterly Update	6,423	11,070	0	0
	Percent(%) of Commitment	183.51%	255.07%	0.00%	0.00%
IA Approved	Quarterly Update	0	11,052	0	0
	Percent(%) of Commitment	0.00%	254.65%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dmaq	Documentation/Certification	27_DY2Q2_PROJ3ci_MDL3ci2_PES_DOC_BHA-3ci-DY2Q2-Patient_List_Final_7140.xlsx	Patient list 3.c.i DY2Q2	10/27/2016 02:07 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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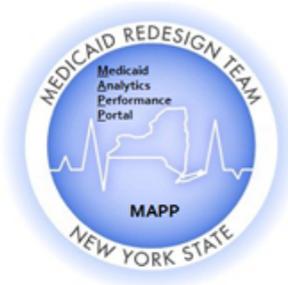
Bronx-Lebanon Hospital Center (PPS ID:27)

✅ IPQR Module 3.c.i.3 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Select the clinical evidence based best practices: *American Diabetes Association Standards of medical care in diabetes 2015 – provider level *Chronic Disease care Model – Practice level		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Select the non-clinical evidence based best practice: Stanford Model (fits into self-management)		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Identify organizations to pilot this project. List of organizations identified		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Contact pilot organizations to communicate the details of the project. Call or send electronic mail to pilot organization leads		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Track hemoglobin A1c testing by creating a tracking template and check with partners how best to track		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify all organizations committed to the Diabetes project. List of organizations participating to be identified to be developed in partnership with the Stakeholder Workgroup.		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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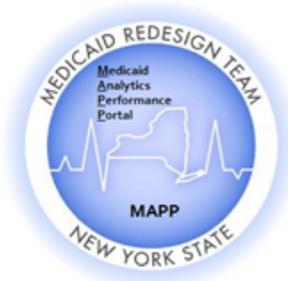
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Engage PCPs in project with the support of the Stakeholder Engagement Workgroup		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Conduct outreach to engage PCPs in our network with the support of the Stakeholder Engagement Workgroup		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify Partners that are ready to pilot this project with the support of the Stakeholder Engagement Workgroup		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Contact pilot Partners to communicate the details of the project with the support of the Stakeholder Engagement Workgroup. Call or send electronic mail to pilot organization leads.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Track hemoglobin A1c testing by creating a tracking template and check with partners how best to track with the support of the IT Committee		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify all Partners committed to this Diabetes project with the support of the Stakeholder Engagement Workgroup.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self- management.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are established and implemented.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 2 Subtask: Develop care coordination team		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 3 Subtask: Care coordination processes are established		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and implemented										
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 2 subtask: Implement Stanford model for high-risk population in our PPS health homes by establishing linkage with health homes in PPS.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 3 subtask start: Define clinical criteria for patient referral to Stanford model		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Select community based organization(s) group to deliver Stanford model by outreaching to Partners with interested CBO with support of Stakeholder Engagement Workgroup		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Make partnership agreement with community based organization to deliver Stanford model with support of Stakeholder Engagement Workgroup		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Train staff/peers to deliver Stanford		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task IT committee to assist in the delivery of IT/EHR "prompts" for referrals to Stanford		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Instruct PCP's core managers in use of QTAC electronic patient referral portal to Stanford classes. Engage Bronx RHIO to ID pool of patients for Stanford Model		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Community group/ peer outreach to patients living in hot spots										
Task Provide Stanford course to designated populations such as patients in high risk neighborhoods		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	DY4 Q4	Project	N/A	In Progress	07/01/2015	03/31/2020	07/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.		Project		In Progress	07/01/2015	03/31/2020	07/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Task 1 subtask: Develop coordination of services agreement with MCO for high risk populations and preventive care services with the support of the Steering Committee		Project		In Progress	07/01/2015	03/31/2020	07/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1 subtask: Identify and track all patients in project with the support of the IT Committee.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 2 subtask: Use a recall system to identify and outreach patients requiring services with the support of the IT Committee.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Provider	Practitioner - Primary	In Progress	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
PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.			Care Provider (PCP)							
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

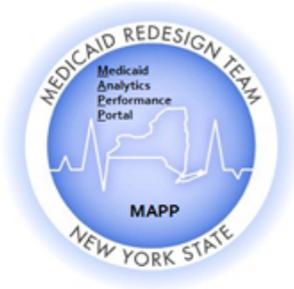
Prescribed Milestones Current File Uploads

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

Milestone Name	Narrative Text
Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	
Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	
Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	
Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	
Ensure coordination with the Medicaid Managed Care organizations serving the target population.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	



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Milestone Review Status

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



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✔ IPQR Module 3.c.i.4 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Mid-Point Assessment	



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

Instructions :



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Project 3.d.ii – Expansion of asthma home-based self-management program

✓ IPQR Module 3.d.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.

<p>Risk #1: Lack of patient and community awareness regarding the benefits of participation in home visitation programs.</p> <p>Mitigation #1: Develop a screening tool for use in identifying who needs a home assessment. Utilize screen as an education tool to teach patients why home visit is useful.</p> <p>Tool to be used in:</p> <ul style="list-style-type: none">• Emergency Room visit• In-patient units• OPD Clinic <p>Risk #2: Patient non-compliance with home visitation services.</p> <p>Mitigation #2:</p> <ul style="list-style-type: none">• In addition to setting up telephone appointment CHW would show up at door if there is not telephone response• Further education• Involvement of other relevant CBOs, including child welfare, mental health agencies <p>Risk #3: Challenges in identifying and hiring a workforce that can appropriately address asthma issues in the community.</p> <p>Mitigation #3:</p> <ul style="list-style-type: none">• Work with 1199 workforce training and development team to assist with identifying potential workforce• Work closely with PPS Workforce Committee <p>Risk #4: Lack of patient/family engagement in psycho-social interventions.</p> <p>Mitigation #4: Train staff in Motivational Interviewing, an EBM intervention shown to effectively engage families.</p> <p>Risk #5: Lack of availability of mental health and social service resources</p> <p>Mitigation #5: Develop a resource manual and engage appropriate PPS Partners in addition to other CBOs to commit to providing services for their clients in the programs. Integrate the resource into PPS website and other electronic platforms.</p> <p>Risk #6: Inadequate programs and/or financial capacity to address the Integrated Pest Management (IPM) needs of the patients identified</p>



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Mitigation #6: Work with health home at risk and DOH Asthma program to provide additional support for clients unable to afford IPM interventions. Potentially, negotiate with IPM companies to secure subsidized cost of certain products. Work with Finance Committee to identify payment support options.

Risk #7: Inconsistent implementation of evidence based asthma guidelines across PPS providers.

Mitigation #7: Develop standardized processes and requirements for partners.

- Conduct an evaluation of community providers to assess their level of compliance with the guidelines thereby identifying those that need to be trained on implementation of the guidelines
- Develop mechanism to train providers to be compliant with Asthma Guidelines and monitor appropriate use

Risk #8: Difficulty with obtaining RHIO consent form/authorization for data sharing as well as the provision of other services by the PPS.

Mitigation #8: Address in close collaboration with IT Committee.

Risk #9: Challenge with the provision of asthma educational resources to community providers for patients/families.

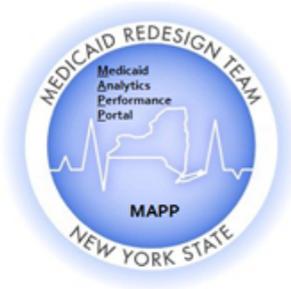
Mitigation #9: Addressed in close collaboration with Finance Committee. Workforce Committee will be involved as it relates to the development of educational resources that are culturally and linguistically appropriate as well as developing community based forums for providers to refer patients on asthma and other co-morbidities.

Risk #10: Many providers do not have electronic platforms that are needed to coordinate care

Mitigation #10: Will work with IT and Steering Committee to develop inexpensive electronic alternative platforms for providers that do not have an EHR, such as a HIPAA compliant database such as an Excel spreadsheet to track.

Risk #11: Connectivity to care coordination does not occur.

Mitigation #11: Work with the Care Coordination clearinghouse to identify and engage Care Coordination pre-discharge and to link them to the a care coordinator to work with them to develop and implement the care transition plan to ensure patient compliance with care and to provide the necessary support



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✔ IPQR Module 3.d.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	12,600

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,575	3,150	4,725	6,300
	Quarterly Update	3,273	4,615	0	0
	Percent(%) of Commitment	207.81%	146.51%	0.00%	0.00%
IA Approved	Quarterly Update	0	4,615	0	0
	Percent(%) of Commitment	0.00%	146.51%	0.00%	0.00%

Current File Uploads

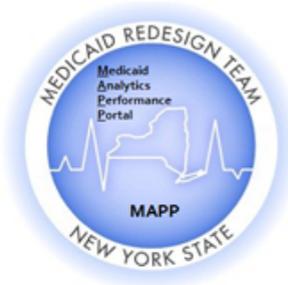
User ID	File Type	File Name	File Description	Upload Date
dmaq	Documentation/Certification	27_DY2Q2_PROJ3dii_MDL3dii2_PES_DOC_BHA-3dii-DY2Q2-Patient_List_-_Final_7141.xlsx	Patient list 3.d.ii DY2Q2	10/27/2016 02:11 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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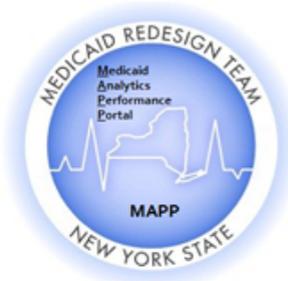
Bronx-Lebanon Hospital Center (PPS ID:27)

✓ IPQR Module 3.d.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.

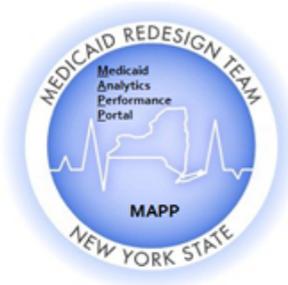
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	DY4 Q2	Project	N/A	Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma.		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Create tools to identify & refer ED/OPD inpatient patients to the asthma project – select those patients who demonstrate asthma exacerbations/symptoms		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Develop home environmental screening for patients requiring intensive services – assess control over asthma		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Define levels of service based risk and create scoring tool regarding asthma triggers.		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	DY2 Q4	Project	N/A	Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create an operation's manual to outline all details of program implantation functions, including educational services, care coordination, and home visit interventions.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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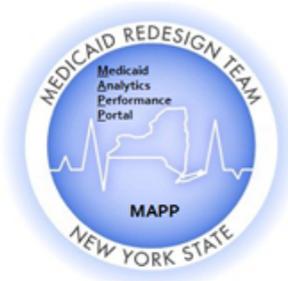
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Create a staff training manual to educate staff on environmental triggers and appropriate interventions		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create patient education manual for interventions based on assessment algorithm to reduce home environment triggers and self-care/medication adherence		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #3 Develop and implement evidence-based asthma management guidelines.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Conduct gap analysis to identify where current guidelines are insufficient or not up-to-date of current asthma standards and best practice		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Review evidence based practice (existing step from implementation plan) to develop revised guidelines to enhance current asthma guidelines		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Draft new BHA asthma guidelines in collaboration with clinical leads and PPS partners		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Finalize updated asthma guidelines with review and vote by asthma workgroup leads and PPS partners		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create implementation plan for evidence based asthma protocols at various project sites to ensure uptake will be appropriate and seamless for each PPS partner		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop plan for comprehensive training on guidelines-based asthma services to additional members of the asthma team		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Collaborate with PPS Partners to set up evidence-based training for select asthma team members. Create a "train the trainer" program to ensure continuous training at participating partner sites.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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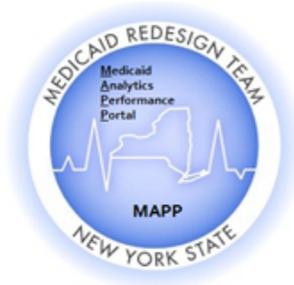
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop a asthma guidelines quality assurance process to ensure evidence based guidelines are kept up-to-date with any new best practice or updated evidence recommended by the scientific and/or regulatory community										
Task Ensure a continuous quality improvement process is implemented to ensure participating partner sites comply to new evidence based guidelines and evaluate its uptake to manage asthma care screening and treatment		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Ensure a continuous quality improvement process is implemented to ensure participating partner sites comply to new evidence based guidelines and evaluate its uptake to manage asthma care screening and treatment		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Review the National Standards for asthma self-management education to ensure that training is comprehensive and utilizes national guidelines for asthma self-management education		Project		Completed	04/01/2015	04/28/2015	04/01/2015	04/28/2015	06/30/2015	DY1 Q1
Task Create schedule of trainings to educate DSRIP personnel, PCP, and CHW/community partners, on assessment, patient education, home environmental education, and all other aspects of program algorithms. Deliver directly to PCPs in addition to open training forums		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Emphasis for PPS members to create/operationalize asthma action plan and how to refer Medicaid patients (component of the patient education manual)		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Create a plan to promote and educate PPS Partners to nominate and encourage their qualified staff, as appropriate, to consider certified asthma educator (AE-C) training and credentialing		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Leverage workgroup members on the Bronx RESPIRAR Regional Asthma Coalition for guidance pertaining to appropriate training in order to ensure the provision of services in concordance with NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	DY4 Q2	Project	N/A	In Progress	04/01/2015	04/30/2019	04/01/2015	04/30/2019	06/30/2019	DY5 Q1
Task PPS has developed and conducted training of all providers, including social services and support.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has assembled a care coordination team that includes 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.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create job description for Asthma Prevention Program Director, CHW's, RNs, etc.		Project		Completed	04/01/2015	07/12/2015	04/01/2015	07/12/2015	09/30/2015	DY1 Q2
Task Create RN job descriptions		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step A - Start: Training curriculum is built from EBM and/or individual questions used in the screening tool and home environmental assessment. It includes compliance training, health education, utilizing internal and external resources, assessment tools, and Motivational Interviewing. Some services will require extensive training (smoking cessation, assessment of living environment, implementing asthma action plan, legal services)		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step B - Start: Coordinate with IT Committee to identify the		Project		In Progress	04/01/2015	04/30/2019	04/01/2015	04/30/2019	06/30/2019	DY5 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
elements that are necessary to track and report. Also, to automate reminders to contact patients for appointment and prescription refill adherence. Equip and train, PPS partners with appropriate IT software to carry out DSRIP project functions. Monitor uptake and compliance to developed interoperable systems.										
Task Step C - Start: PPS clearinghouse will assign patients a care coordinator to track patient navigation and to connect them to appropriate PCP and other members of the care team, and to activate asthma care plan. Strategies are being developed to implement intervention elements such as automated schedule appointments within 72hrs of hospital visits, send patient reminders, track prescription filling, send alerts when appointments aren't met or when prescriptions aren't filled, and creating educational interventions that address cultural and health literacy issues.		Project		In Progress	04/01/2015	04/30/2019	04/01/2015	04/30/2019	06/30/2019	DY5 Q1
Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Map patient flow and compliance to ensure that they are receiving the most effective intervention. Patient's asthma status will be monitored per recommended guideline(s) by a care coordinator. Changes in status will result in a change in care plan and/or service to decrease/increase health care utilization based on patient (re-)assessment		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	DY4 Q2	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop system to monitor patients' utilization of health care through their managed care organization. -Insurance status -Inpatient admissions -ED utilization -OPD utilization -Prescriptions Share this information with care coordinator and health team to be used to modify care plan as needed.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Allow for access to RHIO and other managed care data to strengthen communication among the care team.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Generate reports for project managers that enable them to modify care plans		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create an exportable spread sheet to track patient care plan, to be used in the interim until a interoperable solution is adopted across the PPS		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Utilize automated calls, text reminders, and other IT reminders for patients to go to their appointments and prescriptions; also for care coordinators to remind them to follow up with assigned patients		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Allow for outpatient visit request orders to schedule follow-up appointment with the patient's PCP shortly after hospital visits		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create a report to identify patients with asthma admitted or evaluated in the E.D.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Bronx-Lebanon Hospital Center (PPS ID:27)

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
Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	
Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	
Develop and implement evidence-based asthma management guidelines.	
Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	
Ensure coordinated care for asthma patients includes social services and support.	
Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	
Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

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



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Milestone Review Status

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



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✓ IPQR Module 3.d.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	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

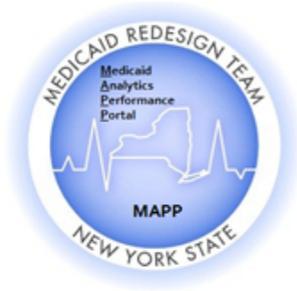
PPS Defined Milestones Current File Uploads

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

Milestone Name	Narrative Text
Mid-Point Assessment	



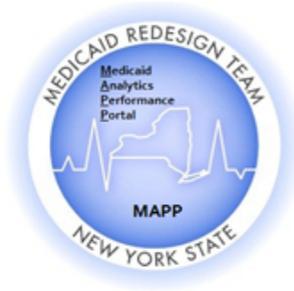
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IPQR Module 3.d.ii.5 - IA Monitoring

Instructions :



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

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

Instructions :

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

Risk: It is difficult to reach and engage high risk women because they are not often in care, they do not engage in those activities where there is outreach, such as health fairs, workshops etc, and they are often isolated demographically, racially and culturally. Mitigation: To address this challenge, the BLHC PPS plans to hire flexible CHWs with the ability to work evenings and weekends. In addition, the PPS will train the CHWs on how to outreach to high risk women.

Risk: The PPS does not know who the State approved CHW trainers are and if the CHWs can start seeing patients before they have been trained by a state approved trainer. Mitigation: The PPS will seek guidance from the state about this issue.

Risk: It is difficult to find CHW supervisors and CHWs with a maternal child health background because maternal child health was not a big focus until recently. Mitigation: The PPS will address this challenge by recruiting from community colleges and PPS partners who have similar programs, providing on-going training on Maternal and child health issues, and employing a Community Health Worker Coordinator with maternal and child health background.

Risk: That the project has goals that cannot be met within the required timeframe because of a delay in funds for implementation which resulted in a delay in hiring and deploying CHWs. Mitigation: The PPS plans to establish process for a timely deployment of CHWs. In addition, the PPs will work with the Workforce Committee to coordinate trainings and redeployment.

Risk: That it will be difficult to coordinate with managed care plans because there are no established linkages that connects their patients to the Maternal and Child Health program. Mitigation: To address this challenge, the PPS will develop a strategic plan to reach out to MCOs around a variety of issues including the Maternal and Child Health program.

Risk: That it will be difficult to track patients without an IT platform where patient information can be shared across providers. Mitigation: To address this challenge in the interim, this project will use paper intake assessment form to collect patient data, translate that information into a flat file, and submit to the Bronx RHIO to share across providers. In the future, the BLHC PPS will work with IT Committee to develop data fields that will capture the necessary patient information in a provider's EMR, and this information will be shared across providers using the Bronx RHIO.

Risk: That it will be a challenge to engage family in DY1 due to a slow hiring process. It will take at least 6 months to bring on and train staff, possibly affecting the number of index patients served within this period. Mitigation: The PPS plans to identify existing CHW staff and leverage existing programs with maternal and child health components to engage families until CHW staff can be hired.

Risk: Making sure appropriate referrals are made, information is shared, and progress reports are submitted on a timely basis. Mitigation: The PPS will address this by collaborating with the PPS' IT Committee to expand the current EMR to include referral feedback loops with community partners.



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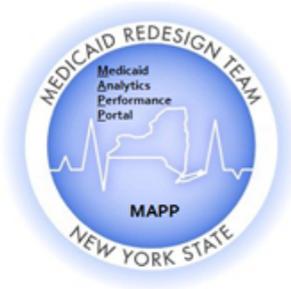
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Risk: Ability to link patients to care coordination. Mitigation. Leverage the two Health Homes in the PPS and the centralized Care Coordination Clearinghouse to identify and link patients to appropriate care coordination.

Risk: Since both CHW and NFP serve low income pregnant woman, another challenge is differentiating the target population for CHW program versus the NFP program. Mitigation: The NFP program will serve primarily patients with highly complex medical conditions that could benefit from clinical support.

Risk: Ensuring a seamless collaboration between the CHW and the NFP providers. Mitigation: NFP nurses will be available to participate in joint CHW and NFP meetings in order to st



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

Instructions :

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

Benchmarks	
Actively Engaged Speed	Actively Engaged Scale
DY4,Q4	800

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	150	300	350	450
	Quarterly Update	148	323	0	0
	Percent(%) of Commitment	98.67%	107.67%	0.00%	0.00%
IA Approved	Quarterly Update	0	323	0	0
	Percent(%) of Commitment	0.00%	107.67%	0.00%	0.00%

Current File Uploads

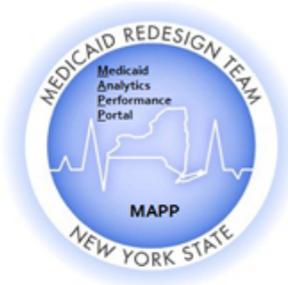
User ID	File Type	File Name	File Description	Upload Date
dmaq	Documentation/Certification	27_DY2Q2_PROJ3fi_MDL3fi2_PES_DOC_BHA-3fi-DY2Q2-Patient_List_-_Final_7142.xlsx	Patient list 3.f.i DY2Q2	10/27/2016 02:14 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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✅ IPQR Module 3.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.	DY2 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed a project plan that includes a timeline for implementation of an evidence-based home visiting model, such as Nurse-Family Partnership visitation model, for this population.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1 subtask: Identify ways to better coordinate the VNSY's existing NFP program with the CHW program being developed by the PPS			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #2 Develop a referral system for early identification of women who are or may be at high-risk.	DY2 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed a referral system for early identification of women who are or may be at high-risk.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1 subtask start: Determine the inclusion and exclusion criteria for a high risk referral to NFP program			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine potential intake points and referral sources			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop a process to refer women into the NFP program			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

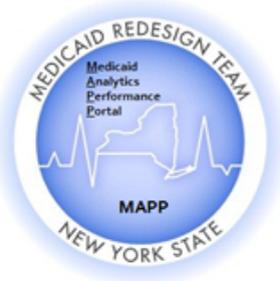
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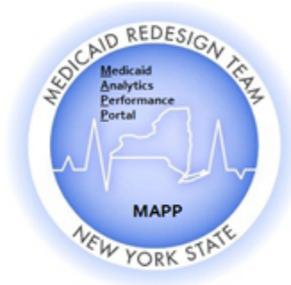
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #3 Establish a quality oversight committee of OB/GYN and primary care providers to monitor quality outcomes and implement new or change activities as appropriate.	DY2 Q4	Model 1	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Perinatal Care Metrics.			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders.			Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Task 1 subtask start: Identify OB/GYN and primary care providers interested in joining the oversight committee			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify PPS staff involved in the quality improvement process			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify other stakeholders that should be on the quality oversight committee			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify co chairs for the committee			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Select members from the above mentioned groups			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create a charter for the committee with goals and objectives			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Facilitate a kick off meeting			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

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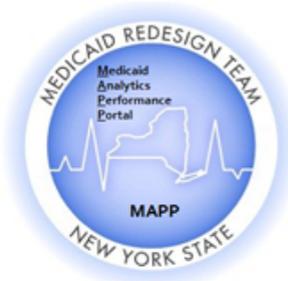
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop a schedule of ongoing meetings			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Task 2 subtask start: Determine potential areas for improvement			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Collect and analyze data			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Communicate results to stakeholders			Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Create a ongoing evaluation schedule to fuel quality improvement			Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Task 3 subtask start: Determine potential areas for improvement			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Collect and analyze data			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Communicate results to stakeholders			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop protocols/policies/procedures to improve areas			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Pilot protocols			Project		Not Started	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Evaluate pilot impacts			Project		Not Started	03/01/2017	03/31/2017	03/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Expand pilots with successful outcomes			Project		Not Started	03/01/2017	03/31/2017	03/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Create an ongoing evaluation schedule to fuel quality improvement			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Task 4 subtask: Create a stakeholder communication plan on quality outcome measuers			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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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 Task 1 subtask start: Determine participating patient criteria			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop actively engaged data collection specs			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Create patient tracking template to be used by providers			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Submit specs, tracking template, and protocols to IT			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Monitor hard to reach patients that are impacting actively engaged counts			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	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).	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has identified and engaged with a regional medical center to address the care of high-risk pregnancies and infants (must have Level 3 NICU services or Regional Perinatal Center). Assessment of the volume of high-risk pregnancies to be obtained through the CNA.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop a multidisciplinary team of experts with clinical and social support expertise who will co-manage care of the high-risk mother and infant with local community obstetricians and pediatric providers.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has assembled a team of experts, including the number and type of experts and specialists and roles in the multidisciplinary team, to address the management of care of high-risk mothers and infants.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established MOUs or joint operating agreements with substantive multidisciplinary team responsible for co-managing care of high-risk mothers and infants.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

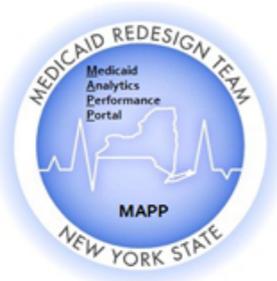


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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #7 Develop service MOUs between multidisciplinary team and OB/GYN providers.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has identified and established MOUs or joint operating agreements between multidisciplinary team and OB/GYN providers.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Utilize best evidence care guidelines for management of high risk pregnancies and newborns and implement uniform clinical protocols based upon evidence-based guidelines.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has developed/adopted uniform clinical protocols guidelines based upon evidence-based standards agreed to by all partners.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established best practice guidelines, policies and procedures, and plans for dissemination and training for interdisciplinary team on best practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Training has been completed.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms, meets connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS uses alerts and secure messaging functionality.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

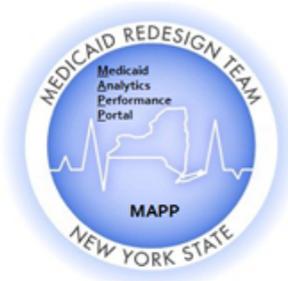


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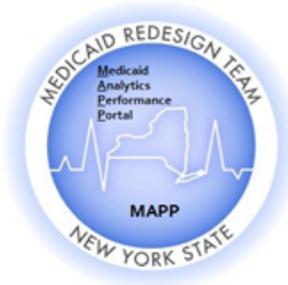
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #10 Ensure that EHR systems or other IT platforms used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR or other IT platforms meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.			Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Develop a Community Health Worker (CHW) program on the model of the Maternal and Infant Community Health Collaboratives (MICHC) program; access NYSDOH-funded CHW training program.	DY2 Q4	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 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		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1 subtask: Identify NYS DOH funded CHW training program			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine role of CHWs in relation to the rest of the care team			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop CHW curriculum based on existing MICHC program curriculum			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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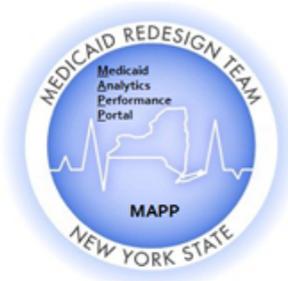
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Create a plan to incorporate NYSDOH training into CHWs onboarding process and ongoing education											
Task Obtain funding from DOH for CHW training			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Contract with NYS DOH funded CHW training program to train CHWs			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 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.	DY2 Q4	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has named assigned CHW Coordinator(s) or timeline for hiring CHW Coordinator(s).			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1 subtask: Determine education/work experience of CHW coordinator			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine administrative duties of CHW coordinator			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine program development duties of CHW coordinator			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Based on the above, develop a job description for CHW coordinator			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop a timeline to hire and train CHW Coordinator			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Assign hired CHWS to CHW Coordinator for supervision			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 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	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed a CHW workforce strategy and attendant qualifications of CHW(s) who meet the following criteria:			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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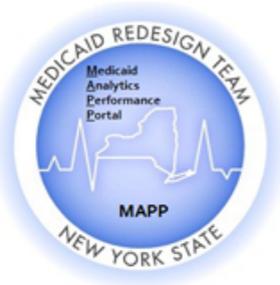
Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1) Indigenous community resident of the targeted area; 2) Writing ability 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.											
Task Task 1 subtask: Develop a CHW workforce recruitment, hiring, and training strategy to ensure staff meet the DSRIP defined criteria			Project		Completed	04/01/2015	12/01/2015	04/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Advertise/Recruit internally as well as externally (community colleges) for hiring CHWs			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Screen potential candidates for comprehension, writing skills (using writing samples), computer skills, bilingual/multilingual abilities, and work hour flexibility			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Hire CHWs who meet requirements			Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #15 Establish protocols for deployment of CHW.	DY2 Q4	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established timelines to complete protocols (policies and procedures) for CHW program, including methods for new and ongoing training for CHWs.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed plans to develop operational program components of CHW.			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify protocols that need to be completed for the CHW program			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify individuals assigned to work on protocols			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
Determine when protocols can be completed											
Task Develop a timeline to complete protocols			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Combine protocols into a manual to distribute to CHWs			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Train CHWs on new protocols			Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Conduct an evaluate to measure the effectiveness of the protocols			Project		Not Started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Based on PDSA results, modify the protocols where necessary			Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Coordinate with the Medicaid Managed Care organizations serving the target population.	DY2 Q4	Model 3	Project	N/A	In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 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		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify what network providers have existing contracts with MCOs for coordination with CHW programs			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify areas for opportunity to negotiate, revise, or renew contracts with MCOs to cover CHW services (e.g. bundled payments, covered providers)			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine participating patient criteria			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop actively engaged patient data collection specs			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
Create patient tracking template to be used by providers											
Task Submit specs, tracking template, and protocols to IT			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Train org staff process on how to track patients			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Pilot tracking of patients			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Evaluate tracking process, modify where necessary			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Monitor hard to reach patients that are impacting actively engaged counts			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

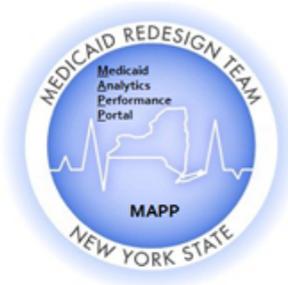
Prescribed Milestones Current File Uploads

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

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



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 (MICHHC) program; access NYSDOH-funded CHW training program.	
Employ a Community Health Worker Coordinator responsible for supervision of 4 - 6 community health workers. Duties and qualifications are per NYS DOH criteria.	
Employ qualified candidates for Community Health Workers who meet criteria such as cultural competence, communication, and appropriate experience and training.	
Establish protocols for deployment of CHW.	
Coordinate with the Medicaid Managed Care organizations serving the target population.	
Use EHRs or other IT platforms to track all patients engaged in this project.	

Milestone Review Status

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



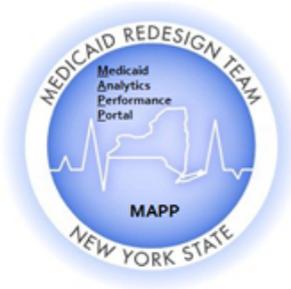
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Milestone Review Status

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



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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

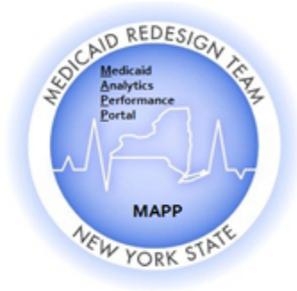
PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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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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Project 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems

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

Instructions :

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

1. Not enough buy-in from community schools for program
 - a. Develop relationships with school principals/staff
 - b. Provide education on benefits of MEB screening and referral services to school administrators
2. Too few resources to start up and maintain the program
 - a. Outline funding streams with HR and Finance committee
3. Challenges Integrating SMHC into school infrastructure
 - a. Hire SMHC with previous school experience
4. Challenges retaining and maintaining new staff
 - a. Retraining staff already in similar programs in the PPS
5. Inadequate referral network in place
 - a. Maintain collaborative relationships through frequent in-person contact
 - b. Develop clear guidelines for referral procedures
 - c. Demonstrate to referral providers the benefits of receiving school referrals
6. Lack of buy in from parents, guardians, caregivers for services
 - a. Educate students/parents/caregivers about new opportunities for school-based interventions
 - b. Develop culturally-relevant interventions to reduce stigma
7. No focus on the broad intervention into the system including family dynamics
 - a. Expand on SMHC capacity to screen/educate parents/caregivers of identified children
 - b. Expand school sites to include community colleges
8. Stigma around mental illness
 - a. Education and awareness through school assembly
 - b. Bring discussion into global school conversation
9. Being unable to sustain care over medically appropriate period of time
 - a. Develop appropriate referral streams to long-term care



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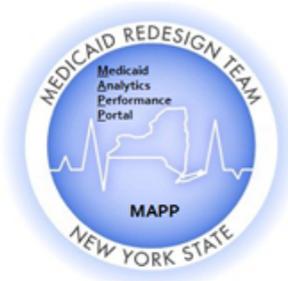
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✓ IPQR Module 4.a.iii.2 - PPS Defined Milestones

Instructions :

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

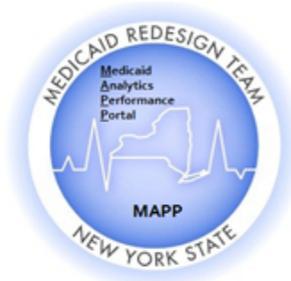
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Organize and convene citywide MHSA Workgroup meetings	Completed	Organize and convene citywide MHSA Workgroup meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Form MHSA Work Group composed of representatives of the four collaborating PPSs, including community-based representatives	Completed	Form MHSA Work Group composed of representatives of the four collaborating PPSs, including community-based representatives	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify PPS subject matter experts to join Work Group	Completed	Identify PPS subject matter experts to join Work Group	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Invite representatives from DOE-affiliated Office of School Health and DOHMH to join Workgroup as advisory members	Completed	Invite representatives from DOE-affiliated Office of School Health and DOHMH to join Workgroup as advisory members	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Convene Citywide MHSA Workgroup meetings under the standing structure	Completed	Convene Citywide MHSA Workgroup meetings under the standing structure	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Milestone Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project	Completed	Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Confirm commitment of four collaborating PPSs to partner in City-wide implementation of MHSA Project	Completed	Confirm commitment of four collaborating PPSs to partner in City-wide implementation of MHSA Project	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop governance structure and process among collaborating PPSs to oversee the implementation and ongoing operation of the MHSA project, and document functions, roles, and responsibilities for parties including Workgroup	Completed	Develop governance structure and process among collaborating PPSs to oversee the implementation and ongoing operation of the MHSA project, and document functions, roles, and responsibilities for parties including Workgroup	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone Review existing programs and CBOs providing	Completed	Review existing programs and CBOs providing MHSA services, as well as adaptations of CC based model.	06/30/2015	03/31/2016	06/30/2015	03/31/2016	03/31/2016	DY1 Q4



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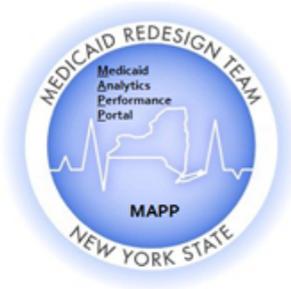
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
MHSA services, as well as adaptations of CC based model.								
Task Conduct baseline analysis of existing programs and CBOs providing MHSA services to adolescents in schools	Completed	Conduct baseline analysis of existing programs and CBOs providing MHSA services to adolescents in schools	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review evidence-based adaptations of Collaborative Care (CC) model that have targeted adolescents	Completed	Review evidence-based adaptations of Collaborative Care (CC) model that have targeted adolescents	06/30/2015	12/31/2015	06/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Incorporate findings into MHSA project concept document	Completed	Incorporate findings into MHSA project concept document	06/30/2015	03/31/2016	06/30/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone Develop detailed MHSA project operational plan for Collaborative Care Adaptation in schools	Completed	Develop detailed MHSA project operational plan for Collaborative Care Adaptation in schools	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Engage MHSA Workgroup to develop concept paper describing the approach to strengthening the MHSA infrastructure in schools	Completed	Engage MHSA Workgroup to develop concept paper describing the approach to strengthening the MHSA infrastructure in schools	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Design/implement process to select well qualified Lead agency to manage detailed program planning and implementation of the MHSA initiative	Completed	Design/implement process to select well qualified Lead agency to manage detailed program planning and implementation of the MHSA initiative	06/30/2015	09/30/2015	06/30/2015	09/30/2015	09/30/2015	DY1 Q2
Task Contract with selected Lead Agency to manage all aspects of the MHSA project including developing operational plan, selection of community mental/behavioral health agencies, selection of target schools, project staffing structure, and training curriculum	Completed	Contract with selected Lead Agency to manage all aspects of the MHSA project including developing operational plan, selection of community mental/behavioral health agencies, selection of target schools, project staffing structure, and training curriculum	07/31/2015	12/31/2015	07/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop draft operational plan for MHSA Workgroup review that incorporates development of culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation, staffing, training, and referral planning, as needed	Completed	Develop draft operational plan for MHSA Workgroup review that incorporates development of culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation, staffing, training, and referral planning, as needed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize draft operational plan and budget; share	Completed	Finalize draft operational plan and budget; share with MHSA Collaborative PPS Governance body for approval	10/01/2015	06/30/2016	10/01/2015	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
with MHSA Collaborative PPS Governance body for approval								
Milestone Implement Collaborative Care (CC) Adaptation in schools	In Progress	Implement Collaborative Care (CC) Adaptation in schools	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Design and implement process to select and contract with community mental/behavioral agencies to implement programs in the schools	Completed	Design and implement process to select and contract with community mental/behavioral agencies to implement programs in the schools	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Solicit DOE input on school selection methodology	In Progress	Solicit DOE input on school selection methodology	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Identify target schools for implementation of CC adaptation	In Progress	Identify target schools for implementation of CC adaptation	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Develop schedule for MHSA Project activities, including activities preparatory to launch of CC adaptation in schools such as contracting, staff recruitment and deployment, training	In Progress	Develop schedule for MHSA Project activities, including activities preparatory to launch of CC adaptation in schools such as contracting, staff recruitment and deployment, training	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Launch implementation of MHSA Project CC adaptation in schools	In Progress	Launch implementation of MHSA Project CC adaptation in schools	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone Design young adult-interfacing MHSA programs (for those ages 21-25 yrs)	Not Started	Design young adult-interfacing MHSA programs (for those ages 21-25 yrs)	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identify target young adult groups, potentially including community college students	Not Started	Identify target young adult groups, potentially including community college students	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Refine MHSA intervention to integrate programming to reach these young adult groups, including by developing culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation plan, and staffing and training plans	Not Started	Refine MHSA intervention to integrate programming to reach these young adult groups, including by developing culturally and linguistically sensitive MEB health promotion and prevention resources, data-collection and evaluation plan, and staffing and training plans	06/30/2017	03/31/2018	06/30/2017	03/31/2018	03/31/2018	DY3 Q4
Task Launch young adult programs	Not Started	Launch young adult programs	03/31/2018	03/31/2018	03/31/2018	03/31/2018	03/31/2018	DY3 Q4
Milestone Mid-Point Assessment	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1



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DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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
Organize and convene citywide MHSA Workgroup meetings	
Establish formalized structure for cross-PPS collaboration on governance and implementation of MHSA project	
Review existing programs and CBOs providing MHSA services, as well as adaptations of CC based model.	
Develop detailed MHSA project operational plan for Collaborative Care Adaptation in schools	
Implement Collaborative Care (CC) Adaptation in schools	
Design young adult-interfacing MHSA programs (for those ages 21-25 yrs)	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



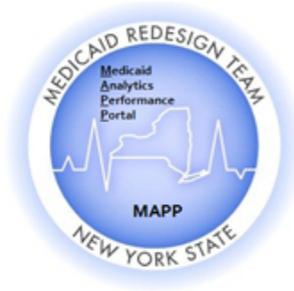
**New York State Department Of Health
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IPQR Module 4.a.iii.3 - IA Monitoring

Instructions :



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Bronx-Lebanon Hospital Center (PPS ID:27)

Project 4.c.ii – Increase early access to, and retention in, HIV care

✓ IPQR Module 4.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.

Major risk: Developing effective cultural competency across multiple regions and sub-groups. To mitigate the PPS will utilize expertise in various CBOs to ensure the quality of cultural competence strategies

Risk: Maintaining funding streams to support peer services beyond DSRIP. Mitigation: Multiple funding streams exist that provide support to many agencies utilizing this service. Sustainability planning will begin immediately upon implementation. Improved revenue from reduced no-shows will support the provision of services

Risk: Managing relapse and recidivism among peers. Mitigation: The PPS will train supervisors on how to recognize relapse and engage peers in support to reengage in recovery activities

Risk: Difficulty in successfully integrating peers into workplace. Mitigation: The PPS will offer training and support to sites who host peer navigators

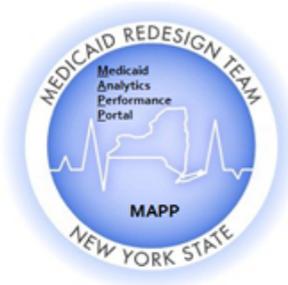
Risk: Develop or adapt a curriculum that meets the needs of various partners within the PPS and for a culturally diverse target population. Mitigation: Allow the curriculum the flexibility to adapt new challenges as they present themselves. There are several evidence-based curriculum that can be adapted to meet the needs of the multiple partners and a culturally diverse target population

Risk: Difficulty in engaging diverse groups through multiple media. Mitigation: The PPS will utilize the initial Community Needs Assessment to drive the development as well as ongoing community engagement to develop specific media campaigns. Community outreach will be conducted to develop an understanding of the most effective tools. The PPS will participate in a city-wide collaborative which will lend an added perspective and expertise to the campaign.

Risk: Disparate quality standards and outcomes. Mitigation: The PPS will develop a policy and procedure manual to standardize service delivery. A Quality Improvement plan will be developed to ensure providers perform. Low-performing providers will be offered technical assistance to meet PPS Quality standards

Risk: Maintain a level of participation from relevant CBOs while reaching out for their support and expertise. Mitigation: The larger committees within the PPS are working to continue to build on CBO partnerships. CBOs will maintain positions of leadership. The workgroup will commit to maintaining active communication with CBOs as the project develops

Risk: Lack of integration with other HIV projects that can create confusion and duplication of media outreach. Mitigation: The PPS will seek to develop collaborative relations with parallel organizations providing media outreach and maintain participation in all city-wide 4cii collaboratives



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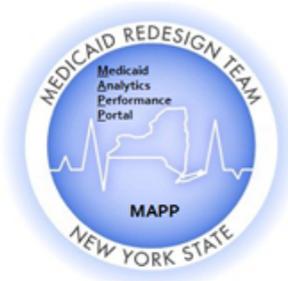
Bronx-Lebanon Hospital Center (PPS ID:27)

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

Instructions :

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

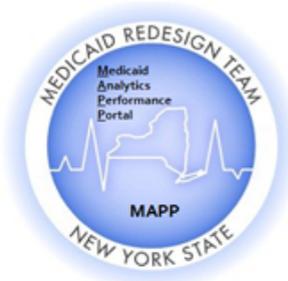
Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Milestone 1: Establish a shared workplan and timeline for project implementation	Completed	Establish a shared workplan and timeline for project implementation	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Establish 4cii PPS leadership committee directing the planning if workplan and schedules.	Completed	Establish 4cii PPS leadership committee directing the planning if workplan and schedules.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations.	Completed	Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Produce preliminary workplan and implementation schedule, considered a living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule.	Completed	Produce preliminary workplan and implementation schedule, considered a living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Establish 4cii PPS leadership committee directing the planning if workplan and schedules.	Completed	Establish 4cii PPS leadership committee directing the planning if workplan and schedules.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations.	Completed	Establish regularly scheduled 4cii PPS meetings to manage workplan tasks and timelines. These meetings will be used to engage and survey individual CBO needs on an ongoing basis to assess readiness and intentions of participating organizations.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task	Completed	Produce preliminary workplan and implementation schedule, considered a	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
Produce preliminary workplan and implementation schedule, considered a living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule.		living document since a number of uncertainties in timetable. This is a result of limited information on the next steps on the joint PPS committee and cross-PPS shared resources available for projects within PPS necessitate flexibility in workplan and schedule.						
Milestone Milestone 2: Develop agreed upon milestones for project implementation	Completed	Develop agreed upon milestones for project implementation	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Work in collaboration with 4cii PPS partners to confirm milestones and tasks to achieve project success	Completed	Work in collaboration with 4cii PPS partners to confirm milestones and tasks to achieve project success	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Present milestones and reach consensus with other PPS project leads on overlapping 4cii project tasks to align work and ensure success of milestone across all DSRIP projects	Completed	Present milestones and reach consensus with other PPS project leads on overlapping 4cii project tasks to align work and ensure success of milestone across all DSRIP projects	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Milestone Milestone 3: Participate in cross PPS joint planning committee	In Progress	Participate in cross PPS joint planning committee	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Meet with Amidacare and the NYCDOHMH to determine course of action to align initiatives and 4cii planning across PPSs	Completed	Meet with Amidacare and the NYCDOHMH to determine course of action to align initiatives and 4cii planning across PPSs	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Participate with Joint Planning Committee in determining leadership through consensus, and in determining on finances and services to align resources across PPS participants.	Completed	Participate with Joint Planning Committee in determining leadership through consensus, and in determining on finances and services to align resources across PPS participants.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Two BLHC PPS co-leads serve on the AIDS Institute Initiative Steering Committee on Peer Training/Certification Program.	Completed	Two BLHC PPS co-leads serve on the AIDS Institute Initiative Steering Committee on Peer Training/Certification Program.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Collaborate with PPS Domain 4cii projects across New York City on local-level HIV awareness and testing media campaign. The campaign focused on viral suppression will give real time feedback to	In Progress	Collaborate with PPS Domain 4cii projects across New York City on local-level HIV awareness and testing media campaign. The campaign focused on viral suppression will give real time feedback to patients on viral control.	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
patients on viral control.								
Milestone Milestone 4: Reach agreement on shared resources	Completed	Reach agreement on shared resources	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop HIV workflow that integrates identified patients into the PPS Care Coordination Clearing House	Completed	Develop HIV workflow that integrates identified patients into the PPS Care Coordination Clearing House	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Participate in bi-weekly meetings with PPS project leads to identify common themes and discuss shared resource opportunities	Completed	Initiate bi-weekly meetings with PPS project leads to identify common themes and discuss shared resource opportunities	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Actively participate in Workforce Planning Cross Functional Workgroup by responding to inquiries and surveys. One co-lead also participates as a workgroup member.	Completed	Initiate active participation in Workforce Planning Cross Functional Workgroup by responding to inquiries and surveys. One PPS 4cii co-lead also participates as a workgroup member.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify gaps in training by surveying 4cii partners on their current staffing levels/types	Completed	Identify gaps in training by surveying 4cii partners on their current staffing levels/types	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Actively participate in Stakeholder Engagement Cross Functional Workgroup by responding to inquiries and surveys	Completed	Initiate active participation in Stakeholder Engagement Cross Functional Workgroup by responding to inquiries and surveys.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Actively participate in Care Coordination Cross Functional Workgroup by responding to inquiries and surveys	Completed	Initiate active participation in Care Coordination Cross Functional Workgroup by responding to inquiries and surveys.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Hold individual meetings with PPS project leads to identify commonalities to integrate and share resources across projects	Completed	Initiate individual meetings with PPS project leads to identify commonalities to integrate and share resources across projects	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify a budget for staffing plan and overall project interventions based on shared commonalities and resources as well as partner needs and resources	Completed	Identify a budget for staffing plan and overall project interventions based on shared commonalities and resources as well as partner needs and resources	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Milestone 5. Plan for shared data platform	In Progress	Plan for shared data platform	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	In Progress	Identify the data sources available to PPS through NYCDOHMH as well as	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Bronx-Lebanon Hospital Center (PPS ID:27)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Identify the data sources available to PPS through NYCDOHMH as well as partners in PPS itself		partners in PPS itself						
Task Development of key metrics and system for tracking key metrics for HIV/AIDS	In Progress	Development of key metrics and system for tracking key metrics for HIV/AIDS	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify the most appropriate method to track data using the PPS resources and/or that of the NYCDOHMH	Completed	Identify the most appropriate method to track data using the PPS resources and/or that of the NYCDOHMH	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Plan for engaging all providers in using the selected data platform	Completed	Plan for engaging all providers in using the selected data platform	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identification of safety net provider IT capabilities and gaps including capability to utilize patient registries for population health management	Completed	Identification of safety net provider IT capabilities and gaps including capability to utilize patient registries for population health management	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Participate in PPS Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on HIV AIDS.	In Progress	Participate in PPS Learning Collaborative Model to improve population health, disseminate evidence-based practices and improve quality of care focused on HIV AIDS.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	MPA Project Narrative	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Milestone 1: Establish a shared workplan and timeline for project implementation	dmaq	Documentation/Certification	27_DY2Q2_PROJ4cii_MDL4cii2_PPS1229_DOC_4.c.ii_Milestone_1_Documentation_7508.docx	Workplan and timeline	10/31/2016 09:22 AM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 1: Establish a shared workplan and timeline for project implementation	
Milestone 2: Develop agreed upon milestones for project implementation	



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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 3: Participate in cross PPS joint planning committee	
Milestone 4: Reach agreement on shared resources	
Milestone 5. Plan for shared data platform	
Mid-Point Assessmenet	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	



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IPQR Module 4.c.ii.3 - IA Monitoring

Instructions :



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Attestation

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

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

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

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

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

Primary Lead PPS Provider:	BRONX LEBANON HOSPITAL CENTER
Secondary Lead PPS Provider:	
Lead Representative:	Victor G DeMarco
Submission Date:	12/14/2016 01:32 PM

Comments:



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Status Log				
Quarterly Report (DY,Q)	Status	Lead Representative Name	User ID	Date Timestamp
DY2, Q2	Adjudicated	Victor G DeMarco	sm506673	12/30/2016 12:10 PM

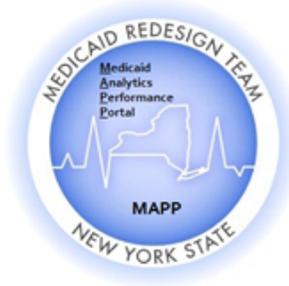


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Comments Log			
Status	Comments	User ID	Date Timestamp
Adjudicated	The PPS DY2, Q2 Quarterly Report has been adjudicated by the Independent Assessor.	sm506673	12/30/2016 12:10 PM
Adjudicated	The PPS DY2, Q2 Quarterly Report has been adjudicated by the Independent Assessor.	sm506673	12/30/2016 12:10 PM
Returned	The PPS' DY2Q2 quarterly report has been returned for remediation.	sm506673	12/01/2016 04:34 PM
Returned	The PPS' DY2Q2 quarterly report has been returned for remediation.	sm506673	12/01/2016 04:34 PM

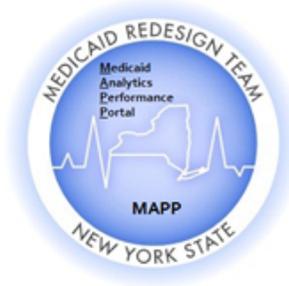


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Section	Module Name	Status
Section 01	IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	✔ Completed
	IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	✔ Completed
	IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline)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

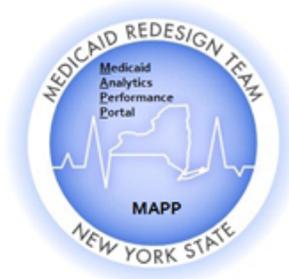


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Section	Module Name	Status
	IPQR Module 3.8 - Progress Reporting	✔ Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	✔ Completed
	IPQR Module 4.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 4.3 - Major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

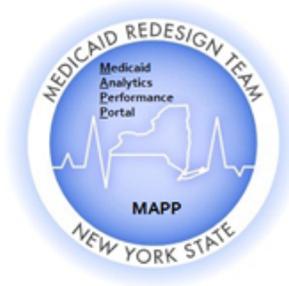


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Section	Module Name	Status
	IPQR Module 7.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	✔ Completed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

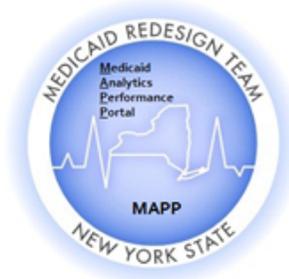


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Section	Module Name	Status
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	✔ Completed
	IPQR Module 10.5 - IT Requirements	✔ Completed
	IPQR Module 10.6 - Performance Monitoring	✔ Completed
	IPQR Module 10.7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

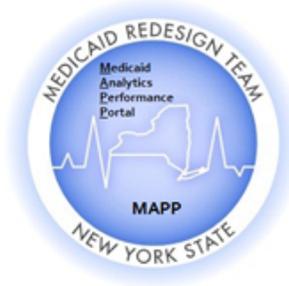


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Project ID	Module Name	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 2.a.i.2 - Prescribed Milestones	✔ Completed
	IPQR Module 2.a.i.3 - PPS Defined Milestones	✔ Completed
	IPQR Module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

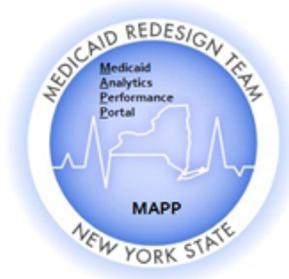


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Project ID	Module Name	Status
	IPQR Module 3.c.i.4 - PPS Defined Milestones	✔ Completed
	IPQR Module 3.c.i.5 - IA Monitoring	
3.d.ii	IPQR Module 3.d.ii.1 - Major Risks to Implementation and Mitigation Strategies	✔ Completed
	IPQR Module 3.d.ii.2 -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

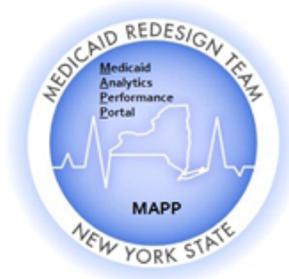


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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds - Waiver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

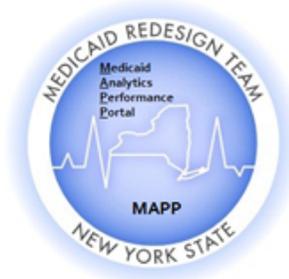


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Section	Module Name / Milestone #	Review Status	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop detailed baseline assessment of revenue linked to value based payment, preferred compensation modalities for different provider types and functions, and MCO strategy for the PPS and for facilitating network partner engagement with the MCOs.	Pass & Ongoing	 
	Milestone #5 Finalize a plan towards achieving 80% value-based payments across network by year 5 of the waiver at the latest, including efforts to educate PPS network partners on VBP, organizational models to support VBP contracting such as ACOs and IPAs, and to facilitate network partner engagement with MCOs.	Pass & Ongoing	
	Milestone #6 ≥10% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs	Pass & Ongoing	
	Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Complete	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Complete	
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Complete	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & 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 & Ongoing		
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Ongoing	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Ongoing	

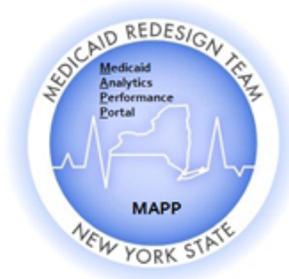


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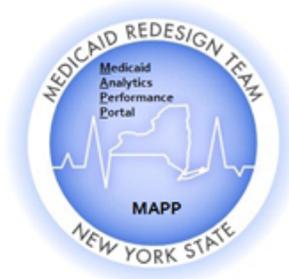
Section	Module Name / Milestone #	Review Status	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Ongoing	
Section 08	Module 8.1 - Prescribed Milestones		
	Milestone #1 Develop population health management roadmap.	Pass & Complete	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Complete	
Section 11	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete	
	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Complete	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Complete	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Complete	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Complete	
	Milestone #5 Develop training strategy.	Pass & Complete	
	Module 11.10 - Staff Impact	Pass & Ongoing	
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Pass & Ongoing	
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Ongoing	
	Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Pass & Ongoing	
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Pass & Ongoing	
	Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Pass & Ongoing	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Ongoing	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Ongoing		
2.a.iii	Module 2.a.iii.2 - Patient Engagement Speed	Fail	
	Module 2.a.iii.3 - Prescribed Milestones		
	Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Pass & Ongoing	
	Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	Pass & Ongoing	

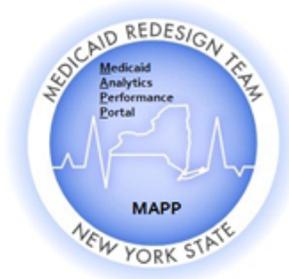


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Project ID	Module Name / Milestone #	Review Status	
	Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	
	Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Ongoing	
	Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Pass & Ongoing	
	Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Pass & Ongoing	
	Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Pass & Ongoing	
	Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	Pass & Ongoing	
	Module 2.b.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.i.3 - Prescribed Milestones		
2.b.i	Milestone #1 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.	Pass & Ongoing	
	Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.	Pass & Ongoing	
	Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.	Pass & Ongoing	
	Milestone #4 Establish care managers co-located at each Ambulatory ICU site.	Pass & Ongoing	
	Milestone #5 Ensure that all safety net project participants are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	
	Milestone #6 Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Ongoing	
	Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.	Pass & Ongoing	
	Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.	Pass & Ongoing	
	Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.	Pass & Ongoing	
	Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	



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2.b.iv	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iv.3 - Prescribed Milestones		
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Ongoing	
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Ongoing	
	Milestone #3 Ensure required social services participate in the project.	Pass & Ongoing	
	Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Pass & Ongoing	
	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Ongoing	
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Ongoing	
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing	
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing		

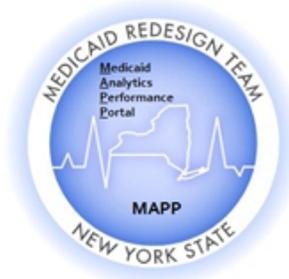
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Project ID	Module Name / Milestone #	Review Status	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing	
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.c.i	Module 3.c.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.c.i.3 - Prescribed Milestones		
	Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Pass & Ongoing	
	Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Pass & Ongoing	
	Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Pass & Ongoing	
	Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Pass & Ongoing	
	Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Pass & Ongoing	
	Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Pass & Ongoing	
3.d.ii	Module 3.d.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.d.ii.3 - Prescribed Milestones		
	Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	Pass & Ongoing	
	Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	Pass & Complete	
	Milestone #3 Develop and implement evidence-based asthma management guidelines.	Pass & Ongoing	
	Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	Pass & Ongoing	
	Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	Pass & Ongoing	
	Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	Pass & Ongoing	
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home	Pass & Ongoing		



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



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Project ID	Module Name / Milestone #	Review Status	
4.c.ii	Module 4.c.ii.2 - PPS Defined Milestones	Pass & Ongoing	



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Providers Participating in Projects

	Selected Projects										
	Project 2.a.i	Project 2.a.iii	Project 2.b.i	Project 2.b.iv	Project 3.a.i	Project 3.c.i	Project 3.d.ii	Project 3.f.i	Project 4.a.iii	Project 4.c.ii	Project
Provider Speed Commitments	DY4 Q4	DY4 Q2	DY4 Q4	DY3 Q4	DY4 Q4	DY4 Q4	DY4 Q2	DY2 Q4			

Provider Category		Project 2.a.i		Project 2.a.iii		Project 2.b.i		Project 2.b.iv		Project 3.a.i		Project 3.c.i		Project 3.d.ii		Project 3.f.i		Project 4.a.iii		Project 4.c.ii		Project	
		Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	
Practitioner - Primary Care Provider (PCP)	Total	294	388	276	211	248	0	281	271	253	177	251	157	231	142	234	0	234	0	251	0	0	0
	Safety Net	175	190	164	103	150	106	167	132	154	66	152	78	139	70	140	114	143	0	152	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	834	951	781	24	698	0	813	42	738	44	735	39	693	18	714	0	711	0	751	0	0	0
	Safety Net	236	327	215	9	201	18	220	25	215	24	213	14	201	7	201	17	203	0	227	0	0	0
Hospital	Total	1	3	1	0	1	0	1	1	1	0	1	0	1	0	1	0	1	0	1	0	0	0
	Safety Net	1	4	1	0	1	0	1	2	1	0	1	0	1	0	1	0	1	0	1	0	0	0
Clinic	Total	8	27	6	3	4	0	6	0	8	6	6	4	3	1	3	0	5	0	6	0	0	0
	Safety Net	7	25	5	5	4	2	5	0	7	9	5	5	3	2	3	1	5	0	5	0	0	0
Case Management / Health Home	Total	8	19	6	6	2	0	7	4	3	0	3	5	3	3	3	0	3	0	6	0	0	0
	Safety Net	5	10	4	4	1	1	4	2	2	0	2	2	1	1	2	1	2	0	4	0	0	0
Mental Health	Total	142	179	136	9	117	0	140	0	130	16	128	10	115	0	123	0	126	0	130	0	0	0
	Safety Net	44	92	40	6	34	7	42	0	41	12	39	6	33	0	34	0	37	0	39	0	0	0
Substance Abuse	Total	11	28	5	3	4	0	9	0	8	6	5	2	3	0	3	0	4	0	7	0	0	0
	Safety Net	9	30	4	3	3	2	7	0	7	6	4	2	2	0	2	0	4	0	5	0	0	0
Nursing Home	Total	2	21	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0
	Safety Net	2	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0
Pharmacy	Total	3	3	2	0	1	0	2	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0
	Safety Net	1	2	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0
Hospice	Total	2	2	1	0	0	0	2	0	0	0	0	0	1	0	2	0	1	0	0	0	0	0



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Provider Category		Project 2.a.i		Project 2.a.iii		Project 2.b.i		Project 2.b.iv		Project 3.a.i		Project 3.c.i		Project 3.d.ii		Project 3.f.i		Project 4.a.iii		Project 4.c.ii		Project	
		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed	
	Safety Net	2	0	1	0	0	0	2	0	0	0	0	0	1	0	2	0	1	0	0	0	0	0
Community Based Organizations	Total	1	13	0	1	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All Other	Total	661	714	623	47	555	0	642	60	594	51	588	49	538	35	542	0	532	0	590	0	0	0
	Safety Net	335	356	311	7	282	15	323	18	303	12	297	10	272	5	273	18	269	0	298	0	0	0
Uncategorized	Total	206	0	181	0	146	0	199	0	164	0	163	0	147	0	151	0	0	0	164	0	0	0
	Safety Net	2	0	1	0	1	0	2	0	1	0	1	0	2	0	2	0	0	0	1	0	0	0
Additional Providers	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Additional Project Scale Commitments

Instructions:

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

Project Scale Category	Project	Selected	Committed
Expected Number of Ambulatory ICUs Established	2.b.i	0	2
Number of programs	3.f.i	0	6

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Grossman Joseph A Md	Practitioner - Primary Care Provider (PCP)											
Izquierdo Richard Md	Practitioner - Primary Care Provider (PCP)	✓										
Teich Marvin L Md	Practitioner - Primary Care Provider (PCP)	✓										
Szteibok Maurice Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓							
Reyes Juan D Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓							
Melamed Samuel L Md	Practitioner - Primary Care Provider (PCP)											



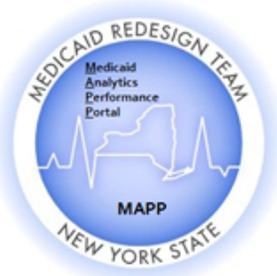
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Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii		
Cruz Juan R Md Pc	Practitioner - Primary Care Provider (PCP)												
Smith Ernst Pc Md	Practitioner - Primary Care Provider (PCP)												
Zeller Barbara C Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓		
Pajela Pedro R Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hernandez Marco T Pc Md	Practitioner - Primary Care Provider (PCP)												
Dwarka Regev Ragbardial	Practitioner - Primary Care Provider (PCP)												
Madan Bhattia Paul Md	Practitioner - Primary Care Provider (PCP)												
Kalafatic William H	Practitioner - Primary Care Provider (PCP)												
Gomez David A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓								
Reggev Avner Md	Practitioner - Primary Care Provider (PCP)												
Saeed Babra Md	Practitioner - Primary Care Provider (PCP)												
Denis Jean R Md	Practitioner - Primary Care Provider (PCP)												
Rosenstock Paul R Md	Practitioner - Primary Care Provider (PCP)	✓			✓								
Russell Robin O Md	Practitioner - Primary Care Provider (PCP)												
Irwin Michael R Md	Practitioner - Primary Care Provider (PCP)												
Kadam Shivaji L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gottesman Kenneth S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thomas Chavannes	Practitioner - Primary Care Provider (PCP)												
Menon Latha N Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vilabrera David Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	✓	
Napoli Michael J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Aggarwal Neena Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kavet Jay A Md	Practitioner - Primary Care Provider (PCP)												
Alerte Marc Antoine R Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓								
Navarro Hector Rodriguez Md	Practitioner - Primary Care Provider (PCP)	✓											
Ballas Mayer Md Pc	Practitioner - Primary Care Provider (PCP)												
Go Teresita Alo Md	Practitioner - Primary Care Provider (PCP)	✓											
Na Illsung	Practitioner - Primary Care Provider (PCP)												
Patel Anilkumar Sureshchandra	Practitioner - Primary Care Provider (PCP)	✓											
Bansal Om Prakash Md	Practitioner - Primary Care Provider (PCP)	✓											
Roman Jaime Francisco Md	Practitioner - Primary Care Provider (PCP)	✓											
Wilkins Robert Md	Practitioner - Primary Care Provider (PCP)												
Friedman Ross Md	Practitioner - Primary Care Provider (PCP)												
Calamia Vincent Md	Practitioner - Primary Care Provider (PCP)												
Auguste Jean K Md	Practitioner - Primary Care Provider (PCP)												
Escher Jeffrey Ethan Md	Practitioner - Primary Care Provider (PCP)												



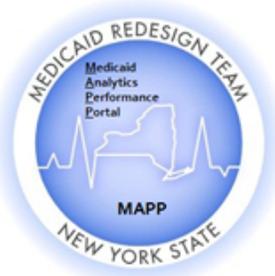
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Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii		
Mensah Samuel K Md	Practitioner - Primary Care Provider (PCP)												
Mohammad Acklema Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Salder Rufus E Md	Practitioner - Primary Care Provider (PCP)												
Ortiz Jose Carlos Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓								
Seth Lalit Mohan Md	Practitioner - Primary Care Provider (PCP)												
Sacolick Benzion Md	Practitioner - Primary Care Provider (PCP)												
Babb Frank C Md	Practitioner - Primary Care Provider (PCP)												
Ramis Carmen Maria Md	Practitioner - Primary Care Provider (PCP)												
Patel Hemant Kanubhai Md	Practitioner - Primary Care Provider (PCP)												
Fajardo Bienvenido Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓								
St Louis Yolaine Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bookhardt-Murray Lois J	Practitioner - Primary Care Provider (PCP)												
Bitterman Jacalyn S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gupta Sindhu Md Pc	Practitioner - Primary Care Provider (PCP)												
Neuendorf James Lee Md	Practitioner - Primary Care Provider (PCP)												
Jean Ernst F Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓	✓		
Rodriguez Jose I Md	Practitioner - Primary Care Provider (PCP)												
Lutas Elizabeth Mary Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓					✓	
Hammer John T Md	Practitioner - Primary Care Provider (PCP)	✓				✓				✓			
Duncalf Richard Michael Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Garcia Gabriel Md	Practitioner - Primary Care Provider (PCP)												
Absy-Jaghab Minou Md	Practitioner - Primary Care Provider (PCP)												
Salomon Danielle Md	Practitioner - Primary Care Provider (PCP)												
Gazzara Paul C Md	Practitioner - Primary Care Provider (PCP)												
John David H A	Practitioner - Primary Care Provider (PCP)												
Remy Prospere Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Balikcioglu Abdo Md	Practitioner - Primary Care Provider (PCP)												
Fresneda Caridad	Practitioner - Primary Care Provider (PCP)	✓	✓		✓								
Uday Kalpana Appajappa Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Liriano Octavio Antonio Jr Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓	✓		
Shear Mitchell Barry Md	Practitioner - Primary Care Provider (PCP)												
Moran-Almonte Roberto A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓								
Khatiwala Vijay V Md	Practitioner - Primary Care Provider (PCP)												
Kerolle Harold Fritz Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Beach Paul W Jr Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Walsh Robert Md Phd	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



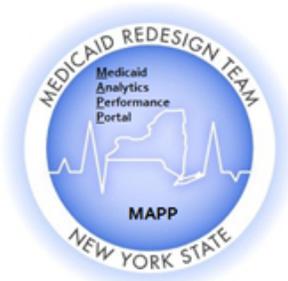
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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Reich John Douglas Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Goyzueta Franz Esteban Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓							
Mamtora Pankaj Kanji Md	Practitioner - Primary Care Provider (PCP)											
Etienne Viviane Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sacco Joseph P Md	Practitioner - Primary Care Provider (PCP)											
Demopoulos Byron P Md	Practitioner - Primary Care Provider (PCP)											
Nawaz Jamil A Md	Practitioner - Primary Care Provider (PCP)											
Teffera Fassil Md	Practitioner - Primary Care Provider (PCP)											
Perez Hector Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓							
Mclean Barbara Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hall-Ross Sandra M Md	Practitioner - Primary Care Provider (PCP)											
Deleon Samuel Anthony Md	Practitioner - Primary Care Provider (PCP)											
Jackson Mark H Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Torres Janette A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Benoit Marcel M Md	Practitioner - Primary Care Provider (PCP)											
Verna Yves Georges Md	Practitioner - Primary Care Provider (PCP)											
Diaz-Fuentes Gilda Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Murayama-Greenbaum Robert Md	Practitioner - Primary Care Provider (PCP)											
Bermudez Rachel Irene Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pedro Antonio Corzo	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓							
Sherman Peter A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rafiq Amerha Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Daniel Myrta Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rabinowitz Michael Ray	Practitioner - Primary Care Provider (PCP)											
Pelzman Fred Nathan Md	Practitioner - Primary Care Provider (PCP)											
Baez Daysi Md	Practitioner - Primary Care Provider (PCP)	✓										
Battu Vasantha Kumari	Practitioner - Primary Care Provider (PCP)											
Cruz Yvonne Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Moquete Ramon Andres Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓							
Tolbert-Walker Derrick J Md	Practitioner - Primary Care Provider (PCP)											
Arthur Jude Kwame Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Feygin Polina Md	Practitioner - Primary Care Provider (PCP)											
Siciliano Donna	Practitioner - Primary Care Provider (PCP)											
Lewis Cynthia Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adeniyi Ayoade O Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Chaula Paresh Md	Practitioner - Primary Care Provider (PCP)											



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* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Yalla Rajya L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Framm Stuart R Md	Practitioner - Primary Care Provider (PCP)											
Tang Ian Tsai-Leu Md	Practitioner - Primary Care Provider (PCP)											
Santos Marissa T	Practitioner - Primary Care Provider (PCP)	✓										
Cindrich Richard	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mevs Jean	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Costas-Katz Carmen Silvia Md	Practitioner - Primary Care Provider (PCP)											
Jimenez Luis	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Anderson Patricia Althea	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kin Lin Lin Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bhate Priyadarshini A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lefevre Cluny P Do	Practitioner - Primary Care Provider (PCP)											
Robie Kristin	Practitioner - Primary Care Provider (PCP)											
Kerlegrand Pascale Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Battle Jose E Md	Practitioner - Primary Care Provider (PCP)											
Domingo Melchor T Md Pc	Practitioner - Primary Care Provider (PCP)											
Ariganjoye Rafiu O Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pierre Louisdon Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pagan Diane Elizabeth	Practitioner - Primary Care Provider (PCP)	✓	✓		✓							
Muir Eulalee Elsada	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dunner Ricardo Orlando Md	Practitioner - Primary Care Provider (PCP)											
Grubin Cindy C Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paulus Suresh Kumar Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wittenberg Ian S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mcdonald Anmarie C Md	Practitioner - Primary Care Provider (PCP)											
Fedrick Joseph Anthony Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Luna Betty Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Harris Joseph Md	Practitioner - Primary Care Provider (PCP)											
Beira Richard Joseph Md	Practitioner - Primary Care Provider (PCP)											
Gonzalez Patria Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓							
Patel Rasik Lal Md	Practitioner - Primary Care Provider (PCP)											
Perry Russell Joseph Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fagbemi Moronkeji Olapade Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Augustine Gerrad Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mendez Luis Rafael	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓							
Yu Chin Hsien	Practitioner - Primary Care Provider (PCP)											



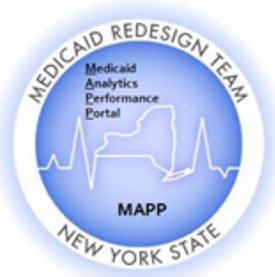
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Mohammad Sajjad	Practitioner - Primary Care Provider (PCP)											
Salako Abayomi O Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Purswani Murli Udham Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Moteelall Meena Kumarie Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Roach Keith Md	Practitioner - Primary Care Provider (PCP)											
Sawlani Deepak Jaikishan Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shur Irina N Md	Practitioner - Primary Care Provider (PCP)											
Tung Judy Md	Practitioner - Primary Care Provider (PCP)											
Manwani Savita S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Parola Claude Edouard	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hochster Howard James Md	Practitioner - Primary Care Provider (PCP)											
Olson Arik Robert Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Stephenson Karen Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Tayts Lev Do	Practitioner - Primary Care Provider (PCP)											
Chan Tricia Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zeana Cosmina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Waithe Kenrick Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fano Michael	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Rosen Paul David Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Yin Xiaoshuang Md	Practitioner - Primary Care Provider (PCP)											
Kanter Timothy Joseph Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Christophe Gladys	Practitioner - Primary Care Provider (PCP)											
Zapata Wendy Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
West Denise	Practitioner - Primary Care Provider (PCP)											
Warren Caleen Maria	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Amanquah Lena A Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Asante Baah Md	Practitioner - Primary Care Provider (PCP)											
Gutnik Igor Md	Practitioner - Primary Care Provider (PCP)											
Weeks Williams David	Practitioner - Primary Care Provider (PCP)	✓				✓				✓		
Toner Laura	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lando Sister Melinda	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ally Shamiza Alima Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miller Hanan G Md	Practitioner - Primary Care Provider (PCP)											
Koshy George P Md	Practitioner - Primary Care Provider (PCP)											
Arias-Florez Elizabeth Cristina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boyar Karyn Lee	Practitioner - Primary Care Provider (PCP)											



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Venkatram Sindhaghata Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Casas Jacinto	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Timoney Maria Cnm	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Maje Hafiz	Practitioner - Primary Care Provider (PCP)											
Mejia Christophe	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Palomino Sara	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
King Angela	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gracia Philome Jean Herve Md	Practitioner - Primary Care Provider (PCP)											
Padmavathi Murakonda Md	Practitioner - Primary Care Provider (PCP)											
Piacente Dominick N Md	Practitioner - Primary Care Provider (PCP)											
Kumbum Kavitha Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rendeiro Susanne	Practitioner - Primary Care Provider (PCP)											
Timothy Beverly Antonia Rn	Practitioner - Primary Care Provider (PCP)											
Bogdanov Assen Petrov Md	Practitioner - Primary Care Provider (PCP)											
Burney Nagma Md	Practitioner - Primary Care Provider (PCP)											
Greenidge Anthony A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jacob Viju	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Iqbal Pervaiz Md	Practitioner - Primary Care Provider (PCP)											
Macias Guadalupe	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rahman Mohammad M Md	Practitioner - Primary Care Provider (PCP)	✓										
Maslavi Saul Fred Md	Practitioner - Primary Care Provider (PCP)											
Valerio Rubi Mosesto Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Santiago Allan Realin Md	Practitioner - Primary Care Provider (PCP)											
Quiban Ambrosio M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Djen Simon	Practitioner - Primary Care Provider (PCP)											
Chow Grace A Md	Practitioner - Primary Care Provider (PCP)											
Migias Nikolaos A Md	Practitioner - Primary Care Provider (PCP)											
Owusu George E Md	Practitioner - Primary Care Provider (PCP)											
Zellan Jonathan D Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Rolston Sandra A Md	Practitioner - Primary Care Provider (PCP)											
Hagmann Stefan Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dapkins Isaac Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Machuca Jenny Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lopez Jose Antonio Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fievre Garnes Marie Ft Md	Practitioner - Primary Care Provider (PCP)											
Makkala Venkateshwara R Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



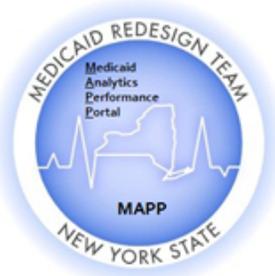
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

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Bronx-Lebanon Hospital Center (PPS ID:27)

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Ho James Chung Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓		
Shah Nimesh Kesharichand Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Koizumi Christina Haru Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sinclair Paula Almalinda Md	Practitioner - Primary Care Provider (PCP)												
Gonzalez Efrain Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chowlera Rachana	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Louis-Jacques Nadja Rn	Practitioner - Primary Care Provider (PCP)	✓			✓								
Thomas Johnny Md	Practitioner - Primary Care Provider (PCP)												
Weissman Matthew Aron Md	Practitioner - Primary Care Provider (PCP)												
Franchin Giovanni Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Punj Sonia X	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓		
Atherley-Ward Allison Pauline Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Guido Giancarlo R Md	Practitioner - Primary Care Provider (PCP)												
Reddi Vijaya Govinda Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Adair Robert	Practitioner - Primary Care Provider (PCP)												
Tavares Rosanabela Md	Practitioner - Primary Care Provider (PCP)												
Shuja Mohammad Tariq Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Flattau Anna Md	Practitioner - Primary Care Provider (PCP)												
Antonios Vera Salim Md	Practitioner - Primary Care Provider (PCP)												
Andrews Charlene Andrea Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Miranda Jeanette	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Makhdomi Sabina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Auld Clara Stringer	Practitioner - Primary Care Provider (PCP)												
Henao Joseph	Practitioner - Primary Care Provider (PCP)												
Isaacs-Charles Karen Ann Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jaiswal Arti Chander Md	Practitioner - Primary Care Provider (PCP)												
Benyaminova Irina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Regalado Erika Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Samuel Joice Md	Practitioner - Primary Care Provider (PCP)												
Ganti Valli Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Card Andrea Dione Md	Practitioner - Primary Care Provider (PCP)												
Akella Sai L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pisipati Ramasita C Md	Practitioner - Primary Care Provider (PCP)												
Robinson Marcia Renee	Practitioner - Primary Care Provider (PCP)												
Lee Jee Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rodriguez Edna V Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		



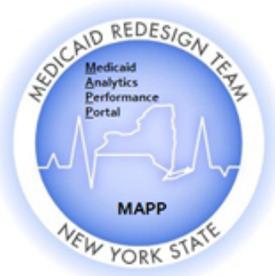
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Perez Salvador Onesimo Md	Practitioner - Primary Care Provider (PCP)	✓										
Wang John Tsihsian Md	Practitioner - Primary Care Provider (PCP)											
Barakat Maged Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dellatto Patricia	Practitioner - Primary Care Provider (PCP)											
Tiburcio Jose Frank Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Muniz Elisa Iraida Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shehigian Aline Ann	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pastor Charles Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Serrano Ileana	Practitioner - Primary Care Provider (PCP)											
Soni Mathew Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Michael James Mcnett	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Collins Inyanga	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Joseph Gina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vazquez-Ayala Manuel	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Newport Sharon	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Meera Sohail Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Menon Anupama	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adeyinka Adebayo	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nagvi Zeenat Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Predrag Popovic Md	Practitioner - Primary Care Provider (PCP)											
Emem Uche Okonkwo	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ruiz Angel	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vatsan Anu	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Widjaja David	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lvovsky Dmitry	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kempton Patricia B	Practitioner - Primary Care Provider (PCP)											
Thomas Bindhu Kanjiravilayil Md	Practitioner - Primary Care Provider (PCP)											
Nunez Denise Joanna Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thuy-Tien Le Dam Md	Practitioner - Primary Care Provider (PCP)											
Nancy Lynn Chez	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Ihimoyan Ariyo A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rutherford Cynthia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Khandavilli Prasanna	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Balde Alseny Md	Practitioner - Primary Care Provider (PCP)											
Saxena Amit K Md	Practitioner - Primary Care Provider (PCP)											
Szygiel George	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



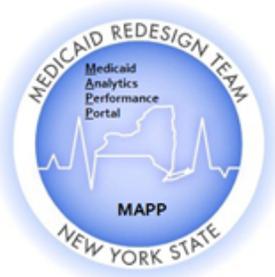
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* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Jasti Jyothi	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chan Wendy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chambers Jennifer Angella	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Amparo M Ramirez Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Flanagan Abiga	Practitioner - Primary Care Provider (PCP)											
Benjamin Taisha Lashon	Practitioner - Primary Care Provider (PCP)											
Joseph Cynthia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Edwards Teryn	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Anele Slezinger	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rimmer Linda Marie Gawronski	Practitioner - Primary Care Provider (PCP)											
Moberg Kenneth A	Practitioner - Primary Care Provider (PCP)	✓			✓							
Hinestroza Howard Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Duncan Neasha	Practitioner - Primary Care Provider (PCP)											
Martin Monica A	Practitioner - Primary Care Provider (PCP)											
Quintanilla Julio Ricardo	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jagarlamudi Padmavathi	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shpitalnik Larisa	Practitioner - Primary Care Provider (PCP)											
Amit Goel	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Maria Soledad Perea Barbosa	Practitioner - Primary Care Provider (PCP)											
Genuady Jennifer	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Summers Rebecca	Practitioner - Primary Care Provider (PCP)											
Apolaya Pamela Evelyn	Practitioner - Primary Care Provider (PCP)											
Narula Anita	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Amin Prina Pandya	Practitioner - Primary Care Provider (PCP)											
Hahn Erica Kyle	Practitioner - Primary Care Provider (PCP)											
Carthen Dashima Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Charnow Noemi	Practitioner - Primary Care Provider (PCP)											
Escourse Tamikque	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hill Keran	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Carnevale Caroline	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Skipski Dina	Practitioner - Primary Care Provider (PCP)											
Dubois Elizabeth Marie	Practitioner - Primary Care Provider (PCP)											
Johnson Julius Iii	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Balfour Jennifer	Practitioner - Primary Care Provider (PCP)											
Trossello Catherine	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bolan Claire	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



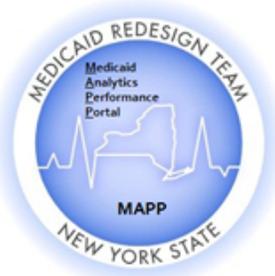
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Joseph Myriam	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Cellin Melissa Maria	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tieng Arlene Tan	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tafreshi Saeid	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kadiyala Sri	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Latika Prajna	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dudek Mona	Practitioner - Primary Care Provider (PCP)											
Napolitano Daniel Louis	Practitioner - Primary Care Provider (PCP)											
Denny Martin	Practitioner - Primary Care Provider (PCP)											
Valeria V Loukanova-Ivanov	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Degraft-Johnson Ama	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Penrose Sarah	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ponce Sara	Practitioner - Primary Care Provider (PCP)											
Kelly Paul James Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fundo Fiona	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Peyman E Younesi Md	Practitioner - Primary Care Provider (PCP)											
Martin Michelle	Practitioner - Primary Care Provider (PCP)											
Mochizuki Takahashi Miki Emilia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tan Jenny Yu	Practitioner - Primary Care Provider (PCP)											
Das Ashutosh	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Raveneau Banegas Gladys Yaneth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bhagat Vinod Md	Practitioner - Primary Care Provider (PCP)											
Jenkins Monique	Practitioner - Primary Care Provider (PCP)											
Balachandra Shirish Krishna	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Giurleo Patricia	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Gomez-Marquez Jose C	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gogineni Anil Kumar	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Young-Geye Stephanie	Practitioner - Primary Care Provider (PCP)											
Fernandez Beverly A	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Cancio Morales Nestor	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zayas Jacqueline Dana	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mansouri Giti	Practitioner - Primary Care Provider (PCP)											
Mallapu Shravan K	Practitioner - Primary Care Provider (PCP)											
Patel Reena J	Practitioner - Primary Care Provider (PCP)											
Kyei-Anti Afua	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Petros Jessica Theresa	Practitioner - Primary Care Provider (PCP)											



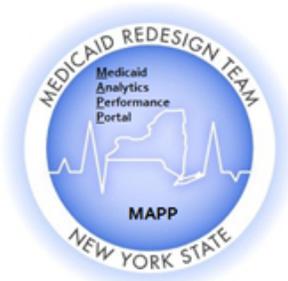
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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Slezinger-Mejia Albert	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mahbubani Shalu	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bornacelly-Perez Michel	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Etokhana Kenneth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Abu Loveth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kwankam Maureen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kelly Roberta	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓		
Jakerin Ahmed K	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Narcisse Debra	Practitioner - Primary Care Provider (PCP)												
Cano Nefertiti	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mukalla Srilakshmi	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Agopian Eliz Hazar	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Vootla Vamshidhar	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wiesinger Katherine	Practitioner - Primary Care Provider (PCP)												
Sanders Lauren Jacqueline	Practitioner - Primary Care Provider (PCP)												
Majeed Sohaib	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gasinu Eli	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Anglade Claudia	Practitioner - Primary Care Provider (PCP)												
Staples Karen	Practitioner - Primary Care Provider (PCP)	✓	✓		✓								
Quindor Rhealynne B	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓		
Cabral Laiheng	Practitioner - Primary Care Provider (PCP)												
Aung Khun Zawhtet	Practitioner - Primary Care Provider (PCP)												
Nagapaga Madhavi	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Singh Manisha	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dumrese Danielle Lee	Practitioner - Primary Care Provider (PCP)												
Watson Kimberly Charytina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Paz Jennifer	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shunamon Nicole	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Okafor-Mbah Gomez Choima	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Singer Karyn	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kim Sharon Hyun Joo	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tanke Theodore	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gonzalez Katherine	Practitioner - Primary Care Provider (PCP)												
Hall Tami L	Practitioner - Primary Care Provider (PCP)												
Ouadi Amar	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jean-Jacques Lamerchie Mohane	Practitioner - Primary Care Provider (PCP)												



**New York State Department Of Health
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Okoye Safiyah Maryam	Practitioner - Primary Care Provider (PCP)											
Mckinney Robin Cylinthia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mercedes Angela	Practitioner - Primary Care Provider (PCP)	✓	✓		✓							
Kamat Sunil Gurudas	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nasr Rahib	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Arthur Richard Wilfred	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kamath Aviva Michele	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wade Mark	Practitioner - Primary Care Provider (PCP)											
Gentes Meredith	Practitioner - Primary Care Provider (PCP)											
Mikheyev Vyacheslav	Practitioner - Primary Care Provider (PCP)											
Siddiqui Umair	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boyd Jeremy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Larish Lyvia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
McGinnis Nathan Lamar	Practitioner - Primary Care Provider (PCP)											
Irigela Maheswara Reddy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Prishutova Anna	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hampton Elisa Padilla	Practitioner - Primary Care Provider (PCP)											
Erickson Aimee	Practitioner - Primary Care Provider (PCP)											
Chekuri Anita	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Carl Lamour-Ocean Carline	Practitioner - Primary Care Provider (PCP)	✓	✓		✓							
Perez Martha	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ntiamoah Kwabena	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chamarthy Sri Lakshmi Annapurna	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rodriguez-Jaquez Carlos R	Practitioner - Primary Care Provider (PCP)											
Schachter Lisa	Practitioner - Primary Care Provider (PCP)											
Dianalan Johaira	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mastrianni Mary Elizabeth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Quick Ashley J	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chan York Sing	Practitioner - Primary Care Provider (PCP)											
Kusher Matthew Scott	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sinha Ghazal	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Barcavage Shaun	Practitioner - Primary Care Provider (PCP)											
Franco Bernadette	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jimenez-Morales Lucia O	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stibitz Lisa Marie	Practitioner - Primary Care Provider (PCP)	✓	✓		✓							
Cole Davin R	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



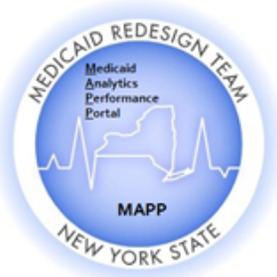
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Arya Kapil	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ali Amanda Elizabeth	Practitioner - Primary Care Provider (PCP)											
Mitchell Clemaine C	Practitioner - Primary Care Provider (PCP)											
Deloria John Edward	Practitioner - Primary Care Provider (PCP)	✓			✓							
Mihir Patel	Practitioner - Primary Care Provider (PCP)											
Villafana Juan H	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adrish Muhammad	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Salazar Edgard	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mbayanga Musulu	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Navarro Carlos Alberto	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sudhakar Ayilam	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Strong Jennifer Elizabeth	Practitioner - Primary Care Provider (PCP)	✓	✓		✓							
Nayudu Suresh Kumar S	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Braswell Jessica M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Morrow Lisa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gauthier Angie R	Practitioner - Primary Care Provider (PCP)											
Moss Kara L	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gonzalez Pedro	Practitioner - Primary Care Provider (PCP)											
Cimt Karene	Practitioner - Primary Care Provider (PCP)											
Treyster Zoya	Practitioner - Primary Care Provider (PCP)											
Ghael Priya	Practitioner - Primary Care Provider (PCP)											
Gusic Blaze	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Washington Deanna	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jankowska Izabela	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Epstein Micheline	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Brar Amandeep	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perugu Vijaya	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kant Sandipagu	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Manzoor Sohail	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lee Nancy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nowakowski Joanna	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ferguson Sacha	Practitioner - Primary Care Provider (PCP)											
Partos Nancy	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Blidnaya Lana	Practitioner - Primary Care Provider (PCP)											
Brutus Valerie	Practitioner - Primary Care Provider (PCP)											
Maggio Johanna Medodie	Practitioner - Primary Care Provider (PCP)											



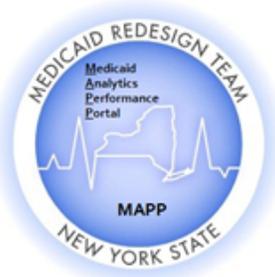
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects													
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii		
Abdelaal Hany Dr.	Practitioner - Primary Care Provider (PCP)	✓	✓		✓				✓				
Villa Tatiana	Practitioner - Primary Care Provider (PCP)												
Knibbs Melida Stewart	Practitioner - Primary Care Provider (PCP)												
Pehr Marcia Md	Practitioner - Primary Care Provider (PCP)												
Gordon Barry Dr.	Practitioner - Primary Care Provider (PCP)	✓			✓								
Reyes Darcel	Practitioner - Primary Care Provider (PCP)												
Martin Luther King Hlth Ctr	Practitioner - Primary Care Provider (PCP)												
Howard June	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Azubuike Abigail	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Romanoff Robert Dr.	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Migrace Medical Practice Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓								
Ramon Delmonte Md Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓								
Martin Amy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Fellner Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓					✓	
Furey Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Traykovski Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Schreiber Zwi A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Levy Jerome H Md	Practitioner - Non-Primary Care Provider (PCP)												
Bryskin Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)												
Gumbs Milton A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Gurland Judith E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Vaca Miller Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Sharma Chandra M Md	Practitioner - Non-Primary Care Provider (PCP)												
Yoon Jing Ja Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Tabaddor Kamran Md	Practitioner - Non-Primary Care Provider (PCP)												
Ungsunan Pituck Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Depaula Roberto Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Mehta Dinesh Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Waseem Tariq Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓								
Dasgupta Manash K Md	Practitioner - Non-Primary Care Provider (PCP)												
Bernaes Eduardo D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Westfried Morris Pc Md	Practitioner - Non-Primary Care Provider (PCP)												
Deutsch Sokol Robyn H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Bhalodkar Narendra C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Patel Surendra R Dds	Practitioner - Non-Primary Care Provider (PCP)												
Fiterstein Gerald Dds	Practitioner - Non-Primary Care Provider (PCP)												



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Zimbard Alan T Md	Practitioner - Non-Primary Care Provider (PCP)											
Weiner Howard A Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Oppenheimer Joseph S Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jay E Selman Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mccurtis Henry Lloyd Md	Practitioner - Non-Primary Care Provider (PCP)											
Yared Thomas A Md	Practitioner - Non-Primary Care Provider (PCP)											
Young Michael C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kupietz Samuel S Phd	Practitioner - Non-Primary Care Provider (PCP)											
Herwig Kenneth J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Glockenberg Aaron Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dave Mahendraray B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chiaromonte Lawrence T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Throggs Neck Neurological D&T	Practitioner - Non-Primary Care Provider (PCP)											
Naveh Marcia Spiegel Md	Practitioner - Non-Primary Care Provider (PCP)											
Chern Relly D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fleiss David J Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Kaplan Robert P	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Mitchel A Md	Practitioner - Non-Primary Care Provider (PCP)											
Finestone Jacob Md	Practitioner - Non-Primary Care Provider (PCP)											
Robotti Flavia Md	Practitioner - Non-Primary Care Provider (PCP)											
Parithivel Vellore S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kao Daniel Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Radna Richard J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vaccariello Charles J Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Neuman Larry M Md	Practitioner - Non-Primary Care Provider (PCP)											
Esses Jacob Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Klein Gary M Dds	Practitioner - Non-Primary Care Provider (PCP)											
Mankad Bharat M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rudikoff Donald Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kim Mae Hee Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kairam Ramamohana R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Goldfarb Eric Mark Dds	Practitioner - Non-Primary Care Provider (PCP)											
Koppel Barbara Sue Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dudhia Bhupendra Vrajlal Md	Practitioner - Non-Primary Care Provider (PCP)											
Weinberg Gerard Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Ramanbhai C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



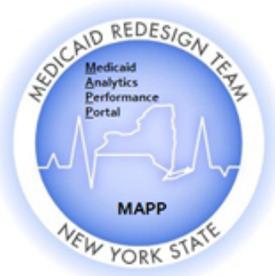
**New York State Department Of Health
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Bronx-Lebanon Hospital Center (PPS ID:27)

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Scotti Lorenzo Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Kahn David I Md	Practitioner - Non-Primary Care Provider (PCP)											
Ruiz Armando Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Kramer Marshall D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hong Byoung Ee Dds	Practitioner - Non-Primary Care Provider (PCP)											
Pedro A Suarez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Forlenza Thomas Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Weissbart Clyde H Md	Practitioner - Non-Primary Care Provider (PCP)											
Wolfson Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Yurberg Emily R Md	Practitioner - Non-Primary Care Provider (PCP)											
Santiago Francisco Hizon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Damore Joseph F Md	Practitioner - Non-Primary Care Provider (PCP)											
Charles Joseph E Md	Practitioner - Non-Primary Care Provider (PCP)											
Winston Jonathan Allan Md	Practitioner - Non-Primary Care Provider (PCP)											
Kramer Lawrence David Md	Practitioner - Non-Primary Care Provider (PCP)											
Lazar John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Brown Marc D Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Heath Desmond Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Osei Tutu John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stiller Luis F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fraenkel David Mark Dds	Practitioner - Non-Primary Care Provider (PCP)											
Mayers Martin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Renvoize Guy A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Arnstein Ellis Jay Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Viviano Ann T Phd	Practitioner - Non-Primary Care Provider (PCP)											
Gochman Richard J Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pierre Paul Antoine Md	Practitioner - Non-Primary Care Provider (PCP)											
Guy Ali Eraj Md	Practitioner - Non-Primary Care Provider (PCP)											
Alvis Robert C Md	Practitioner - Non-Primary Care Provider (PCP)											
Kahn Judith Eve	Practitioner - Non-Primary Care Provider (PCP)											
Shafraan Jacob C Od	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Singh Narinder Pal Dds	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Prager Marc Md	Practitioner - Non-Primary Care Provider (PCP)											
Sundaresan Narayan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Curras Ernesto B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dundy Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		



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Henderson Cassandra E Md	Practitioner - Non-Primary Care Provider (PCP)											
Persaud Vyas Durga Md	Practitioner - Non-Primary Care Provider (PCP)											
Cooper Charles Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Blass Joel Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Krugley Richard A Md	Practitioner - Non-Primary Care Provider (PCP)											
Hilfer Jane Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Brito Mercedes A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Eng Francis S Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kaushik Chandra S Dds	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Jones Lauren Sue	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rigor Virgilio U Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dellolio Joseph Anthony Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Fener Ronald	Practitioner - Non-Primary Care Provider (PCP)											
Dickerson Robert F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Elkin Rene Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rios Gregory	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paz Vistoria Belisario	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Young Constance A Md Pllc	Practitioner - Non-Primary Care Provider (PCP)											
Lichtenstein Ralph B Md	Practitioner - Non-Primary Care Provider (PCP)											
Beards Ashley Harris Dmd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Khaneja Satish C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ritter Diane Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenbaum Pearl S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gasalberti Richard Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Levner Charles	Practitioner - Non-Primary Care Provider (PCP)											
Auricchio John Steven Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Cosgrove John M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Burack Joshua H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kokotek Blair H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Coombs Kenneth E Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Lauer Simeon A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fay Colleen M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gonzalez Eulogio Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Manheimer Eric D Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Costley-Hoke Karen M Md	Practitioner - Non-Primary Care Provider (PCP)											
Moulton Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Fromer Mark David Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chin Henry Thickbin Md	Practitioner - Non-Primary Care Provider (PCP)											
Afran Scott Ian Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Freeman Robert A	Practitioner - Non-Primary Care Provider (PCP)											
Fong Jane Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ganti Sudha Rajaram Md	Practitioner - Non-Primary Care Provider (PCP)											
Uehlinger Joan M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Girishkumar Hanasoge T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shah Ajay K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kirschenbaum Ira H Md	Practitioner - Non-Primary Care Provider (PCP)											
Gheorghiu Olimpia Tintea Md	Practitioner - Non-Primary Care Provider (PCP)											
Borakove Larry Steven	Practitioner - Non-Primary Care Provider (PCP)											
Alabi Amos Ade	Practitioner - Non-Primary Care Provider (PCP)											
Ganey James Hobson Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gates Paul E Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Telzak Edward Elliot Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sanchez Lacay Jose Arturo Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Anderson Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Johnson Michael Norman Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Salama Meir Md	Practitioner - Non-Primary Care Provider (PCP)											
Greenfield Fred D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kurtz Marshall B Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bainbridge Ronald R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mohandas Kala Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Darwin Buschman Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Bakalchuk Leonard Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Angkustsiri Kasem Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Williams Hallie Aurelia Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chilimuri Sridhar S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Munsayac Adele T Md	Practitioner - Non-Primary Care Provider (PCP)											
Jaghory Mohammad Zia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Solomon Robert D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Marder Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Yee Lily Fong Cho Md	Practitioner - Non-Primary Care Provider (PCP)											
Russell Barbara K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dow John Paul Dds	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Feldman David S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Babu Ramesh Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stern Julia Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)											
Karpel Barry M Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Novogrodsky Raphael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sanchez-Feliz Sonia Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Menegas Jeffrey G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Mishra Aruna Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
White Myra P Md	Practitioner - Non-Primary Care Provider (PCP)											
Dixon Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Valentine Dental Office Pc	Practitioner - Non-Primary Care Provider (PCP)											
Riess Andrzej J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sabbagh Elliot Dds	Practitioner - Non-Primary Care Provider (PCP)											
Zin Thant Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Clarke Vanessa T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fruitman Edward	Practitioner - Non-Primary Care Provider (PCP)											
Gadioma Roy V Md	Practitioner - Non-Primary Care Provider (PCP)											
Bien-Aime Jean L Md	Practitioner - Non-Primary Care Provider (PCP)											
Holmberg Arthur Iii	Practitioner - Non-Primary Care Provider (PCP)											
Torres Gluck Jose A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Birnbaum Israel	Practitioner - Non-Primary Care Provider (PCP)											
Gilchrist Brian F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Klugman Susan Debra Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kirschstein Jorge Noberto Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Go Eliseo A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Carr Samuel Stephen Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Coffey John P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Simon Robert M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Matuza Albert Robert Dds	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Dieudonne Arry Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rowe Timothy Owen	Practitioner - Non-Primary Care Provider (PCP)	✓				✓				✓		
Lee Sur Bong Dds	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Mendola Antony J Md	Practitioner - Non-Primary Care Provider (PCP)											
Billotti Thomas J	Practitioner - Non-Primary Care Provider (PCP)											
Martinez Charles Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Revan Sharon Levina Md	Practitioner - Non-Primary Care Provider (PCP)											



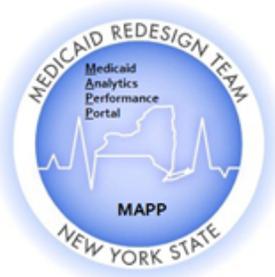
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Bronx-Lebanon Hospital Center (PPS ID:27)

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Orjuela Hernando Md	Practitioner - Non-Primary Care Provider (PCP)											
Drooker Martin Allan Md	Practitioner - Non-Primary Care Provider (PCP)											
Hinson Raymond	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vega Roy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weidenheim Karen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Niazi Masooma Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nunberg Stacy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Morris James Randall Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lipsitz Evan Coulson Md	Practitioner - Non-Primary Care Provider (PCP)											
Lippman Eric Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Bach-Bachich Vjera Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shenoy R Roopalekha Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Liburd Jennifer D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hanan Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Oraee Saeed Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schwartz Scott C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Haber Linda S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rizvi Firdous Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Villar Ofelia Tameta Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hecht Robert Morris Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hakimian Navid Md	Practitioner - Non-Primary Care Provider (PCP)											
Patel Mayank	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bulsara Girish M Md	Practitioner - Non-Primary Care Provider (PCP)											
Rameshwar Karamchand Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Cohen Aaron Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Olivera Rosemarie R Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Dowrich Ingrid Antoinette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mejia Fernando Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Devine Jeanne M Phd	Practitioner - Non-Primary Care Provider (PCP)											
Rubinchik Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Daley Lisa M Md	Practitioner - Non-Primary Care Provider (PCP)											
Kimmel Martin J Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Towner Robert A Md	Practitioner - Non-Primary Care Provider (PCP)											
Bergman Scott Zachary Phd	Practitioner - Non-Primary Care Provider (PCP)											
Weintraub Elizabeth C Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Ythier Denise	Practitioner - Non-Primary Care Provider (PCP)											



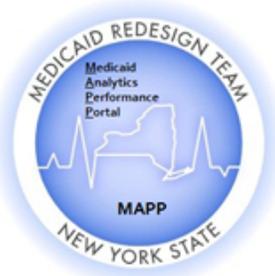
**New York State Department Of Health
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Bronx-Lebanon Hospital Center (PPS ID:27)

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Waseem Muhammad Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lee Moon H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adelfio Mary Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tsao Francis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ross Donald Md	Practitioner - Non-Primary Care Provider (PCP)											
Fromer Susan D Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Teusink John Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Moussavian Hamid	Practitioner - Non-Primary Care Provider (PCP)											
Inghilterra Karen	Practitioner - Non-Primary Care Provider (PCP)											
Gonzales Luis A Md	Practitioner - Non-Primary Care Provider (PCP)											
Gottesfeld Steven H Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Polcaro Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stephens Hiram	Practitioner - Non-Primary Care Provider (PCP)											
Mikhail Magdy Girgis S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cosentino Rosanne Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Monteverde Barbara Ann	Practitioner - Non-Primary Care Provider (PCP)											
Lew Hea Rean Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Mussalli George Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Agarwala Ajay K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓							
Dassa Gabriel L Md	Practitioner - Non-Primary Care Provider (PCP)											
Flamer Harold E Md	Practitioner - Non-Primary Care Provider (PCP)											
Katz Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hameedi Faiq Ali Md	Practitioner - Non-Primary Care Provider (PCP)											
Herivaux James Md	Practitioner - Non-Primary Care Provider (PCP)											
Gaschke Yvonne Nanette	Practitioner - Non-Primary Care Provider (PCP)											
Yang Ian Yeng Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sands Brenda M	Practitioner - Non-Primary Care Provider (PCP)											
Carter-Edwards Mildred G	Practitioner - Non-Primary Care Provider (PCP)											
Dunn Elizabeth Mary	Practitioner - Non-Primary Care Provider (PCP)											
Herbsman Neil Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hundorfean Gabriela Md	Practitioner - Non-Primary Care Provider (PCP)											
Small Jonathan M Phd	Practitioner - Non-Primary Care Provider (PCP)											
Torossian Carol L	Practitioner - Non-Primary Care Provider (PCP)											
Luong Thanh-Ha Thia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Singh Jewan Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hobson Steven Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



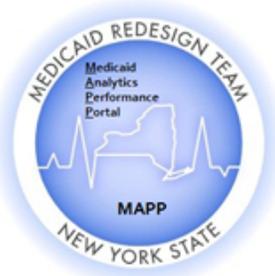
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Tier Beatrice Louise	Practitioner - Non-Primary Care Provider (PCP)											
Bishi Jubril	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Graziosa Albert Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
John Annamma	Practitioner - Non-Primary Care Provider (PCP)											
Barbour Gilda Marina Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dev Anil Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Berd-Vergier Elaina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boguslaw Beth Ivy Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Balar Nilesh Naran Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Henry Michael W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Madanmohan R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bhashyam Vinod Rao Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Parellada Alejo	Practitioner - Non-Primary Care Provider (PCP)											
Akerele Evaristo Olanrewaju Md	Practitioner - Non-Primary Care Provider (PCP)											
Coll-Ruiz Hector	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Herman Craig	Practitioner - Non-Primary Care Provider (PCP)											
Zelenger Sahndor	Practitioner - Non-Primary Care Provider (PCP)											
Garfinkle Diane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hedayati Ahmad	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Moggio Linda Jane	Practitioner - Non-Primary Care Provider (PCP)											
Martin Karen Leslie	Practitioner - Non-Primary Care Provider (PCP)											
Brody David	Practitioner - Non-Primary Care Provider (PCP)											
Carcamo Fadel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mankoff Ruth Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Snyder Andrea Madeline Md	Practitioner - Non-Primary Care Provider (PCP)											
Sharafkhah Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Kahn Ann Mariam Cnm/Rn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ma Shushan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sheinberg Stephen H Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ehrlich Randall Victor Md	Practitioner - Non-Primary Care Provider (PCP)											
Creating Smiles Llc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Rajesh Manharbhai Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Del Rio Marcela Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kobeckis Elizabeth Carpio	Practitioner - Non-Primary Care Provider (PCP)											
Bhatt Upendra Rajendraprasad	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ida Joseph Richard	Practitioner - Non-Primary Care Provider (PCP)											



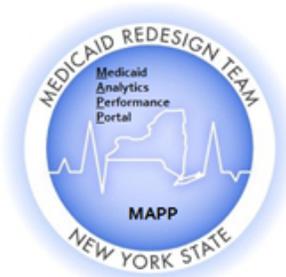
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Saadvandi Terence M Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Gressin Jill Beth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fox-Distefano Laura	Practitioner - Non-Primary Care Provider (PCP)											
Malik Sandeep Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Robbins Rosemary A Phd	Practitioner - Non-Primary Care Provider (PCP)											
Ham Larry Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Orloff Elenora	Practitioner - Non-Primary Care Provider (PCP)											
Brazzo Brian Gerald Md	Practitioner - Non-Primary Care Provider (PCP)											
Levine Jeffrey Mark Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Freed Benjamin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Orloff Eugene Od	Practitioner - Non-Primary Care Provider (PCP)											
Boisette Pascal Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lindenbaum Yelena Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vythilingam Lakshmy M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Harneja Braham Swaroop Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mccullough Gene P	Practitioner - Non-Primary Care Provider (PCP)											
Abraham Marthe Md	Practitioner - Non-Primary Care Provider (PCP)											
Abrams Nana Od	Practitioner - Non-Primary Care Provider (PCP)											
Bella Jonathan Noriega Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cho Minsoo Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kirsch Abbe L Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Herman Paul Phd	Practitioner - Non-Primary Care Provider (PCP)											
Parker Kathryn S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Choe Susanne Suyeon Md	Practitioner - Non-Primary Care Provider (PCP)											
Olivier Wendy-Ann Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Estela Ogiste Md Phd Pc	Practitioner - Non-Primary Care Provider (PCP)											
Adversario Eden Florendo	Practitioner - Non-Primary Care Provider (PCP)											
Baez Joe A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chusid Boris Gregory Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simons Monica J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basso Alan Matthews Phd	Practitioner - Non-Primary Care Provider (PCP)											
Kintzel Timothy J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tejeda Evelyn R Dmd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basavaraju Nerlige G	Practitioner - Non-Primary Care Provider (PCP)											
Dooley Francis Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Porizkova Anna M	Practitioner - Non-Primary Care Provider (PCP)											



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Loraditch John C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Minarik Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nawlo Moise Joseph Dds	Practitioner - Non-Primary Care Provider (PCP)											
Eastside Oral Surgery Pllc	Practitioner - Non-Primary Care Provider (PCP)											
Jones-Malik Mendis	Practitioner - Non-Primary Care Provider (PCP)											
Pathay Fiona Allison Md	Practitioner - Non-Primary Care Provider (PCP)											
Santiago Edwin Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nikiforov Konstantin Md	Practitioner - Non-Primary Care Provider (PCP)											
Siewers Kevin Np	Practitioner - Non-Primary Care Provider (PCP)											
Tam Jeannie Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hilaire Marc Richard Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓	✓	
Leggett Christopher F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cotto Sylvia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ubu Ngozi A Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Salehimanesh Elham Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Davia Michael Onorato Md	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Reyes Frank E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Santiago Carmen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Palace Marcia Rashelle Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lee Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Holt Kimberly J Phd	Practitioner - Non-Primary Care Provider (PCP)											
Costello Maureen Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Limb Lawrence Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Worth Jaqueline Marshall Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mohammed Romeeda	Practitioner - Non-Primary Care Provider (PCP)											
Alexandrov Pavel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Beckerman Karen Palmore Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Brevetti Teresa L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bikvan Svetlana Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Guoping Zhou	Practitioner - Non-Primary Care Provider (PCP)											
Aung Ye Kyaw Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Isaacs Karla Dds	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Hirsch Suzanne Leslie Phd	Practitioner - Non-Primary Care Provider (PCP)											
Ralph Walter M Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weiner Holly H	Practitioner - Non-Primary Care Provider (PCP)											
Neal-Perry Genevieve S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



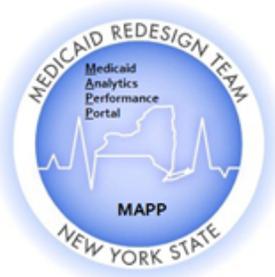
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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Participating in Projects												
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Shapiro Tara E Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Castillo Wilfredo A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paul Arlette Mary	Practitioner - Non-Primary Care Provider (PCP)											
Garcha Sandeep Kaur Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sarwahi Vishal Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jano Delia	Practitioner - Non-Primary Care Provider (PCP)											
Taviloglu Gurkan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hernandez Kenneth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Benjamin Thomas E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Torres Ricardo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Moradi Issac Eshagh Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chalouh Edward Dds	Practitioner - Non-Primary Care Provider (PCP)											
Yim Jeremiah Ho Chang Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zhang David	Practitioner - Non-Primary Care Provider (PCP)											
Troneci Lizica C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Taddeo Gregory Dds	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Amin Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										✓
Scharoun Gina Magali Phd	Practitioner - Non-Primary Care Provider (PCP)											
Jennings Marilena A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Byrne Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Penafranqui Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Win Han	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pujan Gastroenterologist Pllc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thomas Cheryl A Phd	Practitioner - Non-Primary Care Provider (PCP)											
Pettinelli Damon	Practitioner - Non-Primary Care Provider (PCP)											
Barbosa Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gonzalez Ruben E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lee-Kung Melissa K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Valentin Rene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Torres Damaris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vazquez Rosa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vazquez Pedro	Practitioner - Non-Primary Care Provider (PCP)											
Cintron Ana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Demont Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Weiser Lori Gail Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shah Ketki S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Reddy Mamta S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Contreras Virginia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Aronova Yevgenia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Granson Marian A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Umali Sofia	Practitioner - Non-Primary Care Provider (PCP)											
Evdos Olga	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cardillo Edward Paul Phd	Practitioner - Non-Primary Care Provider (PCP)											
Gurell Daniel Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Prasad Anisa Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Tabari Rafael Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Achalla Kiranmayi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Agarwal Surbhi Md	Practitioner - Non-Primary Care Provider (PCP)											
Eapen Jeena Viji Md	Practitioner - Non-Primary Care Provider (PCP)											
Escalona - Deolall Anna R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Velinov Milen T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jakubowicz David Matthew Md	Practitioner - Non-Primary Care Provider (PCP)											
Guccione Michael Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Gries James Robert Phd	Practitioner - Non-Primary Care Provider (PCP)											
Kanagala Madhusudhana Rao	Practitioner - Non-Primary Care Provider (PCP)											
Skokowska-Lebelt Anna Md	Practitioner - Non-Primary Care Provider (PCP)											
Ardito Diane A Phd	Practitioner - Non-Primary Care Provider (PCP)											
Ross Sudeesh Rajkumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Trubetskoy Alla M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stavropoulos Christos I Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Greenberg Elaine Linda Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Noble David	Practitioner - Non-Primary Care Provider (PCP)											
Afflack Phabillia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Guimaraes Tania Csw	Practitioner - Non-Primary Care Provider (PCP)											
Smithey Lesliedds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Morales Alejandra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Emerson Maria M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ideyi Steve Md	Practitioner - Non-Primary Care Provider (PCP)											
Chowlera Rilee N	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chern-Kelk Denny Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Banez Ferdinand B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Elaine William Paulin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	



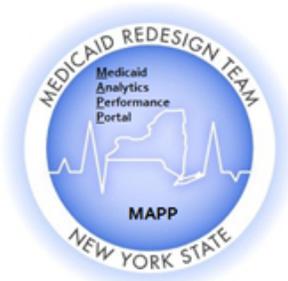
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Kulkarni Aparna Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Desrosiers Sergine Yves-Antoine	Practitioner - Non-Primary Care Provider (PCP)											
Egan Sarah Mcdavitt	Practitioner - Non-Primary Care Provider (PCP)											
Resnick Melissa Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stroe Angela	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Mattoni Matthew Louis	Practitioner - Non-Primary Care Provider (PCP)											
Witkowska Renata A Md	Practitioner - Non-Primary Care Provider (PCP)											
Krishna Srinivasan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Morgenstern Neil Y	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Norman Janet	Practitioner - Non-Primary Care Provider (PCP)											
Santana Resto Lillian Elisa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tieng Nelson L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fleischer-Black Jessica Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miao Katherine H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kuokkanen Satu Maarit Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Reide Nicole A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mcdaniel Jamarcy L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kim Sun Jin Md	Practitioner - Non-Primary Care Provider (PCP)											
Saraiya Rajendra Jayantkumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cueva Edwin X	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tillem Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mallouk Suzanne Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Swartz Marc Eric	Practitioner - Non-Primary Care Provider (PCP)											
Nodarse George L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zaza Walid Ismail Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Meis Alexandra Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ewaskio Miriam A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Iringan Aristole X	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Birnbaum Stuart C Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Patel Rajeshkuma P	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jacobs Jeffrey Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Timmireddy Arunakumari Md	Practitioner - Non-Primary Care Provider (PCP)											
Agunloye Christianah Aina Rn	Practitioner - Non-Primary Care Provider (PCP)											
Harris-Cobbinah Deborah Np	Practitioner - Non-Primary Care Provider (PCP)											
Defalco Michael M Phd	Practitioner - Non-Primary Care Provider (PCP)											
Jan Dominique Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



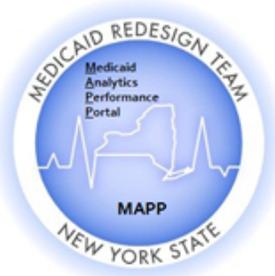
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Myint Win Md	Practitioner - Non-Primary Care Provider (PCP)											
Farkas Daniel T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Faust Erika N Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kramer Janine M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tubman Gary Md	Practitioner - Non-Primary Care Provider (PCP)											
Bernstein Robert Davis Md	Practitioner - Non-Primary Care Provider (PCP)											
Bobyр Boris	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Dragoman Monica V Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lehman Daniel Simon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ballard Eleanor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Garcia Marcia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Reyes - Sanchez Jose	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Blair Angela	Practitioner - Non-Primary Care Provider (PCP)											
Gaston Tonya	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Massis Zipora	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ireh Ugo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jalocha Paulina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Persaud Yudhistira K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ogula Veronica	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Mason Chilenbwe Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Goldman Alissa Paige Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Granieri Evelyn Carmela Md	Practitioner - Non-Primary Care Provider (PCP)											
Sultanian Rachna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gharib Shahin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Magnan John P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Goldstein Jaime A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Andino Julia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zhu-Tam Lily	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Afshar Maryam Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Collins Jeanette Jennie Np	Practitioner - Non-Primary Care Provider (PCP)											
Mooney-Sumpter Linda Np	Practitioner - Non-Primary Care Provider (PCP)											
Kolisetty Pramila Kumari Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Levine Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Remson Karen M Np	Practitioner - Non-Primary Care Provider (PCP)											
Nelson Dina S Md	Practitioner - Non-Primary Care Provider (PCP)											
Zaidi Arshad A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓	✓	



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Escobar Diego Md	Practitioner - Non-Primary Care Provider (PCP)											
Agrawal Vikas Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Terrelonge Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓	✓	
Ahluwalia Shilpi Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Borenstein Steven Howard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sardar Henry Do	Practitioner - Non-Primary Care Provider (PCP)											
Miller Ricardo Anthony	Practitioner - Non-Primary Care Provider (PCP)											
Yoles Ayelet C Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tomohisa Hiroko J Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ahmad Sairah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nicu Marin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gall Sarah Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Wun Selene Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perez Herminio L Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Callahan Latoya M Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sullivan Oliver C Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pichkadze Inna Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rouse Jeffrey A Dds	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Han Yangsook Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Radcliffe Nathan Matthew Md	Practitioner - Non-Primary Care Provider (PCP)											
Gonzales Diana	Practitioner - Non-Primary Care Provider (PCP)											
Williams La	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nifenecker Susan	Practitioner - Non-Primary Care Provider (PCP)											
Lind Leslie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kanneganti Kalyan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rivera Patricia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zelesky Joseph R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Turner Claire	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Levine Amir	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Aleksandrovich Leon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Irizarry Danielle Marie Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Amaro-Quireza Luz	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Oza Parind Manoj Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cuevas Juana Lucia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dabiri Tajudeen Oladele Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schwartz-Moser Laurie	Practitioner - Non-Primary Care Provider (PCP)											



**New York State Department Of Health
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Buyuk Erkan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Paliou Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓		
Nwokeji Kingsley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Blace Nancy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cox Keisha R	Practitioner - Non-Primary Care Provider (PCP)												
Louissaint Carine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Idowu Kehinde Olabisi	Practitioner - Non-Primary Care Provider (PCP)												
Klatsky Peter	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Smith Harriet	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Vargas Luz	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mohseni Hossain	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Goilav Beatrice	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nebolisa Felicia	Practitioner - Non-Primary Care Provider (PCP)												
Williams Keith	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kemp-Prosterman Karen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yoon Jiyoung	Practitioner - Non-Primary Care Provider (PCP)												
Walsh Christophe	Practitioner - Non-Primary Care Provider (PCP)												
Raphael Katia	Practitioner - Non-Primary Care Provider (PCP)												
Hertz Jonathan Adam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓			
Feng Jimmy Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sharon Desales Baoas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓								
Lassalle Adaiah	Practitioner - Non-Primary Care Provider (PCP)												
Pyo Robert T	Practitioner - Non-Primary Care Provider (PCP)												
Grazi Sol Jay	Practitioner - Non-Primary Care Provider (PCP)	✓			✓								
Mandese Anthony Rpa	Practitioner - Non-Primary Care Provider (PCP)												
Torres-Ortiz Gladys Ramona	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ida Louise Santana Md	Practitioner - Non-Primary Care Provider (PCP)												
Nancy J Laifer Od	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Family Eye Care Optometry Pc	Practitioner - Non-Primary Care Provider (PCP)												
Hirschhorn Philip Lon Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										✓	
Baghian Sepideh Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lopez-Leon Manuel	Practitioner - Non-Primary Care Provider (PCP)												
Merced Isabel	Practitioner - Non-Primary Care Provider (PCP)												
Daugialaite Laura	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Choe Alice	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Camillo Reginald Alivia Md	Practitioner - Non-Primary Care Provider (PCP)												



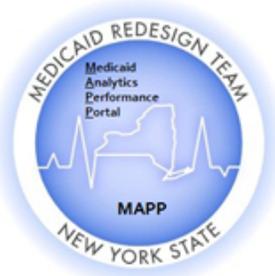
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

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Bronx-Lebanon Hospital Center (PPS ID:27)

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Participating in Projects												
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Demma Anthony	Practitioner - Non-Primary Care Provider (PCP)											
Assimoglou Dimitra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Novak Inna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tania Victoria Mariani	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Daniel Vijai Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gibson Siyong O	Practitioner - Non-Primary Care Provider (PCP)											
Oommen Shobin Md	Practitioner - Non-Primary Care Provider (PCP)											
Berenfeld Benjamin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Brian Fletcher Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adeniji Ademola	Practitioner - Non-Primary Care Provider (PCP)											
Beckford Leslie Dean Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓	✓	
Aristide Burducea	Practitioner - Non-Primary Care Provider (PCP)											
Figueroa Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Li Allan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kuzin Elena	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Toshkoff Radoslav Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Leone Andrea	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Greene Kamala	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Almonte Miguelina	Practitioner - Non-Primary Care Provider (PCP)											
Ruiz Jhon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Espinal Jose	Practitioner - Non-Primary Care Provider (PCP)											
Walker Dara	Practitioner - Non-Primary Care Provider (PCP)											
Tolentino Xiomara	Practitioner - Non-Primary Care Provider (PCP)											
Leung Vivien Loy Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Esther Nwabuoku	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jean-Michel Marjorie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Popotte Joanne Vesta	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vicencio Carmencita Concepcion	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Deborah Jill Bohnen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rivera Milagros Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dheeraj Khurana Mbbs	Practitioner - Non-Primary Care Provider (PCP)											
Wiley Jose Maunel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adam Deutsch	Practitioner - Non-Primary Care Provider (PCP)											
Blatt Kyra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Berg Debra	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dimarco Shari	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Yan Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
White Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Edith A Frank	Practitioner - Non-Primary Care Provider (PCP)											
Hausman Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Rebecca Rayanne Dinowitz	Practitioner - Non-Primary Care Provider (PCP)											
Nadege Avin	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Alice Chu	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rock Alexander	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Johnson Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Sanchez Antonio Alberto Md	Practitioner - Non-Primary Care Provider (PCP)											
Lucien Gina Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Kewson Leyman	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nagorny Andrei	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Borg Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Jacobsberg Lawrence	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
De Jesus Amanda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weille Jean Walker	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Ketan Hasmukhlal	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Antoine T Christina Md	Practitioner - Non-Primary Care Provider (PCP)											
Pabon Eddie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Woodson Latasha	Practitioner - Non-Primary Care Provider (PCP)											
Taylor-Dunn Shirley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Frischer Katya	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Christina Flores	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Keshet Maayan	Practitioner - Non-Primary Care Provider (PCP)											
Mudd Gregory	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Silletti Joseph Peter	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jenny M Frances Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kitchens Galina D	Practitioner - Non-Primary Care Provider (PCP)											
Carolyn Andrews	Practitioner - Non-Primary Care Provider (PCP)											
Brown Beverly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Griffin Shirley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cozort Marina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Maloney Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chavez Betty	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miller Samantha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



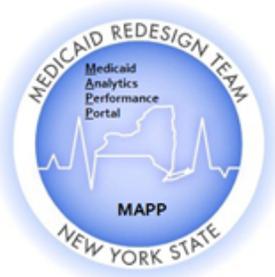
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Bell Tresara Cyril	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Glied Allen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thompson Michael Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Abrar Syed Ali	Practitioner - Non-Primary Care Provider (PCP)											
Robert Favelukes	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Toedt-Pingel Iris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Green Cassie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Joshua David Auerbach	Practitioner - Non-Primary Care Provider (PCP)											
Diana T Vo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Margaret L Meyer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Edward Oduro-Kwakyie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pinto Rohit Ivor Agnel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Caesar Mimieux Vanetta	Practitioner - Non-Primary Care Provider (PCP)											
Agarwal Ruchi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Taveras Jose Martin	Practitioner - Non-Primary Care Provider (PCP)											
Alix E Fleury	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Loehrke-Sichhart Lisa Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Eleff Tybee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cisternas Steven	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Todd Nancy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Karpisz Janet M	Practitioner - Non-Primary Care Provider (PCP)	✓				✓				✓		
Bautista Richard	Practitioner - Non-Primary Care Provider (PCP)											
Priday Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Elisa Bocchieri-Bustros	Practitioner - Non-Primary Care Provider (PCP)											
Gelman Benjamin Gabriel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ami J Shah Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rivera Iris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rodriguez Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wisdom Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mukherjee Koustav	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Baron Martine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tsang Gar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Benchekroune Ghizlane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Logan Cynthia Bush	Practitioner - Non-Primary Care Provider (PCP)											
Terrilyn Jamille Reynolds	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Singh Ashuwinder K Np	Practitioner - Non-Primary Care Provider (PCP)											



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Vanessa A Valentino	Practitioner - Non-Primary Care Provider (PCP)											
Swainson Raymond Edward	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Perlov Eugene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Kropp Elin Sue	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Manchanda-Gera Akanksha	Practitioner - Non-Primary Care Provider (PCP)											
Bones Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Agunloye Natalie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marciano Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Garces Cesar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Litvak Dmitriy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gittens Viola	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Douglas Gregory	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jannatifar Azin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Torres Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dacosta Kerry-Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boller-Delaney Maureen Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Agosto Myrna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Fattakhov Emma	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zlobinskiy Ellen	Practitioner - Non-Primary Care Provider (PCP)											
Kratzer Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Norka	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Riehl James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fred S Schwartz	Practitioner - Non-Primary Care Provider (PCP)											
Peragine Donna	Practitioner - Non-Primary Care Provider (PCP)											
Ramirez Niurka M	Practitioner - Non-Primary Care Provider (PCP)											
Calderon Iris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Norman Otsuka Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Farrell Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eldefrawi Mohamed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jamali-Kashani Majid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Linda L Sicard	Practitioner - Non-Primary Care Provider (PCP)											
Jenny S Stern Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shah Amit	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Windisch-Shayer Jacqueline	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Roxas Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lev Yair	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



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Kopolovich Harry	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schor Kenneth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Isayas Tekie	Practitioner - Non-Primary Care Provider (PCP)											
David Wong	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mohamad Erfani	Practitioner - Non-Primary Care Provider (PCP)											
Roshee Tarethia Maitland	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sheila King	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Juan A Germosen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tamar Goldwaser	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ahmad Maha	Practitioner - Non-Primary Care Provider (PCP)											
Boshakova Alina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Hernandez Hanny Mercedes	Practitioner - Non-Primary Care Provider (PCP)											
Skaradinskiy Yevgeniy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lau Andrew King-Kei	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bilenkin Leonid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Morgan Sheree	Practitioner - Non-Primary Care Provider (PCP)											
Sklyar Eduard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Merlo Lourdes	Practitioner - Non-Primary Care Provider (PCP)											
Rodriguez-Medina Sol-Lisset	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mercredi Guerline	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Almonte Indhira	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zalinyan Heghine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Recabarren-Velarde Juana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kaul Rashmi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ahmed Nasrine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Cohen Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Hill Carmilla	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Amsalem Yoram	Practitioner - Non-Primary Care Provider (PCP)											
Sicile Dominique Margaret Acnp	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Rajendram Gitanjali	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Robinson Emmett J'On	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Korik Simona	Practitioner - Non-Primary Care Provider (PCP)											
Patel Alkesh Navin	Practitioner - Non-Primary Care Provider (PCP)											
Nieves Rosado Sandra	Practitioner - Non-Primary Care Provider (PCP)											
Sydelle R Ross	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Murray Christine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Damian Jeanne	Practitioner - Non-Primary Care Provider (PCP)											
Estrella Mercedes German	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Eliav Chaim B Md	Practitioner - Non-Primary Care Provider (PCP)											
Carambia Stephanie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Notardonato Henry	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gonzalez Luisa Sobeyda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alvarez Richard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Li Feiya	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Twomey Stephanie F	Practitioner - Non-Primary Care Provider (PCP)											
Rostocki Bernice Ann	Practitioner - Non-Primary Care Provider (PCP)											
Gonzalez Noemi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perez Nancy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Guardiola Sandy	Practitioner - Non-Primary Care Provider (PCP)											
Bussoletti Natalee Marie	Practitioner - Non-Primary Care Provider (PCP)											
Kelly Jillian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ngo Linda L	Practitioner - Non-Primary Care Provider (PCP)											
John Robert Delfs	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Galvin Seamus	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Statter Mindy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gitman Bonnie Sharon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rajbhandari Prabi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Christine Cruz	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Borrero Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Mathew Elizabeth Pulickel	Practitioner - Non-Primary Care Provider (PCP)											
Lackner Michael Joseph Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cooke Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Millard Eve	Practitioner - Non-Primary Care Provider (PCP)											
Montes Melba Lissette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Kwon Hye Eun Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pascal Goldy L	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Norat- Anderson Elby	Practitioner - Non-Primary Care Provider (PCP)											
Walsh Ronald	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Etienne Stephanie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Price Cathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Mccabe Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Benitez Marco Antonio	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							



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Plummer Robin	Practitioner - Non-Primary Care Provider (PCP)											
Dang Angie	Practitioner - Non-Primary Care Provider (PCP)											
Medvedovsky Boris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Maldonado Yajaira	Practitioner - Non-Primary Care Provider (PCP)											
Wilde Eric	Practitioner - Non-Primary Care Provider (PCP)											
Levy Elan S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Riefkohl Ricardo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ciotti Andrew James	Practitioner - Non-Primary Care Provider (PCP)											
Tocco Michael Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Partridge Langley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alecia Yvette Williams	Practitioner - Non-Primary Care Provider (PCP)											
Decrosta Inge	Practitioner - Non-Primary Care Provider (PCP)											
Krim Nassim R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Danback Kristine F Phd	Practitioner - Non-Primary Care Provider (PCP)											
Mand Michael	Practitioner - Non-Primary Care Provider (PCP)											
Ramos Julie J	Practitioner - Non-Primary Care Provider (PCP)											
Ajayi Bamidele Anuoluwa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mcperson Christina	Practitioner - Non-Primary Care Provider (PCP)											
Muniz Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Megalla Sherry	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sarfaraz Nimra	Practitioner - Non-Primary Care Provider (PCP)											
Saint Paul Martene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perron Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Diana L Malkin-Washeim	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kaur Simerjit	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Lans Clones	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rodriguez Maria	Practitioner - Non-Primary Care Provider (PCP)											
Hall Michele Renee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Dawkins Manju	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bruno Jaclyn	Practitioner - Non-Primary Care Provider (PCP)											
Ogbonna Chidi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perez Angela	Practitioner - Non-Primary Care Provider (PCP)											
Mailman Toby	Practitioner - Non-Primary Care Provider (PCP)											
Benfield Nerys Camilla	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Renaud Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Talamo Michele	Practitioner - Non-Primary Care Provider (PCP)											



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Padilla Neil	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Poolt Alexandra	Practitioner - Non-Primary Care Provider (PCP)											
Boateng Sharwon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cohen Alexis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Carternuto Alicia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Phelan Jane	Practitioner - Non-Primary Care Provider (PCP)											
Duncan Tamika Simone	Practitioner - Non-Primary Care Provider (PCP)											
Carleton Lindsay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Moss Shira	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Penaloza Juan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Liz Defillo Vicente J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Christman Catherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hayes Jacqueline	Practitioner - Non-Primary Care Provider (PCP)											
Brenda Behar	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Lindsay N Price	Practitioner - Non-Primary Care Provider (PCP)											
Hiensch Karen Allison	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Imam Asim	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lawson Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Saccante Erica	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓				✓	
St Hilaire Wilgym	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Nataneli Nathaniel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rojas Ana Elisa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ayoub Joanna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lopez Luis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓							
Toma Mirela Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Omeh Better Ezenwanyi	Practitioner - Non-Primary Care Provider (PCP)											
Patel Reshma Bhupendra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pearsall Miller B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hasan Omar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Plansky Jason M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chung Nancy D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kim Diana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sticco Charles Craig	Practitioner - Non-Primary Care Provider (PCP)											
Perez Janely	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dharni Poonam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dubey Ashok	Practitioner - Non-Primary Care Provider (PCP)											



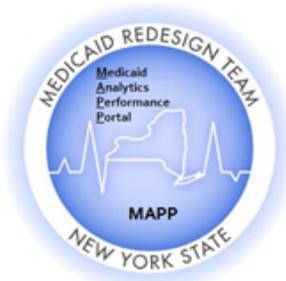
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Carlucci John	Practitioner - Non-Primary Care Provider (PCP)											
Busse Jennifer Alison	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Peskin-Stolze Melissa Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Calderon Ruddy Smith	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Valentin Kenia	Practitioner - Non-Primary Care Provider (PCP)											
Bailey Judith	Practitioner - Non-Primary Care Provider (PCP)											
Ippili Rakhee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perez Coste Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Washington Sierra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Peoples Annette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Kwon Soon Mi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Merrick Kareem	Practitioner - Non-Primary Care Provider (PCP)											
Alexeenko Lada	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Jacob	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Krystyna Annika	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Portugal Salvador Eligado	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Labarbera Jaclin Michele	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mascaro Hilda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schulz Jacob	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fornari Eric	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kim Taesoo Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Pearlman Charles Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Patel Dhvanit	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Estefan Bebsy C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Delgado Luis R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boudreaux Tyson	Practitioner - Non-Primary Care Provider (PCP)											
Williams Edith L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Samaroo Parbhu Dyal	Practitioner - Non-Primary Care Provider (PCP)											
Shah Ruchi Arpan	Practitioner - Non-Primary Care Provider (PCP)											
Reyes-Rivera Loida	Practitioner - Non-Primary Care Provider (PCP)											
Harlow Megan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dastain Jean Yves	Practitioner - Non-Primary Care Provider (PCP)											
Kindo-Diouf Azetta	Practitioner - Non-Primary Care Provider (PCP)											
Campos Maria M	Practitioner - Non-Primary Care Provider (PCP)	✓									✓	
Katz Abigail	Practitioner - Non-Primary Care Provider (PCP)											
Mushkin Rebecca	Practitioner - Non-Primary Care Provider (PCP)											



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Leonard Todd	Practitioner - Non-Primary Care Provider (PCP)											
Anusionwu Justina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gavila Traci Leigh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Taghavi-Ardakany Reza	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Freund Dvora	Practitioner - Non-Primary Care Provider (PCP)											
Herman Emily E	Practitioner - Non-Primary Care Provider (PCP)											
Figuroa Nanette M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Morgan Diane M	Practitioner - Non-Primary Care Provider (PCP)											
Hinojosa Franz	Practitioner - Non-Primary Care Provider (PCP)											
Mehmel Silvia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Son Hwa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stremmel Nancy	Practitioner - Non-Primary Care Provider (PCP)											
Rodriguez Zulma	Practitioner - Non-Primary Care Provider (PCP)											
Roman John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Straatmann Caroline Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weiss Adam J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schaefer Mary Ellen	Practitioner - Non-Primary Care Provider (PCP)											
Amanda Ruth Mondesir	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kang Moonwha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Baker Malka	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Michael Kisalyn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chui Dennis W	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
O'Boyle Meredith	Practitioner - Non-Primary Care Provider (PCP)											
Brus Michael John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Gorseth Karin	Practitioner - Non-Primary Care Provider (PCP)											
Lucas-Perry Victoria M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lacher Jason Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Richman Oren Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Shil Liliya	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Shamalov Gennadiy	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Charles-Gonsalves Shurla A	Practitioner - Non-Primary Care Provider (PCP)											
Dipalermo Danielle	Practitioner - Non-Primary Care Provider (PCP)											
Chen Christine	Practitioner - Non-Primary Care Provider (PCP)											
Mcleod Shenequa Alisha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bharati Tejeshwini Eila	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Painson Jean Luther	Practitioner - Non-Primary Care Provider (PCP)											



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Roldan Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Smith Clive Nicholas	Practitioner - Non-Primary Care Provider (PCP)											
Sandigursky Yelena	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mejias Roberto	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Levin Erika	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Herrera Diana Marilu	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lepp Daniel J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Riley Diahann Latoya	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Altman Nicholas Dodge	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hayes Darwin Kyle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jones-Jacques Makeda Naomi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Abdelaziz Hoda H Fnp	Practitioner - Non-Primary Care Provider (PCP)											
Douglas Gaveral Dania	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rudd Kathryn Alexis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lipman Danielle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Camacho Arturo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miller Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Yu Bo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lopez Francis	Practitioner - Non-Primary Care Provider (PCP)											
Singh Jagdeep	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thambirajah Gloria Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Singla Prem	Practitioner - Non-Primary Care Provider (PCP)											
Boynton Hilary Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Soddano Claudia Christina	Practitioner - Non-Primary Care Provider (PCP)											
Belliard Esperanza D	Practitioner - Non-Primary Care Provider (PCP)											
Olivencia Nellia Z	Practitioner - Non-Primary Care Provider (PCP)											
Servodidio Alexa Ann	Practitioner - Non-Primary Care Provider (PCP)											
Colon Mirtha Apolonia	Practitioner - Non-Primary Care Provider (PCP)											
Dwira Kobina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wynter Bridgette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nair Prathila Karunakaran	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dusenbury James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gingrich Aaron	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dwyer Caitlin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tyler Douglas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mehdzadeh Alireza	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Annan David Nii Yarteboye	Practitioner - Non-Primary Care Provider (PCP)											
Fidelman Leila H	Practitioner - Non-Primary Care Provider (PCP)											
Bacchus Caslene Cornnie	Practitioner - Non-Primary Care Provider (PCP)											
Eli Shalenberg	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Williams Caroline Borden	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Falzon Jean Marie	Practitioner - Non-Primary Care Provider (PCP)											
Salaverry Kristina R	Practitioner - Non-Primary Care Provider (PCP)	✓										✓
Kamalakkannan Gayathri	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weingart Caren	Practitioner - Non-Primary Care Provider (PCP)											
Patel Payal	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Centonza Susan A	Practitioner - Non-Primary Care Provider (PCP)											
Biernacki Carolina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Korenis Panagiota	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jordan Malynda	Practitioner - Non-Primary Care Provider (PCP)											
Bermeo Carlos A	Practitioner - Non-Primary Care Provider (PCP)											
Pacheco Christiane Magdi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lindy David C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Ketner Jr David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hylton Donna-Kay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thompson Sean	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Salvador-Sison Joselyn Denise	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chaudhary Vikram	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Horvath David	Practitioner - Non-Primary Care Provider (PCP)											
Wilson Clea V	Practitioner - Non-Primary Care Provider (PCP)											
Krempasky Chance Nicholas	Practitioner - Non-Primary Care Provider (PCP)											
Piotrowska Eva	Practitioner - Non-Primary Care Provider (PCP)											
Eschenbach Suzanne Kohout	Practitioner - Non-Primary Care Provider (PCP)											
Mckee Shannon B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Assian Sarah E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Morales Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Isaac Beverly A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Yossefi Larissa	Practitioner - Non-Primary Care Provider (PCP)											
Patton Todd Cary	Practitioner - Non-Primary Care Provider (PCP)											
Halliburton Leah Pepper	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gohar James Ashraf	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Raiszadeh Farbod	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



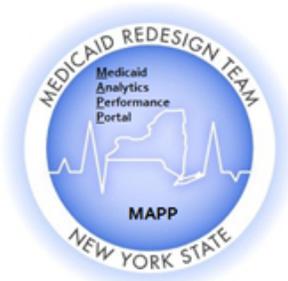
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Nassiri Haleh	Practitioner - Non-Primary Care Provider (PCP)											
Kabra Nikki	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tarcatu Dana Liliana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓	✓	
Simon Laura E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ramdeen Sean S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Plantin Marie Ketteline	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fuentes Patricio X	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Saleh Ali	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rodriguez Shantae Lynette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lugo Edgardo	Practitioner - Non-Primary Care Provider (PCP)											
Jain Priti	Practitioner - Non-Primary Care Provider (PCP)											
Berger Ari	Practitioner - Non-Primary Care Provider (PCP)											
Santiago Daisy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pineros Sandra L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Eke Felix O	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Turner Latasha M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alvarez-Barto Ivannia Nastashia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Timreck Eleanor Thayer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Madhu Meenakshi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Garg Ridhima	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hopgood Brendon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Libovich Anastasia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mcshea Meghan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Meftah Morteza	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Balachandar Divya	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Finkelstein Ruth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Toglia Morgana R	Practitioner - Non-Primary Care Provider (PCP)											
London Karyn J	Practitioner - Non-Primary Care Provider (PCP)											
Vargas Jose T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Williams Ayesha Audene	Practitioner - Non-Primary Care Provider (PCP)											
Gersman Michele Peri	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Connelly Alison N	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nagy Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Wagner Erika Zuleika	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Manhattan Rhoderick James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fludd Tiffany S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Mercado Depaz Disnilda L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Friedman Lori A	Practitioner - Non-Primary Care Provider (PCP)											
Guy Reuven M	Practitioner - Non-Primary Care Provider (PCP)											
Welton Vivian	Practitioner - Non-Primary Care Provider (PCP)											
Scott David M	Practitioner - Non-Primary Care Provider (PCP)											
Miksic Erin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Johnson Benay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adelson Mireilla	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Iodice Gabriella	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Garcia Yudelka	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Cabico Mary Lizette	Practitioner - Non-Primary Care Provider (PCP)											
Bunch Cherrisse	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Wang Wei	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Hughes James J	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Cloutier-Champagne Laurence	Practitioner - Non-Primary Care Provider (PCP)											
Clarke Kimesha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Addo Evelyn	Practitioner - Non-Primary Care Provider (PCP)											
Davis Alecia A Np	Practitioner - Non-Primary Care Provider (PCP)											
Berman Monica A	Practitioner - Non-Primary Care Provider (PCP)											
Salvato Scott	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Francois Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lee Charles	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kilduff Arthur	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pearlman Shoshannah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Wong Robert Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dubois Elizabeth T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Asante Modesta	Practitioner - Non-Primary Care Provider (PCP)											
Diaz Christian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Larkai Miriam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cheng Sue Ping	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gumbs Cahlelah	Practitioner - Non-Primary Care Provider (PCP)											
Beyer Lori	Practitioner - Non-Primary Care Provider (PCP)											
Shafter Roberta Breslof	Practitioner - Non-Primary Care Provider (PCP)											
Elliott Emily C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Kapoor Kevin Randish	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rivera Jhanine Louren	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Addoh Jones A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Khan Munaza	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Johnson Brandon Boyd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Quezada-York Ericka	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Munro Manuel	Practitioner - Non-Primary Care Provider (PCP)											
Wholley Preston	Practitioner - Non-Primary Care Provider (PCP)											
Foley Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
George Vero	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Lipat Portia	Practitioner - Non-Primary Care Provider (PCP)											
Perez Teresita V	Practitioner - Non-Primary Care Provider (PCP)											
Barclay Ruby	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Joseph Merin S	Practitioner - Non-Primary Care Provider (PCP)											
Colon Aida I	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Truong Diane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Morgan Prince	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Frederick Bianca	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kilical Yasemin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Demieri Anthony	Practitioner - Non-Primary Care Provider (PCP)											
Guglielmi Marcello	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Smaldone Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Brooke Shyvonne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Cintron Howard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ramirez Theresa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Simela Ashley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Del Pilar Mariano	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pattamanuch Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gallagher Jillian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lakdawala Viraj	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Coffey Alexandra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sales Martha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Baldik Yasemin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Olajide Grace	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Escobedo Liza	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Koo Timothy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Badhey Smita	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kella Venkata	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Buhrmester Luke	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Roman Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chacko Sneha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vohra Rishi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lavy Tamar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Roque Jr. Cesar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hoang Hwa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alagkiozidis Ioannis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ledwith Allison Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Manik Arvind Chandulah	Practitioner - Non-Primary Care Provider (PCP)											
Owens Jr Wiley	Practitioner - Non-Primary Care Provider (PCP)											
Lopez Taina	Practitioner - Non-Primary Care Provider (PCP)											
Kahn Paul W	Practitioner - Non-Primary Care Provider (PCP)											
Kwofie Stella	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Abrams Jordan C	Practitioner - Non-Primary Care Provider (PCP)											
Kone Odiya Camara	Practitioner - Non-Primary Care Provider (PCP)											
Mercader Carolina	Practitioner - Non-Primary Care Provider (PCP)											
Nguyen Uyen P	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jakobsen Kwan-long Lee	Practitioner - Non-Primary Care Provider (PCP)											
Butler Toni C	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Verzosa Freddie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Badipatla Shanthi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Yepes Martha Paola	Practitioner - Non-Primary Care Provider (PCP)											
Uskach Eugenia	Practitioner - Non-Primary Care Provider (PCP)											
Xu Wei Hong	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Kurpakov Ilona	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Chilaka Chioma Onyemechi	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Harry La-Toya Juanita	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Kim Su Haeng	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Arceo Joy Victor Boado	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Perryman Milagro	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Uszynski Boguslawa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Callender Kimberly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Osipov Andrei	Practitioner - Non-Primary Care Provider (PCP)											
Xu Ruimin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Jean-Pierre Gannel	Practitioner - Non-Primary Care Provider (PCP)											



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Bonsu John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mitchell Tunesia L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Riley Samantha M	Practitioner - Non-Primary Care Provider (PCP)											
Ying Huiwen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Sauveur Esther	Practitioner - Non-Primary Care Provider (PCP)											
Beltran Maria Zaida	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Petitme Marie	Practitioner - Non-Primary Care Provider (PCP)											
Tashorn Lewis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Debra Fischer	Practitioner - Non-Primary Care Provider (PCP)											
Feng Hui-Min	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Alejandro Alonso, Hyg	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Margarita Lopera	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Carless Althea Nichola	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Pleitez Natalie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Flavio Kamenetz	Practitioner - Non-Primary Care Provider (PCP)											
Tanya Sullivan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Ewen Dennise Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Jennifer Grove-Sobol	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Deborah Sabat	Practitioner - Non-Primary Care Provider (PCP)											
Khushbu Modh, Lmhc	Practitioner - Non-Primary Care Provider (PCP)											
Lee Gina	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Kathryn Ryan	Practitioner - Non-Primary Care Provider (PCP)											
Rios Marisol	Practitioner - Non-Primary Care Provider (PCP)											
Vega Evelyn	Practitioner - Non-Primary Care Provider (PCP)											
Members Hani	Practitioner - Non-Primary Care Provider (PCP)											
Boyd-Mckoy Aleen Marie	Practitioner - Non-Primary Care Provider (PCP)											
Hennings Miriam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Hagan Allison	Practitioner - Non-Primary Care Provider (PCP)											
Gonzalez Jose Jr	Practitioner - Non-Primary Care Provider (PCP)											
Maegan D. Ratliff, Rd Cdn	Practitioner - Non-Primary Care Provider (PCP)											
Clare Lazar	Practitioner - Non-Primary Care Provider (PCP)											
Melissa A. Olson, Rd	Practitioner - Non-Primary Care Provider (PCP)											
Pawel Hanulewicz	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Warren J Pires, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Marlene Medley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Carmelo Rivera	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Gloria Gaev	Practitioner - Non-Primary Care Provider (PCP)											
Taveras-Ozoria Ivette	Practitioner - Non-Primary Care Provider (PCP)											
Duff, Cassandra (Lmhc)	Practitioner - Non-Primary Care Provider (PCP)											
La Jason	Practitioner - Non-Primary Care Provider (PCP)											
Ramcharran Anneta Crepaul	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Mclaurin Frankie	Practitioner - Non-Primary Care Provider (PCP)											
Elisa Munroe	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Deborah Licht	Practitioner - Non-Primary Care Provider (PCP)											
Sheena Pradhan, Rd	Practitioner - Non-Primary Care Provider (PCP)											
Katrina Maniec	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sandra Stein	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thompson Michael Joel	Practitioner - Non-Primary Care Provider (PCP)											
Esteban A. Benavides	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Dominique White	Practitioner - Non-Primary Care Provider (PCP)											
Wall Darryl	Practitioner - Non-Primary Care Provider (PCP)											
Daniella Shaw	Practitioner - Non-Primary Care Provider (PCP)											
Deepa Rao	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tigenoah Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Green Kelli	Practitioner - Non-Primary Care Provider (PCP)											
Damaris Calderon	Practitioner - Non-Primary Care Provider (PCP)											
Saint Hilaire Bernadette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Rehkugler Kelley	Practitioner - Non-Primary Care Provider (PCP)											
Warner Randall Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Brady Susan	Practitioner - Non-Primary Care Provider (PCP)											
Katrina Pressley	Practitioner - Non-Primary Care Provider (PCP)											
Fazio Kim Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Browne Sherine Anne	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Ronald Downs	Practitioner - Non-Primary Care Provider (PCP)											
Romar Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Mary Zick	Practitioner - Non-Primary Care Provider (PCP)											
Alejandro F. Molina	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Grinberg, Svetlana	Practitioner - Non-Primary Care Provider (PCP)											
Deonarine Youbraj Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Leah Kaufman	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mota Milady	Practitioner - Non-Primary Care Provider (PCP)											
Miguel Gonzalez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



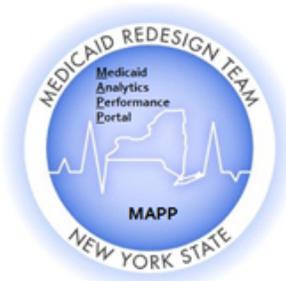
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Toloz Maria Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Alexander Jane Lauren Np	Practitioner - Non-Primary Care Provider (PCP)											
Baumgarten Megan	Practitioner - Non-Primary Care Provider (PCP)											
Sovanna Mey	Practitioner - Non-Primary Care Provider (PCP)											
Staci Bryson	Practitioner - Non-Primary Care Provider (PCP)											
Jimmy Rosario	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Carlos Gonzalez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hernandez, Angel (Lmhc)	Practitioner - Non-Primary Care Provider (PCP)											
Friedman Danielle Miss	Practitioner - Non-Primary Care Provider (PCP)											
Espinal Luis	Practitioner - Non-Primary Care Provider (PCP)											
Linda Giuliano	Practitioner - Non-Primary Care Provider (PCP)											
Stacey Leung, Rd Cdn	Practitioner - Non-Primary Care Provider (PCP)											
Judy Jones	Practitioner - Non-Primary Care Provider (PCP)											
Santos, Sonia (Nutritionist)	Practitioner - Non-Primary Care Provider (PCP)											
Curbelo Dolores E	Practitioner - Non-Primary Care Provider (PCP)											
Tara Ciccone	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Songco Anne Llamoso	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Sheryl Jaffe	Practitioner - Non-Primary Care Provider (PCP)											
Rook Lani	Practitioner - Non-Primary Care Provider (PCP)											
Melissa Carty	Practitioner - Non-Primary Care Provider (PCP)											
Mark Beauregar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Robert Pecoraro	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jones Benefita Floral	Practitioner - Non-Primary Care Provider (PCP)											
King Patrice	Practitioner - Non-Primary Care Provider (PCP)											
Werblin Joshua Paul	Practitioner - Non-Primary Care Provider (PCP)											
Vasi Jankovich	Practitioner - Non-Primary Care Provider (PCP)											
Butters Marva Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Gary Butchen	Practitioner - Non-Primary Care Provider (PCP)											
Allied Health Services, Inc	Practitioner - Non-Primary Care Provider (PCP)											
Guzman Wendy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Smirna De Leon-Suarez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Benjamin Hillel	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Kira Gladstein, Lmhc	Practitioner - Non-Primary Care Provider (PCP)											
Lisa Sciarani	Practitioner - Non-Primary Care Provider (PCP)											
Yolette Loiseau, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Labbate Chris Mr.	Practitioner - Non-Primary Care Provider (PCP)											



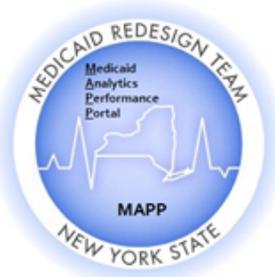
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Latoya Thompson	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Charran Nalini Miss	Practitioner - Non-Primary Care Provider (PCP)											
Maloney-Mcalmont Avril	Practitioner - Non-Primary Care Provider (PCP)											
Eunice Martinez, Hyg	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lady Martinez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Puzie Grant Ana	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Martinez Juliana Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Tsai Josephine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓				✓	
Caruso Johanna	Practitioner - Non-Primary Care Provider (PCP)											
Racquel Jones	Practitioner - Non-Primary Care Provider (PCP)											
May W. Lemon, Rd Cdn	Practitioner - Non-Primary Care Provider (PCP)											
Deirdre Forbes	Practitioner - Non-Primary Care Provider (PCP)											
Tran Phat T Md	Practitioner - Non-Primary Care Provider (PCP)											
Keeler Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Odume Josephine Nkechi	Practitioner - Non-Primary Care Provider (PCP)											
Anderson John	Practitioner - Non-Primary Care Provider (PCP)											
Doris Roman, Msw	Practitioner - Non-Primary Care Provider (PCP)											
Marfatia Meher Kaiyomarz	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Herman Goldstein	Practitioner - Non-Primary Care Provider (PCP)											
Shobha Nandivada	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Yolanda Sanchez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kcarin De La Cruz	Practitioner - Non-Primary Care Provider (PCP)											
Schulman Morgan	Practitioner - Non-Primary Care Provider (PCP)											
Yesenia Rivera	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gilman Stephen	Practitioner - Non-Primary Care Provider (PCP)											
Evodie Severe, Rdh	Practitioner - Non-Primary Care Provider (PCP)											
Cecilia Land	Practitioner - Non-Primary Care Provider (PCP)											
Otello Toni Anne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Emma L Suarez, Hyg	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Greenberg Frances Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Ziemba, Jessica C., Rpa-C	Practitioner - Non-Primary Care Provider (PCP)											
Karla Giboyeaux	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wendy Cheong, Rd	Practitioner - Non-Primary Care Provider (PCP)											
Binshteyn Galina Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Maryann Jonaitis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Andrea Calabrese	Practitioner - Non-Primary Care Provider (PCP)											



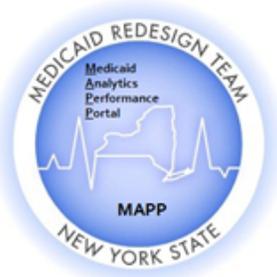
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Kelly E. Walker, Rd	Practitioner - Non-Primary Care Provider (PCP)											
Lee Katherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓							
Mickens Samuel R	Practitioner - Non-Primary Care Provider (PCP)											
Podd Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Daly Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Franklin Velaquez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Colon Vivian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Denis Clarke	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sutton Allen D Np	Practitioner - Non-Primary Care Provider (PCP)											
Debora Kupersmid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ingrid Nunez	Practitioner - Non-Primary Care Provider (PCP)											
Alfonso Garcia Cesar Alberto	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Messore Elisa	Practitioner - Non-Primary Care Provider (PCP)											
Bronx Lebanon Hospital Center	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Calvary Hospital Inc	Hospital											
St Johns Riverside Hospital	Hospital											
Mount Sinai Hospital	Hospital											
Help/Project Samaritan Svcs Corp	Clinic	✓	✓		✓	✓	✓				✓	
Urban Health Plan Inc	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Asian & Pacific I C Hiv/Aids	Clinic											
Doj Dialysis Center Corp	Clinic											
Medalliance Medical Hlth Svc	Clinic											
Kings Harbor Dialysis Ctr	Clinic											
All Med & Rehab Of New York	Clinic											
New York Renal Associates Inc	Clinic											
Michael Callen-Audre Lrde Chc	Clinic											
Project Samaritan Hlth Svcs I	Clinic											
New York Neuro And Rehab Ctr	Clinic	✓	✓		✓	✓	✓				✓	
St Christophers Inn Inc	Clinic	✓				✓				✓		
Lower West Side Household Svc	Clinic											
Greenwich House Inc Ai	Clinic											
Odyssey House Of New York	Clinic											
Ambulatory Surgery Ctr Of Gny	Clinic											
Jgb Rehabilitation Corp	Clinic	✓				✓						
Community Healthcare Network	Clinic											
Bronx Lebanon Hospital Center	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



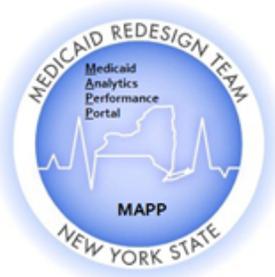
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Terence Cardinal Cooke Hcc	Clinic												
Calvary Hospital Inc	Clinic												
Lower Eastside Service Center	Clinic												
St Johns Riverside Hospital	Clinic												
Narco Freedom Inc	Clinic												
Floating Hospital	Clinic												
Martin Luther King Hlth Ctr	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mount Sinai Hospital	Clinic												
Care For The Homeless	Clinic												
Upper Room Aids Ministry Aadc	Clinic												
Newtown Dialysis Center Inc	Clinic												
Workmens Circle Dialysis Center Inc	Clinic												
Vocational Inst Proj Comm Svc	Clinic	✓	✓	✓	✓	✓	✓			✓	✓		
Vnsny Community Health Services	Case Management / Health Home	✓	✓		✓				✓	✓			
Bailey House Ai	Case Management / Health Home												
Asian & Pacific I C Hiv/Aids	Case Management / Health Home												
Psch Inc Mh	Case Management / Health Home												
Weston United Comm Renewal Mh	Case Management / Health Home												
University Consultation Ct Mh	Case Management / Health Home												
The Bridge Inc Mh	Case Management / Health Home												
Harlem United Com Aids Ctr Ai	Case Management / Health Home												
Help/Psi Aids Adhpc	Case Management / Health Home	✓	✓		✓	✓	✓					✓	
Bronx Lebanon Hospital Scm	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Astor Home For Children Fbt	Case Management / Health Home												
Lower West Side Household Svc	Case Management / Health Home												
Jewish Bd Fam/Child Svcs Mh	Case Management / Health Home												
Gay Mens Hlth Crisis Aids Ai	Case Management / Health Home												
Fed Empl & Gld Ser Mr Mh	Case Management / Health Home												
Argus Community Inc Ai	Case Management / Health Home	✓			✓							✓	
Citizens Advice Bureau Ai	Case Management / Health Home	✓			✓			✓				✓	
Bronx Aids Service Ai	Case Management / Health Home	✓	✓									✓	
Community Hlthcare Network Ai	Case Management / Health Home												
Bronx Lebanon Hospital Center	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Omrdd/Allcare Provider Svc	Case Management / Health Home												
National Association On Drug Abuse	Case Management / Health Home												
Salvation Army Ai	Case Management / Health Home												



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Queens Coordinated Care Partners LI	Case Management / Health Home											
Community Care Management Partners	Case Management / Health Home	✓	✓		✓							
Nwokeji Kingsley	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cox Keisha R	Mental Health											
Idowu Kehinde Olabisi	Mental Health											
Vargas Luz	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Help/Project Samaritan Svcs Corp	Mental Health	✓	✓		✓	✓	✓				✓	
Walsh Christophe	Mental Health											
Vnsny Community Health Services	Mental Health	✓	✓		✓				✓	✓		
Hertz Jonathan Adam	Mental Health	✓	✓		✓				✓			
Lassalle Adaiah	Mental Health											
Torres-Ortiz Gladys Ramona	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Levine Amir	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Turner Claire	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nifenecker Susan	Mental Health											
Williams La	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Muniz Elisa Iraida Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miller Ricardo Anthony	Mental Health											
Terrelonge Robert	Mental Health	✓	✓	✓	✓	✓	✓			✓	✓	
Schulman Morgan	Mental Health											
Remson Karen M Np	Mental Health											
Bailey House Ai	Mental Health											
Andino Julia	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
New York Foundling Hospital, The	Mental Health											
Ogula Veronica	Mental Health	✓	✓		✓	✓	✓				✓	
Reyes - Sanchez Jose	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Garcia Marcia	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Goodwill Industries Act Rc	Mental Health											
Center For Alt Sentencing Rc	Mental Health											
Postgraduate Ctr Mental Hlth	Mental Health											
Fortune Society Inc, The	Mental Health											
Defalco Michael M Phd	Mental Health											
Sutton Allen D Np	Mental Health											
Ewaskio Miriam A Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nodarse George L Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mallouk Suzanne Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Cueva Edwin X	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bronx Lebanon Hospital Act	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Norman Janet	Mental Health											
Banez Ferdinand B Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Morales Alejandra	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Guimaraes Tania Csw	Mental Health											
Ardito Diane A Phd	Mental Health											
Gries James Robert Phd	Mental Health											
Bronx Pc Act	Mental Health											
Achalla Kiranmayi	Mental Health	✓	✓		✓	✓	✓				✓	
Cardillo Edward Paul Phd	Mental Health											
Evdos Olga	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Umali Sofia	Mental Health											
Aronova Yevgenia Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Contreras Virginia Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shah Ketki S Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vega Evelyn	Mental Health											
Vazquez Pedro	Mental Health											
Vazquez Rosa	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Valentin Rene	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gonzalez Ruben E Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Barbosa Maria	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thomas Cheryl A Phd	Mental Health											
Penafranqui Elizabeth	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Daly Thomas	Mental Health											
Byrne Thomas	Mental Health											
Jennings Marilena A Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Scharoun Gina Magali Phd	Mental Health											
Troneci Lizica C Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Torres Ricardo	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jano Delia	Mental Health											
Health Ind Resources Ent Inc	Mental Health	✓			✓					✓		
Lando Sister Melinda	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hirsch Suzanne Leslie Phd	Mental Health											
Mohammed Romeeda	Mental Health											
Holt Kimberly J Phd	Mental Health											



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Bronx-Lebanon Hospital Center (PPS ID:27)

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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii		
Reyes Frank E Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cotto Sylvia	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Siewers Kevin Np	Mental Health												
Nikiforov Konstantin Md	Mental Health												
Dooley Francis Patrick	Mental Health												
Basso Alan Matthews Phd	Mental Health												
University Consultation Ct Mh	Mental Health												
The Bridge Inc Mh	Mental Health												
St Christopher-Ottillie Mh	Mental Health												
Baez Joe A Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Choe Susanne Suyeon Md	Mental Health												
Herman Paul Phd	Mental Health												
Abraham Marthe Md	Mental Health												
Mccullough Gene P	Mental Health												
Harneja Braham Swaroop Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Levine Jeffrey Mark Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Robbins Rosemary A Phd	Mental Health												
Bhatt Upendra Rajendraprasad	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Patel Rajesh Manharbhai Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Snyder Andrea Madeline Md	Mental Health												
Coll-Ruiz Hector	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Akerele Evaristo Olanrewaju Md	Mental Health												
Bhashyam Vinod Rao Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Torossian Carol L	Mental Health												
Small Jonathan M Phd	Mental Health												
Hundorfean Gabriela Md	Mental Health												
Gaschke Yvonne Nanette	Mental Health												
Herivaux James Md	Mental Health												
Hameedi Faiq Ali Md	Mental Health												
Michael Callen-Audre Lrde Chc	Mental Health												
Stephens Hiram	Mental Health												
Gonzales Luis A Md	Mental Health												
Inghilterra Karen	Mental Health												
Alfonso Garcia Cesar Alberto	Mental Health												
Moussavian Hamid	Mental Health												
Teusink John Paul Md	Mental Health												



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Bergman Scott Zachary Phd	Mental Health												
Devine Jeanne M Phd	Mental Health												
Mejia Fernando Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rameshwar Karamchand Md	Mental Health	✓	✓		✓	✓	✓					✓	
Villar Ofelia Tameta Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Haber Linda S	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schwartz Scott C Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Billotti Thomas J	Mental Health												
Mendola Antony J Md	Mental Health												
Rowe Timothy Owen	Mental Health	✓				✓					✓		
Go Eliseo A Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kirschstein Jorge Noberto Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Birnbaum Israel	Mental Health												
Bien-Aime Jean L Md	Mental Health												
Fruitman Edward	Mental Health												
Astor Home For Children Fbt	Mental Health												
Comunilife Mental Health Cl	Mental Health	✓			✓						✓		
Professional Svc Ctr Handicap	Mental Health												
Greenwich House Inc Ai	Mental Health												
Munsayac Adele T Md	Mental Health												
Darwin Buschman Md Pc	Mental Health												
Abbott House Inc	Mental Health												
Sanchez Lacay Jose Arturo Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weston United Comm Renewal	Mental Health												
Geel Community Services,Inc.	Mental Health												
Professional Svc Ctr Handicap	Mental Health												
Pibly Residential Programs	Mental Health												
Assoc Rehab Cm & Housing Inc	Mental Health												
Concern For Mental Health Inc	Mental Health												
Jewish Board Of Fmly&Child Sv	Mental Health												
Borakove Larry Steven	Mental Health												
Gheorghiu Olimpia Tintea Md	Mental Health												
Freeman Robert A	Mental Health												
Jewish Guild For The Blind Dt	Mental Health	✓				✓							
Levner Charles	Mental Health												
Argus Community,Inc	Mental Health	✓			✓							✓	



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Gateways Counseling Ctr,Inc	Mental Health												
Paz Vistoria Belisario	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Brito Mercedes A Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Krugley Richard A Md	Mental Health												
Persaud Vyas Durga Md	Mental Health												
Pierre Paul Antoine Md	Mental Health												
Viviano Ann T Phd	Mental Health												
Arnstein Ellis Jay Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Osei Tutu John Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Heath Desmond Md Pc	Mental Health												
Jewish Asso For Svcs For The Aged	Mental Health												
Charles Joseph E Md	Mental Health												
Rtf Jewish Board Ittleson Ctr	Mental Health												
Jewish Board Family Child B	Mental Health												
Patel Ramanbhai C Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kairam Ramamohana R Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Community Healthcare Network	Mental Health												
Robotti Flavia Md	Mental Health												
Kaplan Mitchel A Md	Mental Health												
Bronx Lebanon Hospital Center	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kupietz Samuel S Phd	Mental Health												
Yared Thomas A Md	Mental Health												
Mccurtis Henry Lloyd Md	Mental Health												
Federation Emplmt/Guid Svc	Mental Health												
Lower Eastside Service Center	Mental Health												
Narco Freedom Inc	Mental Health												
New York Psychot And Couns Ct	Mental Health												
Post Grad Cntr For Mental Hit	Mental Health												
Riverdale Mental Hlth Cl	Mental Health												
Mount Sinai Hospital	Mental Health												
Depaula Roberto Pc Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bryskin Lawrence Md	Mental Health												
Lopez-Leon Manuel	Mental Health												
Assimoglou Dimitra	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rios Marisol	Mental Health												
Oommen Shobin Md	Mental Health												



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Rutherford Cynthia	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Almonte Miguelina	Mental Health											
Ruiz Jhon	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Espinal Jose	Mental Health											
Walker Dara	Mental Health											
Tolentino Xiomara	Mental Health											
Vicencio Carmencita Concepcion	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
White Lisa	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Edith A Frank	Mental Health											
Hausman Michelle	Mental Health											
Rebecca Rayanne Dinowitz	Mental Health											
Sanchez Antonio Alberto Md	Mental Health											
Nagorny Andrei	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Borg Lisa	Mental Health											
Jacobsberg Lawrence	Mental Health	✓	✓		✓				✓	✓		
De Jesus Amanda	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weille Jean Walker	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pabon Eddie	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Woodson Latasha	Mental Health											
Taylor-Dunn Shirley	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Frischer Katya	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kitchens Galina D	Mental Health											
Brown Beverly	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Griffin Shirley	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cozort Marina	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miller Samantha	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bautista Richard	Mental Health											
Priday Lauren	Mental Health											
Rivera Iris	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Baron Martine	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vanessa A Valentino	Mental Health											
Bones Robert	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Agunloye Natalie	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Marciano Jennifer	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Garces Cesar	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Litvak Dmitriy	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



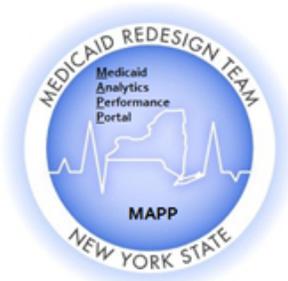
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Boller-Delaney Maureen Anne	Mental Health	✓	✓		✓				✓	✓		
Agosto Myrna	Mental Health	✓	✓		✓				✓	✓		
John Norka	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Farrell Jessica	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Eldefrawi Mohamed	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rodriguez-Medina Sol-Lisset	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Almonte Indhira	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Argus Community Inc	Mental Health	✓			✓						✓	
Cohen Rebecca	Mental Health											
Hill Carmilla	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Psch Inc	Mental Health											
Murray Christine	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Estrella Mercedes German	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gonzalez Luisa Sobeyda	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alvarez Richard	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perez Nancy	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Guardiola Sandy	Mental Health											
Kelly Jillian	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Galvin Seamus	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Price Cathleen	Mental Health	✓	✓		✓				✓	✓		
Mccabe Patricia	Mental Health	✓	✓		✓	✓	✓				✓	
Dang Angie	Mental Health											
Maldonado Yajaira	Mental Health											
Wilde Eric	Mental Health											
Ciotti Andrew James	Mental Health											
Danback Kristine F Phd	Mental Health											
Ajayi Bamidele Anuoluwa	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perron Thomas	Mental Health	✓	✓		✓	✓	✓				✓	
Young-Geye Stephanie	Mental Health											
Perez Angela	Mental Health											
Mailman Toby	Mental Health											
Poolt Alexandra	Mental Health											
Cohen Alexis	Mental Health	✓	✓		✓	✓	✓				✓	
Carternuto Alicia	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Phelan Jane	Mental Health											
Mota Milady	Mental Health											



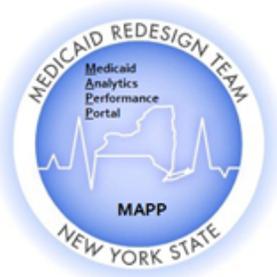
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Liz Defillo Vicente J	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Penaloza Juan	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mental Health Association Of Nyc In	Mental Health											
Hayes Jacqueline	Mental Health											
Saccente Erica	Mental Health	✓	✓		✓	✓	✓				✓	
Rojas Ana Elisa	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Toma Mirela Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perez Janely	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dharni Poonam	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Messore Elisa	Mental Health											
Calderon Ruddy Smith	Mental Health	✓	✓		✓	✓	✓				✓	
Valentin Kenia	Mental Health											
Bailey Judith	Mental Health											
Maloney-Mcalmont Avril	Mental Health											
Perez Coste Maria	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fedcap Rehabilitation Services Inc	Mental Health											
Alexeenko Lada	Mental Health											
Mascaro Hilda	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Estefan Bebsy C	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boudreaux Tyson	Mental Health											
Williams Edith L	Mental Health	✓	✓		✓				✓	✓		
Katz Abigail	Mental Health											
Mushkin Rebecca	Mental Health											
Freund Dvora	Mental Health											
Hinojosa Franz	Mental Health											
Michael Kisalyn	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
O'Boyle Meredith	Mental Health											
Gorseth Karin	Mental Health											
Painson Jean Luther	Mental Health											
Bronx Lebanon Hospital Center	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jones-Jacques Makeda Naomi	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thambirajah Gloria Patricia	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tigenoah Patrick	Mental Health											
Olivencia Nellia Z	Mental Health											
Servodidio Alexa Ann	Mental Health											
Wynter Bridgette	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



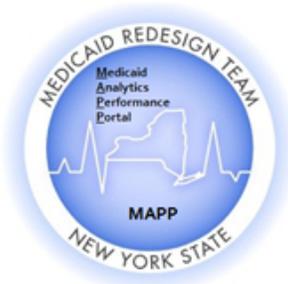
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Nair Prathila Karunakaran	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dusenbury James	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Biernacki Carolina	Mental Health	✓	✓		✓				✓	✓	✓	
Korenis Panagiota	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jordan Malynda	Mental Health											
Jewish Board Family Child A	Mental Health											
Horvath David	Mental Health											
Eschenbach Suzanne Kohout	Mental Health											
Lugo Edgardo	Mental Health											
Jones Benefita Floral	Mental Health											
Kilduff Arthur	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pearlman Shoshannah	Mental Health	✓	✓		✓	✓	✓				✓	
Catholic Charities Comm Svcs Arch	Mental Health											
Gumbs Cahlelah	Mental Health											
Beyer Lori	Mental Health											
Shafter Roberta Breslof	Mental Health											
Khan Munaza	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Munro Manuel	Mental Health											
Wholley Preston	Mental Health											
Brooke Shyvonne	Mental Health	✓	✓		✓	✓	✓				✓	
Baldik Yasemin	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Roman Daniel	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lavy Tamar	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hoang Hwa	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Center For Alternative Sentencing A	Mental Health											
Mercader Carolina	Mental Health											
Taghavi-Ardakany Reza	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vocational Inst Proj Comm Svc	Mental Health	✓	✓	✓	✓	✓	✓			✓	✓	
Osipov Andrei	Mental Health											
Rook Lani	Mental Health											
Phoenix Houses Of New York Inc	Substance Abuse											
Help/Project Samaritan Svcs Corp	Substance Abuse	✓	✓		✓	✓	✓				✓	
New York Foundling Hospital, The	Substance Abuse											
Eac Inc	Substance Abuse											
Fortune Society Inc, The	Substance Abuse											
Argus Community Inc	Substance Abuse	✓			✓						✓	



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Veritas Therapeutic Communit	Substance Abuse											
Greenhope Services For Women	Substance Abuse											
Counseling Services Of Ny Llc	Substance Abuse											
New York Service Network Inc	Substance Abuse											
Osborne Treatment Services	Substance Abuse											
The Bridge Inc Mh	Substance Abuse											
Success Counseling Svcs Inc	Substance Abuse											
Vida Family Services Inc	Substance Abuse											
St Christophers Inn Inc	Substance Abuse	✓				✓				✓		
Greenwich House Inc Ai	Substance Abuse											
Bridge Back To Life Ctr Inc	Substance Abuse											
Conifer Park	Substance Abuse	✓			✓	✓						
Arms Acres	Substance Abuse	✓			✓	✓						
Areba Casriel Institute	Substance Abuse											
Odyssey House Of New York	Substance Abuse											
Camelot Of Staten Island,Inc	Substance Abuse											
T R I Center Inc	Substance Abuse											
Palladia Inc	Substance Abuse											
Bronx Lebanon Hospital Center	Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lower Eastside Service Center	Substance Abuse											
St Johns Riverside Hospital	Substance Abuse											
Narco Freedom Inc	Substance Abuse											
Addiction Research & Trtmnt C	Substance Abuse	✓										
Martin Luther King Hlth Ctr	Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Riverdale Mental Hlth Cl	Substance Abuse											
The Pac Program Of The Bronx Inc	Substance Abuse											
Argus Community Inc	Substance Abuse	✓			✓						✓	
Bronx Lebanon Hospital Center	Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Vocational Inst Proj Comm Svc	Substance Abuse	✓	✓	✓	✓	✓	✓			✓	✓	
Bronx Center Rehab & Hlth Car	Nursing Home											
Hebrew Hsp Hm Of Westchester	Nursing Home											
Casa Promesa Rhcf Inc Snf	Nursing Home											
St Vincent Depaul Res Adhc	Nursing Home	✓										
Bronx Lebanon Spc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Highbridge-Woodycrest Ctr.Inc	Nursing Home											
Manhattanville Hlth Care Ctr	Nursing Home											



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Grand Manor N & R Center	Nursing Home											
Regeis Care Center	Nursing Home											
Schervier Nursing Care Center	Nursing Home											
Methodist Church Home For The	Nursing Home											
Williamsbridge Manor Nh	Nursing Home											
University Nursing Home Snf	Nursing Home											
Morris Park Nursing Home	Nursing Home											
Beth Abraham Health Services	Nursing Home											
Split Rock Reh & Hlth Car Ctr	Nursing Home											
Concourse Rehab & Nc Inc	Nursing Home											
Hebrew H For Aged Riverdale	Nursing Home											
Kings Harbor Multicare Center	Nursing Home											
Morningside House Nursing Hom	Nursing Home											
Kingsbridge Hghts Rehab & Cc	Nursing Home											
Pelham Pkwy Nrs Cr & Reh Ctr	Nursing Home											
Bronx Park Rehab & Nrs Center	Nursing Home											
Rebekah Reh & Extended Care Center	Nursing Home											
Gold Crest Care Center	Nursing Home											
Terrace Health Care Center	Nursing Home											
Hope Center Operations Llc	Nursing Home											
Jolin Rx Inc	Pharmacy											
Bright Pharma Inc	Pharmacy											
909 Columbus Rx Corp	Pharmacy											
1875 Lexington Avenue Corp Of New Y	Pharmacy											
2355 2nd Ave Corp	Pharmacy											
Leroy Pharmacy Iii Llc	Pharmacy	☑										
Gcc Pharmacy Corp	Pharmacy											
Total Care Pharmacy Bx Inc	Pharmacy											
Caremark Srx Inc	Pharmacy											
Total Care Pharmacy Inc	Pharmacy											
Stand Pharmacy Inc	Pharmacy											
Kmn Pharmacy Corp	Pharmacy											
New York Renal Associates Inc	Pharmacy											
Bronx Lebanon Hospital Center	Pharmacy	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Amato Pharmacy Inc	Pharmacy											
Specialty Care Pharmacy Inc	Pharmacy											



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Medicine Center Rx Llc	Pharmacy											
Star Pharma Inc	Pharmacy											
27 Audubon Pharmacy Corp	Pharmacy											
Water Place Pharmacy Llc	Pharmacy											
Blondell Rx Inc	Pharmacy											
Ss Pharma Inc	Pharmacy											
Harbor Apothecary Inc	Pharmacy											
Boshakova Alina	Pharmacy	✓	✓		✓							
Scriptrx Inc	Pharmacy											
Park Plaza Pharma Inc	Pharmacy											
Db Medical Supplies Inc	Pharmacy											
Sols 4 Pharmacy Inc	Pharmacy											
Jefferson Pharma Llc	Pharmacy											
Evers Rx Inc	Pharmacy											
Central Pharmacy Group Inc	Pharmacy											
Manhattan Rx Llc	Pharmacy											
Grant Pharma Inc	Pharmacy											
Medical Center Pharmacy Inc	Pharmacy											
Oz Pharma Inc	Pharmacy											
Lexington Pharma Inc	Pharmacy											
Vnsny Community Health Services	Hospice	✓	✓		✓				✓	✓		
Calvary Hha & Hospice Care	Hospice											
Hospice Of New York Llc	Hospice											
Elderserve Long Term Hlth Car	Hospice											
Dominican Sister Family Healt	Hospice	✓			✓			✓	✓			
Calvary Hospital Inc	Hospice											
1199 Seiu	Community Based Organizations											
A&S Limousine Service Corp	Community Based Organizations											
Advance Care Alliance	Community Based Organizations											
Alexandra Dziedzic	Community Based Organizations											
All City Corporate Trans, Inc. C/O Executive Charge, Inc.	Community Based Organizations											
All County Transportation D/B/A Deluxe	Community Based Organizations											
Alltown Limo Corp.	Community Based Organizations											
Atrey Kansara	Community Based Organizations											
Barukh Medical Transportation Inc	Community Based Organizations											
Bridger Program - Ittleon	Community Based Organizations											



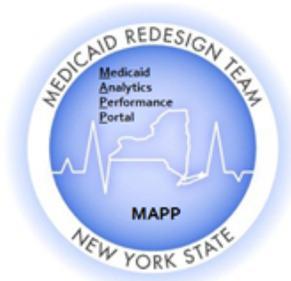
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Bronx (Pelham) Mst-Can	Community Based Organizations												
Bronx High Need Supported Housing Program	Community Based Organizations												
Bronx Lebanon Integrated Services System, Inc.	Community Based Organizations												
Bronx Ny / Ny Iii	Community Based Organizations												
Bronx Pcls	Community Based Organizations												
Bronx Permanent Housing	Community Based Organizations												
Bronx Real Graduate Apartment Program	Community Based Organizations												
Bronx Real Recovery Mica Self-Help Program	Community Based Organizations												
Bronx Real Supported Apartment Program	Community Based Organizations												
Bronx Regional Health Information Organization	Community Based Organizations												
Bronx Sap - Kingsbridge	Community Based Organizations												
Bronx Young Adult Apartment Program	Community Based Organizations												
Burnside Residence	Community Based Organizations												
Co-Op City Family Services - Non Secure Placement/Fft	Community Based Organizations												
Co-Op/Pelham Family Services - Fftcw	Community Based Organizations												
Coop Car Care Inc.	Community Based Organizations												
Diane Car Service, Inc	Community Based Organizations												
Domestic Violence Supportive Outreach Service (Bdvp)	Community Based Organizations												
Early Childhood Consultation Services	Community Based Organizations												
Early Recognition Coordination And Screening - Bronx	Community Based Organizations												
Epra	Community Based Organizations												
Family Youth Intervention	Community Based Organizations												
Fegs Home Attending Services, Inc.	Community Based Organizations												
Fisher, Jennifer (Np-Family)	Community Based Organizations												
Gaitskill, Kim	Community Based Organizations												
Genesis	Community Based Organizations												
George, Lisa C	Community Based Organizations												
Great Express Car & Limousine Service, Inc.	Community Based Organizations												
Hanadi Mosquera-Ankner	Community Based Organizations												
Health People	Community Based Organizations												
Heights Car & Limo Inc.	Community Based Organizations												
Hostos Community College ? Division Of Continuing Education & Workforce Development	Community Based Organizations												
Ihealth	Community Based Organizations												
Ilana Kochen	Community Based Organizations												
Institute For Community Living (Aca Member Agency)	Community Based Organizations												



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James Liggons	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bridger Program - Ittleson	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx Care Management Legacy Program	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx High Need Supported Housing Program	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx Ny / Ny Iii	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx Pcls	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx Permanent Housing	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx Real Graduate Apartment Program	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx Real Recovery Mica Self-Help Program	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx Real Supported Apartment Program	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx Sap - Kingsbridge	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Bronx Young Adult Apartment Program	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Burnside Residence	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Co-Op City Family Services - Non Secure Placement/Fft	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Co-Op/Pelham Family Services - Fftcw	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Domestic Violence Supportive Outreach Service (Bdvp)	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Early Childhood Consultation Services	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Early Recognition Coordination And Screening - Bronx	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Family Youth Intervention	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Genesis	Community Based Organizations											



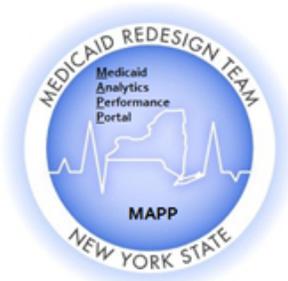
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Jewish Board Of Family And Children Services, Inc- Kingsbridge Road Cr/Sro	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Pelham Family Services Promising Practice - Tst	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- Project Hope	Community Based Organizations											
Jewish Board Of Family And Children Services, Inc- White Plains Road Cr/Sro	Community Based Organizations											
Jocelyn Cadet	Community Based Organizations											
Kim,Paulina	Community Based Organizations											
Kingsbridge Road Cr/Sro	Community Based Organizations											
Kismet International Inc DbA Target Car Service	Community Based Organizations											
Kristen Sanderson	Community Based Organizations											
Maria Cardona-Lemanski	Community Based Organizations											
Maria Graceffa	Community Based Organizations											
Marianne Carlo	Community Based Organizations											
Mario Abrego Iraheta	Community Based Organizations											
Marisa Lelia	Community Based Organizations											
Mencias,Michael Eric Marquez	Community Based Organizations											
Milner,Lee Whitman	Community Based Organizations											
Moncia Dobson	Community Based Organizations											
Nami-Nyc Metro	Community Based Organizations											
Network For Human Understanding	Community Based Organizations											
New Golden Horse Car & Limo Service Inc	Community Based Organizations											
New York Harm Reduction Educators	Community Based Organizations											
Nighat Saeed	Community Based Organizations											
Nora Ferraldo	Community Based Organizations											
Ny Minute Car Service Inc.	Community Based Organizations											
Ny88 Express Corp.	Community Based Organizations											
Nyc Department Of Corrections, Rikers Island	Community Based Organizations											
Nyc Department Of Health & Mental Hygiene	Community Based Organizations											
Pace Car Service Express Corp.	Community Based Organizations											
Pauline Suwandhi	Community Based Organizations											
Pelham Family Services Promising Practice - Tst	Community Based Organizations											
Praxis Housing Initiatives, Inc.	Community Based Organizations											
Preferred Care Transportation Service, Inc.	Community Based Organizations											
Primary Care Development Corporation	Community Based Organizations											



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Project Hope	Community Based Organizations												
R&M Ambulette Express Inc.	Community Based Organizations												
Raymond Garcia	Community Based Organizations												
Rodney Campos-Delerme	Community Based Organizations												
Seniorcare Emergency Medical Services Inc.	Community Based Organizations												
Seniorride Transportation, Llc	Community Based Organizations												
Skinner, Carly (Np-Family)	Community Based Organizations												
St. Ann'S Corner Of Harm Reduction	Community Based Organizations												
Steven Lerner	Community Based Organizations												
Strive New York, Inc.	Community Based Organizations												
Sunlight Ambulette, Inc.	Community Based Organizations												
The Option Transportation Corp.	Community Based Organizations												
United Odd Fellow Housing Development Fund Company	Community Based Organizations												
Vetter,Maryjo	Community Based Organizations												
White Plains Road Cr/Sro	Community Based Organizations												
Wu, Henry	Community Based Organizations												
Yolanda Cruz-Martinez	Community Based Organizations												
Phoenix Houses Of New York Inc	All Other												
Schwartz-Moser Laurie	All Other												
Buyuk Erkan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paliou Maria	All Other	✓	✓		✓	✓	✓		✓		✓	✓	✓
Blace Nancy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Priority One Ambulance Inc	All Other												
United Odd Fellow/Rebekah Hm Lthcp	All Other												
Fegs Home Attendant Ser Inc	All Other												
Klatsky Peter	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alliance Home Services	All Other												
Rain Home Attendant Ser	All Other	✓	✓		✓								
Bronx Jewish Community Coun Hm	All Other												
Michael James Mcnett	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smith Harriet	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mohseni Hossain	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goilav Beatrice	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Collins Inyanga	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joseph Gina Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Help/Project Samaritan Svcs Corp	All Other	✓	✓		✓	✓	✓					✓	



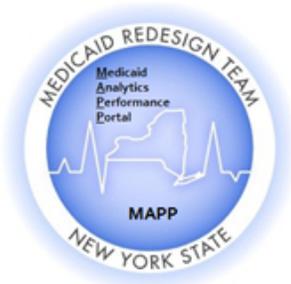
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Yoon Jiyoung	All Other											
Vazquez-Ayala Manuel	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Raphael Katia	All Other											
Vnsny Community Health Services	All Other	✓	✓		✓				✓	✓		
Grazi Sol Jay	All Other	✓			✓							
Newport Sharon	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Meera Sohail Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Feng Jimmy Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Menon Anupama	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nagvi Zeenat Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pyo Robert T	All Other											
Predrag Popovic Md	All Other											
Citywide Mobile Response Corp	All Other											
Dabiri Tajudeen Oladele Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cuevas Juana Lucia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Oza Parind Manoj Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Amaro-Quireza Luz	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Irizarry Danielle Marie Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Aleksandrovich Leon	All Other	✓	✓		✓	✓	✓				✓	
Turner Claire	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zelesky Joseph R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kanneganti Kalyan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Serrano Ileana	All Other											
Allied Health Services Inc Tbi	All Other											
Pastor Charles Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nifenecker Susan	All Other											
Shehigian Aline Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Radcliffe Nathan Matthew Md	All Other											
Elizabeth Seton Ped Ctr Lthc	All Other											
Tiburcio Jose Frank Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dellatto Patricia	All Other											
Nicu Marin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Barakat Maged Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perez Salvador Onesimo Md	All Other	✓										
Tomohisa Hiroko J Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rodriguez Edna V Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Fegs Home Attendant Ser Inc	All Other											
Lee Jee Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Miller Ricardo Anthony	All Other											
Sardar Henry Do	All Other											
Borenstein Steven Howard	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Agrawal Vikas Kumar Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Robinson Marcia Renee	All Other											
Nelson Dina S Md	All Other											
Levine Jonathan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kolisetty Pramila Kumari Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pisipati Ramasita C Md	All Other											
Akella Sai L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Card Andrea Dione Md	All Other											
Ganti Valli Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Integrated Medical Professionals PI	All Other											
Samuel Joice Md	All Other											
Afshar Maryam Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zhu-Tam Lily	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Goldstein Jaime A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Regalado Erika Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Benyaminova Irina Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jaiswal Arti Chander Md	All Other											
Gharib Shahin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Isaacs-Charles Karen Ann Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
New York Foundling Hospital, The	All Other											
Persaud Yudhistira K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ireh Ugo	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Makhdomi Sabina	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miranda Jeanette	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Eac Inc	All Other											
Lehman Daniel Simon Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Andrews Charlene Andrea Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Urban Health Plan Inc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Antonios Vera Salim Md	All Other											
Flattau Anna Md	All Other											
Dragoman Monica V Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



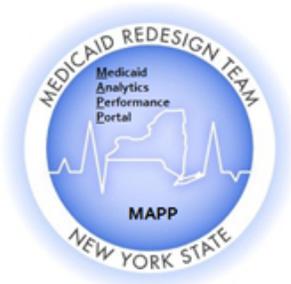
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Shree Jee Surgical Supply Inc	All Other											
Bernstein Robert Davis Md	All Other											
Tubman Gary Md	All Other											
Asian & Pacific I C Hiv/Aids	All Other											
Fortune Society Inc, The	All Other											
Bronx Lebanon Nephrology Pllc	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Argus Community Inc	All Other	✓			✓						✓	
Kramer Janine M Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tavares Rosanabela Md	All Other											
Farkas Daniel T Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jan Dominique Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adair Robert	All Other											
All Metro Home Care Services Of New	All Other											
Reddi Vijaya Govinda Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Timmireddy Arunakumari Md	All Other											
Veritas Therapeutic Communit	All Other											
Patel Rajeshkuma P	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Birnbaum Stuart C Dpm	All Other											
Guido Giancarlo R Md	All Other											
Atherley-Ward Allison Pauline Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Punj Sonia X	All Other	✓	✓		✓	✓	✓				✓	
Meis Alexandra Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Franchin Giovanni Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Saraiya Rajendra Jayantkumar Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kim Sun Jin Md	All Other											
Doj Dialysis Center Corp	All Other											
Weissman Matthew Aron Md	All Other											
Thomas Johnny Md	All Other											
Louis-Jacques Nadja Rn	All Other	✓			✓							
Chowlera Rachana	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Reide Nicole A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gonzalez Efrain Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kuokkanen Satu Maarit Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miao Katherine H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fleischer-Black Jessica Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tieng Nelson L	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Sinclair Paula Almalinda Md	All Other											
Koizumi Christina Haru Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Greenhope Services For Women	All Other											
Seniorcare Emergency Medical Servic	All Other											
Morgenstern Neil Y	All Other	✓	✓		✓	✓	✓				✓	
Krishna Srinivasan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Witkowska Renata A Md	All Other											
Resnick Melissa Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Desrosiers Sergine Yves-Antoine	All Other											
Kulkarni Aparna Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Elaine William Paulin	All Other	✓	✓		✓	✓	✓				✓	
Ho James Chung Md	All Other	✓	✓		✓	✓	✓				✓	
Kings Bridge Optometric Eye	All Other											
Chowlera Rilee N	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Excellent Home Care Svs Llc	All Other											
Ideyi Steve Md	All Other											
Accentcare Of New York Inc	All Other											
Medalliance Medical Hlth Svc	All Other											
Emerson Maria M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fievre Garnes Marie Ft Md	All Other											
Lopez Jose Antonio Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Machuca Jenny Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dapkins Isaac Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hagmann Stefan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Afflack Phabillia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Noble David	All Other											
Rolston Sandra A Md	All Other											
Kings Harbor Dialysis Ctr	All Other											
Tran Phat T Md	All Other											
Zellan Jonathan D Md	All Other	✓	✓		✓	✓	✓				✓	
Owusu George E Md	All Other											
Migias Nikolaos A Md	All Other											
Chow Grace A Md	All Other											
Stavropoulos Christos I Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Djen Simon	All Other											
Quiban Ambrosio M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



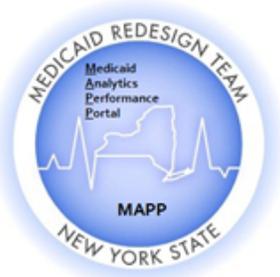
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

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Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Santiago Allan Realin Md	All Other											
Valerio Rubi Mosesto Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Skokowska-Lebelt Anna Md	All Other											
Guccione Michael Richard Md	All Other											
Jakubowicz David Matthew Md	All Other											
Velinov Milen T Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Eapen Jeena Viji Md	All Other											
Maslavi Saul Fred Md	All Other											
Agarwal Surbhi Md	All Other											
Tabari Rafael Dpm	All Other	✓	✓		✓	✓	✓				✓	
Prasad Anisa Dpm	All Other											
Gurell Daniel Steven Md	All Other											
Rahman Mohammad M Md	All Other	✓										
Evdos Olga	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Institute For Community Lving	All Other											
Macias Guadalupe	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Iqbal Pervaiz Md	All Other											
Umali Sofia	All Other											
Contreras Virginia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jacob Viju	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weiser Lori Gail Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cintron Ana	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lee-Kung Melissa K	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Burney Naghma Md	All Other											
Bogdanov Assen Petrov Md	All Other											
Pettinelli Damon	All Other											
Pujan Gastroenterologist Pllc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Win Han	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Timothy Beverly Antonia Rn	All Other											
Rendeiro Susanne	All Other											
Taddeo Gregory Dds	All Other											
Kumbum Kavitha Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zhang David	All Other											
Padmavathi Murakonda Md	All Other											
Moradi Issac Eshagh Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
King Angela	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



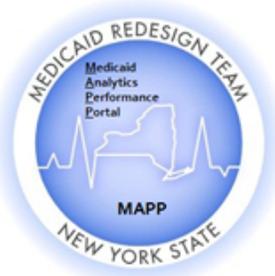
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Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Palomino Sara	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hernandez Kenneth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mejia Christophe	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Maje Hafiz	All Other											
Taviloglu Gurkan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sarwahi Vishal Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Garcha Sandeep Kaur Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Timoney Maria Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Casas Jacinto	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paul Arlette Mary	All Other											
Venkatram Sindhaghatta Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Arias-Florez Elizabeth Cristina	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Castillo Wilfredo A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Koshy George P Md	All Other											
Shapiro Tara E Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Neal-Perry Genevieve S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miller Hanan G Md	All Other											
Ally Shamiza Alima Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weiner Holly H	All Other											
Lando Sister Melinda	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ralph Walter M Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Emergacare Ny Llc	All Other											
Toner Laura	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Aung Ye Kyaw Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Guoping Zhou	All Other											
Bikvan Svetlana Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Brevetti Teresa L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Beckerman Karen Palmore Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Empire St Hm Care Ser Lthhpc	All Other											
Weeks Williams David	All Other	✓				✓				✓		
Alexandrov Pavel Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Asante Baah Md	All Other											
Worth Jaqueline Marshall Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Amanquah Lena A Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Warren Caleen Maria	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Costello Maureen Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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West Denise	All Other											
Lee Christopher J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Palace Marcia Rashelle Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zapata Wendy Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Salehimanesh Elham Cnm	All Other											
St Dominics Home Spv	All Other											
Cotto Sylvia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Leggett Christopher F	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hilaire Marc Richard Md	All Other	✓	✓	✓	✓	✓	✓			✓	✓	
Tam Jeannie Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
New York Service Network Inc	All Other											
Mount Sinai Hospital	All Other											
Santiago Edwin Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Abbott House Ira Spv	All Other											
Pathay Fiona Allison Md	All Other											
Jones-Malik Mendis	All Other											
Minarik Lawrence Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Porizkova Anna M	All Other											
Christophe Gladys	All Other											
Basavaraju Nerlige G	All Other											
Osborne Treatment Services	All Other											
Kanter Timothy Joseph Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rosen Paul David Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fano Michael	All Other	✓	✓		✓	✓	✓				✓	
Family Eye Care Optometry Pc	All Other											
Waithe Kenrick Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zeana Cosmina Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chan Tricia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Simons Monica J	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tayts Lev Do	All Other											
The Bridge Inc Mh	All Other											
Stephenson Karen Md	All Other	✓	✓		✓	✓	✓				✓	
Chusid Boris Gregory Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adversario Eden Florendo	All Other											
Estela Ogiste Md Phd Pc	All Other											
Hochster Howard James Md	All Other											



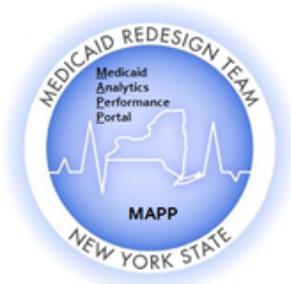
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

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Parker Kathryn S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Parola Claude Edouard	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Manwani Savita S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tung Judy Md	All Other											
Kirsch Abbe L Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shur Irina N Md	All Other											
Bella Jonathan Noriega Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Abraham Marthe Md	All Other											
Sawlani Deepak Jaikishan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mccullough Gene P	All Other											
Roach Keith Md	All Other											
Vythilingam Lakshmy M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lindenbaum Yelena Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Orloff Eugene Od	All Other											
Brazzo Brian Gerald Md	All Other											
Orloff Elenora	All Other											
Ham Larry Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Malik Sandeep Kumar Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
All Med & Rehab Of New York	All Other											
Gressin Jill Beth Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Moteelall Meena Kumarie Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Purswani Murli Udharan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Salako Abayomi O Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mohammad Sajjad	All Other											
Kobeckis Elizabeth Carpio	All Other											
Mendez Luis Rafael	All Other	✓	✓	✓	✓							
Del Rio Marcela Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Rajesh Manharbhai Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Augustine Gerrad Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fagbemi Moronkeji Olapade Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Perry Russell Joseph Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Success Counseling Svcs Inc	All Other											
Ma Shushan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Rasik Lal Md	All Other											
Gonzalez Patria Md	All Other	✓	✓	✓	✓							
Kahn Ann Mariam Cnm/Rn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Sharafkhah Martin Md	All Other											
Beira Richard Joseph Md	All Other											
Mankoff Ruth Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Harris Joseph Md	All Other											
Calvary Hha & Hospice Care	All Other											
Herman Craig	All Other											
Luna Betty Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bhashyam Vinod Rao Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fedrick Joseph Anthony Md	All Other	✓	✓		✓	✓	✓				✓	
Split Rock Nursing Hm Lthhpc	All Other											
Balar Nilesh Naran Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dev Anil Kumar Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vida Family Services Inc	All Other											
Mcdonald Anmarie C Md	All Other											
Wittenberg Ian S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paulus Suresh Kumar Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dunner Ricardo Orlando Md	All Other											
Graziosa Albert Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kmn Pharmacy Corp	All Other											
Muir Eulalee Elsada	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Luong Thanh-Ha Thia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Herbsman Neil Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dunn Elizabeth Mary	All Other											
Pagan Diane Elizabeth	All Other	✓	✓		✓							
Sands Brenda M	All Other											
Yang Ian Yeng Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bronx Center Rehab & Hlth Car	All Other											
Hameedi Faiq Ali Md	All Other											
Ariganjoye Rafiu O Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dassa Gabriel L Md	All Other											
Domingo Melchor T Md Pc	All Other											
Agarwala Ajay K Md	All Other	✓	✓	✓	✓							
Hebrew Hsp Hm Of Westchester	All Other											
Batlle Jose E Md	All Other											
Mussalli George Michael Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lefevre Cluny P Do	All Other											



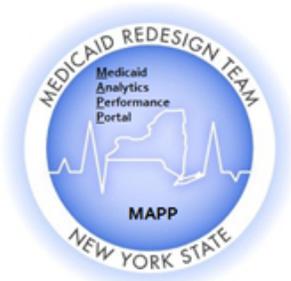
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Bhate Priyadarshini A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lew Hea Rean Md	All Other	✓	✓		✓	✓	✓				✓	
Monteverde Barbara Ann	All Other											
New York Renal Associates Inc	All Other											
Cosentino Rosanne Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mikhail Magdy Girgis S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Michael Callen-Audre Lrde Chc	All Other											
Kin Lin Lin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Polcaro Joseph Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Anderson Patricia Althea	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gonzales Luis A Md	All Other											
Jimenez Luis	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Costas-Katz Carmen Silvia Md	All Other											
Moussavian Hamid	All Other											
Mevs Jean	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fromer Susan D Md Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ross Donald Md	All Other											
Adelfio Mary Ann Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lee Moon H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cindrich Richard	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Santos Marissa T	All Other	✓										
Waseem Muhammad Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tang Ian Tsai-Leu Md	All Other											
Weintraub Elizabeth C Dpm	All Other											
Framm Stuart R Md	All Other											
Towner Robert A Md	All Other											
Bronx Lebanon Hosp Center	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Daley Lisa M Md	All Other											
Rubinchik Edward Md	All Other											
Bronx-Lebanon Hosp Ctr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mejia Fernando Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Yalla Rajya L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Olivera Rosemarie R Cnm	All Other											
Cohen Aaron Howard Md	All Other											
Rameshwar Karamchand Md	All Other	✓	✓		✓	✓	✓				✓	
Bulsara Girish M Md	All Other											



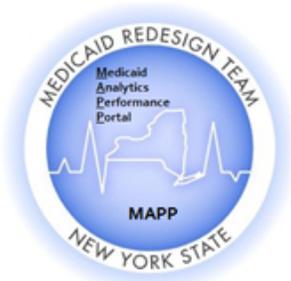
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Patel Mayank	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hakimian Navid Md	All Other											
The Bronx Lebanon Hosp Ctr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pioneer Homecare Corp	All Other	✓					✓	✓				
Hecht Robert Morris Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rizvi Firdous Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bronx Lebanon Hosp Ctr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Haber Linda S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Chaula Paresh Md	All Other											
Adeniyi Ayoade O Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Curbelo Dolores E	All Other											
Lewis Cynthia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Liburd Jennifer D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Siciliano Donna	All Other											
Shenoy R Roopalekha Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Arthur Jude Kwame Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bach-Bachich Vjera Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tolbert-Walker Derrick J Md	All Other											
Moquete Ramon Andres Md	All Other	✓	✓	✓	✓							
Lippman Eric Scott Md	All Other											
Lipsitz Evan Coulson Md	All Other											
Cruz Yvonne Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Niazi Masooma Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Baez Daysi Md	All Other	✓										
Weidenheim Karen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vega Roy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Project Samaritan Hlth Svcs I	All Other											
Hinson Raymond	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
New York Neuro And Rehab Ctr	All Other	✓	✓		✓	✓	✓				✓	
Orjuela Hernando Md	All Other											
Help/Psi Aids Adhcp	All Other	✓	✓		✓	✓	✓				✓	
Pelzman Fred Nathan Md	All Other											
Mendola Antony J Md	All Other											
Rabinowitz Michael Ray	All Other											
Dieudonne Arry Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Simon Robert M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Carr Samuel Stephen Dpm	All Other											
Daniel Myrta Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kirschtein Jorge Noberto Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Klugman Susan Debra Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rafiq Amerha Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
St Christophers Inn Inc	All Other	✓				✓				✓		
Sherman Peter A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pedro Antonio Corzo	All Other	✓	✓	✓	✓							
Bermudez Rachel Irene Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Murayama-Greenbaum Robert Md	All Other											
Gilchrist Brian F Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Diaz-Fuentes Gilda Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Verna Yves Georges Md	All Other											
Benoit Marcel M Md	All Other											
Torres Janette A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jackson Mark H Md	All Other	✓	✓		✓	✓	✓				✓	
Bien-Aime Jean L Md	All Other											
Bronx Lebanon Hospital Scm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Deleon Samuel Anthony Md	All Other											
Hall-Ross Sandra M Md	All Other											
Fruitman Edward	All Other											
Selfhelp Special Fam Hc Inc	All Other	✓			✓							
F E G S	All Other											
Astor Home For Children Fbt	All Other											
Lower West Side Household Svc	All Other											
Zin Thant Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Casa Promesa Rhcf Inc Snf	All Other											
Mclean Barbara Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perez Hector Md	All Other	✓	✓	✓	✓							
Professional Svc 117th St Icf	All Other											
Teffera Fassil Md	All Other											
Comunilife Mental Health Cl	All Other	✓			✓					✓		
Riess Andrzej J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dixon Christopher Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Trans Care New York Inc	All Other											
Nawaz Jamil A Md	All Other											



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White Myra P Md	All Other											
Mishra Aruna Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Menegas Jeffrey G Md	All Other	✓	✓		✓	✓	✓				✓	
Sanchez-Feliz Sonia Dds	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Novogrodsky Raphael Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Demopoulos Byron P Md	All Other											
Karpel Barry M Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sacco Joseph P Md	All Other											
Babu Ramesh Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Feldman David S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Etienne Viviane Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mamtora Pankaj Kanji Md	All Other											
Goyzueta Franz Esteban Md	All Other	✓	✓	✓	✓							
Professional Svc Ctr Handicap	All Other											
Russell Barbara K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Greenwich House Inc Ai	All Other											
St Vincent Depaul Res Adhc	All Other	✓										
Yee Lily Fong Cho Md	All Other											
Marder Jonathan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bridge Back To Life Ctr Inc	All Other											
Solomon Robert D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jaghory Mohammad Zia Md	All Other	✓	✓		✓	✓	✓				✓	
Beach Paul W Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kerolle Harold Fritz Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Professional Svc 149th St Icf	All Other											
Chilimuri Sridhar S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Khatiwala Vijay V Md	All Other											
Moran-Almonte Roberto A Md	All Other	✓	✓	✓	✓							
Conifer Park	All Other	✓			✓	✓						
Arms Acres	All Other	✓			✓	✓						
Areba Casriel Institute	All Other											
Angkustsiri Kasem Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shear Mitchell Barry Md	All Other											
Liriano Octavio Antonio Jr Md	All Other	✓	✓	✓	✓	✓	✓			✓	✓	
Odyssey House Of New York	All Other											
Mohandas Kala Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



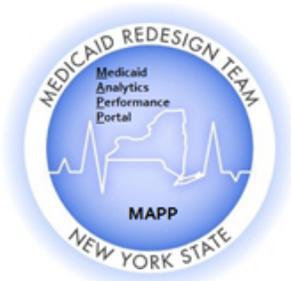
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Fresneda Caridad	All Other	✓	✓		✓							
Balikcioglu Abdo Md	All Other											
Salama Meir Md	All Other											
Independence Res Park Ln Icf	All Other											
Remy Prospere Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
John David H A	All Other											
Gazzara Paul C Md	All Other											
Abbott House Inc	All Other											
Johnson Michael Norman Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Anderson Patrick	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sanchez Lacay Jose Arturo Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Telzak Edward Elliot Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Unique People Svcs Vyse Ave	All Other	✓	✓		✓	✓				✓		
Comprehensive Care Mgt D&T Ct	All Other											
Salomon Danielle Md	All Other											
Alabi Amos Ade	All Other											
Camelot Of Staten Island,Inc	All Other											
T R I Center Inc	All Other											
Palladia Inc	All Other											
Gheorghiu Olimpia Tintea Md	All Other											
Professional Svc 7th Ave Icf	All Other											
Kirschenbaum Ira H Md	All Other											
Episc Mis Soc Morris Ave Icf	All Other											
Shah Ajay K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Girishkumar Hanasoge T Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Uehlinger Joan M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Able Health Care Serv Inc	All Other											
Professional Svc Bell Blvd	All Other											
Duncalf Richard Michael Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Afran Scott Ian Md Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pehr Marcia Md	All Other											
Fromer Mark David Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Moulton Thomas Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Costley-Hoke Karen M Md	All Other											
Premier Nursing Services	All Other	✓	✓		✓							
Elderserve Long Term Hlth Car	All Other											



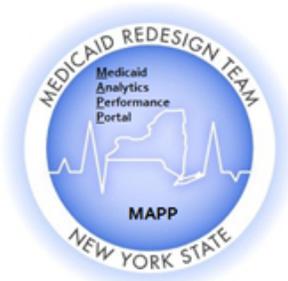
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Morningside House Nh Lthhcp	All Other											
Professional Svc Maspeth Icf	All Other											
Gonzalez Eulogio Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lutas Elizabeth Mary Md	All Other	✓	✓		✓	✓	✓				✓	
Rodriguez Jose I Md	All Other											
Coombs Kenneth E Dpm	All Other											
Kokotek Blair H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Burack Joshua H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jewish Guild For The Blind Dt	All Other	✓				✓						
Cah Skip Of New York Inc	All Other											
Professional Svc Butler St	All Other											
Auricchio John Steven Dpm	All Other											
Dominican Sisters Family Lthh	All Other	✓			✓			✓	✓			
Jean Ernst F Md	All Other	✓	✓	✓	✓	✓	✓			✓	✓	
Professional Svc 195 Place	All Other											
Gasalberti Richard Anthony Md	All Other											
Argus Community,Inc	All Other	✓			✓						✓	
Manhattanville Hlth Care Ctr	All Other											
Neuendorf James Lee Md	All Other											
Gateways Counseling Ctr,Inc	All Other											
Ambulatory Surgery Ctr Of Gny	All Other											
Rosenbaum Pearl S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ritter Diane Md	All Other											
Gupta Sindhu Md Pc	All Other											
Bitterman Jacalyn S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bookhardt-Murray Lois J	All Other											
Jgb Rehabilitation Corp	All Other	✓				✓						
Lichtenstein Ralph B Md	All Other											
Episc Mis Soc College Ave Icf	All Other											
Young Constance A Md Pllc	All Other											
Paz Vistoria Belisario	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Elkin Rene Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Dickerson Robert F Md	All Other	✓	✓		✓	✓	✓				✓	
Rigor Virgilio U Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
St Louis Yolaine Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hebrew Hm For Aged Non Occ	All Other											



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Jones Lauren Sue	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fajardo Bienvenido Md	All Other	✓	✓	✓	✓							
Patel Hemant Kanubhai Md	All Other											
Morningside House Non Occ	All Other											
Butters Marva Dpm	All Other											
Ny Eye Surgery Assoc Pc	All Other											
Hilfer Jane Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ramis Carmen Maria Md	All Other											
Blass Joel Mitchell Md	All Other											
Cooper Charles Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Henderson Cassandra E Md	All Other											
Babb Frank C Md	All Other											
Sacolick Benzion Md	All Other											
Dundy Richard A Md	All Other	✓	✓		✓				✓	✓		
Curras Ernesto B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sundaresan Narayan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bronx Jcc Home Attendant Srv	All Other											
Prager Marc Md	All Other											
Fegs Home Attendant Services	All Other											
Rain Home Attendant Ser Inc	All Other	✓	✓		✓							
Shafran Jacob C Od	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Seth Lalit Mohan Md	All Other											
Ortiz Jose Carlos Md	All Other	✓	✓	✓	✓							
Salder Rufus E Md	All Other											
Mohammad Acklema Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mensah Samuel K Md	All Other											
Escher Jeffrey Ethan Md	All Other											
Alvis Robert C Md	All Other											
Guy Ali Eraj Md	All Other											
Professional Svc Selinger Icf	All Other											
Vargas Jose T	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Little Flower Child Sv Icf#2	All Other											
Little Flower Child Sv Icf#1	All Other											
Renvoize Guy A Md	All Other	✓	✓		✓	✓	✓				✓	
Mayers Martin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stiller Luis F Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Jewish Asso For Svcs For The Aged	All Other											
Lazar John	All Other	✓	✓		✓	✓	✓				✓	
Calamia Vincent Md	All Other											
Hebrew Hospital Home Inc	All Other											
Kramer Lawrence David Md	All Other											
Wilkins Robert Md	All Other											
Winston Jonathan Allan Md	All Other											
Roman Jaime Francisco Md	All Other	✓										
Damore Joseph F Md	All Other											
Bansal Om Prakash Md	All Other	✓										
Kingsbridge Hghts Nh Lthhcp	All Other											
Patel Anilkumar Sureshchandra	All Other	✓										
Na Illsung	All Other											
Go Teresita Alo Md	All Other	✓										
Wolfson Mitchell Md	All Other											
Jewish Board Family Child B	All Other											
Weissbart Clyde H Md	All Other											
Forlenza Thomas Joseph Md	All Other	✓	✓		✓				✓	✓		
Pedro A Suarez	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ballas Mayer Md Pc	All Other											
Ruiz Armando Md	All Other	✓	✓		✓	✓	✓				✓	
Kahn David I Md	All Other											
Scotti Lorenzo Louis Dpm	All Other											
Navarro Hector Rodriguez Md	All Other	✓										
Weinberg Gerard Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alerte Marc Antoine R Md	All Other	✓	✓	✓	✓							
Kavet Jay A Md	All Other											
Dudhia Bhupendra Vrajlal Md	All Other											
Aggarwal Neena Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rudikoff Donald Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Professional Svc Scannell Icf	All Other											
Community Healthcare Network	All Other											
Napoli Michael J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Esses Jacob Md	All Other	✓	✓		✓	✓	✓				✓	
Neuman Larry M Md	All Other											
Vilabrera David Md	All Other	✓	✓		✓	✓	✓				✓	



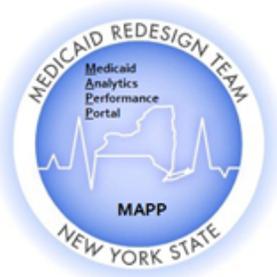
**New York State Department Of Health
Delivery System Reform Incentive Payment Project**

DSRIP Implementation Plan Project

Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Menon Latha N Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vaccariello Charles J Pc Md	All Other	✓	✓		✓	✓	✓				✓	
Parithivel Vellore S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Thomas Chavannes	All Other											
Finestone Jacob Md	All Other											
Gottesman Kenneth S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fleiss David J Pc Md	All Other	✓	✓		✓	✓	✓				✓	
Chern Relly D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bronx Lebanon Hospital Center	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Throggs Neck Neurological D&T	All Other											
Kadam Shivaji L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chiaromonte Lawrence T	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Episc Mis Soc Metro N (1966)	All Other											
Episc Mis Soc Metro N (1956)	All Other											
Little Flower Child Sv Brookl	All Other											
Glockenberg Aaron Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Herwig Kenneth J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Edwin Gould Srv Chldrn Folkes	All Other											
A A B R 130 Water St Icf	All Other											
Terence Cardinal Cooke Hcc	All Other											
Young Michael C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Russell Robin O Md	All Other											
Jay E Selman Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dominican Sister Family Healt	All Other	✓			✓			✓	✓			
Midwood Amb And Oxy Svc Co	All Other											
Rosenstock Paul R Md	All Other	✓			✓							
Regeis Care Center	All Other											
Schervier Nursing Care Center	All Other											
Methodist Church Home For The	All Other											
Williamsbridge Manor Nh	All Other											
University Nursing Home Snf	All Other											
Morris Park Nursing Home	All Other											
Beth Abraham Health Services	All Other											
Split Rock Reh & Hlth Car Ctr	All Other											
Concourse Rehab & Nc Inc	All Other											
Hebrew H For Aged Riverdale	All Other											



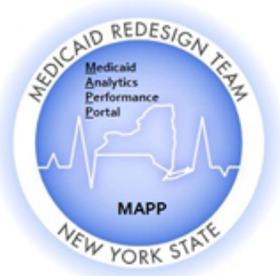
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Kings Harbor Multicare Center	All Other											
Morningside House Nursing Hom	All Other											
Kingsbridge Hghts Rehab & Cc	All Other											
Bronx Park Rehab & Nrs Center	All Other											
Rebekah Reh & Extended Care Center	All Other											
Gold Crest Care Center	All Other											
Terrace Health Care Center	All Other											
Weiner Howard A Dds	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bhalodkar Narendra C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Denis Jean R Md	All Other											
Calvary Hospital Inc	All Other											
Federation Emplmt/Guid Svc	All Other											
Saeed Babra Md	All Other											
Deutsch Sokol Robyn H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Reggev Avner Md	All Other											
Westfried Morris Pc Md	All Other											
Lower Eastside Service Center	All Other											
St Johns Riverside Hospital	All Other											
Narco Freedom Inc	All Other											
New York Psychot And Couns Ct	All Other											
Floating Hospital	All Other											
Addiction Research & Trtmnt C	All Other	✓										
Martin Luther King Hlth Ctr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Post Grad Cntr For Mental Hit	All Other											
Riverdale Mental Hlth Cl	All Other											
Mount Sinai Hospital	All Other											
Bernaes Eduardo D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gomez David A Md	All Other	✓	✓	✓	✓							
Kalafatic William H	All Other											
Mehta Dinesh Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Madan Bhattia Paul Md	All Other											
Ungsunan Pituck Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dwarka Regev Ragbardial	All Other											
Tabaddor Kamran Md	All Other											
Hernandez Marco T Pc Md	All Other											
Zeller Barbara C Md	All Other	✓	✓		✓	✓	✓				✓	



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Vaca Miller Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Smith Ernst Pc Md	All Other											
Cruz Juan R Md Pc	All Other											
Gurland Judith E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Melamed Samuel L Md	All Other											
Reyes Juan D Md	All Other	✓	✓	✓	✓							
Szteibok Maurice Md	All Other	✓	✓	✓	✓							
Levy Jerome H Md	All Other											
Schreiber Zwi A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Teich Marvin L Md	All Other	✓										
Traykovski Alexander Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Izquierdo Richard Md	All Other	✓										
Fellner Michael J Md	All Other	✓	✓		✓	✓	✓				✓	
Grossman Joseph A Md	All Other											
Comprehensive Geriatric Medicine Pc	All Other	✓			✓							
Emem Uche Okonkwo	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ruiz Angel	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Camillo Reginald Alivia Md	All Other											
Lvovsky Dmitry	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Novak Inna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kempton Patricia B	All Other											
Berenfeld Benjamin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adeniji Ademola	All Other											
Beckford Leslie Dean Rpa	All Other	✓	✓	✓	✓	✓	✓			✓	✓	
Nunez Denise Joanna Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Aristide Burducea	All Other											
Nancy Lynn Chez	All Other	✓	✓		✓	✓	✓				✓	
New York Neuro & Rehab Ctr Amb Surg	All Other	✓	✓		✓	✓	✓				✓	
Li Allan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kuzin Elena	All Other	✓			✓							
Ihimoyan Ariyo A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Toshkoff Radoslav Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Khandavilli Prasanna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ruiz Jhon	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Leung Vivien Loy Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Balde Alseny Md	All Other											



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Esther Nwabuoku	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Saxena Amit K Md	All Other											
Jean-Michel Marjorie	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Popotte Joanne Vesta	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Knibbs Melida Stewart	All Other											
Szygiel George	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jasti Jyothi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Reyes Darcel	All Other											
Chan Wendy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Deborah Jill Bohnen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alpine Home Health Care Llc	All Other											
Rivera Milagros Pa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Care For The Homeless	All Other											
Wiley Jose Maunel Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adam Deutsch	All Other											
Chambers Jennifer Angella	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Berg Debra	All Other	✓										
Ramon Delmonte Md Pc	All Other	✓	✓	✓	✓							
Alice Chu	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Amparo M Ramirez Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Flanagan Abiga	All Other											
Johnson Sharon	All Other											
Benjamin Taisha Lashon	All Other											
Joseph Cynthia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Edwards Teryn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lucien Gina Np	All Other	✓	✓		✓							
Anele Slezinger	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Moberg Kenneth A	All Other	✓			✓							
Weille Jean Walker	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Ketan Hasmukhlal	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Distinguished Diagnostic Imaging	All Other											
Hinestroza Howard Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Christina Flores	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Duncan Neasha	All Other											
Keshet Maayan	All Other											
Martin Monica A	All Other											



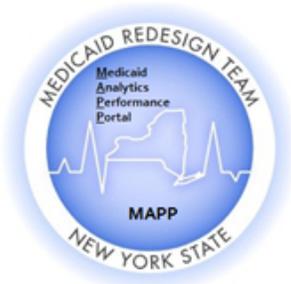
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Quintanilla Julio Ricardo	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Silletti Joseph Peter	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jenny M Frances Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Griffin Shirley	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cozort Marina	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jagarlamudi Padmavathi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shpitalnik Larisa	All Other											
Glied Allen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Abrar Syed Ali	All Other											
Maria Soledad Perea Barbosa	All Other											
Genuady Jennifer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Diana T Vo	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Edward Oduro-Kwakye	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Caesar Mimieux Vanetta	All Other											
Alix E Fleury	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Agarwal Ruchi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Taveras Jose Martin	All Other											
Summers Rebecca	All Other											
The Pac Program Of The Bronx Inc	All Other											
Loehrke-Sichart Lisa Ann Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Apolaya Pamela Evelyn	All Other											
Eleff Tybee	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Narula Anita	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Elisa Bocchieri-Bustros	All Other											
Ami J Shah Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Amin Prina Pandya	All Other											
Rivera Iris	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mukherjee Koustav	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hahn Erica Kyle	All Other											
Charnow Noemi	All Other											
Escourse Tamikque	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hill Keran	All Other	✓	✓		✓	✓	✓				✓	
Manchanda-Gera Akanksha	All Other											
Bones Robert	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Carnevale Caroline	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Skipski Dina	All Other											



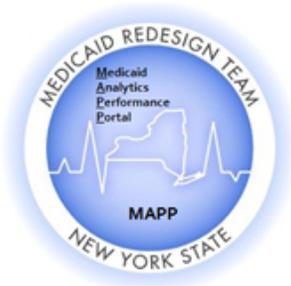
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Douglas Gregory	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jannatifar Azin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dacosta Kerry-Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dubois Elizabeth Marie	All Other											
Fattakhov Emma	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
University Diagnostic Medical Imag	All Other											
Kratzer Jennifer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Johnson Julius Iii	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Balfour Jennifer	All Other											
Trossello Catherine	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Norman Otsuka Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Eldefrawi Mohamed	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jamali-Kashani Majid	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tracy Towers Medical Pc	All Other											
Shah Amit	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kopolovich Harry	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schor Kenneth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bolan Claire	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Joseph Myriam	All Other	✓	✓		✓	✓	✓				✓	
Isayas Tekie	All Other											
David Wong	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cellin Melissa Maria	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mohamad Erfani	All Other											
Roshee Tarethia Maitland	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tamar Goldwaser	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hernandez Hanny Mercedes	All Other											
Skaradinskiy Yevgeniy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tieng Arlene Tan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tafreshi Saeid	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bilenkin Leonid	All Other	✓	✓		✓	✓	✓				✓	
Sklyar Eduard	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kadiyala Sri	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mercredi Guerline	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zalinyan Heghine	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Recabarren-Velarde Juana	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kaul Rashmi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Latika Prajna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dudek Mona	All Other											
Night And Day Medical Associates Pc	All Other											
Napolitano Daniel Louis	All Other											
Denny Martin	All Other											
Valeria V Loukanova-Ivanov	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Argus Community Inc	All Other	✓			✓						✓	
Degraft-Johnson Ama	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Penrose Sarah	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ponce Sara	All Other											
Amsalem Yoram	All Other											
Kelly Paul James Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Korik Simona	All Other											
Christine Cruz	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nieves Rosado Sandra	All Other											
Sydelle R Ross	All Other	✓	✓		✓	✓	✓				✓	
Fundo Fiona	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Queens Optometric Care Pllc	All Other											
Peyman E Younesi Md	All Other											
Notardonato Henry	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Martin Michelle	All Other											
Mochizuki Takahashi Miki Emilia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Twomey Stephanie F	All Other											
Bussoletti Natalee Marie	All Other											
Tan Jenny Yu	All Other											
Statter Mindy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rajbhandari Prabi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mathew Elizabeth Pulickel	All Other											
Das Ashutosh	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kwon Hye Eun Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Raveneau Banegas Gladys Yaneth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Walsh Ronald	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Etienne Stephanie	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Price Cathleen	All Other	✓	✓		✓				✓	✓		
Mccabe Patricia	All Other	✓	✓		✓	✓	✓				✓	
Bhagat Vinod Md	All Other											



New York State Department Of Health
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Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.i	2.b.iv	3.a.i	3.c.i	3.d.ii	3.f.i	4.a.iii	4.c.ii	
Jenkins Monique	All Other											
Balachandra Shirish Krishna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Giurleo Patricia	All Other	✓	✓		✓	✓	✓				✓	
Levy Elan S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Riefkohl Ricardo	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ciotti Andrew James	All Other											
Tocco Michael Anthony	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gomez-Marquez Jose C	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Partridge Langley	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Krim Nassim R	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ramos Julie J	All Other											
Mcperson Christina	All Other											
Muniz Jennifer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Megalla Sherry	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gogineni Anil Kumar	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Perron Thomas	All Other	✓	✓		✓	✓	✓				✓	
Cardinal Mccloskey School And Home	All Other											
Lans Clones	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rodriguez Maria	All Other											
Fernandez Beverly A	All Other	✓	✓		✓	✓	✓				✓	
Dawkins Manju	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bruno Jaclyn	All Other											
Ogbonna Chidi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mailman Toby	All Other											
Benfield Nerys Camilla	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Promise Home Care Agency Inc	All Other											
Renaud Elizabeth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cancio Morales Nestor	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Zayas Jacqueline Dana	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Boateng Sharwon	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patel Reena J	All Other											
Hemant Patel Md Pc	All Other											
Duncan Tamika Simone	All Other											
Liz Defillo Vicente J	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mallapu Shravan K	All Other											
Promise Home Care Agency Inc	All Other											



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Carleton Lindsay	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Moss Shira	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kyei-Anti Afua	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Penaloza Juan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Petros Jessica Theresa	All Other											
Mental Health Association Of Nyc In	All Other											
Slezinger-Mejia Albert	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Christman Catherine	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mahbubani Shalu	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bornacelly-Perez Michel	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Multi Medic Physician Services Pc	All Other											
Lindsay N Price	All Other											
Abu Loveth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lawson Anne	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kwankam Maureen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Saccante Erica	All Other	✓	✓		✓	✓	✓				✓	
Kelly Roberta	All Other	✓	✓		✓	✓	✓				✓	
Nataneli Nathaniel	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jakerin Ahmed K	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Upper Room Aids Ministry Aadc	All Other											
Ayoub Joanna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
New York Foundling Hospital	All Other											
Narcisse Debra	All Other											
Cano Nefertiti	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Harlem Medical Group P C	All Other											
Plansky Jason M	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kim Diana	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sticco Charles Craig	All Other											
Carlucci John	All Other											
Peskin-Stolze Melissa Rebecca	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Agopian Eliz Hazar	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Calderon Ruddy Smith	All Other	✓	✓		✓	✓	✓				✓	
Ippili Rakhee	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wiesinger Katherine	All Other											
Sanders Lauren Jacqueline	All Other											
Majeed Sohaib	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Gasinu Eli	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Washington Sierra	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Anglade Claudia	All Other											
Staples Karen	All Other	✓	✓		✓							
Quindor Rhealynne B	All Other	✓	✓		✓	✓	✓				✓	
Cabral Laiheng	All Other											
Fedcap Rehabilitation Services Inc	All Other											
Merrick Kareem	All Other											
Cohen Jacob	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nagapaga Madhavi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Portugal Salvador Eligado	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Schulz Jacob	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fornari Eric	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Singh Manisha	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Kim Taesoo Rpa	All Other											
Dumrese Danielle Lee	All Other											
Pearlman Charles Joseph	All Other	✓	✓		✓	✓	✓				✓	
Watson Kimberly Charytina	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paz Jennifer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Shunamon Nicole	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Okafor-Mbah Gomez Choima	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Singer Karyn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kim Sharon Hyun Joo	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gonzalez Katherine	All Other											
Samaroo Parbhu Dyal	All Other											
Hall Tami L	All Other											
Harlow Megan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dastain Jean Yves	All Other											
Jean-Jacques Lamerce Mohane	All Other											
Herman Emily E	All Other											
Morgan Diane M	All Other											
Okoye Safiyah Maryam	All Other											
Son Hwa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mckinney Robin Cylinthia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Newtown Dialysis Center Inc	All Other											
Straatmann Caroline Elizabeth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Amanda Ruth Mondesir	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mercedes Angela	All Other	✓	✓		✓							
Chui Dennis W	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nasr Rahib	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Arthur Richard Wilfred	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lacher Jason Matthew	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Quickmed Medical Pc	All Other											
Wade Mark	All Other											
Gentes Meredith	All Other											
Chen Christine	All Other											
Three Graces Medical Practice Pllc	All Other											
Mcleod Shenequa Alisha	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Levin Erika	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lepp Daniel J	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Riley Diahann Latoya	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mehdizadeh Alireza	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Altman Nicholas Dodge	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bronx Lebanon Hospital Center	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Abdelaziz Hoda H Fnp	All Other											
Douglas Gaveral Dania	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mikheyev Vyacheslav	All Other											
Larish Lyvia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
McGinnis Nathan Lamar	All Other											
Irigela Maheswara Reddy	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Hampton Elisa Padilla	All Other											
Yu Bo	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Erickson Aimee	All Other											
Dusenbury James	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chekuri Anita	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Carl Lamour-Ocean Carline	All Other	✓	✓		✓							
Perez Martha	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tyler Douglas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ntiamoah Kwabena	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kamalakkannan Gayathri	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chamarthy Sri Lakshmi Annapurna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Biernacki Carolina	All Other	✓	✓		✓				✓	✓		



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Rodriguez-Jaquez Carlos R	All Other											
Jewish Board Family Child A	All Other											
Hemant Patel Physicians PLLC	All Other											
Krempasky Chance Nicholas	All Other											
Schachter Lisa	All Other											
Ketner Jr David	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mastrianni Mary Elizabeth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mckeeon Shannon B	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Assian Sarah E	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Isaac Beverly A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Morales Jessica	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Halliburton Leah Pepper	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gohar James Ashraf	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Catholic Managed Long Term Inc	All Other											
Nassiri Haleh	All Other											
Workmens Circle Dialysis Center Inc	All Other											
Quick Ashley J	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Simon Laura E	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ramdeen Sean S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Plantin Marie Ketteline	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fuentes Patricio X	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Saleh Ali	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rodriguez Shantae Lynette	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jain Priti	All Other											
Santiago Daisy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alvarez-Barto Ivannia Nastashia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pineros Sandra L	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Eke Felix O	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Turner Latasha M	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Chan York Sing	All Other											
Timreck Eleanor Thayer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kusher Matthew Scott	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sinha Ghazal	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Libovich Anastasia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Barcavage Shaun	All Other											
Meftah Morteza	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	



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Balachandar Divya	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Inpatient Hospitalist Services Of N	All Other											
Franco Bernadette	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jimenez-Morales Lucia O	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gersman Michele Peri	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Connelly Alison N	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fludd Tiffany S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Wagner Erika Zuleika	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Manhattan Rhoderick James	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Stibitz Lisa Marie	All Other	✓	✓		✓							
Mercado Depaz Disnilda L	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cole Davin R	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Miksic Erin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Adelson Mireilla	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Garcia Yudelka	All Other	✓	✓		✓							
Wang Wei	All Other	✓			✓							
Cloutier-Champagne Laurence	All Other											
Clarke Kimesha	All Other	✓	✓		✓							
Centerlight Certified Home Health A	All Other											
Ali Amanda Elizabeth	All Other											
Addo Evelyn	All Other											
Mitchell Clemaine C	All Other											
Mihir Patel	All Other											
Deloria John Edward	All Other	✓			✓							
Salvato Scott	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Villafana Juan H	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Qsac Inc	All Other											
Pearlman Shoshannah	All Other	✓	✓		✓	✓	✓				✓	
Adrish Muhammad	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Wong Robert Daniel	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dubois Elizabeth T	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Diaz Christian	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bronx Lebanon Hospital Center	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Addoh Jones A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rivera Jhanine Louren	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Johnson Brandon Boyd	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



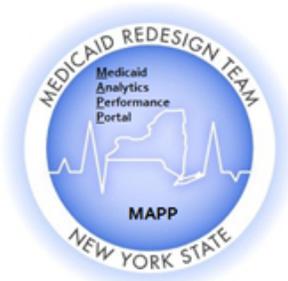
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Quezada-York Ericka	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Foley Rebecca	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Strong Jennifer Elizabeth	All Other	✓	✓		✓							
Nayudu Suresh Kumar S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Braswell Jessica M	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gauthier Angie R	All Other											
Barclay Ruby	All Other	✓	✓		✓							
Moss Kara L	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gonzalez Pedro	All Other											
Cimt Karene	All Other											
Smaldone Lauren	All Other											
Treyster Zoya	All Other											
Ghael Priya	All Other											
Simela Ashley	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Baldik Yasemin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Escobedo Liza	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Koo Timothy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kant Sandipagu	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Kella Venkata	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lee Nancy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alagkiozidis Ioannis	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Ledwith Allison Patricia	All Other											
Manik Arvind Chandulah	All Other											
Nowakowski Joanna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ferguson Sacha	All Other											
Lopez Taina	All Other											
Partos Nancy	All Other	✓	✓		✓	✓	✓				✓	
Kwofie Stella	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Blidnaya Lana	All Other											
Brutus Valerie	All Other											
Xu Wei Hong	All Other	✓			✓							
Harry La-Toya Juanita	All Other	✓			✓							
Callender Kimberly	All Other	✓	✓		✓							
Maggio Johanna Medodie	All Other											
Vocational Inst Proj Comm Svc	All Other	✓	✓	✓	✓	✓	✓			✓	✓	
Mitchell Tunesia L	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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Bronx-Lebanon Hospital Center (PPS ID:27)

* Safety Net Providers in Green

Participating in Projects												
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Bronx-Lebanon Hospital Center	All Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Reliance Ambulette, Inc.	Uncategorized											
D&J Service, Inc.	Uncategorized											
Dependable Ambulette Inc.	Uncategorized											
Banner International Corp.	Uncategorized											
My Trans Corp.	Uncategorized											
Anabella Transportation, Llc	Uncategorized											
First Class Car & Limousine Service, Inc.	Uncategorized											
Cardinal Mccloskey Sch/Hm B2h	Uncategorized											
Keshes Inc DbA Rainbow Ambulette	Uncategorized											
T.G.C Transportation, Inc. DbA Take Good Care Transportation Inc.	Uncategorized											
Priscilla Rivera	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Vanessa Genova	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Empress Ambulance Service, Inc	Uncategorized											
Candace Warrick	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Workmen'S Circle Multicare Center	Uncategorized											
Esther Transportation, Inc	Uncategorized											
Ellen Mclean	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Seeromanie Baboolall	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Astor Services For Children And Families	Uncategorized											
Lifeline Systems	Uncategorized											
United Jewish Council, Home Attendant Services Corp.	Uncategorized											
Peta-Gaye Hermitt	Uncategorized											
Astor Services For Children And Families	Uncategorized											
Center For Alternative Sentencing & Employment Services, Inc. (Cases)	Uncategorized											
Family Home Health Care, Inc.	Uncategorized	✓			✓			✓	✓			
Premier Home Health Care Services, Inc	Uncategorized	✓	✓		✓							
Mann, Kenneth	Uncategorized											
Danielle Centofranchi	Uncategorized											
Dennelisse Corporation	Uncategorized											
Mzzz,Llc D/B/A Sterling Ambulette	Uncategorized											
Glenn Deluca	Uncategorized											
Andreas Evdokas	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	



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New American Car & Limo Service, Inc.	Uncategorized												
Luz Holguin	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Coast 2 Coast Enterprises, Inc. D/B/A Coast 2 Coast Transportation	Uncategorized												
Lyncy Simon	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Kyoung Sil Kang	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
The Mount Sinai Hospital?	Uncategorized												
Regional Aid For Interim Needs, Inc	Uncategorized	✓	✓		✓								
Episcopal Social Services	Uncategorized												
Bronx Psychiatric Center	Uncategorized												
Terry Williams	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Kristin Kitvak	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Bronx-Lebanon Hospital Center	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Medalliance Medical Health Services	Uncategorized												
Morningside House Westchester Adult Day Health Care Program	Uncategorized												
Little Flower Children And Family Services Of Ny	Uncategorized												
New Century Home Care, Inc	Uncategorized												
Uptown Healthcare Management Inc?	Uncategorized	✓	✓		✓	✓	✓				✓		
Raymond Sanchez	Uncategorized												
Peter Digilio	Uncategorized												
Fordham Dental	Uncategorized												
Happy Care Ambulette, Inc.	Uncategorized												
Kingsbridge Heights Nursing Center	Uncategorized												
Steven Sulzer	Uncategorized												
Isidoro Martinez	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Medalliance Medical Health Services	Uncategorized												
Rebekah Rehab	Uncategorized												
Lifeline Ambulance Service, Inc.	Uncategorized												
Rivera-Benet, Migdalia (Medical)	Uncategorized												
Jldh Medical Services, PLLC	Uncategorized												
Wilfredo Deynes	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Psch, Inc.	Uncategorized												
Community Healthcare Network, Inc. Family Health Center	Uncategorized												
Aneta Skrobacz, Lpmhc, Casac	Uncategorized												



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Rapid Transit Services, Inc.	Uncategorized												
Community Healthcare Network, Inc Helen B. Atkinson Health Center	Uncategorized												
Community Healthcare Network, Inc. Dr. Betty Shabazz Health Center	Uncategorized												
Tympf Co., Inc.	Uncategorized												
Damon House, Inc	Uncategorized												
Distenfeld,Ariel	Uncategorized	✓	✓		✓				✓				
Federation Employment And Guidance Service, Inc.	Uncategorized												
Robert Leviton	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓			✓	
All Around Trans, Inc	Uncategorized												
Maria Florentin	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Renaissance Adult Day Care Services Llc	Uncategorized	✓											
Nkengfack Chateh-Nkengtego	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Marlene Carrillo	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Heidi Brody	Uncategorized												
Louis Demarco	Uncategorized	✓	✓		✓								
Basit N Tariq Ambulette Service, Ltd.	Uncategorized												
Community Healthcare Network, Inc. Queens Health Center	Uncategorized												
Edward Olsen	Uncategorized												
Comunilife	Uncategorized	✓			✓								
Ranneta Transportation, Inc.	Uncategorized												
Dv Luxury Transportation Corp.	Uncategorized												
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Margarita Israilova	Uncategorized	✓	✓		✓	✓	✓					✓	
Resource Medical Services, Pc D.B.A. Arcwell Medical	Uncategorized												
Ayisha Munawar	Uncategorized	✓			✓								
Joseph Buonfiglio	Uncategorized												
Melvin Spann	Uncategorized												
Daughters Of Jacob	Uncategorized												
Bronx Psychiatric Center?	Uncategorized												
Lynette Terry-Moore	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Victoria Mierlak	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Mahekkumar, Desai	Uncategorized												
Harriet Turner	Uncategorized												
Eco Ride Inc DbA Electric Car Service	Uncategorized												



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Participating in Projects													
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Dana Wedin	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Greenwich House	Uncategorized												
Davis Ayers	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Metropolitan Medical Transportation Ipa Llc	Uncategorized												
Mickie Hoffman	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Zeneida Disla-Thorne	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Uptown Healthcare Management Inc?	Uncategorized	✓	✓		✓	✓	✓				✓		
Innocentia Gidi	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Yanira Colon	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Anna Iwersen	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Merily Mclaughlin	Uncategorized												
Welisane Bebe	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Fazili, Nighat	Uncategorized												
Jyoti Drall	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Hayward,Bradley John	Uncategorized	✓	✓		✓						✓		
Bronx Psychiatric Center?	Uncategorized												
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Episcopal Social Services	Uncategorized												
Mzi Home Care Agency	Uncategorized												
Namratha Thikkavara	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Chandran, Iyona (Nutritionist)	Uncategorized												
Marilyn Fabio	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Psch, Inc.	Uncategorized												
Starlight Ambulette Inc.	Uncategorized												
Paula Gorney	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Venus Kan	Uncategorized	✓	✓		✓								
The Floating Hospital, Inc.	Uncategorized												
Nicky Shah	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Dash Car Service Corp	Uncategorized												
Harmony At 154th, Inc	Uncategorized												
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Phyllis Hogan	Uncategorized	✓	✓		✓								
The Mount Sinai Hospital?	Uncategorized												
Ava Ambulette Corp.	Uncategorized												
Addicts Rehabilitation Center Fund Inc	Uncategorized												
Psch, Inc.	Uncategorized												



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Christian Ambulette Inc.	Uncategorized												
Sharon Georges-Morris	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
American Dental Offices	Uncategorized	✓									✓		
All Med And Rehabilitation Of New Yourk	Uncategorized												
Wanda Marquez	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Bronx Lebanon Hospital Center?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
William Breland	Uncategorized												
Psch, Inc.	Uncategorized												
Community Healthcare Network Inc?	Uncategorized												
Jasacare	Uncategorized												
Andrea Trimmingham-Aina	Uncategorized	✓			✓								
Ruth Kaufman	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Margaret Smellie	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Adventus Health Solutions, Inc.	Uncategorized												
Yellowstone Transportation, Inc.	Uncategorized												
Debbie Barcelona	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Sinai I. Inc., D/B/A Sinai Van Service	Uncategorized												
Principal Transportation Services, Inc.	Uncategorized												
Morningside House Nursing Home Company, Inc.	Uncategorized												
Jeffrey Berman	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Myoung Kim	Uncategorized												
Xeron Clinical Laboratories, Inc	Uncategorized												
Carolee Reagan	Uncategorized												
Bronx Psychiatric Center?	Uncategorized												
Jean Joseph Desir	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Alliance Home Services, Inc	Uncategorized												
Awilda Santiago	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Help/Psi	Uncategorized	✓	✓		✓	✓	✓				✓		
Julianne Saitta	Uncategorized												
Federation Employment And Guidance Service, Inc.	Uncategorized												
Gregory Corley, Msw	Uncategorized												
Jeff Cohen	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Judelca Pichardo	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Robert Chaney	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Medical House Calls	Uncategorized	✓	✓		✓								
Elvira Rella	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		



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Jessica Ziel	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Alicia Flynn	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Hettesova (Kuc), Hana (Lmhp)	Uncategorized												
Julia Grassl	Uncategorized												
Koichi Togawa	Uncategorized												
Diane Transportation, Inc.	Uncategorized												
Dr Martin Luther King Jr Health Center Inc?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Comunilife	Uncategorized	✓			✓								
Westchester Ambulette Service	Uncategorized												
Janifer Wilson	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Soo-Il Lee	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
The Mount Sinai Hospital?	Uncategorized												
Manhattan Ambulette, Inc.	Uncategorized												
Premier Home Health Care Services, Inc.	Uncategorized	✓	✓		✓								
Bronx Parents Housing Network, Inc.	Uncategorized												
The Mount Sinai Hospital?	Uncategorized												
The Mount Sinai Hospital?	Uncategorized												
Comunilife	Uncategorized	✓			✓								
Demetria Nelson	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Renaissance Adult Day Care Services- 787 East Llc	Uncategorized	✓											
Psch, Inc.	Uncategorized												
Psch, Inc.	Uncategorized												
Ronald Howard	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Adam Staub	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Leslie Paredes	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Uptown Healthcare Management Inc?	Uncategorized	✓	✓		✓	✓	✓				✓		
Lindsay Barton, Mhc	Uncategorized												
Jacqueline Jordan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Steven Rosenblatt	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Owen Tawdeen	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Hebrew Hospital Home Of Westchester	Uncategorized												
Psch, Inc.	Uncategorized												
Little Flower Children And Family Services Of Ny	Uncategorized												
Mariel D. Negron, Lmsw	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Nilam Wadhvania	Uncategorized												
The Mount Sinai Hospital?	Uncategorized												



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Sabrina Smith	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Nada Khodl	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Allison Arce	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Community Healthcare Network, Inc. Community League Health Center	Uncategorized												
Shiva Ambulette Service, Inc	Uncategorized												
God'S Love We Deliver, Inc.	Uncategorized	✓											
Angel Polanco	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Andres Ramos-Rivera	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Elba Contreras	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Nicole Dorcas Winn	Uncategorized	✓			✓								
Michelle Chang	Uncategorized	✓	✓		✓								
Psch, Inc.	Uncategorized												
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Uptown Healthcare Management Inc.?	Uncategorized	✓	✓		✓	✓	✓				✓		
Cassandra Rabago-Reyes	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
David Turner	Uncategorized												
Community Healthcare Network, Inc. Cabs Health Center	Uncategorized												
Little Flower Children And Family Services Of Ny	Uncategorized												
Amazing Home Care Services, Llc	Uncategorized												
Mohammad Ahmed	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Joan Avedisian	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Sevgi Ercan	Uncategorized	✓	✓		✓								
Visiting Nurse Service Of New York Home Care?	Uncategorized	✓	✓		✓				✓				
Jennifer Etheridge-Otey(Wings)	Uncategorized	✓			✓								
Bronx Psychiatric Center- Behavioral Health Community Clinic	Uncategorized												
Crosstown Livery, Llc D/B/A Village Car Service	Uncategorized												
Barbara Richardson	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Calvary Hospital Inc?	Uncategorized												
Kalliope Angelos-Caceres	Uncategorized												
Charles Dixon	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Eac/Tasc Mental Health Court Program	Uncategorized												
Psch, Inc.	Uncategorized												
Fegs Bronx Evander Article 31 Clinic	Uncategorized												



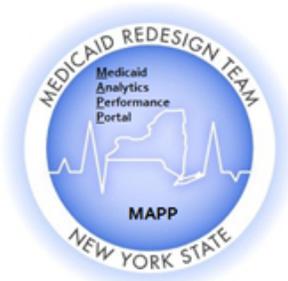
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Participating in Projects												
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Marisol Orozco	Uncategorized	✓			✓							
Astor Services For Children And Families	Uncategorized											
Pauline Linton	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Mark Goodwin	Uncategorized											
Eac/Tasc Mental Health Court Program	Uncategorized											
Rodderick Morris, Casac-T	Uncategorized											
Gilberto Amador	Uncategorized	✓	✓		✓	✓	✓				✓	
Astor Services For Children And Families	Uncategorized											
Psch, Inc.	Uncategorized											
Nelson Vila	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Filomena Rosario	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Uptown Healthcare Management Inc?	Uncategorized	✓	✓		✓	✓	✓				✓	
Uptown Healthcare Management Inc.?	Uncategorized	✓	✓		✓	✓	✓				✓	
Genia Rolon	Uncategorized											
Fegs Bronx Clinic Article 31 Clinic	Uncategorized											
Surinder Kaur	Uncategorized	✓	✓		✓	✓	✓				✓	
Lori Kanowitz	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Pamela Jordan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Psch, Inc.	Uncategorized											
Nina Laracuenta	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Maggie Rourke	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Every Boro Ambulette Service Inc	Uncategorized											
Fegs Home Attending Services, Inc.	Uncategorized											
Theradynamics Physical Rehabilitation	Uncategorized											
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
New York City Ambulette, Llc	Uncategorized											
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Agape Luxury Corp.	Uncategorized											
Mildred Maldonado	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Community Healthcare Network, Inc?	Uncategorized											
Bronx Psychiatric Center	Uncategorized											
Yvonne Minott	Uncategorized											
Amerigroup	Uncategorized											
Pet-Ct Diagnostic Imaging	Uncategorized											
First Alert Ambulette Corp	Uncategorized											
4290 Washington Heights Dental	Uncategorized											



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Cornachio, Andrea (Lmsw)	Uncategorized												
Maureen Healy	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Gladys Bass	Uncategorized												
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Alice Lam	Uncategorized												
96th Street Rx Corp.	Uncategorized												
Jeanne Severe	Uncategorized	✓			✓								
Galaxy Transportation, Inc.	Uncategorized												
Dione Rabago	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Psch, Inc.	Uncategorized												
Shirley Brothers	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Kristal Michalatos	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Richard Mckee	Uncategorized												
Federation Employment And Guidance Service, Inc.	Uncategorized												
Randy Outlaw	Uncategorized												
Tammie Brodie	Uncategorized	✓	✓		✓								
Rem Transportation, Inc.	Uncategorized												
Elbrus Ambulette, Inc.	Uncategorized												
Debora Gaskin	Uncategorized												
Samantha Elhyani	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Richmond County Ambulance Service, Inc.	Uncategorized												
Affinity Health Plan	Uncategorized												
Nino Taga-Oc	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Carolyn O'Neal, Lmsw	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Kummel, Patricia	Uncategorized												
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Uptown Healthcare Management, Inc.?	Uncategorized	✓	✓		✓	✓	✓				✓		
Traceyann Baxter	Uncategorized	✓	✓		✓	✓	✓				✓		
Verniece Fulford Green	Uncategorized												
Allena M Constable	Uncategorized	✓			✓								
Namjouyan, Aziz	Uncategorized												
Federation Employment And Guidance Service, Inc.	Uncategorized												
Bronx Lebanon Hospital Center?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Daughters Of Jacob Adult Day Care Program?	Uncategorized												
Selfhelp Community Services, Inc.	Uncategorized	✓			✓								



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Community Healthcare Network, Inc. Downtown Health Center	Uncategorized												
Mark Boyd	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Bronx Psychiatric Center?	Uncategorized												
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Adrian Husbands	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Alta Medical Transportation, Inc	Uncategorized												
Rosa Nunez	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Action Ambulette Inc.	Uncategorized												
David Scott	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Delfenic Enterprises, Inc.	Uncategorized												
Bronx Lebanon Hospital Center?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Federation Employment And Guidance Service, Inc.	Uncategorized												
Alma Villegas-Schwalbenbe	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Renaissance Home Care	Uncategorized	✓											
Abbott House	Uncategorized												
Cecilia Lorraine Jordan	Uncategorized	✓			✓								
New Alternatives For Children, Inc. (Nac)	Uncategorized												
Rupal Daulat	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
The Floating Hospital, Inc.	Uncategorized												
Tri County Ambulette Service, Inc.	Uncategorized												
Agewell New York, Llc	Uncategorized												
Ivana Klaric	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Syeda Asad	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Janet Huang	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Little Flower Children And Family Services Of Ny	Uncategorized												
Lauren Pallies	Uncategorized												
Bronx Jewish Community Council -Home Attendant Services Inc	Uncategorized												
Uptown Healthcare Management Inc.?	Uncategorized	✓	✓		✓	✓	✓				✓		
Faith Cohen	Uncategorized												
Lea Brener	Uncategorized	✓			✓								
Sherri Stewart	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Amida Care	Uncategorized												
Saint Dominic'S Home	Uncategorized												
Little Flower Children And Family Services Of Ny	Uncategorized												



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Edison Home Health Care	Uncategorized												
Psch, Inc.	Uncategorized												
Rachel Schwartz	Uncategorized	✓	✓		✓								
Elena Frish	Uncategorized	✓			✓								
Priority Home Care, Inc	Uncategorized	✓	✓		✓								
Dorothy Golden	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Hebrew Home For The Aged At Riverdale?	Uncategorized												
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Paula Campbell	Uncategorized	✓	✓		✓								
Community Healthcare Network, Inc. Mobile	Uncategorized												
Community Healthcare Network Inc	Uncategorized												
Liberty Behavioral Management, Corp.	Uncategorized	✓			✓	✓							
Dynneil Cooley	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Lloyd Snead, Casac	Uncategorized												
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Susan Leung-Yuen	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Renaissance Adult Day Care Services- Bedford Llc	Uncategorized	✓											
Yvonne Yaw-Dabady	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Deborah Osborne-Levy	Uncategorized												
The Floating Hospital, Inc.	Uncategorized												
Selfhelp Community Services Home Attendent Corporation	Uncategorized	✓			✓								
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Angelo Illuzzi	Uncategorized												
Cardinal McCloskey Community Services	Uncategorized												
Psch, Inc.	Uncategorized												
Maritza Caldwell	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Everett Miller	Uncategorized												
Sherri Lovitt	Uncategorized	✓	✓		✓	✓	✓				✓		
Nancy Sheehan	Uncategorized												
Tina Johnson	Uncategorized	✓	✓		✓								
Deborah Greene Msw, Casac	Uncategorized												
Astor Services For Children And Families	Uncategorized												
The Floating Hospital, Inc.	Uncategorized												
Bronx Lebanon Hospital Center?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓		
Agewell New York, Llc	Uncategorized												
Hhh Home Care, Inc	Uncategorized												



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Ali Khadivi	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Khilanani,Aruna	Uncategorized	✓	✓		✓				✓			
Medalliance Medical Health Services	Uncategorized											
Yhan Cho, Msw	Uncategorized											
Bronx Lebanon Hospital Center-Pathology?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Bluehaven Confidential Counseling And Psychotherapy Services	Uncategorized											
Rafaela Tavarez, Lmsw	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Alexandara Masciotti	Uncategorized											
Andrew Campbell	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Little Flower Children And Family Services Of Ny	Uncategorized											
Marie Carstens	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Help/Psi, Inc.	Uncategorized	✓	✓		✓	✓	✓				✓	
Melody Perlberg	Uncategorized											
William Sczewczuk, Casac	Uncategorized											
Yekaterina Horlina	Uncategorized											
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Federation Employment And Guidance Service, Inc.	Uncategorized											
Andy Benejam	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Jennifer Melendez	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Uptown Healthcare Management Inc	Uncategorized	✓	✓		✓	✓	✓				✓	
Edgardo De Guzman	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Kenneth Shaw	Uncategorized											
Allen Management Company, Llc C/O Executive Charge, Inc.	Uncategorized											
Deborah Thompson-Dougherty	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Brenda Fadeyibi	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Wills, Orly	Uncategorized											
Liza Ruiz	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Kelly Carter	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Fegs Bronx Riverdale Manor Article 31 Clinic	Uncategorized											
Brendon Ormsby	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Jacqueline Adrian	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Healthfirst	Uncategorized											
Calvary Hospital And Hospice	Uncategorized											
Lois Brenner	Uncategorized	✓	✓		✓	✓	✓				✓	
Kirby Manhattan Psychiatric Center	Uncategorized											
Coling Ambulette Service, Inc.	Uncategorized											



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Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Jacqueline Mckayle, Casac-T	Uncategorized											
The Floating Hospital, Inc.	Uncategorized											
Sharon Senior	Uncategorized											
Nancy Lee	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Ny Foundling	Uncategorized											
Grand Manor Nursing Home	Uncategorized											
Community Healthcare Network, Inc. Long Island City Health Center	Uncategorized											
Ascona Ambulette Service, Inc.	Uncategorized											
Comprehensive Medical Eye Care	Uncategorized											
Care For The Homeless	Uncategorized											
Able Health Care Service	Uncategorized											
Ali, Fayez	Uncategorized											
Yvonne Davis	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Episcopal Social Services	Uncategorized											
Urban Health Plan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
The Center For Family Support	Uncategorized											
Episcopal Social Services	Uncategorized											
Ann Levine	Uncategorized	✓			✓							
Dwight Christian	Uncategorized											
Bronx Lebanon Hospital?	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Nixzaliz Rojas	Uncategorized											
James Owens	Uncategorized											
Mugdha Khambete	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	
First Care Of New York, Inc.	Uncategorized	✓										
Nxk Corp., D/B/A Ambu-Trans Ambulette	Uncategorized											
Beth Zetlin	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓		✓	

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Narrative Text :