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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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Quarterly Report - Implementation Plan for The New York and Presbyterian Hospital

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.b.i	Ambulatory Intensive Care Units (ICUs)	Completed
2.b.iii	ED care triage for at-risk populations	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.a.ii	Behavioral health community crisis stabilization services	Completed
3.e.i	Comprehensive strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations - development of a Center of Excellence for Management of HIV/AIDS	Completed
3.g.i	Integration of palliative care into the PCMH Model	Completed
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed
4.c.i	Decrease HIV morbidity	Completed

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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	7,720,977	8,228,024	13,305,747	11,782,188	7,720,977	48,757,912
Cost of Project Implementation & Administration	**3,828,259**	**7,932,544**	**10,162,164**	**9,621,170**	**8,355,621**	**39,899,758**
Administration and Overhead	988,255	1,348,822	1,885,735	1,781,823	1,538,091	7,542,726
Project Implementation (NYP and Network Members)	2,721,206	6,320,252	7,426,177	6,826,319	5,794,114	29,088,068
Increased Program Capacity	118,798	263,470	850,252	1,013,028	1,023,416	3,268,964
Revenue Loss	**0**	**0**	**0**	**0**	**0**	**0**
Internal PPS Provider Bonus Payments	**0**	**297,131**	**3,132,186**	**2,145,218**	**4,341,421**	**9,915,956**
Bonus Payments (DSRIP Milestone and High-Performance Achievement)	0	297,131	3,132,186	2,145,218	4,341,421	9,915,956
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	**0**
Other	**0**	**0**	**0**	**0**	**0**	**0**
Contingency Fund	0	0	0	0	0	0
Total Expenditures	**3,828,259**	**8,229,675**	**13,294,350**	**11,766,388**	**12,697,042**	**49,815,714**
Undistributed Revenue	**3,892,718**	**0**	**11,397**	**15,800**	**0**	**0**

Current File Uploads

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

Narrative Text :

The IA review found no issue of the PPS budget portion of the 6/1 Implementation Plan. The contingency line above has been left blank due to MAPP tool limitations (not allowing negative numbers). The Contingency Fund is a rolling a fund to address variations in revenue throughout the five years.

The line should read:

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DY1: $3,892,718
DY2: ($1,651)
DY3: $11,397
DY4: $15,800
DY5: ($4,976,066)
Total: ($1,057,801)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

☑ **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
8,228,024	48,757,912	4,368,538	41,628,893

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	**1,401,441**	**7,129,019**	**4,073,058**	**51.35%**	**32,770,739**	**82.13%**
Administration and Overhead	453,543					
Project Implementation (NYP and Network Members)	947,898					
Increased Program Capacity	0					
Revenue Loss	**0**	**0**	**0**		**0**	
Internal PPS Provider Bonus Payments	**0**	**0**	**297,131**	**100.00%**	**9,915,956**	**100.00%**
Bonus Payments (DSRIP Milestone and High-Performance Achievement)	0					
Cost of non-covered services	**0**	**0**	**0**		**0**	
Other	**0**	**0**	**0**		**0**	
Contingency Fund	0					
Total Expenditures	**1,401,441**	**7,129,019**				

Current File Uploads

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

Narrative Text :

NYS Confidentiality – High

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Actual budget spending broken out by portion of waiver (55%) vs. non-waiver (45%) funds. The actual allocation of expenses by funding program cannot be easily tracked.

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

The New York and Presbyterian Hospital (PPS ID:39)

☑ **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	7,720,977	8,228,024	13,305,747	11,782,188	7,720,977	48,757,912
Practitioner - Primary Care Provider (PCP)	137,802	419,506	794,224	689,414	845,434	2,886,380
Practitioner - Non-Primary Care Provider (PCP)	137,802	434,363	950,834	796,675	1,062,505	3,382,179
Hospital	256,950	845,671	2,149,771	1,743,584	2,503,474	7,499,450
Clinic	265,938	679,677	1,363,853	1,520,101	1,462,579	5,292,148
Case Management / Health Home	470,142	1,329,862	1,641,054	1,620,196	1,403,208	6,464,462
Mental Health	281,510	826,004	1,295,844	1,184,658	1,274,351	4,862,367
Substance Abuse	93,837	280,287	484,151	430,640	497,141	1,786,056
Nursing Home	0	14,857	156,609	107,261	217,071	495,798
Pharmacy	0	14,857	156,609	107,261	217,071	495,798
Hospice	0	14,857	156,609	107,261	217,071	495,798
Community Based Organizations	266,982	732,736	909,234	897,977	777,970	3,584,899
All Other	1,874,161	2,477,677	2,905,712	2,283,365	1,854,487	11,395,402
Uncategorized						0
PPS PMO	0	0	0	0	0	0
Total Funds Distributed	**3,785,124**	**8,070,354**	**12,964,504**	**11,488,393**	**12,332,362**	**48,640,737**
Undistributed Revenue	**3,935,853**	**157,670**	**341,243**	**293,795**	**0**	**117,175**

Current File Uploads

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

Narrative Text :

There seems to be an issue with the tool summing within a single year (column). These numbers do not accurately reflect the attached funds flow spreadsheet.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Delivery System Reform Incentive Payment Project

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✉ 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
8,228,024.00	48,757,912.00	4,348,538.68	41,608,895.45

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)	Percent Spent By Project											DY Adjusted Difference	Cumulative Difference
						Projects Selected By PPS												
						2.a.i	2.b.i	2.b.iii	2.b.iv	3.a.i	3.a.ii	3.e.i	3.g.i	4.b.i	4.c.i			
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		419,506	2,886,380
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		434,363	3,382,179
Hospital	1,217,598.61	100.00%	3,321,957.39	100.00%	6,389,654.39	28	19	16	11	3	5	9	4	4	1		0	1,109,795.61
Clinic	0	0.00%	146,030	100.00%	146,030	0	0	0	0	0	0	0	0	0	0		533,647	5,146,118
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		1,329,862	6,464,462
Mental Health	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		826,004	4,862,367
Substance Abuse	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		280,287	1,786,056
Nursing Home	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		14,857	495,798
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		14,857	495,798
Hospice	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		14,857	495,798
Community Based Organizations	19,699.46	54.33%	10,703.32	39.60%	27,026.46	0	45.67	0	54.33	0	0	0	0	0	0		705,709.54	3,557,872.54
All Other	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		2,477,677	11,395,402
Uncategorized	42,666.67	0.00%	0	0.00%	42,666.67	0	100	0	0	0	0	0	0	0	0		0	0
Additional Providers	0	0.00%	0	0.00%	0													
PPS PMO	141,476.23	100.00%	341,804.81	100.00%	543,639.03												0	0
Total	**1,421,440.97**	**96.37%**	**3,820,495.52**	**98.48%**	**7,149,016.55**													

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Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

Funds flow documented in PIT file upload for DY2Q2.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q2**
Practitioner - Primary Care Provider (PCP)		**0**
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)		**0**
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		**1,217,598.61**
Ny Hospital	Hospital	1,217,598.61
Clinic		**0**
	Clinic	0
Case Management / Health Home		**0**
	Case Management / Health Home	0
Mental Health		**0**
	Mental Health	0
Substance Abuse		**0**
	Substance Abuse	0
Nursing Home		**0**
	Nursing Home	0
Pharmacy		**0**
	Pharmacy	0
Hospice		**0**
	Hospice	0
Community Based Organizations		**19,699.46**
Coalicion Mexicano	Community Based Organizations	8,134.26
Fort George Community Enrichment Center	Community Based Organizations	861.89
Lenox Hill Neighborhood House	Community Based Organizations	10,703.32
All Other		**0**
	All Other	0
Uncategorized		**42,666.67**
Northern Manhattan Per Part Tasa	Uncategorized	8,476.13
Weill Cornell Medical College	Uncategorized	34,190.54

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

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☑ **IPQR Module 1.5 - Prescribed Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Complete a preliminary PPS Level budget for Administration and Overhead, Project Implementation, Increased Program Capacity, Contingency and Bonus (includes performance achievement and revenue loss) categories	Completed	Complete a preliminary PPS Level budget for Administration and Overhead, Project Implementation, Increased Program Capacity, Contingency and Bonus (includes performance achievement and revenue loss) categories	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Project Leads and PMO jointly draft project-specific provider level budget.	Completed	Project Leads and PMO jointly draft project-specific provider level budget.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop a funds flow approach and distribution plan that integrates project-specific provider level budgets and PPS level budget.	Completed	Develop a funds flow approach and distribution plan that integrates project-specific provider level budgets and PPS level budget.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finance Committee reviews funds flow approach and distribution plan providing comment and input prior to ratification and recommendation to Executive Committee.	On Hold	Finance Committee reviews funds flow approach and distribution plan providing comment and input prior to ratification and recommendation to Executive Committee.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Obtain approval from Executive Committee.	On Hold	Obtain approval from Executive Committee.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Prepare PPS, Project and Provider level funds flow budgets for review and approval by Finance Committee.	Completed	Prepare PPS, Project and Provider level funds flow budgets for review and approval by Finance Committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Incorporate agreed upon funds flow plan and requirements to receive funds into applicable PPS Participation Agreements.	On Hold	Incorporate agreed upon funds flow plan and requirements to receive funds into applicable PPS Participation Agreements.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Communicate to PPS members the funds flow plan with a particular focus on how PPS level funds are achieved, the administrative requirements related to the plan, and reporting and distribution schedules.	On Hold	Communicate to PPS members the funds flow plan with a particular focus on how PPS level funds are achieved, the administrative requirements related to the plan, and reporting and distribution schedules.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

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✉ IPQR Module 1.6 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

DSRIP Implementation Plan Project

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✅ **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	7,876,002	7,876,002	7,876,002	7,876,001	7,876,001	39,380,008
Cost of Project Implementation & Administration	**3,905,124**	**7,593,164**	**6,015,237**	**6,431,433**	**8,523,389**	**32,468,347**
Administration	1,008,098	1,291,115	1,116,213	1,191,089	1,568,974	6,175,489
Implementation	2,775,843	6,049,851	4,395,739	4,563,168	5,910,450	23,695,051
Increased Program Capacity	121,183	252,198	503,285	677,176	1,043,965	2,597,807
Revenue Loss	**0**	**0**	**0**	**0**	**0**	**0**
Internal PPS Provider Bonus Payments	**0**	**284,419**	**1,854,019**	**1,434,007**	**4,428,590**	**8,001,035**
Bonus Payments	0	284,419	1,854,019	1,434,007	4,428,590	8,001,035
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	**0**
Other	**3,970,878**	**0**	**6,746**	**10,561**	**0**	**3,988,185**
Contingency Fund	3,970,878	0	6,746	10,561	0	3,988,185
Total Expenditures	**7,876,002**	**7,877,583**	**7,876,002**	**7,876,001**	**12,951,979**	**44,457,567**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

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

Narrative Text :

The PPS did not receive equity funds from Medicaid MCOs until the later half of this reporting period. These funds were not expended in this quarter.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

NYS Confidentiality – High

DSRIP Implementation Plan Project

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

Instructions :

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

Benchmarks

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
7,876,002	39,380,008	6,744,108	38,248,114

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	**1,131,894**	**1,131,894**	**6,461,270**	**85.09%**	**31,336,453**	**96.51%**
Administration	366,311					
Implementation	765,583					
Increased Program Capacity	0					
Revenue Loss	**0**	**0**	**0**		**0**	
Internal PPS Provider Bonus Payments	**0**	**0**	**284,419**	**100.00%**	**8,001,035**	**100.00%**
Bonus Payments	0					
Cost of non-covered services	**0**	**0**	**0**		**0**	
Other	**0**	**0**	**0**		**3,988,185**	**100.00%**
Contingency Fund	0					
Total Expenditures	**1,131,894**	**1,131,894**				

Current File Uploads

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

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Narrative Text :

Actual budget spending broken out by portion of waiver (55%) vs. non-waiver (45%) funds. The actual allocation of expenses by funding program cannot be easily tracked.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Non-Waiver Revenue	7,876,002	7,876,002	7,876,002	7,876,001	7,876,001	39,380,008
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	7,876,002	7,876,002	7,876,002	7,876,001	7,876,001	39,380,008
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	**7,876,002**	**7,876,002**	**7,876,002**	**7,876,001**	**7,876,001**	**39,380,008**
Undistributed Non-Waiver Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

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

Narrative Text :

At this time, the PPS cannot estimate the distribution of funds beyond the PPS leads. Any funds will be distributed via a sub-contract through the
PPS Lead (a NYS-designated safety net institution).

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

✉ 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
7,876,002.00	39,380,008.00	6,744,108.65	38,248,114.65

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)	0	0.00%	0	0.00%	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	983,410.51	100.00%	983,410.51	100.00%	983,410.51	6,892,591.49	38,396,597.49
Clinic	0	0.00%	0	0.00%	0	0	0
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0.00%	0	0.00%	0	0	0
Substance Abuse	0	0.00%	0	0.00%	0	0	0
Nursing Home	0	0.00%	0	0.00%	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	15,910.54	54.33%	8,644.68	54.33%	15,910.54	0	0
All Other	0	0.00%	0	0.00%	0	0	0
Uncategorized	34,460.33	0.00%	0	0.00%	34,460.33	0	0
Additional Providers	0	0.00%	0	0.00%	0		

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

DSRIP Implementation Plan Project

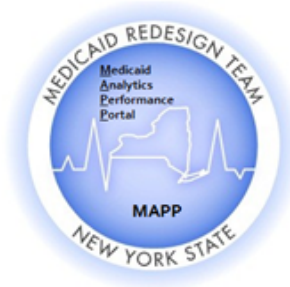**The New York and Presbyterian Hospital (PPS ID:39)**

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	98,111.97	100.00%	98,111.97	100.00%	98,111.97	0	0
Total	**1,131,893.35**	**96.31%**	**1,090,167.16**	**96.31%**	**1,131,893.35**		

Current File Uploads

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

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q2**
Practitioner - Primary Care Provider (PCP)		**0**
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)		**0**
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		**983,410.51**
Ny Hospital	Hospital	983,410.51
Clinic		**0**
	Clinic	0
Case Management / Health Home		**0**
	Case Management / Health Home	0
Mental Health		**0**
	Mental Health	0
Substance Abuse		**0**
	Substance Abuse	0
Nursing Home		**0**
	Nursing Home	0
Pharmacy		**0**
	Pharmacy	0
Hospice		**0**
	Hospice	0
Community Based Organizations		**15,910.54**
Coalicion Mexicano	Community Based Organizations	6,569.74
Lenox Hill Neighborhood House	Community Based Organizations	8,644.68
Fort George Community Enrichment Center	Community Based Organizations	696.11
All Other		**0**
	All Other	0
Uncategorized		**34,460.33**
Northern Manhattan Per Part Tasa	Uncategorized	6,845.87
Weill Cornell Medical College	Uncategorized	27,614.46

NYS Confidentiality – **High**

New York State Department Of Health
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The New York and Presbyterian Hospital (PPS ID:39)

* 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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

IPQR Module 1.11 - IA Monitoring

Instructions :

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	YES
Task PMO identifies the size and number of standing committees (Executive, Finance, IT/Data Governance, Clinical Operations, Audit/Corporate Compliance)	Completed	PMO identifies the size and number of standing committees (Executive, Finance, IT/Data Governance, Clinical Operations, Audit/Corporate Compliance)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PMO to communicate to PPS Lead and Network Members to confirm composition and membership of standing committees	Completed	PMO to communicate to PPS Lead and Network Members to confirm composition and membership of standing committees	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS Governance Committees to install members of standing committees	Completed	PPS Governance Committees to install members of standing committees	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PMO develops regular meeting schedule for standing committees	Completed	PMO develops regular meeting schedule for standing committees	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS Executive Committee reviews and ratifies final structure for standing committees: 4 PPS Committees and own PPS Executive Committee	Completed	PPS Executive Committee reviews and ratifies final structure for standing committees: 4 PPS Committees and own PPS Executive Committee	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Ratified structure communicated to Project Advisory Committee (PAC)	Completed	Ratified structure communicated to Project Advisory Committee (PAC)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	

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The New York and Presbyterian Hospital (PPS ID:39)

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 #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task PMO facilitates Project Leads in development of Cross-Project quality governance guidelines (vision, approach, stakeholders, key Network Members selection process to include representatives from medical, behavioral, substance abuse and social services, scope of authority, etc.) for integrating quality programs across 10 Projects	Completed	PMO facilitates Project Leads in development of Cross-Project quality governance guidelines (vision, approach, stakeholders, key Network Members selection process to include representatives from medical, behavioral, substance abuse and social services, scope of authority, etc.) for integrating quality programs across 10 Projects	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Convene PPS Clinical Operations Committee (which is an active Committee with broad representation across above groups) to review draft Cross-Project quality governance guidelines and recommend revisions as appropriate	Completed	Convene PPS Clinical Operations Committee (which is an active Committee with broad representation across above groups) to review draft Cross-Project quality governance guidelines and recommend revisions as appropriate	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Clinical Operations Committee ratifies final Cross-Project quality governance guidelines and recommends to Executive Committee for ratification	On Hold	PPS Clinical Operations Committee ratifies final Cross-Project quality governance guidelines and recommends to Executive Committee for ratification	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Executive Committee reviews and ratifies final Cross-Project quality governance guidelines	On Hold	PPS Executive Committee reviews and ratifies final Cross-Project quality governance guidelines	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Cross-Project quality governance guidelines communicated to Project Advisory Committee (PAC)	On Hold	Cross-Project quality governance guidelines communicated to Project Advisory Committee (PAC)	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Clinical Operations Committee designates Project-level quality leads (representing both PPS Lead and Network Members) responsible for implementing the guidelines and recommends	On Hold	PPS Clinical Operations Committee designates Project-level quality leads (representing both PPS Lead and Network Members) responsible for implementing the guidelines and recommends schedule for ad-hoc attendance and reporting	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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The New York and Presbyterian Hospital (PPS ID:39)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
schedule for ad-hoc attendance and reporting									
Task Project-level quality leads, in collaboration with Project Leads and Project teams, recommend initial quality "leading indicators" for reporting to Clinical Operations Committee	On Hold	Project-level quality leads, in collaboration with Project Leads and Project teams, recommend initial quality "leading indicators" for reporting to Clinical Operations Committee	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task PMO drafts charter and guidelines (member responsibilities, term of service, voting rules, dispute resolution, policies for under-performing providers) for 4 standing PPS Committees (Finance, IT/Data, Clinical Operations, Audit/Corporate Compliance) and Executive Committee	Completed	PMO drafts charter and guidelines (member responsibilities, term of service, voting rules, dispute resolution, policies for under-performing providers) for 4 standing PPS Committees (Finance, IT/Data, Clinical Operations, Audit/Corporate Compliance) and Executive Committee	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS Committees review and provide feedback re: draft charters and guidelines	Completed	PPS Committees review and provide feedback re: draft charters and guidelines	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS Committees' comments incorporated by PMO	Completed	PPS Committees' comments incorporated by PMO	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS Committees ratify final charters and guidelines and recommend to Executive Committee for ratification	Completed	PPS Committees ratify final charters and guidelines and recommend to Executive Committee for ratification	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS Executive Committee reviews and ratifies final charters and guidelines for 4 PPS Committees and Executive Committee	Completed	PPS Executive Committee reviews and ratifies final charters and guidelines for 4 PPS Committees and Executive Committee	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Structures and charters communicated to Project Advisory Committee (PAC)	Completed	Structures and charters communicated to Project Advisory Committee (PAC)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES

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The New York and Presbyterian Hospital (PPS ID:39)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
monitoring processes		description of two-way reporting processes and governance monitoring processes.							
Task Executive Committee develops guiding principles for reporting and monitoring, including what information is shared with whom and when, how monitoring will be done, who is accountable for reviewing results, and what the thresholds and processes are for remediation.	Completed	Executive Committee develops guiding principles for reporting and monitoring, including what information is shared with whom and when, how monitoring will be done, who is accountable for reviewing results, and what the thresholds and processes are for remediation.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO to draft key Program-level process milestones and metrics relevant to 4 Committees' purviews and identify schedule of information availability	Completed	PMO to draft key Program-level process milestones and metrics relevant to 4 Committees' purviews and identify schedule of information availability	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO to synthesize milestones and metrics into draft Dashboards and other performance reports (as appropriate and to be determined)for reporting to 4 PPS Committees consistent with Committee purview	On Hold	PMO to synthesize milestones and metrics into draft Dashboards and other performance reports (as appropriate and to be determined)for reporting to 4 PPS Committees consistent with Committee purview	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4 PPS Committees review and provide feedback re: draft Dashboards, other performance reports, and adequacy of information availability	On Hold	4 PPS Committees review and provide feedback re: draft Dashboards, other performance reports, and adequacy of information availability	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4 PPS Committees' comments incorporated by PMO	On Hold	4 PPS Committees' comments incorporated by PMO	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4 PPS Committees ratify final Dashboards and other performance reports	On Hold	4 PPS Committees ratify final Dashboards and other performance reports	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO selects key indicators from Dashboards for inclusion in Executive Committee Dashboard	On Hold	PMO selects key indicators from Dashboards for inclusion in Executive Committee Dashboard	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Executive Committee reviews and ratifies final Dashboard	Completed	Executive Committee reviews and ratifies final Dashboard	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5	Completed	Community engagement plan, including plans for two-way	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)		communication with stakeholders.							
Task NYP Community Affairs to engage PAC subset (to include Network Members and non-members representing Community Boards, local religious leaders, community physicians and non-physician providers, NYC DOHMH, homeless services organizations, food pantries,etc.) to collaboratively develop community engagement strategy and draft plan, including target audiences, content categories, communication vehicles and events. Messages will be determined by this group, but may include DSRIP FAQs, how to engage patients/connect to care, emphasis on (and resources available for) behavioral health and substance abuse treatment, inventory of PPS clinical and social services, "what we need from you", etc.	Completed	NYP Community Affairs to engage PAC subset (to include Network Members and non-members representing Community Boards, local religious leaders, community physicians and non-physician providers, NYC DOHMH, homeless services organizations, food pantries,etc.) to collaboratively develop community engagement strategy and draft plan, including target audiences, content categories, communication vehicles and events. Messages will be determined by this group, but may include DSRIP FAQs, how to engage patients/connect to care, emphasis on (and resources available for) behavioral health and substance abuse treatment, inventory of PPS clinical and social services, "what we need from you", etc.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Community engagement plan presented to PAC for review	Completed	Community engagement plan presented to PAC for review	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PAC confirms PAC subset as ongoing Community Engagement Subcommittee, charged with implementing plan; identifies any gaps in participation	On Hold	PAC confirms PAC subset as ongoing Community Engagement Subcommittee, charged with implementing plan; identifies any gaps in participation	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS Executive Committee reviews and ratifies final community engagement plan	On Hold	PPS Executive Committee reviews and ratifies final community engagement plan	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PMO publishes plan consistent with Subcommittee and PPS Executive Committee guidance	On Hold	PMO publishes plan consistent with Subcommittee and PPS Executive Committee guidance	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task	On Hold	Community Engagement Subcommittee commences	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

NYS Confidentiality – High

The New York and Presbyterian Hospital (PPS ID:39)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Community Engagement Subcommittee commences monitoring of performance against plan		monitoring of performance against plan							
Task PPS Executive Committee commences monitoring adherence to plan	On Hold	PPS Executive Committee commences monitoring adherence to plan	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #6 Finalize partnership agreements or contracts with CBOs	Completed	Signed CBO partnership agreements or contracts.	03/01/2016	03/31/2017	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task PMO recommends an inventory of relationships that require contracts based on Project Leads recommendations which were informed by: cultivation of Network Members to date and experience with same pre-DSRIP, project-level resource budgets, current CBO capabilities, planned CBO capacity, CBO commitment to data exchange, etc. (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.) and PMO categorizes Network Members by contract type ("Agreement") (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.)	Completed	PMO recommends an inventory of relationships that require contracts based on Project Leads recommendations which were informed by: cultivation of Network Members to date and experience with same pre-DSRIP, project-level resource budgets, current CBO capabilities, planned CBO capacity, CBO commitment to data exchange, etc. (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.) and PMO categorizes Network Members by contract type ("Agreement") (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS Finance Committee reviews Agreement inventory and categorization and provides feedback	Completed	PPS Finance Committee reviews Agreement inventory and categorization and provides feedback	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PMO, with assistance of PPS Lead resources (legal, quality, finance) drafts Agreement templates	Completed	PMO, with assistance of PPS Lead resources (legal, quality, finance) drafts Agreement templates	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS Finance Committee reviews Agreement templates and provides feedback	Completed	PPS Finance Committee reviews Agreement templates and provides feedback	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Finance Committee comments incorporated	Completed	PPS Finance Committee comments incorporated by PMO	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
by PMO									
Task PPS Finance Committees approves revised templates and recommends to Executive Committee for ratification	Completed	PPS Finance Committees approves revised templates and recommends to Executive Committee for ratification	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Agreement templates ratified by Executive Committee	Completed	Agreement templates ratified by Executive Committee	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role	On Hold	Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Project Leads and PMO facilitate Agreement discussion w/Network Members	On Hold	Project Leads and PMO facilitate Agreement discussion w/Network Members	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Partnership agreements executed with Network Members, including CBOs	On Hold	Partnership agreements executed with Network Members, including CBOs	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Completed	Agency Coordination Plan.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Project Leads to identify and define role of agencies to involve at State/Local level (e.g., NYC DOHMH, End of AIDS Taskforce, NYS Quitline, others TBD) and to advise PMO on nature of engagement to date (active, passive, planned), anticipated project-level role (e.g., advice, resources, cross-PPS coordination) including method of future engagement and key contact(s)	Completed	Project Leads to identify and define role of agencies to involve at State/Local level (e.g., NYC DOHMH, End of AIDS Taskforce, NYS Quitline, others TBD) and to advise PMO on nature of engagement to date (active, passive, planned), anticipated project-level role (e.g., advice, resources, cross-PPS coordination) including method of future engagement and key contact(s)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO to integrate recommendations into agency coordination roadmap and present to PPS	Completed	PMO to integrate recommendations into agency coordination roadmap and present to PPS Clinical Operations Committee for review and feedback	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
Clinical Operations Committee for review and feedback									
Task PPS Clinical Operations Committee comments incorporated by PMO	Completed	PPS Clinical Operations Committee comments incorporated by PMO	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Agency Coordination Plan ratified by Executive Committee, which will monitor adherence to Plan	On Hold	Agency Coordination Plan ratified by Executive Committee, which will monitor adherence to Plan	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Agency delegates recruited	On Hold	Agency delegates recruited	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #8 Finalize workforce communication and engagement plan	Completed	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task PMO HR Lead to meet with 1199TEF to discuss workforce engagement and communication strategy and best practices (including objectives, principles, target audiences, channels, barriers and risks, milestones and measuring effectiveness)	Completed	PMO HR Lead to meet with 1199TEF to discuss workforce engagement and communication strategy and best practices (including objectives, principles, target audiences, channels, barriers and risks, milestones and measuring effectiveness)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PMO HR Lead to engage Workforce Sub-committee (to include representatives of workforce) in discussion of Network's workforce communication and engagement needs and to develop plan outline	On Hold	PMO HR Lead to engage Workforce Sub-committee (to include representatives of workforce) in discussion of Network's workforce communication and engagement needs and to develop plan outline	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to integrate Network plan outline with PPS Lead communication and engagement needs	On Hold	Workforce Sub-committee to integrate Network plan outline with PPS Lead communication and engagement needs	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to draft workforce engagement and communication plan and present to Executive Committee	On Hold	Workforce Sub-committee to draft workforce engagement and communication plan and present to Executive Committee	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	On Hold	Executive Committee reviews and ratifies workforce	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
Executive Committee reviews and ratifies workforce engagement and communication plan		engagement and communication plan							
Milestone #9 Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	NO
Task The NYP PPS has a proven track record of effectively leading collaborative teams of NYP, community providers and CBOs in the design and development of innovative care models. The Regional Health Collaborative is one example of a recent success story. The NYP PPS will build on that experience to optimize the governance of the NYP PPS and inform the management of governance risk. Major risks to implementation of the Governance Structure and Processes, and associated mitigation strategies include: Competition for community provider and CBO time: The NYP PPS geography has several different PPS and many community providers and CBOs are members of multiple PPS. As such, demands on these providers and CBO' time are high. We will mitigate this risk by: 1) rotational membership of 10-month Committee terms which decreases the length of service burden; 2) charging Committee members with representation for all like provider and CBO types which will ensure each segment's interests are always represented; and 3) building a broad membership for our Committees, which will allow others to carry more weight when some need to	In Progress	The NYP PPS has a proven track record of effectively leading collaborative teams of NYP, community providers and CBOs in the design and development of innovative care models. The Regional Health Collaborative is one example of a recent success story. The NYP PPS will build on that experience to optimize the governance of the NYP PPS and inform the management of governance risk. Major risks to implementation of the Governance Structure and Processes, and associated mitigation strategies include: Competition for community provider and CBO time: The NYP PPS geography has several different PPS and many community providers and CBOs are members of multiple PPS. As such, demands on these providers and CBO' time are high. We will mitigate this risk by: 1) rotational membership of 10-month Committee terms which decreases the length of service burden; 2) charging Committee members with representation for all like provider and CBO types which will ensure each segment's interests are always represented; and 3) building a broad membership for our Committees, which will allow others to carry more weight when some need to step away. Sustaining community provider and CBO engagement over DSRIP term: Both competing demands for time within and across PPSs, and the need for community providers and CBOs to maintain their non-DSRIP businesses over the term of DSRIP will be risks. If not mitigated, these risks could result	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
step away. Sustaining community provider and CBO engagement over DSRIP term: Both competing demands for time within and across PPSs, and the need for community providers and CBOs to maintain their non-DSRIP businesses over the term of DSRIP will be risks. If not mitigated, these risks could result in a lack of engagement across the PPS, which could jeopardize the connectivity and inter-dependence required to produce the broad utilization changes to which DSRIP aspires. The primary mitigation strategy is to ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level. Similarly, engaging in fair and transparent funds flow will be important to securing community provider and CBO loyalty to and engagement with the PPS over time.		in a lack of engagement across the PPS, which could jeopardize the connectivity and inter-dependence required to produce the broad utilization changes to which DSRIP aspires. The primary mitigation strategy is to ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level. Similarly, engaging in fair and transparent funds flow will be important to securing community provider and CBO loyalty to and engagement with the PPS over time.							

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	lea9024	Templates	39_DY2Q2_GOV_MDL21_PRES1_TEMPL_NYP_PPS_PAC_Membership_Updated_DY2,_Q2_6755.	NYP PPS PAC Membership DY2, Q2	10/26/2016 11:01 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			pdf		
	lea9024	Templates	39_DY2Q2_GOV_MDL21_PRES1_TEMPL_NYP_PPS_Governance_Committee_Meeting_Schedules_DY2_Q2_6754.pdf	NYP PPS Governance Committee Meeting Schedules DY2 Q2	10/26/2016 11:00 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	lea9024	Templates	39_DY2Q2_GOV_MDL21_PRES2_TEMPL_Meeting_Schedule_Clinical_Operations_Committee_DY2_Q2_6756.pdf	NYP PPS Clinical Operations Committee Meeting Schedule DY2, Q2	10/26/2016 11:08 AM
Establish governance structure reporting and monitoring processes	lea9024	Report(s)	39_DY2Q2_GOV_MDL21_PRES4_RPT_Quarterly_Update_Governance_Milestone_#4_DY2_Q2_6760.pdf	Quarterly Update Governance Milestone #4 DY2, Q2	10/26/2016 11:40 AM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	lea9024	Templates	39_DY2Q2_GOV_MDL21_PRES5_TEMPL_NYP_PPS_Community_Engagement_Template_DY2_Q2_6775.pdf	NYP PPS Community Engagement Template DY2, Q2	10/26/2016 12:30 PM
Finalize partnership agreements or contracts with CBOs	lea9024	Templates	39_DY2Q2_GOV_MDL21_PRES6_TEMPL_NYP_PPS_Community_Based_Organizations_Template_DY2_Q2_7271.pdf	NYP PPS Community Based Organizations Template	10/28/2016 09:21 AM
	lea9024	Templates	39_DY2Q2_GOV_MDL21_PRES6_TEMPL_NYP_PPS_Meeting_Schedule_Template_DY2_Q2_6920.pdf	NYP PPS Meeting Schedule Template DY2 Q2	10/26/2016 04:57 PM
Finalize workforce communication and engagement plan	lea9024	Templates	39_DY2Q2_GOV_MDL21_PRES8_TEMPL_NYP_PPS_Workforce_Advisory_Workgroup_Membership_DY2Q2_6793.pdf	NYP PPS Workforce Advisory Workgroup Membership Template DY2 Q2	10/26/2016 01:13 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	Attached please find meeting schedule templates for the NYP PPS governance committees for DY2, Q2. Note there is no template for the Project Advisory Committee. In lieu of the 3rd quarter 2016 meeting, all PAC members were invited to attend the NYP PPS Collaborator Symposium. Also attached please find a membership template for the PAC Committee for DY2, Q2. Note that the membership did not change for the other NYP PPS committees during this time period, so no new membership templates are being submitted this quarter.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Attached please find the meeting schedule template for the NYP PPS Clinical Operations Committee for DY2, Q2. Note there was no change in membership to the Committee during this time period.
Finalize bylaws and policies or Committee Guidelines where applicable	Note there were no changes to the bylaws, policies or procedures for the NYP PPS Governance Committees during the DY2, Q2 period.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish governance structure reporting and monitoring processes	Attached please find a quarterly report for Governance Milestone #4, which provides an update on the PPS's governance structure reporting and monitoring processes for DY2, Q2.
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Attached please find the NYP PPS Community Engagement Template for DY2, Q2.
Finalize partnership agreements or contracts with CBOs	Attached please find a NYP PPS Community Based Organizations Template for DY2, Q2 which reflects Participation Agreements that the NYP PPS has established with all collaborator organizations that are members of the NYP PPS, including CBOs. For those receiving compensation, a Service Agreement has also been established. Also attached please find a meeting schedule template for DY2, Q2.
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.)	Please note there were no changes to the public sector agency coordination plan in DY2, Q2.
Finalize workforce communication and engagement plan	Attached please find a membership template for the NYP PPS Workforce Advisory Workgroup for DY2, Q2.
Inclusion of CBOs in PPS Implementation.	

Milestone Review Status

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

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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 Midpoint Organizational Narrative	Completed	Midpoint Organizational Narrative	04/01/2016	05/31/2016	04/01/2016	05/31/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Midpoint Organizational Narrative	

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

Instructions :

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

The NYP PPS has a proven track record of effectively leading collaborative teams of NYP, community providers and CBOs in the design and development of innovative care models. The Regional Health Collaborative is one example of a recent success story. The NYP PPS will build on that experience to optimize the governance of the NYP PPS and inform the management of governance risk.

Major risks to implementation of the Governance Structure and Processes, and associated mitigation strategies include:
Competition for community provider and CBO time: The NYP PPS geography has several different PPS and many community providers and CBOs are members of multiple PPS. As such, demands on these providers and CBO' time are high. We will mitigate this risk by: 1) rotational membership of 10-month Committee terms which decreases the length of service burden; 2) charging Committee members with representation for all like provider and CBO types which will ensure each segment's interests are always represented; and 3) building a broad membership for our Committees, which will allow others to carry more weight when some need to step away.

Sustaining community provider and CBO engagement over DSRIP term: Both competing demands for time within and across PPSs, and the need for community providers and CBOs to maintain their non-DSRIP businesses over the term of DSRIP will be risks. If not mitigated, these risks could result in a lack of engagement across the PPS, which could jeopardize the connectivity and inter-dependence required to produce the broad utilization changes to which DSRIP aspires. The primary mitigation strategy is to ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level. Similarly, engaging in fair and transparent funds flow will be important to securing community provider and CBO loyalty to and engagement with the PPS over time.

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.)

Good governance is at the heart of a successful PPS. Therefore, interdependence with other workstreams is high. Good PPS governance will require several critical factors to be successful:
Strong IT systems and processes: IT systems and processes capable of collecting and analyzing key performance metrics are essential to support credible and accurate decision-making.

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Effective communication among participating community providers and CBO: Active and open decision-making with strong participation from PPS members will support the engagement of community providers, CBOs, and the community at large.

Effective workforce management across the PPS: Training, education and funding must be designed to effectively support the changes needed across the delivery system.

Transparent and credible funds flow management: The effective commitment of DSRIP funds is required to stimulate participation and reward collaboration while buffering the negative impacts of DSRIP program progress on some provider organizations.

Engagement of practitioners across the continuum: Practitioner engagement is critical to achieving the levels of coordination and collaboration required to deliver the right services to the right patients at the right time and at the right locations.

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☑ **IPQR Module 2.5 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Lead and Fiduciary	NewYork-Presbyterian (David Alge, VP Integrated Delivery System Strategy, DSRIP Executive)	Policies and procedures; PMO leadership and resourcing; IT infrastructure leadership and resourcing; budgeting and funds flow; PPS legal, regulatory and compliance support; PPS Committee co-Leadership, Project Leadership; quality leadership and assurance
Major FQHC Collaborators	Charles B. Wang Community Health Center (Betty Cheng), Community Healthcare Network (Ken Meyers), Harlem United/Upper AIDS Ministry (Jacqui Kilmer), St. Mary's Center, Inc.	Committee membership; Protocol design for care transitions, ED triage and primary/behavioral integration, palliative care
Major Post-Acute Collaborators	MJHS (Jay Gormley), ArchCare (Eva Eng), Hebrew Home (David Pomeranz), VNSNY (Angela Martin)	Committee membership; Protocol design for care transitions, Ambulatory ICU
Major Children's Healthcare Providers	Leaders from Blythedale Children's Hospital, St. Mary's Hospital for Children, Northside Center for Child Development and others	Committee membership; Protocol design for care transitions, Ambulatory ICU
Major Behavioral Health and Substance Abuse Providers	Leaders from Argus Community (Daniel Lowy), The Bridge, ASCNYC (Sharen Duke), St. Christopher's Inn, and others	Committee membership; Protocol design for primary/behavioral integration, crisis stabilization, HIV COE
Community Health Worker CBOs	ASCNYC (Sharen Duke), Community League of the Heights, Northern Manhattan Improvement Corp (Mario Drummonds), DWDC and others	Committee membership; CHW workforce development; support for CHW technology design
Community Organizations	Various Community Boards, homeless services providers, and others	PAC membership; community feedback

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✉ **Module 2.6 - IPQR Module 2.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
All PPS Members	Committee members including, but not limited to primary care, behavioral health and substance abuse providers and CBOs	Representing other like organizations on Committees; providing input and feedback on policies, protocols, performance management, IT strategies and tactics, quality programs; Holding other members accountable
PAC (internal)	PAC membership	Represent PPS members interests and understand community needs
1199 TEF	Workforce expertise	Workforce (re)training, (re)deployment, reduction and hiring best practices and associated resources
External Stakeholders		
PAC (external)	PAC membership	Represent community interests and understand PPS members' needs
Workforce Collaborators (1199, NYSNA)	Workforce advocacy	Support and advise re: workforce engagement plan, training plans, recruitment, workforce feedback
NYC DOHMH	Committee member	Provide integration with other PPS and input on governmental resources and priorities

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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 robust IT infrastructure is essential for the various governance committees to support effective and efficient decision-making and DSRIP goal achievement for the NYP PPS.   The collection and analysis of data from participating community providers and CBOs will form the basis for an evidence-based process for evaluating effectiveness of PPS interventions across the ten projects as well as the contribution of the various community providers and CBOs in achieving DSRIP goals. Good data and information produced by this IT infrastructure will help build and maintain credibility within the PPS, with the PAC and with the broader community. The IT infrastructure will work collaboratively with the PPS PMO to create effective channels to share information on progress toward milestones, utilization and quality outcomes, and opportunities for community engagement through private and public information-sharing tools.

Key to the NYP PPS IT shared infrastructure will be:
1) successfully building on the current work deploying Allscripts Care Director (ACD) to selected community providers and CBOs involved in the existing NYP Health Home (e.g., ASCNYC). NYP has both an implementation blueprint and a recent and rich understanding of critical success factors and barriers to timely deployment which will heavily inform our approach to deploying ACD more widely across the PPS, and
2) leveraging our leadership role in the RHIO, Healthix, to assure priorities, design considerations, SHIN-NY related decisions, etc. advance the interests of DSRIP and do so in a timely way consistent with the stated DSRIP objectives. NYP plays important leadership roles on various Healthix committees and the Healthix Board.

✉ IPQR Module 2.8 - Progress Reporting

Instructions :

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

"The NYP PPS has a high likelihood of success in governance due to two important factors. The first is the relatively small size of the PPS membership; our thoughtful and strategic selection of Network Members who together cover the full spectrum of clinical and social determinants of health needs allows us to govern efficiently and effectively. Second, our experience working with many of the Network Members on existing population initiatives allows us to build on trusted relationships (e.g., Charles B. Wang Community Health Center and NYP Lower Manhattan Hospital on serving the Chinese population; Weill Cornell Medical Center and Community Healthcare Network serving underserved populations in Western Queens; Columbia University Medical Center and the myriad CBOs, community providers and pharmacies like ASCNYC, Washington CORNER Project and AIDS Healthcare Foundation serving PLWA/HIV).

The success of NYP PPS governance will be measured by: 1) adherence to these timeline commitments; 2) the application of Committee policies to

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resolve issues and meet unanticipated challenges; 3) the development, negotiation and execution of agreements to formalize PPS contractual relationships; 4) robust attendance at the Standing Committees and the Executive Committee; and 5) the management of performance for the PPS as a whole and for individual community providers and CBOs within 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.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Complete PPS Finance Committee structure (including reporting structure), charter and Committee Guidelines per Governance workplan	Completed	Complete PPS Finance Committee structure (including reporting structure), charter and Committee Guidelines per Governance workplan	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Define roles and responsibilities of PPS lead and finance function	Completed	Define roles and responsibilities of PPS lead and finance function	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop PPS org chart that depicts finance function with reporting structure to PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	Completed	Develop PPS org chart that depicts finance function with reporting structure to PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Obtain approval of finance function reporting structure from PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	Completed	Obtain approval of finance function reporting structure from PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	07/01/2015	12/31/2015	07/01/2015	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 PMO drafts Financial Sustainability standards/thresholds using NYS DOH guidance and monitoring framework for PPS Finance Committee review	Completed	PMO drafts Financial Sustainability standards/thresholds using NYS DOH guidance and monitoring framework for PPS Finance Committee review	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Finance Committee reviews standards/thresholds and monitoring framework and provides feedback	Completed	PPS Finance Committee reviews standards/thresholds and monitoring framework and provides feedback	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO drafts Financial Sustainability survey of operational and financial metrics aligned with standards/thresholds for review by PPS Finance Committee	Completed	PMO drafts Financial Sustainability survey of operational and financial metrics aligned with standards/thresholds for review by PPS Finance Committee	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Finance Committee reviews survey and provides feedback	Completed	PPS Finance Committee reviews survey and provides feedback	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Finance Committees' comments incorporated by PMO	Completed	PPS Finance Committees' comments incorporated by PMO	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Finance Committee approves final survey	Completed	PPS Finance Committee approves final survey	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO releases survey to all PPS members on behalf of PPS Finance Committee	Completed	PMO releases survey to all PPS members on behalf of PPS Finance Committee	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Finance Committee reviews survey results and identifies financially fragile organizations, develops draft interventions, and finalizes monitoring framework; Recommends	On Hold	PPS Finance Committee reviews survey results and identifies financially fragile organizations, develops draft interventions, and finalizes monitoring framework; Recommends interventions and framework to PPS Executive Committee	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
interventions and framework to PPS Executive Committee									
Task PPS Executive Committee reviews recommendations and ratifieds, as appropriate	On Hold	PPS Executive Committee reviews recommendations and ratifieds, as appropriate	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Finance Committee communicates standards/thresholds and framework to PPS Network Members and to PAC	On Hold	PPS Finance Committee communicates standards/thresholds and framework to PPS Network Members and to PAC	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PMO facilitates information-gathering discussions with selected PPS regarding opportunities for shared financial sustainability strategies, resources and timelines	On Hold	PMO facilitates information-gathering discussions with selected PPS regarding opportunities for shared financial sustainability strategies, resources and timelines	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Finance Committee (or approved designee) provides general guidance on the development of a sustainability plan to financially fragile organizations	On Hold	PPS Finance Committee (or approved designee) provides general guidance on the development of a sustainability plan to financially fragile organizations	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Finance Committee to initiate quarterly, semi-annual and annual financial sustainability reporting as required under DSRIP	On Hold	PPS Finance Committee to initiate quarterly, semi-annual and annual financial sustainability reporting as required under DSRIP	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
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 Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the 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 responsibilities of the PPS Lead.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop Compliance Plan to include written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance	Completed	Develop Compliance Plan to include written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance plan that are within the scope of responsibilities of the PPS Lead.	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
plan that are within the scope of responsibilities of the PPS Lead.									
Task PPS Audit/Compliance Committee to review and approve Compliance Plan developed by PPS Lead - Compliance and PMO; recommends to PPS Executive Committee for ratification	On Hold	PPS Audit/Compliance Committee to review and approve Compliance Plan developed by PPS Lead - Compliance and PMO; recommends to PPS Executive Committee for ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS Executive Committee ratifies PPS Compliance Plan	On Hold	PPS Executive Committee ratifies PPS Compliance Plan	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Audit/Compliance Committee, with support of PMO, to obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	On Hold	PPS Audit/Compliance Committee, with support of PMO, to obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO and PPS Finance Committee ensure that compliance plan requirements are integrated into Agreement templates	On Hold	PMO and PPS Finance Committee ensure that compliance plan requirements are integrated into Agreement templates	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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.	In Progress	This milestone must be completed by 09/30/2016. Value-based payment plan, signed off by PPS board.	07/01/2015	09/30/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	YES
Task Establish Value Based Payment Work Group and Initiate Engagement	Completed	Establish Value Based Payment Work Group and Initiate Engagement	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Convene VBP Work Group ("VBPWG") representative of PPS system. Consider representation from PPS providers, PCMH, FQHCs and plans	Completed	Convene VBP Work Group ("VBPWG") representative of PPS system. Consider representation from PPS providers, PCMH, FQHCs and plans	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop VBPWG Charter and guidelines to	On Hold	Develop VBPWG Charter and guidelines to include responsibility to determine how revenue will be estimated,	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
include responsibility to determine how revenue will be estimated, how value will be determined, how payments will be made and how MCOs will be engaged		how value will be determined, how payments will be made and how MCOs will be engaged							
Task VBPWG to develop communication plan and materials for providers to facilitate understanding of value based payment (VBP) and NYS VBP roadmap including levels of VBP and risk sharing options	On Hold	VBPWG to develop communication plan and materials for providers to facilitate understanding of value based payment (VBP) and NYS VBP roadmap including levels of VBP and risk sharing options	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Conduct Stakeholder Engagement with PPS Providers	Completed	Conduct Stakeholder Engagement with PPS Providers	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task VBPWG to roll out communication plan and materials for providers to facilitate understanding of value based payment (VBP), to include levels of VBP and risk sharing options	On Hold	VBPWG to roll out communication plan and materials for providers to facilitate understanding of value based payment (VBP), to include levels of VBP and risk sharing options	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBPWG to develop a self-reported, stakeholder engagement survey to assess the PPS provider population and establish a baseline assessment of: degree of experience operating in VBP models and preferred compensation modalities; and, performance under any existing VBP arrangements currently in place	Completed	VBPWG to develop a self-reported, stakeholder engagement survey to assess the PPS provider population and establish a baseline assessment of: degree of experience operating in VBP models and preferred compensation modalities; and, performance under any existing VBP arrangements currently in place	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task VBPWG to release stakeholder engagement survey	Completed	VBPWG to release stakeholder engagement survey	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task VBPWG to compile stakeholder engagement survey results and analyze findings.	On Hold	VBPWG to compile stakeholder engagement survey results and analyze findings.	10/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Milestone: Conduct stakeholder engagement with MCOs	On Hold	Milestone: Conduct stakeholder engagement with MCOs	10/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBPWG to conduct stakeholder engagement	On Hold	VBPWG to conduct stakeholder engagement sessions with MCOs to discuss potential contracting options and	10/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

NYS Confidentiality – **High**

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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
sessions with MCOs to discuss potential contracting options and requirements (workforce, infrastructure, knowledge, legal support, etc.).		requirements (workforce, infrastructure, knowledge, legal support, etc.).							
Task Finalize PPS VBP Baseline Assessment	On Hold	Finalize PPS VBP Baseline Assessment	10/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBPWG to develop initial PPS VBP Baseline Assessment, based on discussions at provider and MCO stakeholder sessions and survey results	On Hold	VBPWG to develop initial PPS VBP Baseline Assessment, based on discussions at provider and MCO stakeholder sessions and survey results	10/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBPWG to identify best practies in VBP strategy including key metrics, based on strategy selected reaching out to MCOs for input	On Hold	VBPWG to identify best practies in VBP strategy including key metrics, based on strategy selected reaching out to MCOs for input	10/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Conduct provider meetings regarding the VBP Baseline Assessment to ensure their understanding and seek their agreement with the findings of the Assessment	On Hold	Conduct provider meetings regarding the VBP Baseline Assessment to ensure their understanding and seek their agreement with the findings of the Assessment	10/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBPWG to present initial PPS VBP Baseline Assessment to PPS Finance and Executive Committees for feedback	On Hold	VBPWG to present initial PPS VBP Baseline Assessment to PPS Finance and Executive Committees for feedback	10/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBPWG to present initial PPS VBP Baseline Assessment to PPS membership and PAC	On Hold	VBPWG to present initial PPS VBP Baseline Assessment to PPS membership and PAC	10/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
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.	In Progress	This milestone must be completed by 3/31/2017. Value-based payment plan, signed off by PPS board.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	YES
Task Prioritize potential opportunities and providers for VBP arrangements.	On Hold	Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task VBPWG to analyze total cost of care data provided by NYS DOH and other governmental agencies to identify opportunities related to an upside-only shared savings model ("UOSSM")	On Hold	VBPWG to analyze total cost of care data provided by NYS DOH and other governmental agencies to identify opportunities related to an upside-only shared savings model ("UOSSM")	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task VBPWG to identify challenges related to the implementation of the UOSSM model	On Hold	VBPWG to identify challenges related to the implementation of the UOSSM model	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task ⚠ VBPWG to prioritize providers based on assessment of who is best prepared to engage in UOSSM	On Hold	VBPWG to prioritize providers based on assessment of who is best prepared to engage in UOSSM	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task ⚠ VBPWG to conduct sessions with best-prepared providers to discuss the process and requirements necessary for UOSSM	On Hold	VBPWG to conduct sessions with best-prepared providers to discuss the process and requirements necessary for UOSSM	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Develop VBP adoption plan.	On Hold	Develop VBP adoption plan.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task ⚠ VBPWG to draft VBP Adoption Plan which will include analyzing provider and PPS performance, proposing methods of dispersing shared savings and building infrastructure required to support performance monitoring and reporting, all which will be developed over the course of the first 6 DSRIP quarters and for which there is no current plan.	On Hold	VBPWG to draft VBP Adoption Plan which will include analyzing provider and PPS performance, proposing methods of dispersing shared savings and building infrastructure required to support performance monitoring and reporting, all which will be developed over the course of the first 6 DSRIP quarters and for which there is no current plan.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task ⚠ VBPWG to recommend VBP Adoption Plan to PPS Finance Committee for comments and recommendation to PPS Executive Committee	On Hold	VBPWG to recommend VBP Adoption Plan to PPS Finance Committee for comments and recommendation to PPS Executive Committee	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task ⚠ PPS Executive Committee to review and ratify VBP Adoption Plan	On Hold	PPS Executive Committee to review and ratify VBP Adoption Plan	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task VBPWG to develop a timeline for best prepared	On Hold	VBPWG to develop a timeline for best prepared providers to adopt UOSSM	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
providers to adopt UOSSM									
Task VBPWG to continue discussions with other providers regarding adoption of UOSSM.	On Hold	VBPWG to continue discussions with other providers regarding adoption of UOSSM.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task VBPWG to present initial PPS VBP Adoption Plan to PPS membership and PAC.	On Hold	VBPWG to present initial PPS VBP Adoption Plan to PPS membership and PAC.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #6 ≥10% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES

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.

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	There were no changes to the NYP PPS finance structure during DY2, Q2.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	There were no changes to the NYP PPS financial sustainability strategy during DY2, Q2.
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.	Pushed back given updated NYS guidance.
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.	Pushed back given updated NYS guidance.
≥10% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs	Pushed back given updated NYS guidance.
≥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	Pushed back given updated NYS guidance.
≥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	Pushed back given updated NYS guidance.

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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 & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	

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✉ **IPQR Module 3.2 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Funding: The NYP PPS DSRIP budgeted conservatively based on expectations set by the State regarding both PMPM and preliminary attribution. The actual reduction in funding of 21% resulted in a budget contraction of similar magnitude. At the same time, there has been no relief from any DSRIP reporting or performance requirements. Given that the fixed costs of DSRIP management and technology have not changed, we are concerned about the impact on sustainable implementation of the ten projects and the impact lower funding on our community providers/CBOs. Mitigation strategies include encouraging the State to reduce reporting and performance requirements and conservative planning/expectation-setting across the PPS.

Acceptance by Network Members of Sustainability Plan/compliance with reporting Requirements: Some Network Members may be reluctant to share their financial challenges with other Members. Also, some Members may be not be able to adhere to reporting requirements which may stress organizations which are already financially stressed. Mitigation strategies currently include simplifying reporting requirements within the constraints of the DSRIP requirements, collaborating with other PPSs to encourage the State to develop and maintain a shared warehouse of financial metrics for PPS participants, or collaborating with local PPSs with shared network members to share financial sustainability information.

Resources to maintain the financial sustainability monitoring: There is a risk that financial sustainability reporting becomes onerous. This is a risk for the Network Members (see above) and for the PPS Finance Committee and PMO as aggregate reporting requirements across DSRIP are prolific. Mitigation strategies include allowing Network Members to self-report and attest to meeting the requirements and the State, regional PPSs, or the NYP PPS developing an IT capability for automatic metric submission and attestation by the Network Members.

Acceptance of funds flow model by PPS members: Having the buy-in of the PPS membership is key if the PPS is going to meet DSRIP project requirements and earn the performance payments. In some instances those project requirements may negatively affect PPS members' business model. Therefore, the PPS will regularly communicate with full transparency to all members regarding the funds distribution plan and its related processes.

Adherence by Network Members to compliance reporting: Network Members may have compliance plans that may not be fully aligned with DSRIP requirements. Modifying compliance plans may require involvement of Boards and organizations may be reluctant to modify long-standing programs. Mitigation strategy includes allowing Network Members to self-report and attest to meeting the requirements.

Building basic understanding of VBP across the PPS membership: Many Network Members lack experience with non-fee-for-service models of reimbursement. The preferred mitigation strategy is the State provides broad-based education for providers at increasing levels of sophistication (and possibly certification to demonstrate proficiency). A less desirable model relies on the PPS Finance Committee (or designee) providing this education.

Analyzing population health data to inform VBP Adoption Plan in a cost-effective way: Little local experience exists in VBP and this presents a risk as achievement of the 80-90% goal is fundamentally transformative and presents a significant threat to participants. In addition, risk exists that preparing for VBP may be cost-prohibitive vis. the needed consultants, IT infrastructure, data analysis and contracting expertise. Mitigation strategies include: collaborating with the State for shared resources, including scrubbed/searchable population data, and collaborating with other PPS in discussions with MCOs to increase scalability.

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✉ **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.)

Major risks to implementation of the Financial Sustainability workstream and achievement of outcome measure targets, and associated mitigation strategies include:

DSRIP Funding: The NYP PPS DSRIP calculated its project budgets based on communications from the State regarding both the PMPM and the preliminary attribution for the NYP PPS. We conducted sensitivity analyses, including the effects of a lower PMPM, lower-than-expected Domain 1 achievement values and lower-than-expected Domain 2 and 3 quality and clinical outcomes measures. The actual reduction in funding of 21% due to the change in attribution methodology and, possibly, a change in PMPM has resulted in a budget contraction of a similar magnitude. At the same time, there has been no communication regarding relief from any DSRIP reporting or performance requirements. Given that the fixed costs of DSRIP management and technology infrastructure have not changed, we remain concerned about the negative impact on our ability to sustainably implement the ten projects chosen and developed by the PPS during the application phase and the impact lower funding could have on our community providers and CBOs. Mitigation strategies include encouraging the State to address reporting and performance requirements in light of this significant funding decrease and conservative planning and expectation-setting across the PPS.

Acceptance by Network Members of the Financial Sustainability Plan and compliance with PPS reporting Requirements: It is anticipated that some Network Members may be reluctant to share their financial challenges with other network members, including potential competitors in other lines of business. In addition, some Network Members may be overwhelmed by (or not have robust enough financial reporting to adhere to) reporting requirements which may add stress and workload in particular to organizations which are already financially stressed. Mitigation strategies currently include simplifying reporting requirements to the extent possible within the constraints of the DSRIP requirements, and collaborating with other PPSs to encourage the State to develop and maintain a shared warehouse of financial sustainability metrics for PPS network members from around the State and, in the absence of that, collaborate with local PPSs with shared network members to share financial sustainability information and mitigation approaches.

Resources to maintain the financial sustainability monitoring: There is a risk should the requirements for financial sustainability reporting become onerous and the metrics either too numerous or not well-defined. This is a risk for the Network Members (as discussed above) and for the PPS Finance Committee and PMO as reporting requirements taken in aggregate across DSRIP are prolific. Mitigation strategies include allowing Network Members to self-report and attest to meeting the requirements (in lieu of PPS Finance Committee/PMO collecting and analyzing). A second mitigation strategy could be the State, regional PPSs, or the NYP PPS developing an IT capability for automatic metric submission and attestation by the Network Members.

Acceptance of funds flow model by PPS members: Having the buy-in and support of the PPS membership is key if the PPS is going to meet DSRIP's overall goals and project requirements and earn the acceptable levels of DSRIP payment. In some instances those project goals and requirements may negatively affect PPS members' standard business model. In order to obtain, and maintain, this essential buy-in the PPS will regularly communicate with full transparency to all members regarding the funds distribution plan and its related processes.

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✉ IPQR Module 3.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS PMO	David Alge, VP Integrated Delivery System and Isaac Kastenbaum, DSRIP PMO Director	Responsible for development and management of the PMO Finance function, including functional roles (AR, AP, treasury, etc.), subject matter experts, financial analysts, reporting resources, consultants (as needed) and supporting IT. The PMO will provide guidance and oversight related to the Financial Stability Plan.
PPS Finance Committee Co-Chairs	Brian Kurz, NYP ACN Finance; Network Member (Rotating)	Responsible for the leadership and management of the PPS Finance Committee in its role in overseeing PPS Network Member financial sustainability, including adoption of thresholds, standards and framework.
PPS Lead - Compliance	Debora Marsden, Compliance Officer	Will oversee the development and implementation of the compliance plan of the PPS Lead and related compliance requirements of the PPS as they are defined. Scope would include the PPS Lead compliance plan related to DSRIP. The PPS Lead - Compliance will advise the Executive Committee.
PPS Lead - Audit	Debora Marsden, Compliance Officer	Engages and oversees internal and/or external auditors reporting to the Compliance/Audit Committee who will perform the audit of the PPS related to DSRIP services according to the audit plan recommended by the PPS Compliance/Audit Committee and approved by the PPS Finance Committee and Committees
NYP Budget	Richard Einwechter, Accounting	Oversees NYP accounts payable, treasury/banking and general ledger functions which NYP will be providing to the PPS
NYP Grants Accounting	Sameh Elhadidi, Accounting	Responsible for the day-to-day operations of the DSRIP Accounts Payable function related to the DSRIP funds distribution
Audit	TBD	External auditors will perform the audit of the PPS Lead including those services, functions and funds flows related to DSRIP
VBP Work group (VBPWG)	TBD	Coordinate overall development of VBP baseline assessment and plan for achieving UOSSM or IPC payments; engages third parties as needed to complete

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✉ **IPQR Module 3.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
David Alge, SVP, Community and Population Health	DSRIP Executive Lead	Oversight of the DSRIP initiative for the PPS
Isaac Kastenbaum, Director Strategy	DSRIP PMO Director	Day-to-day operations of the PMO and the PPS infrastructure including Governance
Debora Marsden, Compliance Officer	"PPS Lead - Compliance PPS Lead - Audit "	Oversight of Compliance and Audit functions, staffing and deliverables
Gil Kuperman, MD, PhD, Director Interoperability Informatics	PPS IT Infrastructure Lead	Information Technology related requirements for the finance function; access to data for the finance function reporting requirements
Various (rotating)	PPS Executive Committee	Oversight of PPS Finance and Audit Committee recommendations; review of VBP Adoption Plan
Various (rotating)	PPS Finance Committee	Oversight of financial sustainability plan development, implementation and enforcement; review of VBP Adoption Plan
Various (rotating)	PPS Compliance/Audit Committee	Oversight of compliance plan development, implementation and enforcement
External Stakeholders		
Various (rotating)	PAC	Communication of community needs and interests related to network financial sustainability and compliance
MMCOs and other payers, including special needs plans	VBPWG	Productive engagement with the PPS VBPWG
NYS DOH	Defines related DSRIP requirements	Timely, exhaustive requirements; robust support for fulfilling; and easy access to enabling data, technology and other tools

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✉ IPQR Module 3.7 - IT Expectations

Instructions :

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

The development of shared IT infrastructure across the PPS will support the PPS Finance Committee and the PMO in the financial sustainability work by providing the Network Members with capability for sharing and submitting reports and data pertaining to organizational performance in a secure, manipulable and compliant manner.

Shared IT infrastructure and functionality is critical to supporting the work of the VBPWG, including the development of the VBP Baseline Assessment and the VBP Adoption Plan, including:
Population Health Analytic Infrastructure: Systems, data sets, tools and technology
Allscripts Care Director: care coordination software that supports management of patient populations across the Network Membership
RHIO/SHIN-NY: interoperability and connectivity needed to share information to optimize timely and effective management of patient care.

✉ IPQR Module 3.8 - Progress Reporting

Instructions :

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

The performance of the NYP PPS with respect to Financial Sustainability will be measured by the PPS PMO, as established by the Executive Committee. Success will be measured by: 1) adherence to these timeline and milestone commitments; 2) the deployment of the Financial Sustainability Plan including a manageable and measurable set of financial and operational metrics for routine reporting; 3) the effectiveness in either supporting financially fragile organizations in their return to health OR transitioning responsibilities for patient care and other services to stronger organizations; 4) the adherence to compliance commitments at a comparable rate to other PPSs; and 5) robust attendance and participation by the VBPWG; and 6) comparison of PPS performance to the NYS VBP Roadmap goal of 90% VBP.

IPQR Module 3.9 - IA Monitoring

Instructions :

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task VP, Community Health develops expanded cultural competency/health literacy strategy ("CCHL") based on the core NYP "Culture of One" framework. Inputs will include: Clinical Operations Committee and internal and external colleagues with an expertise in cultural competency/health literacy and delivering cultural competency/health literacy training to healthcare providers.	On Hold	VP, Community Health develops expanded cultural competency/health literacy strategy ("CCHL") based on the core NYP "Culture of One" framework. Inputs will include: meetings and discussions with key CBOs, Network Members and community stakeholders; and a review of the health disparities and community needs in each NYP PPS service area (Southwest Bronx, Upper Manhattan, Upper East Side, Harlem, Western Queens and Lower Manhattan) via the CNA.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task VP, Community Health leads a small PPS-wide Working Group (including representatives from the Workforce Sub-committee as appropriate) to define plans for two-way communication with the community, e.g., through the PAC; identify which tools currently being used will be best to assist patients with self-management in different service areas; and set up a training schedule for all providers involved in DSRIP projects.	On Hold	VP, Community Health leads a small PPS-wide Working Group (including representatives from the Workforce Sub-committee as appropriate) to define plans for two-way communication with the community, e.g., through the PAC; identify which tools currently being used will be best to assist patients with self-management in different service areas; and set up a training schedule for all providers involved in DSRIP projects.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Working Group presents CCHL strategy to Clinical/Operations Committee for feedback, including the proven "Culture of One" roles, responsibilities, materials, timelines and methods, revising as appropriate for approval.	On Hold	Working Group presents CCHL strategy to Clinical/Operations Committee for feedback, including the proven "Culture of One" roles, responsibilities, materials, timelines and methods, revising as appropriate for approval.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Clinical/Operations Committee approves CCHL strategy.	Completed	Clinical/Operations Committee approves CCHL strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Working Group to present CCHL strategy to Executive Committee for ratification.	Completed	Working Group to present CCHL strategy to Executive Committee for ratification.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Executive Committee to ratify CCHL strategy	Completed	PPS Executive Committee to ratify CCHL strategy	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Working group presents strategy to PAC	On Hold	Working group presents strategy to PAC	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Completed	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task	On Hold	VP, Community Health reviews current cultural competency	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
VP, Community Health reviews current cultural competency curricula in light of PPS CNA and identifies gaps between existing curricula for "Culture of One" and "Culture of Populations", and CNA-identified needs. Gaps may include death and dying and the stigma of addiction and others, TBD.		curricula in light of PPS CNA and identifies gaps between existing curricula for "Culture of One" and "Culture of Populations", and CNA-identified needs. Gaps may include death and dying and the stigma of addiction and others, TBD.							
Task VP, Community Health collects information through meetings, interviews and other methods from projects (sources: Project Leads and PPS Network Members) to determine project-specific cultural competency training topics with a focus on Behavioral Health, HIV and Palliative Care	On Hold	VP, Community Health collects information through meetings, interviews and other methods from projects (sources: Project Leads and PPS Network Members) to determine project-specific cultural competency training topics with a focus on Behavioral Health, HIV and Palliative Care	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VP, Community Health adapts existing cultural competency training curricula for additional workforce roles and communities (e.g., Chinese American in Lower Manhattan) in concert with key community members, city agencies, workforce stakeholders and Workforce Sub-committee. One example: different sets of providers will require different training (physicians, staff, peer providers, etc.) Curricula will be customized to meet the needs of the three largest new DSRIP workforces in the NYP PPS: care managers, patient navigators, and community healthcare workers.	On Hold	VP, Community Health adapts existing cultural competency training curricula for additional workforce roles and communities (e.g., Chinese American in Lower Manhattan) in concert with key community members, city agencies, workforce stakeholders and Workforce Sub-committee. One example: different sets of providers will require different training (physicians, staff, peer providers, etc.) Curricula will be customized to meet the needs of the three largest new DSRIP workforces in the NYP PPS: care managers, patient navigators, and community healthcare workers.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VP, Community Health, convenes same Working Group to review revised curricula (which includes two major components: Culture of One and Culture of Populations)and to present training strategy to Clinical/Operations Committee for feedback, revising as appropriate for approval.	Completed	VP, Community Health, convenes same Working Group to review revised curricula (which includes two major components: Culture of One and Culture of Populations)and to present training strategy to Clinical/Operations Committee for feedback, revising as appropriate for approval.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	Clinical/Operations Committee approves training strategy.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Clinical/Operations Committee approves training strategy.									
Task Working Group to present training strategy to Executive Committee for ratification.	Completed	Working Group to present training strategy to Executive Committee for ratification.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PPS Executive Committee to ratify training strategy	Completed	PPS Executive Committee to ratify training strategy	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Working group presents training strategy to PAC	On Hold	Working group presents training strategy to PAC	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize cultural competency / health literacy strategy.	lea9024	Other	39_DY2Q2_CCHL_MDL41_PRES1_OTH_NYP_PPS_Quarterly_Report_CC_and_HL_Milestones_#1_and_#2_DY2_Q2_6813.pdf	NYP PPS Quarterly Report CC/HL Milestones #1 and #2 DY2, Q2	10/26/2016 01:50 PM
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	lea9024	Other	39_DY2Q2_CCHL_MDL41_PRES2_OTH_NYP_PPS_Quarterly_Report_CC_and_HL_Milestones_#1_and_#2_DY2_Q2_6816.pdf	NYP PPS Quarterly Report CC/HL Milestones #1 and #2 DY2, Q2	10/26/2016 01:54 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	
Develop a training strategy focused on addressing the drivers	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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☑ **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.

Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. The NYP PPS has adopted a patient-centered approach to cultural competency, known as the "Culture of One," which is aligned with the National Quality Forum's (NQF) framework, was arose from seminal research published by NYP's VP-Community Health, Dr. Emilio Carrillo, in 1999 and is used internationally. As part of the Culture of One, the the burden of clear communication and understanding is placed on the provider, not the patient, otherwise, we risk the same fragmented care that DSRIP seeks to remedy.. We have identified several associated implementation risks: .

Training. We must ensure that all providers on a patient's care team across the continuum are consistently and effectively trained in cultural competency and health literacy. To mitigate this risk, the NYP PPS will train frontline staff and physicians to provide care that respects patients' "Culture of One" by treating patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoiding racial or ethnic stereotyping. Additionally, providers and staff in certain projects will receive supplemental training on sensitivities related to specific target populations. For example, those involved in Project 3.g.i will receive training on how to deal sensitively with patients and families facing advanced illnesses. Those involved in Projects 3.e.i and 4.c.i will receive training that will include education on HIV as a disease, gender identity, substance abuse issues and disability issues. We will also establish an expert panel to review the health literacy level of DSRIP project educational materials.

The NYP PPS also intends to co-invest with the State through the CRFP and with ASCNYC in a Peer Training Institute which provide training for CHWs, Patient Navigators, Health Educators and Interpreters. These "peer providers" are trained local community members who provide diagnosis-specific education in a linguistically and culturally appropriate manner to patients and families. At the Peer Training Institute, trainees will learn to avoid the pitfalls of "false fluency" and of using family interpreters or bilingual providers as ad hoc interpreters. They are critical to mitigating the barriers presented by the cultural diversity of our attributed beneficiaries.

New Patient Population. Though NYP has extensive experience with Upper Manhattan communities, it has less experience with the Asian population that lives in Lower Manhattan, home to its newest hospital, NYP/LM. This service area is 25% Asian with a majority of Chinese origin (75% of the Asian population; 18% of the total service area). Almost a third of the population is foreign-born, 60% of which originate from Asian countries. Twenty percent of the population speaks an Asian language, of which 65% speak English less than "very well." To address the challenge of working with this new population, the NYP PPS will collaborate with long-standing, experienced leaders in the community such as Charles B. Wang Community Health Center as well as the NYC Department of Health and Mental Hygiene for training, translated materials and so on.

In addition, the NYP PPS will establish and provide guidance to existing and new cultural competency committees at several large Network Members to ensure that the Culture of One program is tailored to the needs of PPS members.

Data Collection. In order to analyze data and measure progress/success, we must capture the appropriate patient-level data at each encounter. These include but are not limited to ethnicity, race and preferred language. To mitigate the risk of not having adequate data, training for registrars and other front-desk staff will include education on how to ask these sensitive questions and how to code them appropriately.

☑ **IPQR Module 4.4 - Major Dependencies on Organizational Workstreams**

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Instructions :

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

"As Cultural Competency and Health Literacy are integral to the roll-out of all DSRIP projects, several interdependencies are noted below.

Workforce Strategy. The overlap between these two workstreams is related to 1) hiring and 2) training. First, the PPS will hire close to 40 culturally competent peer providers (Community Health Workers and Patient Navigators). This group of new employees is an important link between beneficiaries and medical/social services. Second, cultural competency and health literacy training is a key aspect of the PPS's workforce development strategy. To ensure standardized training across all staff, the Community Health Department and Workforce Sub-committee will work together to design and implement a training schedule, to be approved by the Clinical/Operations Committee. In addition, NYP and ASCNYC are partnering to develop a Peer Training Institute which will be a PPS center for Community Health Worker, Patient Navigator, Health Educator and Interpreter training serving all NYP PPS projects and Network Members.

Financial Sustainability. Similar to the Workforce Strategy workstream, we must be able to finance cultural competency and health literacy training. To that end, the Finance Committee has embedded within it a member of the Workforce Sub-committee, who will be able to speak to cultural competency and health literacy training. The Finance Committee will also invite the Community Health department to report on this training.

Governance. The NYP PPS will rely on several key Network Members, such as Charles B. Wang Community Health Center, to assist in its cultural competency and health literacy training. To keep these Network Members engaged, we will make sure they are among the first to serve on the Executive Committee and Clinical/Operations Committee.

Practitioner Engagement. The practitioner communication and engagement plan will include information and training on cultural competency and health literacy. Physicians (including house staff) will need separate training from care team staff (RNs, etc.)."

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✉ **IPQR Module 4.5 - Roles and Responsibilities**

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Community Health	Emilio Carrillo, MD, VP Community Health, NYP	Developing and executing cultural competency and health literacy strategy and training
CCHL Strategy Work Group	Emilio Carrillo, MD, VP Community Health, NYP and Various Others (NYP and Network Members)	Develop CCHL Strategy
Community Health	Victor Carrillo, Community Health	Executing strategy globally
Organization-Based Cultural Competency Committees	Multiple PPS Network Members	Executing strategy locally

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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		
Andrea Procaccino	Chief Learning Officer (Head of Training and Development), NYP	Consulting on workforce training needs
SHAWN MCCOLLISTER	Workforce Sub-committee Lead	Work with Community Health on training roll-out
Charles B. Wang Community Center	Experienced PPS Network Member	Assistance with cultural competency and health literacy training for Lower Manhattan population
1199 Training & Employment Funds (TEF)	Workforce training	Training assistance for frontline workers
Employees / Practitioners	Providers	Engage in training
All PPS Network Members	IT Contacts	Liaison
Eliana Leve, LCSW, MA, CASAC	Deputy Executive Director for Programs, AIDS Service Center NYC	Development of Community Health Worker Peer Training Institute in Upper Manhattan.
External Stakeholders		
NYC DOHMH	Training and technical assistance	Technical assistance for projects at the NYP/LM campus
NYU NYC Treats Tobacco	Training and technical assistance	Technical assistance for Project 4.b.i - Tobacco Cessation
1199 SEIU; NYSNA	Labor/Union Representation	Expertise and input re cultural competency training

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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.

"Shared IT infrastructure development will support the implementation of our cultural competency / health literacy strategy in three ways: 1) Workflow support for care coordinators via Allscripts Care Director; 2) Documentation support for Community Health Workers; and 3) Enhancements to the patient portal.

Workflow support for care coordinators. The PPS will extend Allscripts Care Director (ACD), an application that supports the work flows of care coordinators to multiple Network Members across the care continuum. The application enables care coordinators to care for registries of patients; manage tasks related to those patients; and document assessments, care plans, problems, goals, interventions and future tasks. In this way, care team members across the continuum can be made aware of patients' cultural preferences.

Documentation support for Community Health Workers (CHWs). Culturally competent CHWs will serve as a link between patients and medical/social services. The CHWs will see patients in their homes and document their findings, e.g., psychosocial issues that may be hurdles to the delivery of optimal care and recommendations for referrals to community-based organizations. Because CHWs are mobile, the PPS will provide them with a wireless-enabled tablet-based application for documentation. The application will allow both free-text and structured documentation approaches. The PPS will leverage lessons learned as part of a NYS eHealth Collaborative Digital Health Accelerator project in which NYP piloted electronic documentation for CHWs.

Enhancements to the patient portal. The PPS will develop a patient portal for patients. We will create specialized, relevant, multi-lingual content to improve health literacy such as asthma-related materials for parents of asthmatic children and information about managing multiple chronic diseases for adults. The content will be clinically oriented but also provide information about Network Members and social services available."

✉ **IPQR Module 4.8 - Progress Reporting**

Instructions :

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

Because the cultural competency / health literacy strategy is at the core of every project, we will measure its success by analyzing: 1) existing disparity-sensitive clinical outcomes measures, as defined by the National Quality Forum (NQF); 2) Ambulatory Care Sensitive Conditions (PQIs and PDIs); 3) measures associated with cultural competency; and 4) utilization (i.e., emergency department visits, hospitalizations and 30-day readmissions) and patient satisfaction. We will also track the number of providers (staff, physicians and peer providers) trained as measure of our

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progress.

Disparity-Sensitive Clinical Outcomes. Each project has its own clinical outcomes measures of success. We will select existing measures that qualify as "disparity-sensitive" as defined by the NQF, i.e., "those that serve to detect… differences in quality among populations or social groupings (race/ethnicity, language, etc.)." These measures include care with a high degree of discretion, such as the decision to prescribe medication to control a patient's pain (e.g., Project 3.g.i); communication-sensitive services, such as smoking cessation counseling (e.g., Project 4.b.i); social determinant-dependent, or patient self-management, measures, such as medication adherence to diabetes or CHF management (e.g., Projects 2.b.i, 2.b.iv); and outcome and communication-sensitive process measures, such as the provision of certain vaccines, where some groups may have specific concerns about some interventions or medications over others (e.g., Project 2.b.i).(1)"

"Ambulatory Care Sensitive Conditions. PQIs measure potentially avoidable hospitalizations for ambulatory care sensitive conditions and reflect issues of access to high-quality ambulatory care, which may be the result of disparities in care. Examples are short-term complications from diabetes and uncontrolled diabetes admission rate, both of which will likely be tracked by Project 2.b.i.

Cultural Competency Measures. We will track some of the NQF-endorsed measures associated with culture, language and health literacy. For example, patient readmission measures are included in this bucket due to the importance of patient-provider communication in transitions of care (e.g., Project 2.b.iv). Other examples are adherence to chronic care medication (e.g., Projects 2.b.i, 3.e.i) and the conducting of a depression assessment (e.g., Projects 2.b.i, 3.a.i, 3.a.ii, 3.g.i and 3.e.i).

Utilization and Patient Satisfaction. We will measure changes in utilization (admissions, readmissions and ED visits) and patient satisfaction (via Press Ganey) in aggregate and by categories such as race, ethnicity and preferred language, much as we did with the NYP Regional Health Collaborative (RHC). In October 2010, NYP, in association with the Columbia University Medical Center, launched an integrated network of patient-centered medical homes that were linked to other providers and community-based resources and formed a "medical village" in Northern Manhattan. Three years later, a study of 5,852 patients who had some combination of diabetes, asthma and congestive heart failure (CHF) found that emergency department visits, hospitalizations and 30-day readmissions had been reduced by 29.7%, 28.5% and 36.7%, respectively, compared to the year before implementation of the network. Patient satisfaction scores improved across all measures.(2)

(1) Weissman, Carrillo et al, "Commissioned Paper: Healthcare Disparities Measurement," National Quality Forum, October 4, 2011.
(2) Carrillo et al, "The NYP Regional Health Collaborative," Health Affairs, 33, No. 11 (2014) 1985-1992."

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	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts. Tools will include surveys, emails, interviews, self assessments, and meetings.Previous PPS Network Member survey(s) will inform assessment design.	Completed	Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts. Tools will include surveys, emails, interviews, self assessments, and meetings.Previous PPS Network Member survey(s) will inform assessment design.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO distributes IT assessment to Network Members for feedback.	Completed	PMO distributes IT assessment to Network Members for feedback.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, may conduct a response validation exercise, which may include interviews, follow-up surveys or other tactics to be determined	On Hold	Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, may conduct a response validation exercise, which may include interviews, follow-up surveys or other tactics to be determined	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PMO incorporates feedback from Network Members.	Completed	PMO incorporates feedback from Network Members.	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
Task Based on assessment response, and also based on roles of PPS Network Members as identified by the Projects, additional assessment may be warranted, which may include: additional self-assessment, site visits, Affinity Group working sessions (which bring together like providers) and other strategies to be determined	Completed	Based on assessment response, and also based on roles of PPS Network Members as identified by the Projects, additional assessment may be warranted, which may include: additional self-assessment, site visits, Affinity Group working sessions (which bring together like providers) and other strategies to be determined	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.	On Hold	IT/Data Governance Committee reviews and summarizes network IT capabilities.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task IT/Data Governance Committee presents assessment to Exec Committee for ratification.	On Hold	IT/Data Governance Committee presents assessment to Exec Committee for ratification.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task IT/Data Governance Committee recommends process and timeline for ongoing IT assessments as appropriate	On Hold	IT/Data Governance Committee recommends process and timeline for ongoing IT assessments as appropriate	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
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	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Director of Interoperability Informatics leads group including project leaders, Network Members, Workforce Sub-committee members and others to develop NYP PPS IT change management strategy in response to assessment and in conjunction with IT/Data Governance Committee.	Completed	Director of Interoperability Informatics leads group including project leaders, Network Members, Workforce Sub-committee members and others to develop NYP PPS IT change management strategy in response to assessment and in conjunction with IT/Data Governance Committee.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task	Completed	PPS PMO and PPS IT, working with Network Members, align	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS PMO and PPS IT, working with Network Members, align previously planned project-specific IT plans, capital and operating investments, resource plans (including staffing, training) and strategies which have been developed at the discipline, function, technology and CBO levels, with drafted IT change management plan and adjust both the IT Change Management Strategy and the project-specific plans as necessary.		previously planned project-specific IT plans, capital and operating investments, resource plans (including staffing, training) and strategies which have been developed at the discipline, function, technology and CBO levels, with drafted IT change management plan and adjust both the IT Change Management Strategy and the project-specific plans as necessary.							
Task IT/Data Governance Committee recommends timeline for Network Member progress reporting, including expectations for timely investment, testing and training	On Hold	IT/Data Governance Committee recommends timeline for Network Member progress reporting, including expectations for timely investment, testing and training	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task IT/Data Governance Committee presents strategy to PAC.	On Hold	IT/Data Governance Committee presents strategy to PAC.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task IT/Data Governance Committee presents final IT Change Management Strategy to Executive Committee; PPS Executive Committee ratifies strategy	On Hold	IT/Data Governance Committee presents final IT Change Management Strategy to Executive Committee; PPS Executive Committee ratifies strategy	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task ⚠ IT/Data Governance Committee works with Workforce Sub-committee to develop communication and training strategy for IT Change Management process.	On Hold	IT/Data Governance Committee works with Workforce Sub-committee to develop communication and training strategy for IT Change Management process.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task IT/Data Governance Committee either assumes responsibility, or charters Sub-committee to monitor progress and performance, and creates process for monitoring the ongoing progress and performance of the change management strategy, including reporting back to Executive Committee as appropriate. This step will include input and expertise from the Workforce Sub-committee as well.	On Hold	IT/Data Governance Committee either assumes responsibility, or charters Sub-committee to monitor progress and performance, and creates process for monitoring the ongoing progress and performance of the change management strategy, including reporting back to Executive Committee as appropriate. This step will include input and expertise from the Workforce Sub-committee as well.	07/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Completed	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with 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	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Director of Interoperability Informatics leads small internal group (clinicians, end users) to develop NYP datasharing and interopability plan.	Completed	Director of Interoperability Informatics leads small internal group (clinicians, end users) to develop NYP datasharing and interopability plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Corporate Director, Director of Interoperability Informatics and IT/Data Governance Committee develop PPS Network datasharing and interopability system in conjunction with vendors and RHIO.	Completed	Corporate Director, Director of Interoperability Informatics and IT/Data Governance Committee develop PPS Network datasharing and interopability system in conjunction with vendors and RHIO.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task IT/Data Governance Committee presents Datasharing and Interoperability plan to Executive Committee for ratification	On Hold	IT/Data Governance Committee presents Datasharing and Interoperability plan to Executive Committee for ratification	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task The plan is presented to the PAC and communicated to Network Members to ensure transparency.	On Hold	The plan is presented to the PAC and communicated to Network Members to ensure transparency.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task ⚠ IT/Data Governance Committee creates process for monitoring partner compliance with	On Hold	IT/Data Governance Committee creates process for monitoring partner compliance with connectivity and data-sharing requirments, including reporting back to Executive	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	

The New York and Presbyterian Hospital (PPS ID:39)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
connectivity and data-sharing requirments, including reporting back to Executive Committee as appropriate. This step will include input and expertise from the Clinical/Operations Committee as well.		Committee as appropriate. This step will include input and expertise from the Clinical/Operations Committee as well.							
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	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.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task IT/Data Governance Committee reviews current RHIO consent process, including pitfalls experienced by clinical and operational staff in the current model.	Completed	IT/Data Governance Committee reviews current RHIO consent process, including pitfalls experienced by clinical and operational staff in the current model.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Clinical/Operations and IT/Data Governance Committees work with Community Health department to ensure that cultural competency and health literacy priniciples are incorporated into the new RHIO consent process.	In Progress	Clinical/Operations and IT/Data Governance Committees work with Community Health department to ensure that cultural competency and health literacy priniciples are incorporated into the new RHIO consent process.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Clinical/Operations and IT/Data Governance Committees develop staged plan for outreach to Network Members to communicate RHIO consent processes, assist with implementation (as needed) and tracking/reporting member engagement.	In Progress	Clinical/Operations and IT/Data Governance Committees develop staged plan for outreach to Network Members to communicate RHIO consent processes, assist with implementation (as needed) and tracking/reporting member engagement.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Director of Interoperability Informatics engages Healthix (QE) to work with Network Members to finalize plan, including getting feedback from Network Members on operational feasibility and cultural appropriateness.	On Hold	Director of Interoperability Informatics engages Healthix (QE) to work with Network Members to finalize plan, including getting feedback from Network Members on operational feasibility and cultural appropriateness.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Clinical/Operations and IT/Data Governance Committees present joint NYP PPS RHIO plan to Executive Committee for ratification.	On Hold	Clinical/Operations and IT/Data Governance Committees present joint NYP PPS RHIO plan to Executive Committee for ratification.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5	On Hold	Data security and confidentiality plan, signed off by PPS	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop a data security and confidentiality plan.		Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.							
Task Director of Interoperability Informatics and NYP Chief Information Security Officer lead small internal IT group (legal, security/privacy officers) to develop NYP data security and confidentiality plan, including security testing recommendations, analysis and planning for adherence to CFR42/BH, roll out of recommendations to other participants in PPS, and plan for auditing/testing plan reliability.	On Hold	Director of Interoperability Informatics and NYP Chief Information Security Officer lead small internal IT group (legal, security/privacy officers) to develop NYP data security and confidentiality plan, including security testing recommendations, analysis and planning for adherence to CFR42/BH, roll out of recommendations to other participants in PPS, and plan for auditing/testing plan reliability.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Corporate Director IT, Director of Interoperability Informatics and Chief Information Security Officer work with IT/Data Governance Committee to finalize PPS Network data security and confidentiality plan.	On Hold	Corporate Director IT, Director of Interoperability Informatics and Chief Information Security Officer work with IT/Data Governance Committee to finalize PPS Network data security and confidentiality plan.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task IT/Data Governance Committee presents Datasharing and Interoperability plan to Executive Committee for ratification.	On Hold	IT/Data Governance Committee presents Datasharing and Interoperability plan to Executive Committee for ratification.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform current state assessment of IT capabilities across network, identifying any	lea9024	Templates	39_DY2Q2_IT_MDL51_PRES1_TEMPL_Meeting_Schedule_IT_Data_Governance_Committee_DY2_	NYP PPS IT/Data Governance Committee Meeting Schedule DY 2, Q2	10/26/2016 03:02 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).			Q2_6851.pdf		
Develop an IT Change Management Strategy.	ink9012	Other	39_DY2Q2_IT_MDL51_PRES2_OTH_NYP_PPS_IT_Milestone_#2_Meeting_Schedule_7695.xlsx	IT Milestone #2 meeting template, as requested in Remediation.	12/12/2016 08:29 AM
	ink9012	Other	39_DY2Q2_IT_MDL51_PRES2_OTH_IT_Milestone_#2_Training_Template_7692.xlsx	Training Template for IT Milestone #2, as requested in Remediation.	12/12/2016 08:25 AM
	ink9012	Other	39_DY2Q2_IT_MDL51_PRES2_OTH_NYP_PPS_ExecCommittee_20160919_ACTION_ITEMS_7276.pdf	Agenda demonstrating Exec Committee approval of IT Change Management Strategy.	10/28/2016 09:31 AM
	lea9024	Other	39_DY2Q2_IT_MDL51_PRES2_OTH_NYP_PPS_Change_Management_Strategy_FINAL_20161031_6859.pdf	NYP PPS IT Change Management Strategy	10/26/2016 03:14 PM
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	ink9012	Other	39_DY2Q2_IT_MDL51_PRES3_OTH_DSRIP_IS_Milestone_3_-_Roadmap_for_Achieving_CLinical_Data_Sharing_&_Interoperability_Final_Version_v2_7784.pdf	NYP PPS Clinical Data Sharing Roadmap Submission	12/14/2016 03:25 PM
	ink9012	Other	39_DY2Q2_IT_MDL51_PRES3_OTH_NYP_PPS_ITDataGovernance_20160816_ACTION_ITEMS_7765.pdf	PPS IT/Data Governance Committee agenda, demonstrating approval of IT Roadmap Milestone.	12/14/2016 04:51 AM
	ink9012	Other	39_DY2Q2_IT_MDL51_PRES3_OTH_NYP_PPS_IT_Milestone_#3_Meeting_Schedule_7694.xlsx	IT Milestone #3 meeting template, as requested in Remediation.	12/12/2016 08:28 AM
	ink9012	Other	39_DY2Q2_IT_MDL51_PRES3_OTH_IT_Milestone_#3_Training_Template_7693.xlsx	IT Milestone #3 training template, as requested in Remediation.	12/12/2016 08:27 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Please note there were no updates to the IT assessment document during DY2, Q2. Attached please the a Meeting Schedule Template for IT/Data Governance Committee Meetings that took place during DY2, Q2.
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	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a data security and confidentiality plan.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass (with Exception) & Ongoing	The PPS submitted a Training Schedule Template containing the information necessary to support the metric. However, the PPS did not submit the requisite sample documents such as meeting agendas, attendance/sign-in sheets, meeting minutes, as evidence of trainings during the past quarter. Therefore, this milestone is incomplete.
Milestone #3	Pass (with Exception) & Ongoing	"The documentation provided by the PPS is not sufficient. The PPS must submit the following documentation in order to meet the minimum requirements for this milestone: • Approval of the roadmap by the governing body • Implementation guidelines for the use of common data sets for each of the projects chosen by the PPS • Data exchange agreements between all of the PPS's network providers, CBOs, etc. that will include protection for PHI and DEAA compliance • A completed training template that captures trainings which have occurred in the past quarter specific to this milestone • Complete documentation of meetings to include all agendas, meeting minutes and/or sign in sheets as required for sampling and review by the IA • All sample documents as requested "
Milestone #4	Pass & Ongoing	
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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

The biggest risk to implementing the IT governance structure and network-wide infrastructure is that funding from the CRFP is not approved. The NYP PPS IT infrastructure is a prerequisite to achieving the goals of DSRIP. If we receive less funding than expected, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Another risk is the need to develop new inter-institutional workflows. These challenges will be mitigated through leadership commitment from NYP and the Network Members as well as dedicated project management resources.

Third, there is a need to develop robust governance processes. The mitigation approach will be to use the IT/Data Governance Committee to make decisions as needed, with approval from the Executive Committee.

Finally, there is the risk that our assumptions, though conservative, have still underestimated the budget for key parts of the infrastructure. To mitigate this risk, we plan to use operational funds earmarked for projects if needed.

One of the key risks is the capacity of the RHIO to connect new members. Healthix has to support about eight PPSs citywide, and the number of new interfaces they will need to create is estimated at over 1,000. They have given us a tentative timetable that it will take until the end of 2016 to connect all NYP PPS Members. We will mitigate this risk by (i) prioritizing the connections so that the partners that are most important to achieving our goals will be connected first; and (ii) having a multi-layered data exchange strategy that includes—beside the RHIO—key members using Allscripts Care Director, the use of direct messaging and the secure exchange of auxiliary files when necessary.

Another challenge will be consent. Obtaining consent can be operationally difficult to implement, yet RHIO consent is a core measure of success for the PPS. Mitigation approaches include (i) leadership commitment from the partners to participate in HIE-related obligations; (ii) educating partner organizations about the processes necessary to obtain consent; (iii) examining the consent options; and (iv) staffing, in the form of a "CBO integration manager," to help partners organizations work through consent-related challenges.

Third, there is the challenge of interoperability amongst various vendors and with different Network Members. To mitigate this risk, the PPS intends to assure that all relevant PPS partners are connect to Healthix so that the Network Members can access the basic, necessary data to care for patients. NYP currently connects to the State Health Information Network for New York (SHIN-NY) via Healthix. Currently, only a minority of NYP PPS Network Members are Healthix participants.

Another risk mitigation strategy to address interoperability and the ability to share data is the implementation across the PPS of Allscripts Care Director (ACD), a care coordination platform supported by NYP. PPS members will use ACD to document patient assessments and care plans and to see documents entered by others who are caring for the patient. ACD currently is being used by several CBOs as part of NYP's Medicaid Health Home program and will be extended under DSRIP.

The goals of the PPS will be achieved through the implementation of technology-enabled work flows that include increased access to the patient's data by members of the patient's care team. The increased access will be achieved through (i) the use of Allscripts Care Director by Network Members and (ii) the use of Healthix.

To mitigate ACD's risks, ACD's privacy and security framework includes BAAs, which establish privacy obligations under HIPAA; formal processes for creation/termination of accounts; training in privacy and security; and password management. Healthix members sign a Participant Agreement, which obligates them to adhere to Healthix's Privacy and Security Policies.

DSRIP Implementation Plan Project

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

Instructions :

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

The IT Systems and Processes workstream will depend on:

Cultural Competency. As RHIO consent is an important part of the success of DSRIP, cultural competency and health literacy will be essential to the success of this workstream. The PPS must ensure that consent is accessible to a diverse audience. As discussed in other parts of the implementation plan, we will ensure accessibility by providing cultural competence and health literacy training to all frontline staff and peer providers who will be working with our attributed population. In addition, we intend to redesign patient registration areas in NYP's clinics to include a small education cubicle for private conversations with patients regarding health-related issues and obtaining RHIO informed consent as well as a patient education cubicle or kiosk.

Practitioner Engagement. IT is but a tool; in order for the workstream to be successful, practitioners must be engaged in learning new software or using existing software in new ways, as the case may be. Most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the Healthix RHIO. New and existing workers at all levels will need technical training and engagement support to ensure that impacted staff are ready, willing and able to succeed with the new system. To address this challenge, the NYP PPS will retain the 1199SEIU League Training and Employment Funds (TEF) as the lead workforce development provider. Using TEF's expertise in this area, the PPS will provide training to incumbent workers who need additional skills to do existing jobs and develop training for new staff. Training will also be delivered by external resources from the community or by the NYP internal training department (Talent Development). For some projects, we plan to engage with the NYC Department of Mental Health and Hygiene to assist in technical training (see Project 4.b.i). Software vendors such as Allscripts and Healthix will also conduct their own user training.

Governance. The size of the NYP PPS--though small relative to others in the Greater NYC area--makes staying on the same page with regard to IT decisions important. The goals of the PPS will have to dictate the final local decisions, but the Data/IT Governance Committee and Clinical/Operations Committee will both provide operational and clinical decision-making to guide the Network.

Clinical Integration. As strategies and workflows are developed for network integration, the supporting IT infrastructure will be developed simultaneously so that these two aspects fit together to form a coherent process. Workflows and information technology support will be developed simultaneously to support: 1) the identification of the patients that can benefit from involvement with Network Members; 2) the methods that are used to inform Network Members about the need for engagement with the patient; 3) the data that needs to be available to Network Members; 4) the protocols that will be used to care for the patient; and 5) the methods for data flows from Network Members to other clinicians. Education, training and other operational processes related to the information systems (e.g., authorization) will be taken into account as clinical integration processes are implemented.

Performance Reporting. Information systems will be involved as performance measurement specifications are developed. We expect that some specifications will be related to DSRIP project goals, per se; other specifications will be related to quality measures and yet others will be related to more general performance improvement goals. Information Services will be involved with the project teams as these specifications are developed.

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✉ IPQR Module 5.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Corporate IT Director for Analytics, NYP	Niloo Sobhani	Co-Chair of IT/Data Governance Committee
PPS Network Member	Rotating	Co-Chair of IT/Data Governance Committee
Director of Interoperability Informatics, NYP	Gil Kuperman, MD, PhD	Implementation of IT infrastructure components; coordination of training
Chief Information Security Officer, NYP	Jennings Aske	Implementation of data security plan
ACN/Financial Operations	Brian Kurz	Architect of clinical operations (registration) redesign to implement RHIO consent process
Clinical Expertise	TBD	Clinician(s) familiar with the PPS population who can provide guidance on implementation of the RHIO consent process and other changes
PPS Network Member Expertise	Network Members TBD- to include primary care, behavioral health and substance abuse (e.g., Charles B. Wang CHC, Harlem United, Community Healthcare Network, ASCNYC, Argus, The Bridge, NYSPI)	Operations counterparts at Network Member sites who can provide guidance on shaping the RHIO consent process and other change, particularly as relates to securing consent from lower SES, substance abusing and mentally ill patients
State and Local Government Expertise	e.g., DOH, DOHMH	Share best practices among participating PPS and advocate for streamlined documentation and processes to support goal of universal RHIO consent

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✉ **IPQR Module 5.6 - Key Stakeholders**

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Daniel Barchi	Chief Information Officer, NYP	Overseeing all IT implementation
Davina Prabhu	VP, NYP ACN	Overseeing changes to registration at ACN to implement RHIO consent process
Cheryl Parham	Lead Counsel, NYP	Ensuring that contracts for software across the PPS are legal
PPS Network Members	--	Good faith efforts to incorporate necessary IT and encourage practitioners to use it
Clinical/Operations Committee	Several	Guidance on clinical and operational aspects of IT implementation
External Stakeholders		
RHIOs (Healthix, BRIC)	Infrastructure, Training	Delivery of on-time project; user training
Medicaid beneficiaries	Recipients	Providing RHIO consent
Software Application Vendors (Allscripts, etc.)	Infrastructure, Training	Delivery of on-time project; user training
1199 SEIU Training & Employment Fund	Training	Training of front-line workers in new systems and processes

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✉ IPQR Module 5.7 - Progress Reporting

Instructions :

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

We will measure the success of this organization workstream in several ways, including:

• Successful roll-out of all seven components of the IT infrastructure project:

(1) Development of an automated work flow platform to support care coordinators. Metrics will include installation of Allscripts Care Director in targeted sites and usage statistics.

(2) Enhancements to the electronic health records (EHR) applications. Metrics will include tracking changes necessary for becoming a Level 3 PCMH as well as project-specific needs.

(3) Procurement and implementation of an automated application for mobile Community Health Workers. Metrics will include usage and usability statistics based on conversations with CHWs.

(4) Development of health information exchange (Healthix RHIO) so that members of the care team can interact optimally. Metrics will include number of connections and pace of roll-out.

(5) Data interfacing capabilities to move data among applications. Metrics will include number and type of data interfaces as well as utilization statistics.

(6) Enhancements to the NYP patient portal. Metrics will include the selection of the final patient portal and how often it is used by PPS beneficiaries.

(7) Development of an analytics platform to support the PPS. Metrics will include number and quality of reports developed to oversee the performance of the PPS.

• RHIO consent attempts and the consents themselves.

• Patient safety improvements, including reduced patient safety errors and adverse drug events.

IPQR Module 5.8 - IA Monitoring

Instructions :

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Section 06 – Performance Reporting

✉ IPQR Module 6.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Completed	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task PMO and Project Leads to draft performance reporting and communications strategy including confirming that Project Leads will be responsible for clinical and financial outcomes of their projects.	Completed	PMO and Project Leads to draft performance reporting and communications strategy including confirming that Project Leads will be responsible for clinical and financial outcomes of their projects.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Project Leads share performance reporting and communications strategy with key Network Members for input and incorporate feedback	Completed	Project Leads share performance reporting and communications strategy with key Network Members for input and incorporate feedback	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO integrates project-level strategies into a unified DSRIP program performance reporting and communications strategy	Completed	PMO integrates project-level strategies into a unified DSRIP program performance reporting and communications strategy	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO presents performance reporting and communications strategy to Clinical/Operations Committee for feedback and revision.	Completed	PMO presents performance reporting and communications strategy to Clinical/Operations Committee for feedback and revision.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task IT/Data Governance Committee-selected work	On Hold	IT/Data Governance Committee-selected work group maps out approach to creation and use of clinical quality and	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

NYS Confidentiality – **High**

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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
group maps out approach to creation and use of clinical quality and performance dashboards using Amalga and other analytics software to align with defined performance reporting and communications strategy.		performance dashboards using Amalga and other analytics software to align with defined performance reporting and communications strategy.							
Task Clinical/Operations and IT/Data Governance Committees finalize strategies and present to PPS Executive Committee for ratification. (Includes RCE approach, outlined below.)	On Hold	Clinical/Operations and IT/Data Governance Committees finalize strategies and present to PPS Executive Committee for ratification. (Includes RCE approach, outlined below.)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Completed	Finalized performance reporting training program.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Workforce Sub-committee will develop strategy to integrate new reporting processes and clinical metric monitoring workflows into the frontline staff and physician training curriculum. The Workforce Sub-committee will likely consult on feasibility of strategy with IT team.	Completed	Workforce Sub-committee will develop strategy to integrate new reporting processes and clinical metric monitoring workflows into the frontline staff and physician training curriculum. The Workforce Sub-committee will likely consult on feasibility of strategy with IT team.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Workforce Sub-committee will work with 1199 TEF (lead workforce training vendor) to develop schedule for incorporating this training into overall DSRIP training schedule.	On Hold	Workforce Sub-committee will work with 1199 TEF (lead workforce training vendor) to develop schedule for incorporating this training into overall DSRIP training schedule.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee will present training strategy to IT/Data Governance and Clinical/Operations Committees for feedback and approval.	On Hold	Workforce Sub-committee will present training strategy to IT/Data Governance and Clinical/Operations Committees for feedback and approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee advises PPS Executive Committee of final performance reporting training program.	On Hold	Workforce Sub-committee advises PPS Executive Committee of final performance reporting training program.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Workforce Sub-committee with leadership support from PPS Executive Committee and	On Hold	Workforce Sub-committee with leadership support from PPS Executive Committee and logistical support from PMO initiate performance reporting training program; it is expected training	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
logistical support from PMO initiate performance reporting training program; it is expected training will be ongoing over the course of the DSRIP program		will be ongoing over the course of the DSRIP program							

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	lea9024	Other	39_DY2Q2_PR_MDL61_PRES2_OTH_NYP_PPS_Quarterly_Update_Performance_Reporting_#2_DY2_Q2_6878.pdf	NYP PPS Quarterly Update Performance Reporting #2 DY2, Q2	10/26/2016 03:41 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	There were no changes to the NYP PPS reporting structure during DY2, Q2. There have been no DUAs signed with collaborators as this has not yet been required.
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 (with Exception) & Complete	

NYS Confidentiality – **High**

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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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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✉ 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.

"Data Availability. DOH is the source of much of the performance reporting data; that data is on a significant delay. The PPS will rely heavily on the MAPP tool as the most complete and relatively current data repository which either provides actuals or proxies for data used for performance measurement purposes so the PPS understands progress and challenges. MAPP has the potential to become a roadblock if there are delays in release or concerns about data integrity.; already it is proving to be a cumbersome and slow-responding web-based tool without the upload/transfer functionality this PPS would expect of the central tool supporting a state-wide program of this magnitude. To mitigate this, the PPS will analyze existing or propose easily implementable measurements based on internal data with which real-time (or near) performance can be ascertained. However, the PPS has not contemplated replicating the data repository or analytic capability which is to be provided by the MAPP as that is both incompatible with available DSRIP funding and the DOH has been clear throughout the process about its accountability for this function.

Resistance to Change. One risk is practitioners who are resistant to changing practice in response to performance reporting. To mitigate this challenge, the PPS PMO will design practitioner surveys and analyze responses to gauge levels of engagement or resistance. The PPS Clinical/Operations Committee will represent practitioner interests, solicit input through surveys and recommend practitioner group structure to PPS Executive Committee as well as monitor practitioner engagement plan. In addition, we will establish Practitioner Groups, whose leads will represent practitioners to the Clinical/Operations Committee as needed to advance the engagement agenda. Our hope is that if practitioners feel they have a voice in the process, they will be more responsive to performance reporting and management.

IT Systems. Because of the complexity of the DSRIP initiative, there is a risk that the IT capabilities will not be able to provide practitioners and managers with the data they need to make decisions. To mitigate this risk, IT personnel will be involved as performance measurement specifications are developed.

Time Lag in Capabilities. We recognize that we will need to monitor performance starting April 1, 2015; clearly our reports will not be deployed at that point, which is a risk to the performance management system and culture. To address this challenge, we will prioritize reporting needs and roll them out incrementally. In the interim, we will rely on the State's data via the MAPP portal (e.g., performance on the claims-based, non-Hospital CAHPS DSRIP metrics as well as the DSRIP population health metrics) to benchmark ourselves against other PPSs and compare Network Members' progress internally. In addition, we will identify other available performance measures which may serve as effective proxies and leading indicators for some of the more important metrics, until the official measure is available."

✉ 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.)

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"IT Systems and Processes. Clearly, IT infrastructure forms the backbone of reporting capabilities. Though inputs to the reports will come from clinicians, Project Leads, key Network Members and other stakeholders, the analytic output is dependent on the PPS' IT function putting it all together in a useful manner.

Governance. Without effective leadership and a clearly defined organizational structure, with clear responsibilities and lines of accountability, our ability to create a common culture and to embed performance reporting structures and processes will be severely hampered. The NYP PPS Clinical/Operations Committee will be responsible for reporting on PPS performance, both at an individual project level and at a network level. This Committee will be led by one NYP representative and one community provider or CBO representative, with membership including representation from all Network Members. This group will report directly to the Executive Committee and receive analytical support from the IT/Data Governance Committee and the PMO. The Finance Committee will also monitor financial performance (revenue and expenses) of the PPS. Both committees will report on the "State of the PPS" at bi-monthly committee meetings and at Executive Committee meetings.

Workforce Strategy. The size of the NYP PPS—from Network Member, staff and provider perspectives—will pose the classic management challenge of integration, e.g., gaining buy-in to the established governance and performance management structure and processes. The Workforce Sub-committee will provide overall direction, guidance and decisions related to the workforce transformation agenda, including developing a change management strategy that addresses performance management. In addition, providers will need training on using performance reporting systems and/or understanding how to read and interpret reports.

Likewise, Practitioner Engagement and Clinical Integration will both be critical to creating a common performance culture throughout the PPS network, and to embedding the new performance reporting practices within existing clinical practice. "

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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
PMO	Isaac Kastenbaum, Director, DSRIP PMO	Initial performance reporting strategy
Project Leads	Elaine Fleck MD, Adriana Matiz MD, Peter Steel MD, Jordan Foster PD, Patricia Peretz, Peter Gordon MD, Sam Merrick MD, Veronica Lestelle, Craig Blinderman MD, Barbara Linder, Dianna Dragatsi MD, David Albert DDS and Julie Mirkin RN	Initial performance reporting strategy; clinical and financial outcomes for projects
Workforce Sub-committee	Eric Carr, Lead	Strategy to include performance reporting training into DSRIP-wide training, as appropriate
IT Lead	Gil Kuperman, MD, PhD, Director, Interoperability Informatics	Lead for creation of analytic tools
Network Members	variousto include community physician practices, FQHCs/Article 28, Article 31, Article 32 and, as appropriate, non-licensed Network Members that may impact, or be impacted by, PPS performance	Provide input and feedback into performance reporting and communications strategy

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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		
1199 TEF	Training Vendor	Assist with scheduling and rolling out training
Clinical/Operations Committee	PPS Committee	Oversee roll-out of performance reporting
IT/Data Governance Committee	PPS Committee	Oversee roll-out of analytic tools for performance reporting
PPS Lead Employees/Practitioners	Providers	Engage in training and required reporting
PPS Network Members	Primary care, behavioral health, substance abuse, care management and other provider and support functions, as appropriate	Engage in training and required reporting
PPS Network Members	IT and HR Contacts	Liaison for performance reporting implementation and training
External Stakeholders		
1199/NYSNA	Labor Unions	Advising on workforce issues related to training
DOH	DSRIP measurement partner and customer	Providing guidance, best practices and tools to enhance value of performance reporting
Medicaid Patients/Representatives	Healthcare customer	Input into performance monitoring and continuous performance improvement processes
Non-PPS IPAs/Physicians	Shared patients	Provide input and feedback into performance reporting as impacts the non-PPS network member

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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 NYP PPS will use a variety of analytics tools (Microsoft Amalga, Tableau, SAS, etc.) to develop reports that monitor process and outcome measures with data from EHRs, Allscripts Care Director (care management platform), the Healthix RHIO and implementation reports. The analytics platform will provide population health management capabilities for the PPS. The platform will identify eligible patients, receive identifying information from NYS and combine it with NYP medical records and PPS-wide care coordination platform data. Analysts will create data marts that—with graphical front-end tools—will provide management reports, quality reports, reports for regulatory reporting purposes, lists of patients meeting specific criteria that need care coordination services and predictive models that identify likely high utilizers of care. The analytics platforms will leverage NYP's existing database hardware and analytics software, but additional application software, database servers and hard disk storage will be needed to support the PPS.

Analytics reports, including baseline, current and target performance metrics, will be available on the PPS's intranet website. Performance data will be reviewed at weekly PMO meetings and bimonthly Clinical/Operations Committees; to achieve necessary targets, each group will develop a plan-do-study-act (PDSA) cycle for metrics that are not achieving their goals. Any major tweaks to project activities will be reviewed by the Executive Committee and the NYS DOH, when appropriate. The IT/Data Governance Committee will be responsible for interfacing with the Project Leads as well as the Clinical/Operations Committee to ensure that dashboards, reports and metrics are accurate and user-friendly, i.e., easy to read/understand and helpful in making decisions."

✉ IPQR Module 6.8 - Progress Reporting

Instructions :

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

From NYP's population health experience, we understand that effective rapid-cycle evaluation (RCE) is critical to the success of the NYP PPS's DSRIP projects. Effective RCE requires: 1) clear definitions and benchmarks for performance measurements; 2) developing the appropriate data governance standards; 3) scheduling regular meetings to review performance data; and 4) focusing on both process and outcomes data. We will measure the success of this workstream by examining the usefulness of reports, both to the PPS Committees and to practitioners, i.e., how much they are used to make decisions for the next reporting period. We will also look at how well providers and Network Members understand their performance.

IPQR Module 6.9 - IA Monitoring

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Instructions :

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Section 07 – Practitioner Engagement

✉ IPQR Module 7.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task PPS Clinical Operations Committee to identify key practitioner groups with the potential to influence DSRIP Program success. Groups may include: Primary Care practitioners (already constituted), Health Home Care Managers, Community Healthcare Workers (CHWs), providers to the Chinese community	On Hold	PPS Clinical Operations Committee to identify key practitioner groups with the potential to influence DSRIP Program success. Groups may include: Primary Care practitioners (already constituted), Health Home Care Managers, Community Healthcare Workers (CHWs), providers to the Chinese community	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS Clinical Operations Committee with support of PMO to solicit input through a survey sent to all PPS Network Members as to interest in participating in proposed practitioner groups	On Hold	PPS Clinical Operations Committee with support of PMO to solicit input through a survey sent to all PPS Network Members as to interest in participating in proposed practitioner groups	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Based on survey responses, PPS Clinical Operations Committee to recommend practitioner groups to PPS Executive Committee for approval	On Hold	Based on survey responses, PPS Clinical Operations Committee to recommend practitioner groups to PPS Executive Committee for approval	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
Task PPS Clinical Operations Committee, with input from PPS Project Leads, to develop engagement and communication plan including frequency of contact/meeting, potential agendas including educational sessions, information sharing approach, etc.	On Hold	PPS Clinical Operations Committee, with input from PPS Project Leads, to develop engagement and communication plan including frequency of contact/meeting, potential agendas including educational sessions, information sharing approach, etc.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task PPS Clinical Operations Committee with support of PMO to solicit input through a second survey sent to practitioner group members regarding topics of interest for future training/education	On Hold	PPS Clinical Operations Committee with support of PMO to solicit input through a second survey sent to practitioner group members regarding topics of interest for future training/education	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Clinical Operations Committee to seek input from local government agency (DOHMH) as to alignment between survey findings and experience of agency in community; DOHMH to provide ongoing feedback as to needs and gaps	On Hold	PPS Clinical Operations Committee to seek input from local government agency (DOHMH) as to alignment between survey findings and experience of agency in community; DOHMH to provide ongoing feedback as to needs and gaps	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Clinical Operations Committee with support of PMO to identify and stratify practitioners into appropriate groups for purposes of receiving practitioner engagement interventions. Such groups may include primary and specialty physicians and mid-levels, health home care managers, and behavioral health and substance abuse providers. Some practitioners may have mandatory practitioner engagement requirements and others may be voluntary depending on their role in project delivery and in future VBP arrangements.	On Hold	PPS Clinical Operations Committee with support of PMO to identify and stratify practitioners into appropriate groups for purposes of receiving practitioner engagement interventions. Such groups may include primary and specialty physicians and mid-levels, health home care managers, and behavioral health and substance abuse providers. Some practitioners may have mandatory practitioner engagement requirements and others may be voluntary depending on their role in project delivery and in future VBP arrangements.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task "PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop core training/education plan for practitioner groups focused on: a. Core goals of DSRIP program b. NYP PPS projects - goals, metrics, timing and key success factors c. Integration with existing initiatives "	On Hold	"PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop core training/education plan for practitioner groups focused on: a. Core goals of DSRIP program b. NYP PPS projects - goals, metrics, timing and key success factors c. Integration with existing initiatives "	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop practitioner training/education plan which may include the following potential topics: a. Best operational practices under DSRIP b. Best financial practices under DSRIP c. PPS resources available to address social determinants of health d. Intro to population health management e. Role of Health Homes f. IT trends: HIE, RHIO, SHIN-NY, etc. and impact on practitioners g. Building cultural competency and health literacy among practitioners h. Quality improvement tools, techniques and approaches	On Hold	Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop practitioner training/education plan which may include the following potential topics: a. Best operational practices under DSRIP b. Best financial practices under DSRIP c. PPS resources available to address social determinants of health d. Intro to population health management e. Role of Health Homes f. IT trends: HIE, RHIO, SHIN-NY, etc. and impact on practitioners g. Building cultural competency and health literacy among practitioners h. Quality improvement tools, techniques and approaches	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task "Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop practitioner training/education materials which may include the following approaches: a. In-person trainings b. Web-based trainings	On Hold	"Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop practitioner training/education materials which may include the following approaches: a. In-person trainings b. Web-based trainings c. Clinical forums (consistent with current NYP practice) d. Case studies	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
c. Clinical forums (consistent with current NYP practice) d. Case studies e. Affinity Groups"		e. Affinity Groups"							
Task ⚠ Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to launch practitioner training/education	On Hold	Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to launch practitioner training/education	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task ⚠ "PPS Clinical Operations Committee with support of PMO and NYP Talent Management to recommend, develop and implement feedback mechansim to ensure that: 1) engagement interventions are meeting the needs of practitioners in the community, including customization to the different levels of sophistication of providers and to the different demands of their practive, as those needs evolve; and 2) engagement interventions are meeting the to-be-determined needs of the PPS"	On Hold	"PPS Clinical Operations Committee with support of PMO and NYP Talent Management to recommend, develop and implement feedback mechansim to ensure that: 1) engagement interventions are meeting the needs of practitioners in the community, including customization to the different levels of sophistication of providers and to the different demands of their practive, as those needs evolve; and 2) engagement interventions are meeting the to-be-determined 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
No Records Found		

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop Practitioners communication and engagement plan.	lea9024	Templates	39_DY2Q2_PRCENG_MDL71_PRES1_TEMPL_NYP_PPS_Meeting_Schedule_Template_DY2_Q2_6883.pdf	NYP PPS Meeting Schedule Template DY2 Q2	10/26/2016 03:58 PM

NYS Confidentiality – **High**

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	lea9024	Templates	39_DY2Q2_PRCENG_MDL71_PRES2_TEMPL_NYP_PPS_Training_Schedule_Template_DY2_Q2_6895.pdf	NYP PPS Training Schedule Template DY2 Q2	10/26/2016 04:26 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	There were no changes to the NYP PPS Practitioner Communication and Engagement Plan during DY2, Q2. Attached please find a Meeting Schedule Template which notes practitioner engagement activities.
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.	Please note that there were no changes to the NYP PPS training and education plan during DY2, Q2. Attached please find a copy of the Training Schedule Template which captures trainings that occurred in the last quarter. Note that this template contains duplicates due to a data error entry, but it will be corrected for future reporting submissions.

Milestone Review Status

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

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✉ **IPQR Module 7.2 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Competition for practitioner time: The NYP PPS geography has several different PPSs and many practitioners are members of multiple PPSs. As such, demands on these providers are high. We will mitigate this risk by: 1) seeking input from practitioners as to topics of interest, methods of communication and availability, so the training/education plan is sensitive to their needs; 2) collaborating (where feasible and practical) with other PPSs in general training and education topics; and 3) offering virtual participation for most training/education events.

Sustaining practitioner engagement over DSRIP term: Competing demands for time within and across PPSs, and the need for practitioners to maintain their non-DSRIP businesses over the term of DSRIP will be a risk. If not mitigated, that risk could result in a lack of engagement across the PPS which could jeopardize the level of awareness, knowledge and expertise required to produce the broad system transformation DSRIP aspires to. The primary mitigation strategy is to ensure that the practitioners are engaged in meaningful, efficient and effective training and education that delivers value to the practitioner and not just the NYP PPS or the DSRIP Program more broadly.

High practitioner turnover undermines common knowledge foundation: New care delivery models and new roles require significant practitioner up-staffing which is expected to lead to intense competition for resources. While the mitigation strategy for the resource competition remains elusive as of now, the mitigation strategy for delivering practitioner training/education in a high turnover environment may benefit first and foremost from a commitment by the State (including DOH, OMH, OPWDD, etc.) to developing and delivering high-value cross-PPS training modules. That means the training/education burden at the PPS level is specific to PPS projects, strategies and populations. Then, the mitigation strategies become: 1) simple, direct, "turnkey" training, especially virtual training and training which can be delivered in a "train-the-trainer" mode; and 2) collaborating (where feasible and practical) with other PPSs in general training and education topics so practitioners have a choice of trainings available and the expense burden is shared.

Technology as a barrier to engagement, collaboration and understanding: Practitioners are both dependent on, and frequently isolated by, technology. That is, technologies that support workflow, decision-making and record-keeping are frequently different within and across practitioner types. That can negatively affect engagement, communication and transformation of clinical practice. To mitigate this risk, a multi-pronged approach must be taken. One is a concerted effort to raise the level of all primary care practitioners through the common requirements and language of PCMH and Meaningful Use. Another is to emphasize connection to the RHIO and SHIN-NY so that practitioners have a better connection to the overall care of the patient populations they serve. Finally, deploying a technology like Allscripts Care Director for care management similarly helps build connections between practitioners and institutions.

Managing resistance to change in clinical pathways and care models: Certain practitioner types, esp. community physicians, will likely be resistant to changing practice. To mitigate this, the PPS may seek to: 1) collaborate with other PPS to create a common language related to delivery system change strategies and tactics; 2) draw on case studies of applicable initiatives that show success which may be available through the MIX platform; 3) enlist change management techniques currently deployed by the PPS Lead's training and education department; and 4) develop evidence-based practices and case-studies to support rationale for change.

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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.)

Interdependence of the Practitioner Engagement Workstream with other workstreams is high, including:
Financial Sustainability/Budget: This commitment to practitioner engagement requires significant investments on the part of the PPS in an environment where: 1) proceeds from the DSRIP waiver are still unknown, and 2) specific mandates for practitioner engagement were not provided at the time PPS application and budgets were developed. While engaging practitioners was always a PPS plan, practitioner engagement plans will now need to be sized consistent with Waiver proceeds.

Governance and Financial Sustainability: The PPS Clinical Operations Committee is an essential conduit for practitioner interests and will need to consider practitioner needs perhaps more broadly than its actual representation at any given time. Similarly, the PPS Finance Committee will need to consider practitioner incentives.

Workforce Strategy: Promoting practitioner engagement will need to be done hand-in-hand with developing the practitioner workforce. The Workforce Sub-committee can provide an important perspective regarding training and change management across and within practitioner groups.

Strong IT systems and processes: IT systems and processes capable of collecting and analyzing key performance and financial metrics are essential to delivering evidence-based models, case studies and performance reports needed to engage practitioners and transform care delivery.

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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
PPS PMO - Network Relations	TBD	"Facilitate the development and implementation of the practitioner engagement strategy including designing surveys and analyzing responses; collaborate with other PPS as appropriate and with the State to encourage state-wide approach to training and education "
PPS Clinical Operations Committee Co-Chairs	J. Emilio Carrillo, MD, NYP VP Community Health and Rotating PPS Network Member	Represent practitioner interests, solicit input through surveys and recommend practitioner group structure to PPS Executive Committee; monitor practitioner engagement plan
Practitioner Group Leads - Primary and Speciality	TBD	Represent practitioner groups to the Clinical Operations Committee as needed to advance the engagement agenda for this key constituency of primary and, in some case, specialty physicians, nurse practitioners and other mid-level providers
Practitioner Group Leads -Behavioral Health and Substance Abuse	TBD	Represent practitioner groups to the Clinical Operations Committee as needed to advance the engagement agenda for this key constituency of behavioral health physicians, nurse practitioners and other mid-level providers, social workers, CSACs and, as appropriate, even peer advisors.
Practitioner Group Leads -Care Management and Health Homes	TBD	Represent practitioner groups to the Clinical Operations Committee as needed to advance the engagement agenda for this key constituency of health home care managers (lay and licensed)
Practitioner Group Leads -Post-acute Care	TBD	Represent practitioner groups to the Clinical Operations Committee as needed to advance the engagement agenda for this key constituency of non-acute (institutional or in-home/community-based) nurses, social workers, therapists and care managers
DOHMH	TBD	Provide ongoing feedback to Clinical Operations Committee as to initial survey findings and evolving practitioner engagement needs

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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		
Practitioners in PPS including NYP ACN physicians, 6 community physician practices, 3 FQHCs (Harlem United, Charles B Wang CHC, Community Healthcare Network), and various providers of mental health and substance abuse service.	Target of engagement activities	Participation and feedback Practitioners will be expected to provide feedback via surveys so that training and other engagement programs can be customized for optimal results (including customizing for practitioner sophistication); in addition they will be expected to participate in education and training programs and other forums designed to increase engagement and improvem sustainability
Project Leads	Advising PPS Clinical Operations Committee	Project Leads will be expected to provide both facts and impressions related to engaging practitioners within their specific DSRIP projects. Project Leads will also be expected to champion engagement strategies developed by the PPS Practitioner preparedness/gaps
PPS IT/Data Governance Committee	Provider of infrastructure and enabling technologies	Identify practitioner type-specific needs and engage at practitioner level in addition to DSRIP Project focus
External Stakeholders		
Other PPSs in geography including Mount Sinai, HHC, Maimonides and Bronx Lebanon	Potential Collaborator	Identification and facilitation of cross-PPS collaboration and engagement opportunities which may support both reaching a broader practitioner community and reinforcing engagement, skills, and best practices

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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.

Shared IT infrastructure will be required to collect and synthesize the data necessary for performance reporting that demonstrates practitioner performance, project performance and supports case study development. While a ""shared IT infrastructure"" is not required for easy access to virtual training and content, good IT will enable it.

In addition, we will build on the success of our current Health Home effort which uses shared IT to engage practitioners across a wide spectrum of practice. For example, we have recent experience engaging behavioral health practitioners (NYS Psychiatric Institute, The Bridge), care managers/coordinators (ACMH, Argus), post-acute providers (Hebrew Home, Isabella) in the targeted, high-touch management of this patient population on a common platform of Allscripts Care Director. The RHIO will further enable these and other practitioners to engage and collaborate.

✉ IPQR Module 7.8 - Progress Reporting

Instructions :

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

The success of this workstream will be measured by practitioner performance in meeting goals of DSRIP projects. In addition, success may be measured through practitioner surveys/feedback on engagement plan alignment with surveyed needs.

The effectiveness of this Workstream may also be measured through the measurement of training effectiveness and the recruitment and retention of practitioners in the various groups.

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.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	09/30/2016	07/01/2016	03/31/2018	03/31/2018	DY3 Q4	NO
Task PPS PMO to establish PMO-PCMH Team	Completed	PPS PMO to establish PMO-PCMH Team	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS PMO to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool	Completed	PPS PMO to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS PMO to align available data sets and tools with project-level needs (e.g., registries) and identify gaps	On Hold	PPS PMO to align available data sets and tools with project-level needs (e.g., registries) and identify gaps	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PCMH Team to develop roadmap for bringing relevant practices to Level 3 2014 standards	Completed	PCMH Team to develop roadmap for bringing relevant practices to Level 3 2014 standards	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS PMO, PCMH Team and Workforce Sub-committee to identify workforce development, training and education needs for population health	On Hold	PPS PMO, PCMH Team and Workforce Sub-committee to identify workforce development, training and education needs for population health	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Drawing on CNA and other analyses, PPS PMO and PPS IT to conduct risk stratification analysis in order to prioritize high risk populations for targeted intervention	On Hold	Drawing on CNA and other analyses, PPS PMO and PPS IT to conduct risk stratification analysis in order to prioritize high risk populations for targeted intervention	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Project Leads to socialize findings with key Network Members (including providers and CBOs) associated with each project in order to validate conclusions and to solicit strategies for engagement.	On Hold	Project Leads to socialize findings with key Network Members (including providers and CBOs) associated with each project in order to validate conclusions and to solicit strategies for engagement.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS PMO to integrate all findings and analyses for presentation to PPS IT/Data Governance and Clinical Operations Committees for feedback and ratification	On Hold	PPS PMO to integrate all findings and analyses for presentation to PPS IT/Data Governance and Clinical Operations Committees for feedback and ratification	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS IT/Data Governance and Clinical Committees to ratify population health roadmap	On Hold	PPS IT/Data Governance and Clinical Committees to ratify population health roadmap	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Clinical Operations Leads to present population health roadmap to PAC to solicit input from non-Network and Network members, alike.	On Hold	PPS Clinical Operations Leads to present population health roadmap to PAC to solicit input from non-Network and Network members, alike.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	On Hold	PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Project Leads to review new care models, pathways, measurement and monitoring needs not previously identified in order to monitor progress in managing population health	On Hold	Project Leads to review new care models, pathways, measurement and monitoring needs not previously identified in order to monitor progress in managing population health	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task ⚠ PPS PMO to integrate emerging project-level pop health data needs into roadmap	On Hold	PPS PMO to integrate emerging project-level pop health data needs into roadmap	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task ⚠	On Hold	PPS PMO, PCMH Team and Workforce Sub-committee to roll	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
PPS PMO, PCMH Team and Workforce Sub-committee to roll out training plan consistent with roadmap		out training plan consistent with roadmap							
Task PPS PMO in collaboration with PPS IT, to design measurement and monitoring tools and methods, including some which may have not been previously identified, in order to monitor progress in managing population health and to identify emerging health disparities which may require intervention	On Hold	PPS PMO in collaboration with PPS IT, to design measurement and monitoring tools and methods, including some which may have not been previously identified, in order to monitor progress in managing population health and to identify emerging health disparities which may require intervention	04/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #2 Finalize PPS-wide bed reduction plan.	On Hold	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.	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	NO
Task ⚠ PPS Lead to engage staff under supervision of PMO to model the impact of all DSRIP projects on inpatient activity; post-acute total capacity and bed complement across SNF, and inpatient behavioral, using PMO and DOH reports on reductions in avoidable hospital use when available	On Hold	PPS Lead to engage staff under supervision of PMO to model the impact of all DSRIP projects on inpatient activity; post-acute total capacity and bed complement across SNF, long-term care, and sub-acute rehab; and behavioral and substance abuse capacity across inpatient, residential, partial hospitalization and other settings, using PMO and DOH reports on reductions in avoidable hospital use when available	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task "Based on modeling and in consultation with provider network, PPS Lead to establish high-level forecasts of the following which will be updated periodically: a. Reduced avoidable hospital use over time b. Any changes in required inpatient capacity; and c. Resulting changes in required community / outpatient capacity"	On Hold	"Based on modeling and in consultation with provider network, PPS Lead to establish high-level forecasts of the following which will be updated periodically: a. Reduced avoidable hospital use over time b. Any changes in required inpatient capacity; and c. Resulting changes in required community / outpatient capacity"	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task PPS Lead to develop and ratify inpatient capacity change plan as appropriate	On Hold	PPS Lead to develop and ratify inpatient capacity change plan as appropriate	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task	On Hold	PPS community providers impacted by forecasted capacity	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	

NYS Confidentiality – High

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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 community providers impacted by forecasted capacity change to be advised by PPS Lead of magnitude and to determine the need for their own capacity change plan if such change not already contemplated in collaborative implementation planning		change to be advised by PPS Lead of magnitude and to determine the need for their own capacity change plan if such change not already contemplated in collaborative implementation planning							

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop population health management roadmap.	ink9012	Other	39_DY2Q2_PHM_MDL81_PRES1_OTH_NYP_PPS_ExecCommittee_20160815_ACTION_ITEMS_7280.pdf	PPS Exec Committee agenda demonstrating approval of Pop Health Roadmap	10/28/2016 09:39 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	The PPS is requesting to push this milestone back until 3/31/18 (end of DY3), in response to the feedback received from the IA in the remediation process. The IA stated that the PPS should mark the milestone as "in progress" since the identified primary care practices are currently in the process of achieving PCMH Level 3, but have not yet been granted the certification. The PPS will submit this milestone once all-identified PCPs have received designation.
Finalize PPS-wide bed reduction plan.	

Milestone Review Status

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

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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.

Major risks to implementation of the Population Health workstream, and associated mitigation strategies include:

Current Care Delivery and Reimbursement Models: There is a disconnect presently between population health management demands and the approach to care delivery at the practice/provider level. Care remains siloed with providers still rewarded largely on the basis of procedures or other discreet clinical interventions rather than the health of the populations they serve. To mitigate this risk, performance bonuses expected to be available as a result of the waiver may be used to create incentives for adherence to population health metrics and techniques. In addition, more locally, we will structurally drive a better population health orientation through the use of interdisciplinary teams with active participation of care managers.

Community Provider Engagement in PCMH certification: DSRIP requires network participants to achieve PCMH and MU standards. Such standards come at a cost to providers, both in terms of real financial cost and the distractions and productivity hits the PCMH process can cause to practices. Two key mitigation strategies will be used: 1) the NYP PPS will provide material support to community providers who are on the journey to PCMH and MU by participating in the financing of the effort; 2) the NYP PPS will leverage its extensive experience bringing community providers to PCMH and MU standards, including deploying best implementation, training and education, documentation and other practices which reduce the adverse business impact on the community practices.

Collecting, analyzing and interpreting population health data: The risk exists that preparing for true population health management may be cost-prohibitive vis. consultants, IT infrastructure and data/statistical capabilities required. Mitigation strategies include: collaborating with the State for shared resources, including scrubbed and searchable population data for Medicaid attributed beneficiaries, and collaborating with other PPS to increase scalability of this requirement.

Financial Sustainability: The financial sustainability of the transformation to population health management and any one of the related VBP models of reimbursement is, to date in NYS, unproven. The complete universe of risks are not yet understood and there is great diversity in the sophistication of providers statewide. Mitigation strategy includes a deliberate and thoughtful approach to population health management and VBP enabled by conservative investments in associated infrastructure.

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Interdependence of the Population Health Workstream with other workstreams is high. In fact, Population Health is inextricably linked to

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Practitioner Engagement, Clinical Integration, IDS, Performance Reporting, Cultural Competency, Workforce and IT.

Practitioner Engagement and Clinical Integration: The PPS needs a strong and well-executed practitioner engagement strategy. The practitioner engagement training & education described in the Practitioner Engagement section will include education regarding population health management so clinicians can begin to make the shift in approach and practice necessary for success under the DSRIP program. Similarly, effective population health management requires new models of clinical integration, especially integration with those providers and CBOs that impact the social determinants of health.

IT Systems and Processes and Performance Reporting: The foundation of effective population health management is IT. Without a robust population health IT capability, efforts will be short-lived and unmeasurable. Putting the resources in place to build this capability will be critical to Program Success. Similarly, building a capable performance reporting function which makes proper use of Rapid Cycle Evaluation will be important to the smart design and maintenance of population health efforts.

Workforce Transformation and Cultural Competency: Shifting to a population health sensibility requires both new kinds of workers as well as existing workers with new expertise and understanding. Teaming with the Workforce Sub-committee to ensure the programmatic needs of population health are married to the project-level needs of service delivery will be important. Integrating Cultural Competency into the hiring, training, staffing and workflow processes will be critical to making this redesigned workforce most effective.

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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 PMO-Population Health Team	Gil Kuperman, Niloo Sobhani and others	Design DSRIP population health IT approach and integrate it with existing population health IT efforts
PPS CNA Team	Emilio Carrillo, Victor Carrillo and others	Provide integration of CNA findings with population health approach
PPS PMO-PCMH Team	Victor Carrillo and others	Develop roadmap to achieving 2014 NCQA Level 3 standards and Meaningful Use across the PPS
PPS PMO	Isaac Kastenbaum	Provide integration across clinical, financial, IT and performance reporting functions and demands
PPS Network Members impacted by care model delivery changes	various	Support population health approach despite significant differences to current operations and strategies
PPS Network Members impacted by capacity changes	various	Forecast changes in capacity needs

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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		
PPS Clinical Operations Committee	Both adviser to and consumer of population health function	Self-educate on this new capability to provide effective leadership to PPS efforts
PPS CBO Network Members	Provider of enhanced roles under population health	Bring expertise related to social determinants of health to PPS in design of population health strategy
External Stakeholders		
NYS DOH	Driver of population health approach for Medicaid population	Facilitate population health collaboration statewide
Various City and State agencies	Consumer of population health data	Provide population health expertise for different populations/diseases
MCOs	VBP stakeholder	Provide insight and expertise into population health management approaches that may be relevant to NYP PPS
Other PPSs	Beneficiaries of and contributors to pop health success	Collaborate to enable cross-PPS integration/visibility

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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.

> The PPS Lead, NYP, has emerging population health IT capabilities and has acquired and implemented population health software on a limited basis. Current population health management capabilities include (i) an enterprise master patient index that consistent patient identification across NYP and its affiliated organizations, (ii) data warehousing platforms with front-end query capabilities that enable registry development, risk stratification and panel management, (iii) applications that support the workflow of care coordinators – i.e., clinical documentation, care plan development task management, etc., and (iv) participation in Healthix that enables inter-institutional data transfer. At this point, we have not yet explored other population health IT capabilities outside of the Lead but will do so under the direction of the IT/Data Governance Committee.
>
> The PPS IT function is developing detailed plans for the building population health IT adequate to serve the needs of the PPS. That effort will be funded by a combination of DSRIP Waiver proceeds (for which there is a detailed IT budget currently) and by the CRFP IT grant (pending approval) which will support the purchase of assets needed to build the necessary population health IT platform.
>
> Finally, we will look to emerging strategies and technologies across NYS to identify best practices for population health IT in the context of the DSRIP program.

✉ IPQR Module 8.8 - Progress Reporting

Instructions :

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

> The success of the Population Health Management workstream will be measured by the ability of the PPS to both track and manage individual PPS attributed beneficiaries across the PPS continuum while also assessing those beneficiaries against the outcomes and costs of the entire attributed beneficiary population. Specifically, we will use both DSRIP required outcome measures (which include cost, access and utilization measures) as well as our own specific population health metrics which will be recommended to the PPS IT/Data Governance Committee by the Project Leads in collaboration with the PPS Clinical Operations Committee and which have not yet been developed given the recency of the population health approach to the NYP PPS.

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'.	In Progress	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	10/01/2015	09/30/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to design a clinical integration needs assessment framework to use for each of the DSRIP projects. This framework will outline the people, process, technology and data components that are relevant for clinical integration as it pertains to each of the DSRIP project target populations (including the technical requirements for data sharing and interoperability)	On Hold	Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to design a clinical integration needs assessment framework to use for each of the DSRIP projects. This framework will outline the people, process, technology and data components that are relevant for clinical integration as it pertains to each of the DSRIP project target populations (including the technical requirements for data sharing and interoperability)	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to create a map of the providers to be involved in each DSRIP project,	Completed	Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to create a map of the providers to be involved in each DSRIP project, incorporating the community needs assessment and the current partner lists. This provider map will cover the entire	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	AV
incorporating the community needs assessment and the current partner lists. This provider map will cover the entire continuum of the providers involved		continuum of the providers involved							
Task ⚠ Based on experience to date implementing DSRIP Projects, the PMO, in consultation with the Project Leads and the CNA team, to perform a gap analysis of the provider network involved in that project, using the clinical integration needs assessment framework to determine which elements of clinical integration (people, process, technology and data components) are currently present and where they are completely or partially lacking.	On Hold	Based on experience to date implementing DSRIP Projects, the PMO, in consultation with the Project Leads and the CNA team, to perform a gap analysis of the provider network involved in that project, using the clinical integration needs assessment framework to determine which elements of clinical integration (people, process, technology and data components) are currently present and where they are completely or partially lacking.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task ⚠ Project Leads to present clinical integration needs assessment to PPS Clinical Operations Committee for discussion and ratification	On Hold	Project Leads to present clinical integration needs assessment to PPS Clinical Operations Committee for discussion and ratification	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task ⚠ PPS Clinical Operations Committee to ratify clinical integration needs assessment	On Hold	PPS Clinical Operations Committee to ratify clinical integration needs assessment	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Develop a Clinical Integration strategy.	On Hold	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	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	NO
Task ⚠ Using clinical integration needs assessment as foundation, Project Leads, in collaboration with	On Hold	Using clinical integration needs assessment as foundation, Project Leads, in collaboration with key Network Members associated with each DSRIP project, define what the target	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
key Network Members associated with each DSRIP project, define what the target clinical integrated state should look like from a people, process, technology and data perspective and identify the main functional barriers to achieving integration		clinical integrated state should look like from a people, process, technology and data perspective and identify the main functional barriers to achieving integration							
Task 🔺 Project Leads, in collaboration with key Network Members associated with each DSRIP project, and using previous analyses, define and prioritize the steps required to close the gaps between current state and desired future state	On Hold	Project Leads, in collaboration with key Network Members associated with each DSRIP project, and using previous analyses, define and prioritize the steps required to close the gaps between current state and desired future state	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 🔺 PPS PMO facilitates Project leads and key Network Members associated with each DSRIP project, in a prioritization or ranking of clinical integration need based on the results of the assessment as all Network Members may not require the same degress of clinical integration as others.	On Hold	PPS PMO facilitates Project leads and key Network Members associated with each DSRIP project, in a prioritization or ranking of clinical integration need based on the results of the assessment as all Network Members may not require the same degress of clinical integration as others.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 🔺 Project Leads, in collaboration with key Network Members associated with each DSRIP project, identify whether conditions exist to support evidence-based clinical pathways for deployment across the PPS, or some modification of same, which may include clinical guidelines, protocols, best practices or benchmarks.	On Hold	Project Leads, in collaboration with key Network Members associated with each DSRIP project, identify whether conditions exist to support evidence-based clinical pathways for deployment across the PPS, or some modification of same, which may include clinical guidelines, protocols, best practices or benchmarks.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 🔺 Care Transition Project Lead, in collaboration with their Network Members, to facilitate the identification of people, process, technology and data synergies required for integrated and seamless transitions from inpatient to the outpatient and/or home care settings.	On Hold	Care Transition Project Lead, in collaboration with their Network Members, to facilitate the identification of people, process, technology and data synergies required for integrated and seamless transitions from inpatient to the outpatient and/or home care settings.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PMO to integrated findings and recommendations and, with IT, to facilitate the	On Hold	PMO to integrated findings and recommendations and, with IT, to facilitate the identification of people, process, technology and data commonalities/synergies required for	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
identification of people, process, technology and data commonalities/synergies required for clinical integration across projects.		clinical integration across projects.							
Task PMO, in collaboration with PPS Finance Committee, to develop incentives (financial, service, technology) to encourage clinical integration	On Hold	PMO, in collaboration with PPS Finance Committee, to develop incentives (financial, service, technology) to encourage clinical integration	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task PMO facilitates aggregation of gap closure steps, clinically integrated care transitions approach, operational and IT synergies and incentives into clinical integration strategy	On Hold	PMO facilitates aggregation of gap closure steps, clinically integrated care transitions approach, operational and IT synergies and incentives into clinical integration strategy	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Project Leads, with PMO support, to present clinical integration strategy to PPS Clinical Operations Committee for review and ratification	On Hold	Project Leads, with PMO support, to present clinical integration strategy to PPS Clinical Operations Committee for review and ratification	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task PPS Clinical Operations Committee ratifies clinical integration strategy	On Hold	PPS Clinical Operations Committee ratifies clinical integration strategy	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

Prescribed Milestones Current File Uploads

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

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	The clinical integration needs assessment is still under development. The NYP PPS Clinical Operations Committee has switched to a bimonthly meeting schedule which has adjusted the timeline for completion of their assigned milestones.
Develop a Clinical Integration strategy.	

Milestone Review Status

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

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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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Major risks to implementation of the Clinical Integration Workstream, and associated mitigation strategies include:
Managing resistance to change in care delivery models: Certain providers will likely be resistant to changing practice in support of a more clinically integrated model. In addition, many providers who are critical links in the integration chain operate largely in silos from the other pieces of the delivery system. To mitigate this, the PPS may seek to: 1) invest in resources to support clinical integration (care and case managers, mid-level providers, data-sharing technologies) and decrease the burden on the provider; 2) draw on case studies of applicable initiatives that show success which may be available through the MIX platform; 3) enlist change management techniques currently deployed by the PPS Lead's training and education department.

High practitioner turnover may be a barrier to consistent, sustainable integration: New care delivery models and new roles require significant practitioner up-staffing which is expected to lead to intense competition for resources. The mitigation strategy for supporting consistent, sustainable integration in a high turnover environment may include simple, direct, ""turnkey"" training for new providers on clinical integration resources, processes, policies, protocols/pathways and dashboards; this may be developed by the PPS Lead's training and education departments in collaboration with Network Member training staff, or in collaboration with industry groups like GNYHA, HANYS, 1199TEF or other PPS.

Conflicting or overwhelming demands on providers participating in more than one PPS: Many providers--post acute, community physicians, CBOs and behavioral health providers--have obligations in more than one PPS. Clinical integration strategies may look different from PPS to PPS. Providers may be overwhelmed with slightly different or even conflicting approaches to clinical integration which will make their participation impractical. Mitigation strategies may include: 1) collaboration with other PPSs to standardize approaches, terminology, reporting requirements, etc. where possible by further developing plans to engage with them, especially those two PPSs with a heavy presence in Manhattan; and 2) a relentless commitment to basing these clinical integration strategies in simplicity and common sense, removing bureaucratic and administrative hurdles.

Strong clinical integration requires strong IT systems and processes locally and at the State/regional level, and is a significant investment for the PPS and for participating Network Members:
New IT and communications are needed to support data and information-sharing between providers, levels of care and with CBOs. Designing and building new tools for data sharing when a significant amount of the sharing infrastructure is the responsibility of the RHIO(s) and SHIN-NY is a complex challenge. To mitigate this risk, we will: 1) Continue to use our leadership position in the RHIO to push the RHIO and SHIN-NY to accelerated, high performance; and 2) integrate members of the PPS IT/Data Governance Committee into the team developing the clinical integration strategy.

📩 IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

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Instructions :

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

Interdependence of the Clinical Integration Workstream with other workstreams is high, including:
Practitioner Engagement: The PPS needs a strong and well-executed practitioner engagement strategy. The practitioner engagement training & education described in the Practitioner Engagement section will include education regarding clinical integration so clinicians can develop the skills and capabilities required to deliver integrated care across the continuum and with non-traditional partners in healthcare delivery.

Cultural Competency: Patients as well as practitioners will need to adapt to the new models of care, integration and population health. As such, we will incorporate Cultural Competency into the Clinical Integration approach.

IT Systems and Processes: Without a solid IT foundation to support data sharing and communication between and among providers and CBOs, clinical integration is manual and unsustainable. IT systems and processes will therefore need to be designed and built (a) with the goal of reducing administrative processes from their current levels and (b) with the input of clinical end users. Putting the resources in place to build this capability will be critical to Program Success.

Workforce Transformation: Shifting to a model of clinical integration requires both new kinds of workers as well as existing workers with new expertise and understanding. Teaming with the Workforce Sub-committee to ensure the skills and expertise required to work in an effective inter-disciplinary manner are developed will be important.

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

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Clinical Operations Committee Co-Chair	Emilio Carillo MD, NYP VP for Community Health	Provide overall community health and clinical integration expertise and leadership to the PPS Clinical Operations and Executive Committees for the development of the clinical integration strategy
Project Leads and Key Network Members	Elaine Fleck MD, Adriana Matiz MD, Peter Steel MD, Jordan Foster PD, Patricia Peretz, Peter Gordon MD, Sam Merrick MD, Veronica Lestelle, Craig Blinderman MD, Ronald Adelman MD, Barbara Linder, Dianna Dragatsi MD, David Albert DDS and Julie Mirkin RN plus key Network Members TBD	Provide expertise and leadership for the development of the clinical integration strategy, report on its progress to the PPS Clinical Operations Committee
CNA Team	Emilio Carillo MD and Victor Carillo	Support the identification of resource gaps in the community
PMO	Isaac Kastenbaum, DSRIP PMO Director	Provide project management coordination and facilitation so that strategy is consistent and efficient across projects
IT	Gil Kuperman MD, PhD, Director Interoperability Informatics	Provide IT expertise and facilitation to prioritize and streamline IT infrastructure needed for effective data sharing
PPS Finance Committee	Robert Guimento, Brian Kurz and others	Provide financial expertise and leadership to the PPS Clinical Operations and Executive Committees for the development of incentives to support clinical integration
Workforce Sub-committee	Eric Carr, VP HR and others TBD	Develop (re)training and recruitment appropriate to support clinical integration needs
Practitioner Groups	various	Provide feedback to Project Leads and to PPS Clinical Operations Committee regarding effectiveness of clinical integration strategy

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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		
Practitionersincluding 4 FQHCs, 6 community physician practices	Users of new roles, processes, technology and data	Provide feedback including recommendations for streamlining and sustainability
Clinical Leadership at PPS Lead and Network Member organizations (post-acute: VNSNY, ArchCare, Isabella, Hebrew Home, Amsterdam, MJHS, Schervier and others; primary care: 4 FQHCs, 6 community physician practices, the NYP ACN, and others; behavioral health and substance abuse: The Bridge, ASCNYC, ACMH, NYSPI, Argus and others, etc.)	Champions for new roles, processes, technology and data	Participation in PPS Clinical Operations Committee, ad hoc work groups, the PAC and in other public forums to champion the change
External Stakeholders		
Groups that address the social determinants of health (e.g., DOHMH, End of the Epidemic Taskforce, NYS Quitline and others)	Social determinants of health and clinical integration	Resources, expertise and perspective on statewide approaches to addressing social determinants of health
Groups involved in care management/care coordination of populations (e.g., NY e-Health Collaborative)	Care management/care coordination and clinical integration	Resources, expertise and perspective on statewide approaches to addressing care management/care coordination for Medicaid population
Professional and Trade Groups (e.g., GNYHA, HANYS, PCDC and others)	Industry approaches to clinical integration	Resources, expertise and perspective on statewide approaches to achieving clinical integration across regions and providers
Civic/Community Advocacy Groups (e.g., Community Boards 12 and 1, United Way of NYC and others)	Community needs and clinical integration	Resources, expertise and perspective on local and regional approaches to addressing community needs

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IPQR Module 9.7 - IT Expectations

Instructions :

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

Effective clinical integration will require relevant information to be readily accessible for all providers across the patient care spectrum. For some providers this will mean becoming PCMHs or enhancing their level of certification, for others it will mean joining the RHIO, for still others it will mean learning and utilizing Allscripts Care Director and tracking and monitoring registries of Medicaid beneficiaries participating in the PPS. The development of the clinical integration strategy and the development of the project plans will help determine which IT infrastructure elements are high priority. Elements will include:
- Architecture
- Data sharing and confidentiality protocols
- Platforms
- Approach to automated and manual processes
- Data reporting and performance monitoring
- Secure messaging and alerts
- Role of portals
The State will play a key role in supporting clinical integration from an IT standpoint. In particular, accelerating the SHIN-NY will be critical to bridging geographical regions. In addition, if the State can redesign the RHIO consent process to streamline the consent to the PPS level (versus the provider level), that would materially facilitate integration.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

Clinical integration done well has direct and measurable impact on the population served. The DSRIP Domain 1, 2 and 3 measures related to patient satisfaction, utilization and clinical process and outcome indicators will improve if clinically integrated care--people, process, technology, data sharing, etc.--is delivered. The strategy for measurement and monitoring is just now getting underway and will be an iterative process given its complexity and the inadequacy of many current systems and approaches in measuring clinical integration. Retention of providers in the Network will be one indicator of the success of the PPS in creating an administratively manageable and navigable strategy. Measurement of patient experience with respect to clinical integration will also become an indicator of success. That measurement approach, which may include patient surveys, has yet to be defined.

IPQR Module 9.9 - IA Monitoring:

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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 overall approach to implementation is based on the Collective Impact model of social innovation. As described by the Stanford Social Innovation Review, collective impact is "the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem…. Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.

The centralized infrastructure is represented by the five-committee structure of the NYP PPS Collaborative Contracting Model of governance: Executive Committee, Finance, IT/Data Governance, Clinical/Operations and Audit/Corporate Compliance ("Governance Committees"). The Executive Committee is the entity from which all PPS functions receive their guidance and to which they ultimately report. The remaining four committees are responsible for executing the Executive Committee's vision and implementing and monitoring the projects.

The NYP PPS has established a Project Management Office (PMO) consisting of dedicated staff who will work across the PPS to provide the operational and project management aimed at ensuring all milestones and metrics are met as well as aligning the clinical and operational standards under which the entire PPS will operate. This staff will be led and managed by NYP's VP, Integrated Delivery System, who will also at as the PPS Executive Lead on the Executive Committee.

Work, however, will be done at the local level. Each of the 10 Project Leads (clinical, operational and administrative staff such as Service Line leaders and providers) will be supported by individual Project Managers sitting inside the PMO. This dyad will be responsible for designing the implementation plan in close collaboration with Network Members, executing day-to-day project operations and shepherding the projects through a structured process designed to ensure success of the program through a common agenda, shared measurement and mutually reinforcing activities among the Project Leads, Network Members and project teams. The PMO will continue regular meetings with all Project Leads to discuss ideas, issues and roadblocks as well as to ensure provider inclusion and commitment to the goals of the PPS.

The Project Managers and Project Leads will report regularly to the Governance Committee on implementation metrics (e.g., number of staff hired/trained, outreach efforts, encounters) and relevant quality and outcome metrics (e.g., HIV viral load suppression). All of the projects will be connected through the broader processes taking place across the PPS and monitored by the PPS Executive Committee. These broader processes include but are not limited to: IT infrastructure development; workforce training and management; and Medicaid MCO negotiations and contracting.

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✉ **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.

The most significant interdependency among projects has to do with the IT infrastructure necessary to support the development of an integrated delivery system for the NYP PPS's attributed Medicaid population. Ensuring that patients receive optimal care will require providers across the PPS to have the most accurate information about the current state of the patient—including the patient's clinical and utilization data and the names of other providers and CBOs involved in the patient's care—so that the care provider can make appropriate care decisions and use available resources most effectively. The NYP PPS IT/Data Governance Committee will be responsible for overseeing the implementation of the IT Infrastructure and reporting progress regularly to the NYP PPS Executive Committee.

The PPS's Workforce Strategy will provide an opportunity for cross-project collaboration. Two examples are technical training and cross-project hiring. First, most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the RHIO. New and existing workers at all levels will need technical training and engagement support to ensure that impacted staff are ready, willing and able to succeed with the new system. To address this challenge, the NYP PPS will retain the 1199SEIU Training and Employment Funds (TEF) as the lead workforce development provider.

Cultural Competency and Health Literacy training is a key to the success of all projects. The NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. The NYP PPS will train frontline staff and physicians involved in DSRIP projects to provide care that respects patients' "Culture of One." This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping. In addition, NYP and ASCNYC are partnering to develop a Peer Training Institute which will be a PPS center for Community Health Worker, Patient Navigator, Health Educator and Interpreter training serving.

Overlapping goals and requirements of different projects could lead to duplicate efforts without strong, centralized planning and management. For example, managing transitions of care more effectively will be a central part of multiple projects, and without a proactive approach to our Care Transitions Strategy there is a risk that different protocols will be developed at different sites or in different projects. Many projects also share same or similar project requirements (e.g. 30-day Care Transitions and Ambulatory ICU). To address this issue, the Clinical/Operations committee has been charged with defining standards.

In addition, we will map out all of the project requirements affecting our committed providers and develop a "heat map" of the project requirements that show where they cross-cut and which providers will be involved in the most projects. For those project requirements that are most pervasive, we will set up specific teams tasked with driving consistent, coordinated implementation.

There are three primary PPSs that overlap with ours: Mount Sinai, NYC HHC, and Advocate s. During the Design Grant phase we met with both Mount Sinai and HHC about potential project overlap and collaborations. In both instances it was agreed that starting in DY1 we would meet to explore operational and infrastructure opportunities.. In addition, we have met with Advocate Community Partners to understand their PPS and describe our projects/vision for the PPS, particularly with respect to the Lower Manhattan service area. We have also started conversations with the New York Hospital Queens Performing Provider System.

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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
Project Leads and Key Network Members	Elaine Fleck MD, Adriana Matiz MD, Peter Steel MD, Jordan Foster MD, Patricia Peretz, Peter Gordon MD, Sam Merrick MD, Veronica Lestelle, Craig Blinderman MD, Ronald Adelman MD, Barbara Linder, Dianna Dragatsi MD, David Albert DDS and Julie Mirkin RN plus key Network Members TBD	Provide expertise and leadership for development and implementation of projects
PMO	Isaac Kastenbaum, Director Strategy, NYP and Director of NYP PPS PMO	Provide project management coordination and facilitation so that strategy is consistent and efficient across projects
IT	Niloo Sobhani, Corporate Director IT, NYP and Gil Kuperman MD, PhD, Director Interoperability Informatics, NYP	Develop and implement IT infrastructure needed for success of projects
PCMH Certification Team	Emilio Carillo MD, VP Community Health, NYP	Drive the implementation of NCQA 2014 Level 3 PCMH certification across the PPS
Community Health Department	Emilio Carillo MD, VP Community Health, NYP and Victor Carrillo, Director Community Health, NYP	Design and implement cultural competency training across the PPS
NYP ACN	Rob Guimento, VP NYP ACN and Brian Kurz, NYP ACN Finance, NYP	Oversee the increase in capacity at ACN practices
Workforce Sub-Committee	Eric Carr, HR Director NYP and others TBD	Develop (re)training and recruitment; develop and implement change management strategy
Legal	Cheryl Parham, Lead Counsel, NYP	Pursue regulatory waivers and relief on behalf of projects; ensure contracts among Network Members and with vendors are sufficient
Managed Care Office	Dov Schwartzben, SVP Managed Care, NYP	Lead conversations and negotiations with MMCOs

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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		
David Alge, SVP Community and Population Health	DSRIP Executive Lead	Oversight of the DSRIP initiative for the PPS
Debora Marsden, Compliance Officer	"PPS Lead - Compliance PPS Lead - Audit "	Oversight of Compliance and Audit functions, staffing and deliverables
Clinical Leadership at PPS Lead and Network Member organizations (post-acute, primary care, behavioral health, substance abuse, etc.)	Champions for new roles, processes, technology and data	Participation in PPS Clinical Operations Committee, ad hoc work groups, the PAC and in other public forums to champion the change
Practitioners	Users of new roles, processes, technology and data	Provide feedback including recommendations for streamlining and sustainability
Eliana Leve, LCSW, MA, CASAC	Deputy Executive Director for Programs, AIDS Service Center NYC	Development of Community Health Worker Peer Training Institute in Upper Manhattan.
Ron Phillips	Chief Human Resources Officer, NYP	Support Workforce Strategy implementation in each project
Andrea Procaccino	Chief Learning Officer (Head of Training and Development), NYP	Support Workforce Strategy, Cultural Competency adoption in each project
Aurelia Boyer	Chief Technology Officer, NYP	Overseeing all IT implementation
Various PPS Network Members (rotating)	All PPS Standing Committees	Oversight of PPS Standing Committee Roles
PPS CBO Network Members	Provider of enhanced roles under population health	Bring expertise related to social determinants of health to PPS in design of population health strategy
PAC	PAC membership	Represent PPS members interests and understand community needs
Community Needs Assessment Team	Emilio Carillo MD and Victor Carillo	Support the identification of resource gaps in the community
External Stakeholders		
1199 SEIU; NYSNA	Labor Representation	Expertise and input around job impacts resulting from DSRIP projects
1199 SEIU Training & Employment Funds (TEF)	Workforce Training - Lead Workforce Training Vendor	Technical training curriculum development; recruiting support
NYC DOHMH, Software Vendors	Training Vendors	IT Technical Training
RHIOs (Healthix, BRIC)	IT Infrastructure	PPS- and city-wide provider communication
Groups that address the social determinants of	Social determinants of health and clinical integration	Resources, expertise and perspective on statewide approaches to

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
health (e.g., DOHMH, End of the Epidemic Taskforce, NYS Quitline and others)		addressing social determinants of health
Groups involved in care management/care coordination of populations (e.g., NY e-Health Collaborative)	Care management/care coordination and clinical integration	Resources, expertise and perspective on statewide approaches to addressing care management/care coordination for Medicaid population
NYS DOH	Driver of population health approach for Medicaid population	Facilitate population health collaboration statewide
MCOs	VBP stakeholder	Provide insight and expertise into population health management approaches that may be relevant to NYP PPS
Other PPSs	Beneficiaries of and contributors to pop health success	Collaborate to enable cross-PPS integration/visibility

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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.

Over five years, the NYP PPS plans to invest $13.3 million of its DSRIP funds and $6.5 million in capital funding through the CRFP Grant and a 100% NYP match (pending approval) to develop connectivity across the PPS. The work has seven main components:

1. Work Flow Support for Care Coordinators. The PPS will extend the Allscripts Care Director (ACD) care coordination platform to multiple Network Members. The application enables care coordinators to care for registries of patients; manage tasks related to those patients; and document assessments, care plans, problems, goals, interventions and future tasks.

2. EHR Enhancements. The inpatient and outpatient EHR at NYP, Allscripts Sunrise Clinical Manager (SCM), will be enhanced to support the work flows of physicians and nurses. Alerts and reminders will be created to notify these care providers about patients that are eligible for specialized services. For example, SCM will notify the physician and nurse when they are seeing a patient who is in the Ambulatory ICU program or who is eligible for ED triage services.

3. Support for Community Health Workers (CHWs). Culturally competent CHWs will serve as a link between patients and medical/social services. The CHWs will see patients in their homes and document their findings, e.g., psychosocial issues that may be hurdles to the delivery of optimal care and recommendations for referrals to community-based organizations. Because CHWs are mobile, a wireless-enabled tablet-based application is necessary for documentation. After a requirements-gathering process, hardware and software will be selected, the application will be implemented and CHWs will be trained in the use of the hardware and application.

4. Health Information Exchange. NYP currently connects to the State Health Information Network for New York (SHIN-NY) via its regional health information organization (RHIO), Healthix. Sixty-nine (69) Collaborators will join Healthix and participate in SHIN-NY-based health information exchange activities. Thirty-four (34) of those organizations will contribute their full clinical data set to Healthix so that other Collaborators can use those data. Twelve (12) organizations will contribute encounter data, so records of encounters can be tracked by the RHIO. The remaining 23 organizations will contribute patient lists to Healthix so they can view the data of other Healthix participants.

5. Data Interfaces. We will create additional data interfaces—including inter-application interfaces—to increase data availability to members of the care team.

6. Enhancements to Patient Portal. MyNYP.org, NYP's PHR, will serve as the patient portal for patients enrolled in Ambulatory ICU programs. We will create specialized, relevant content to improve health literacy such as asthma-related materials for parents of asthmatic children and information about managing multiple chronic diseases for adults.

7. Analytics Platform. The analytics platform will provide population health management capabilities for the PPS. The platform will identify eligible patients, receive identifying information from NYS and combine it with NYP medical records and PPS-wide care coordination platform data (see #2). Analysts will create data marts that—with graphical front-end tools—will provide management reports, quality reports, reports for regulatory reporting purposes, lists of patients meeting specific criteria that need care coordination services and predictive models that identify likely high utilizers of care. This process will be highly coordinated with the State's MAPP tool and other analytic platforms.

✉ **IPQR Module 10.6 - Performance Monitoring**

Instructions :

NYS Confidentiality – **High**

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

From NYP's population health experience, we understand that effective rapid-cycle evaluation (RCE) is critical to the success of the NYP PPS's DSRIP projects. Effective RCE requires: (1) clear definitions and benchmarks for performance measurements; (2) developing the appropriate data governance standards; (3) scheduling regular meetings to review performance data; and (4) focusing on both process and outcomes data.

The NYP PPS Clinical/Operations Committee will be responsible for reporting on PPS performance, both at an individual project level and at a network level. This Committee will be led by one NYP representative and one community provider or CBO Collaborator, with membership including representation from all Collaborators. This group will report directly to the Executive Committee and receive analytical support from the IT/Data Governance Committee and the PMO. The Finance Committee will also monitor financial performance (revenue and expenses) of the PPS. Both committees will report on the "State of the PPS" at bi-monthly committee meetings and at Executive Committee meetings.

The NYP PPS will use a variety of analytics tools (Microsoft Amalga, Tableau, SAS, etc.) to develop reports that monitor process and outcome measures with data from the Hospital EHR, Allscripts Care Director (care management platform), the Healthix RHIO and implementation reports. These reports, including baseline, current and target performance metrics, will be available on the PPS's intranet website. Performance data will be reviewed at weekly PMO meetings and bimonthly Clinical/Operations Committees; to achieve necessary targets, each group will develop a plan-do-study-act (PDSA) cycle for metrics that are not achieving their goals. Any major tweaks to project activities will be reviewed by the Executive Committee and the NYS DOH, when appropriate. We recognize that we will need to monitor performance starting April 1, 2015; clearly our reports will not be deployed at that point. To address this challenge, we will prioritize reporting needs and roll them out incrementally, likely beginning toward the end of DY 1. In the interim, we will rely on the State's data via the MAPP portal to benchmark ourselves against other PPSs as well as compare Network Members' progress internally.

For those providers with limited EHR connectivity, the NYP PPS will provide material financial support to help them integrate technology into their workflows. The NYP PPS will leverage its extensive experience bringing community providers to PCMH and MU standards, including training and education. In the interim, the NYP PPS will devote resources to ensuring that performance reporting occurs in low-tech ways (paper, interviews, etc.) to ensure that performance management and reporting includes alll PPS members.

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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 NYP PPS will drive community involvement in the DSRIP projects through the Provider Advisory Committee, or PAC. The PAC consists of 57 members, 23 from the community (e.g., local government, senior centers and churches), 31 from PPS provider (e.g., primary care, behavioral health and long-term care providers) and three members from two labor unions. The PAC met monthly through the design/planning period; it will continue to meet quarterly through the five DSRIP years.

Medicaid beneficiaries will be able to provide feedback on PPS performance, including the addition/removal of Collaborators through two methods: (1) submitting feedback through a regularly scheduled PAC meeting directly or through a representative; or (2) submitting feedback through the NYP PPS public website. All comments will be reviewed by the PMO and presented to the Executive Committee.

Network members are critical collaborators in the PPS. The PPS is contracting with between three and six CBOs to hire more than 35 Community Health Workers (CHWs), health educators and interpreters. CHWs are trained, local community members who provide diagnosis-specific education in a linguistically and culturally appropriate manner to patients and families. We expect to enter into contracts for CHW and related staff during DY1. Contracted CBOs for CHWs and related staff will be included in project delivery plans from inception.

The PPS may contract with other CBOs for non-CHW and related staff services. Contracted CBOs for non-CHW staff or services will be included in project delivery plans from inception. Involvement will include process flow, IT enablement, reporting needs, educational materials and other beneficiary collateral, compliance and quality expectations. These CBOs will help extend the reach of our PPS network in the communities we serve.

Community engagement will contribute to the success of the projects in two ways:

1. Members of the PAC are often closer to the ground than are the members of the NYP PPS Executive Committee or even the project leaders. This forum will be critical to hearing feedback—positive and negative—about which aspects of our projects are working and which are not.

2. CHWs, contracted directly from CBOs, are a critical element of the NYP PPS DSRIP endeavor. Many of the gaps in access and navigation we identified in our Community Needs Assessment are not structural but the result of healthcare access barriers grounded in cultural and social determinants of health.

There are three primary risks associated with our community strategy:

1. Member Engagement. If the PPS does not communicate its vision effectively with Network Members and the Community, we may lose the interest and dedication of the very individuals and organizations who will ensure the projects are a success. That is why we are committed to providing a regular forum (the PAC) for feedback as well as informal feedback channels through the relationships we have developed in the community.

2. CBO Sustainability. We recognize that some of the CBOs with whom we will contract are financially fragile. The NYP PPS Finance Committee will develop a monitoring process for those providers identified as potentially vulnerable. 3. Competition for Resources. We anticipate high demand for capable Community Health Workers. For CHWs, the PPS will apply a "search-firm-like" approach to source and recruit top talent in collaboration with the host CBOs.

4. New Population. NYP has limited experience with the Asian population that lives in Lower Manhattan, home to its newest hospital, NYP/LM. The service area is 25% Asian. To ensure success with the Asian and Asian-American population in Lower Manhattan, the PPS will work with Charles B. Wang Community Health Center to find and source appropriate CHWs and Patient Navigators (for the EDs).

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IPQR Module 10.8 - IA Monitoring

Instructions :
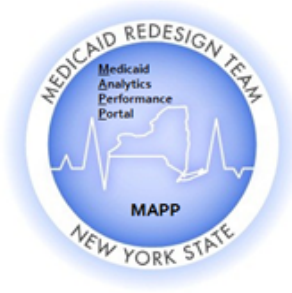
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Section 11 – **Workforce**

✉ **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	0.00	121,200.00	60,600.00	60,600.00	40,400.00	40,400.00	20,200.00	20,200.00	20,200.00	20,200.00	404,000.00
Redeployment	0.00	23,400.00	11,700.00	11,700.00	7,800.00	7,800.00	3,900.00	3,900.00	3,900.00	3,900.00	78,000.00
New Hires	0.00	111,000.00	55,500.00	55,500.00	37,000.00	37,000.00	18,500.00	18,500.00	18,500.00	18,500.00	370,000.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Expenditures	**0.00**	**255,600.00**	**127,800.00**	**127,800.00**	**85,200.00**	**85,200.00**	**42,600.00**	**42,600.00**	**42,600.00**	**42,600.00**	**852,000.00**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass (with Exception) & Ongoing	The PPS did not provided acceptable evidence of Executive Committee approval of the Workforce Strategy.

NYS Confidentiality – **High**

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☑ **IPQR Module 11.2 - Prescribed Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Establish Workforce Sub-committee of the Executive Committee (including PPS Lead HR reps, selected PPS HR leaders, project leads, union representation, and other appropriate subject matter experts and key stakeholders) tasked with implementing and executing workforce related activities	Completed	Establish Workforce Sub-committee of the Executive Committee (including PPS Lead HR reps, selected PPS HR leaders, project leads, union representation, and other appropriate subject matter experts and key stakeholders) tasked with implementing and executing workforce related activities	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to review and confirm the previously developed workforce requirements (roles, FTE counts, organizational affiliation, salary and benefit assumptions, etc.) and the new services required for each DSRIP project and consolidated for the PPS	On Hold	Workforce Sub-committee to review and confirm the previously developed workforce requirements (roles, FTE counts, organizational affiliation, salary and benefit assumptions, etc.) and the new services required for each DSRIP project and consolidated for the PPS	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee with PMO support to perform a workforce impact assessment to determine the project-by-project impact on the PPS workforce (degree and magnitude of impacts by role/provider organization, key roles and responsibility changes, skills/competency changes, impact to staffing patterns, impact to caseloads, etc.)	On Hold	Workforce Sub-committee with PMO support to perform a workforce impact assessment to determine the project-by-project impact on the PPS workforce (degree and magnitude of impacts by role/provider organization, key roles and responsibility changes, skills/competency changes, impact to staffing patterns, impact to caseloads, etc.)	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee with PMO support to consolidate the project-by-project analysis in a	On Hold	Workforce Sub-committee with PMO support to consolidate the project-by-project analysis in a comprehensive view of the areas within the PPS that will need more, less, or different	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
comprehensive view of the areas within the PPS that will need more, less, or different resources to support the DSRIP projects		resources to support the DSRIP projects							
Task Workforce Sub-committee (in collaboration with other PPSs if possible and possibly with PPS Executive Committee participation) and with 1199TEF support to estimate how NYP PPS workforce requirements may be either enabled or hindered by the workforce requirements of PPS in the same geography	On Hold	Workforce Sub-committee (in collaboration with other PPSs if possible and possibly with PPS Executive Committee participation) and with 1199TEF support to estimate how NYP PPS workforce requirements may be either enabled or hindered by the workforce requirements of PPS in the same geography	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to define the future state workforce that is required for DSRIP projects to succeed	On Hold	Workforce Sub-committee to define the future state workforce that is required for DSRIP projects to succeed	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to present future state workforce to PPS Executive Committee for discussion and ratification	On Hold	Workforce Sub-committee to present future state workforce to PPS Executive Committee for discussion and ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS Executive Committee ratifies future state workforce plan	On Hold	PPS Executive Committee ratifies future state workforce plan	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Completed	Completed workforce transition roadmap, signed off by PPS workforce governance body.	04/01/2015	03/31/2020	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Workforce Sub-committee to develop governance/decision-making model that defines how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off for review and ratification by PPS Executive Committee	On Hold	Workforce Sub-committee to develop governance/decision-making model that defines how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off for review and ratification by PPS Executive Committee	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to develop consolidated transition roadmap map of all specific workforce changes required to the workforce; define timeline of when these	On Hold	Workforce Sub-committee to develop consolidated transition roadmap map of all specific workforce changes required to the workforce; define timeline of when these changes will need to take place and what the dependencies are (for all training, redeployment and hiring in line with project timeline	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
changes will need to take place and what the dependencies are (for all training, redeployment and hiring in line with project timeline and needs)		and needs)							
Task Workforce Sub-committee to present the workforce transition roadmap to PPS Executive Committee for discussion and ratification	On Hold	Workforce Sub-committee to present the workforce transition roadmap to PPS Executive Committee for discussion and ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS Executive Committee ratifies the workforce transition roadmap	On Hold	PPS Executive Committee ratifies the workforce transition roadmap	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task "Workforce Sub-committee to perform current state assessment of staff availability and capabilities across the PPS using techniques and processes previously used by NYP to minimize workforce impacts of delivery system change. Output includes identifying: - Current roles who could fill future state roles through up-skilling and training; - Current roles who could potentially be redeployed directly into future state roles"	On Hold	"Workforce Sub-committee to perform current state assessment of staff availability and capabilities across the PPS using techniques and processes previously used by NYP to minimize workforce impacts of delivery system change. Output includes identifying: - Current roles who could fill future state roles through up-skilling and training; - Current roles who could potentially be redeployed directly into future state roles"	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to map current state analysis against future state workforce to identify new hire needs	On Hold	Workforce Sub-committee to map current state analysis against future state workforce to identify new hire needs	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to refine budgetary implications of workforce change analysis and identify gaps to current DSRIP operating budget	On Hold	Workforce Sub-committee to refine budgetary implications of workforce change analysis and identify gaps to current DSRIP operating budget	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to update future state roadmap based on gap analysis (who, how many, when the transition of the workforce from	On Hold	Workforce Sub-committee to update future state roadmap based on gap analysis (who, how many, when the transition of the workforce from the current state to the future state will occur)	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
the current state to the future state will occur)									
Task Workforce Sub-committee to finalize gap analysis	On Hold	Workforce Sub-committee to finalize gap analysis	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to present gap analysis to PPS Executive Committee for discussion and ratification	On Hold	Workforce Sub-committee to present gap analysis to PPS Executive Committee for discussion and ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS Executive Committee ratifies gap analysis	On Hold	PPS Executive Committee ratifies gap analysis	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Workforce Sub-committee to identify the classes of staff affected, and the origin and destination of staff that are being redeployed to understand changes to impact jobs and Network Members	On Hold	Workforce Sub-committee to identify the classes of staff affected, and the origin and destination of staff that are being redeployed to understand changes to impact jobs and Network Members	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to determine whether comp and benefits analysis to be performed in house or outsourced (based on complexity of findings from prior step)	On Hold	Workforce Sub-committee to determine whether comp and benefits analysis to be performed in house or outsourced (based on complexity of findings from prior step)	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to gather compensation and benefits information for existing roles that will potentially be redeployed and assess changes	Completed	Workforce Sub-committee to gather compensation and benefits information for existing roles that will potentially be redeployed and assess changes	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Workforce Sub-committee to estimate numbers of fully v. partially placed staff by role	On Hold	Workforce Sub-committee to estimate numbers of fully v. partially placed staff by role	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task As appropriate, Workforce Sub-committee to	On Hold	As appropriate, Workforce Sub-committee to develop and incorporate policies for impacted staff who face partial	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
develop and incorporate policies for impacted staff who face partial placement, as well as those staff who refuse retraining or redeployment, working with relevant stakeholders and with 1199TEF to understand statewide leading practice		placement, as well as those staff who refuse retraining or redeployment, working with relevant stakeholders and with 1199TEF to understand statewide leading practice							
Task Workforce Sub-committee to finalize compensation and benefit analysis	On Hold	Workforce Sub-committee to finalize compensation and benefit analysis	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to present compensation and benefit analysis to PPS Executive Committee for discussion and ratification	On Hold	Workforce Sub-committee to present compensation and benefit analysis to PPS Executive Committee for discussion and ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS Executive Committee ratifies compensation and benefit analysis	On Hold	PPS Executive Committee ratifies compensation and benefit analysis	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #5 Develop training strategy.	In Progress	Finalized training strategy, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Workforce Sub-committee, in collaboration with 1199TEF and ASCNYC (likely future provider of "Peer Training Institute" in collaboration with NYP) to assess current state training needs, including the specific skills and certifications that staff will require	On Hold	Workforce Sub-committee, in collaboration with 1199TEF and ASCNYC (likely future provider of "Peer Training Institute" in collaboration with NYP) to assess current state training needs, including the specific skills and certifications that staff will require	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to design training strategy, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training (e.g. voluntary vs. mandatory etc.).	On Hold	Workforce Sub-committee to design training strategy, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training (e.g. voluntary vs. mandatory etc.).	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee to present training strategy to PPS Executive Committee for discussion and ratification	On Hold	Workforce Sub-committee to present training strategy to PPS Executive Committee for discussion and ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task PPS Executive Committee to ratify training	On Hold	PPS Executive Committee to ratify training strategy	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
strategy									
Task Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop mechanism to measure training effectiveness in relation to established goals once strategy and plan are implemented	On Hold	Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop mechanism to measure training effectiveness in relation to established goals once strategy and plan are implemented	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop detailed training plan (based on training strategy), including, training provider(s), methods, channels and key messages required for training based on project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery	On Hold	Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop detailed training plan (based on training strategy), including, training provider(s), methods, channels and key messages required for training based on project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
No Records Found		

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Create a workforce transition roadmap for achieving defined target workforce state.	ink9012	Other	39_DY2Q2_WF_MDL112_PRES2_OTH_NYP_PPS_WorkforceMilestone_2_MeetingTemplate_DY2Q2_7696.xlsx	Workforce Milestone #2 meeting template, as requested in Remediation.	12/12/2016 08:33 AM
	ink9012	Other	39_DY2Q2_WF_MDL112_PRES2_OTH_20161019_Mtg_Agenda_final_Minutes_6426.pdf	10/19/16 PPS Workforce Advisory Workgroup meeting minutes, demonstrating approval of milestone #2.	10/23/2016 09:39 AM
	ink9012	Other	39_DY2Q2_WF_MDL112_PRES2_OTH_NYP_PPS_Workforce_Milestone2_Deliverable_6425.pdf	NYP PPS Workforce Transition Roadmap, as approved by PPS Workforce Advisory Workgroup on 10/19/16.	10/23/2016 09:38 AM
Perform detailed gap analysis between current state assessment of workforce and projected	ink9012	Other	39_DY2Q2_WF_MDL112_PRES3_OTH_NYP_PPS_Workforce_Milestone3_Deliverable_6428.pdf	PPS workforce gap analysis, as approved by PPS Workforce Advisory Workgroup on 10/19/16.	10/23/2016 09:41 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
future state.	ink9012	Other	39_DY2Q2_WF_MDL112_PRES3_OTH_20161019_Mtg_Agenda_final_Minutes_6427.pdf	10/19/16 PPS Workforce Advisory Workgroup meeting minutes, demonstrating approval of milestone #3.	10/23/2016 09:40 AM
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.	ink9012	Other	39_DY2Q2_WF_MDL112_PRES4_OTH_Attachment3_NYP_PPS_Workforce_Workgroup_20160629_Minutes_Remediation_6423.pdf	The attached document is the minutes that demonstrate that the Workforce Compensation and Benefits Analysis was approved by the Workforce Advisory Workgroup in DY1Q1.	10/23/2016 09:32 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	There have been no changes to the Workforce target state since submission.
Create a workforce transition roadmap for achieving defined target workforce state.	
Perform detailed gap analysis between current state assessment of workforce and projected future state.	
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	
Develop training strategy.	The NYP PPS would like to request 1-quarter extension to 12/31/16 for this requirement. The PPS Workforce Advisory Workgroup is just getting to this effort, The PPS also just signed its agreement with the 1199 Training and Education Fund, which will be the primary adviser/consultant on this effort.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass (with Exception) & Ongoing	"The PPS has not submitted sufficient documentation to meet minimum standard requirements. To complete this milestone, the PPS must provide evidence of the 9/18/16 meeting that was documented on the Meeting Template, to include related agendas, meeting minutes and/or sign in sheets. "
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	

NYS Confidentiality – **High**

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #5	Pass & Ongoing	

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✉ **IPQR Module 11.3 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

The NYP PPS has a strong track record of collaborating with key stakeholders in both adapting the workforce to meet emerging care delivery needs and using non-traditional healthcare workers (e.g., CHWs) from the community to improve outcomes, cultural competency and health literacy.

Major risks to implementation of the Workforce Strategy and associated mitigation strategies include:

Competition for Human Resources. The risk of workforce shortages in the healthcare market is real. The national primary care physician shortage is projected to reach 12,500 to 31,100, according to a new study by the Association of American Medical Colleges and IHS. One role in particular that will be in high demand is that of the culturally competent peer providers, i.e., Community Health Workers (CHWs) and Patient Navigators (PNs). To mitigate our risk in this area, the NYP PPS will build on its solid relationships with such CHW organizations as Dominican Women's Development Center and Northern Manhattan Improvement Corporation, with whom we have been contracting for these kinds of positions for many years. We will also expand the number of organizations we source to a total of between three and six CBOs to hire the more than 35 peer providers needed. In addition, NYP and ASCNYC have applied for CRFP funding to develop a new Community Health Worker Training Center in Upper Manhattan.

Recruiting Specialized Workforce. Above and beyond general shortages in the healthcare market, a few of the NYP PPS projects require a very specialized workforce, which may be even more difficult to find immediately. For example, we will be looking for pediatric psychiatric NPs (Project 2.b.i) and palliative care specialists (Project 3.g.i). We will mitigate this risk by applying a search-firm approach to source and recruit top talent. This approach entails dedicated staff that will rigorously identify qualified candidates through networking, research and constant pursuit of a pipeline matching the position specifications. One example of NYP's innovative sourcing strategy leverages its electronic candidate relationship management (eCRM) tool in which email messages are sent directly to potential prospects with information on the Hospital, department and open position.

Technical Training. Most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the Healthix RHIO. To address this challenge, the NYP PPS will collaborate with the 1199SEIU League Training and Employment Funds (TEF) as a lead workforce development provider. Using TEF's expertise in this area, the PPS will provide training to incumbent workers who need additional skills to do existing jobs and develop training for new staff. TEF will screen and contract with the most suitable educational vendors to deliver high-quality training conducted by expert clinical staff, experienced educators in adult learning theory and organizational development experts. Training will also be delivered by external resources from the community or by the NYP internal training department (Talent Development). For some projects, we plan to engage with the NYC Department of Mental Health and Hygiene to assist in technical training (see Project 4.b.i). Software vendors such as Allscripts and Healthix will also conduct their own user training.

Workforce Buy-In. Change is difficult. The NYP PPS may have difficulty obtaining buy-in and support from frontline workers and key stakeholders given changes in roles and responsibilities, which in turn could impact DSRIP project success. To mitigate this risk, the PPS will continue to engage both senior and middle management and, where applicable, union representation (SEIU 1199, NYSNA) to gain worker support at all levels.

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

NYS Confidentiality – **High**

The New York and Presbyterian Hospital (PPS ID:39)

Instructions :

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

Workforce strategy and management touches, and is touched by, all aspects of a delivery system reform program like DSRIP. As such, workforce success will depend on a variety of other DSRIP workstreams, including:

Governance. The PPS Committees will likely each have to address workforce impacts and make decisions regarding strategy, financing and priorities. Having effective, trusted, appropriately confidential and "big picture" representation will be central to executing the workforce strategy successfully.

Financing Training and Development. Workforce management and (re)training across the PPS will require a material investment. Therefore, the connection between our PPS workforce transformation team and the NYP PPS Finance Committee is crucial. To that end, the Finance Committee will have a member of the Workforce Sub-committee embedded within it.

Cultural Competency and Health Literacy Training. Interdependence also exists between workforce training and our cultural competency strategy. The NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. In addition to role-specific training, the NYP PPS will train frontline staff and physicians involved in DSRIP projects to provide care that respects patients' "Culture of One." This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping. The methodology stems from seminal research published by NYP's VP for Community Health, Dr. Emilio Carrillo, in 1999 and is used internationally as the basis for cultural competency training. Finally, providers (including Community Health Workers) and staff in certain projects will receive supplemental training on sensitivities related to specific target populations. For example, those involved in Project 3.g.i (Integration of Palliative Care into PCMHs) will receiving training on how to deal sensitively with patients facing advanced illnesses and their families. Those involved in Projects 3.e.i and 4.c.i (HIV/AIDS) will receive training that will include education on HIV as a disease, gender identity, substance abuse issues and disability issues.

IT Implementation & Technical Training. Most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the Healthix RHIO. IT is only a tool; without appropriate technical training across the PPS, the tools will be ineffective in moving the DSRIP vision forward. As described above, the PPS has engaged TEF and others to assist with this training.

Clinical Integration. Workforce is closely tied to clinical integration, as much of the retraining of the workforce will focus on creating more integrated multi-disciplinary teams that cross organizational boundaries. Redeployment will also be critical in ensuring that the right staff are placed in the right location to support better clinical integration and the success of projects such as 3.a.i and 2.a.i.

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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 Sub-committee - PPS Lead	Shawn McCollister	NYP HR executive on point for design and execution of all workforce-related activities
Workforce Sub-committee	Various NYP and Network Members	Provides overall direction, guidance and decisions related to the workforce transformation agenda
Workforce Training Vendor	1199 SEIU League Training and Employment Funds (TEF)	Lead workforce development provider who recommend (re)training for new and emerging positions, provide training to incumbent workers who need additional skills to do existing jobs and develop training for new occupations and recommend vendors with substance abuse and behavioral health expertise.
ASCNYC	Provider of "Peer Training Institute" (if CRFP application granted)	Builds Peer Training Institute to develop workforce, including peer educators, community healthcare workers, patient navigators, care coordiantors and others TBD
Community Health Department	Emilio Carrillo, MD, VP Community Health, NYP	Responsible for developing and executing cultural competency and health literacy training.

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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		
Shawn Smith	Chief Human Resources Officer, NYP	Support data collection of compensation and benefit information; current state workforce information and potential hiring needs.
Andrea Procaccino	Chief Learning Officer (Head of Training and Development), NYP	Provide oversight and input to development of training needs assessment, and subsequent training strategy and plan.
Eliana Leve, LCSW, MA, CASAC	Deputy Executive Director for Programs, AIDS Service Center NYC	Development of Community Health Worker Peer Training Institute in Upper Manhattan.
Gil Kuperman, MD, PhD	Director, Interoperability Informatics, NYP	Coordination of IT technical training.
NYP and Network Member Workforce(s)	Represent impacted workforce(s)	Collaborate with Workforce Sub-committee to provide input into training plan, future state vision, etc.
External Stakeholders		
1199 SEIU; NYSNA	Labor/Union Representation	Expertise and input around job impacts resulting from DSRIP projects
NYC DOHMH, Software Vendors	Training Vendors	IT Technical Training

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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.

Shared IT infrastructure will support the workforce transformation. First, once our training strategy and plans are implemented, we will use IT to track training progress (e.g., who has been trained, the subject matter of the training, when the training took place, certification levels, etc.). Second, as the NYP PPS begins to execute the workforce transition roadmap, we will rely on IT capabilities to track staff movement and changes across the PPS (e.g., redeployed staff, net new hires, etc.). The NYP PPS will need support from IT to collect and report on changes to the PPS workforce to enable reporting on workforce process measures in quarterly progress reports. Finally, we will need IT support to track open positions and staffing needs across the PPS, essentially creating a job board, so that impacted workers (or those whose current jobs are at risk of elimination) have the ability to see job availability across the member organizations.

Technology is ever more critical to support the changing needs of the workforce. For example, the PPS IT infrastructure will enable retrained, redeployed and new hire staff to work efficiently and effectively in a variety of non-traditional settings through the development of tablet technologies that can be used in the field to support community-based staff. Such technologies will assist community-based workers in increasing health literacy, enable workers to share critical observations about risks which may have social and clinical implications, and allow for more hands-on, real-time connection with patients and caregivers. Developing and deploying such technology is a key component of the NYP CRFP IT Infrastructure application.

✉ IPQR Module 11.9 - Progress Reporting

Instructions :

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

There are several measures of the success of the Workforce workstream. One is how the NYP PPS delivers against the current targets of redeployed, retrained and hired staff. Second is how financially sustainable the workforce transformation is based on performance against budget. Finally, we will assess worker satisfaction by measuring employee turnover. The Workforce Sub-committee will present this data to the Clinical/Operations Committee so there is an up-to-date understanding of how the recruitment, redeployment and retraining efforts are affecting the individual projects. In this way, the PPS will be able to react to and manage potential issues before they negatively impact the projects in a significant way.

The PMO will be a key partner to the Workforce Sub-committee in measuring, monitoring and reporting quarterly progress and developing and monitoring other leading indicators of workforce performance. Similarly, we will look to the 1199TEF for leading practices across the State regarding all aspects of workforce progress reporting, including methods, frequency, proxies, data definitions, etc.

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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
ink9012	Other	39_DY2Q2_WF_MDL1110_OTH_NYPPPS_Workforce_Staffing_Impact_Quarterly_DY2Q2_Template_Submission_6512.xlsx	NYP PPS new recruits since DY1Q1.	10/24/2016 08:56 PM
ink9012	Other	39_DY2Q2_WF_MDL1110_OTH_NYPPPS_Workforce_Staffing_Impact_Projections_DY2Q2_Template_6511.xlsx	Workforce staffing impact baseline projection, in new single 5-year template.	10/24/2016 08:19 PM
ink9012	Other	39_DY2Q2_WF_MDL1110_OTH_NYPPPS_Workforce_Staffing_Impact_Baseline_20160802_DY2Q1_6510.xlsx	Workforce staffing impact baseline projection, as submitted with DY2Q1 report.	10/24/2016 08:18 PM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

NYS Confidentiality – **High**

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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)	511,200.00

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	0.00	0.00	0.00	0.00%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	70,000.00	0.00	207,140.00	93.31%
Other	70,701.00	0.00	142,416.00	0.00%
Total Expenditures	**140,701.00**	**0.00**	**349,556.00**	**68.38%**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_DY2Q2_WF_MDL1111_OTH_NYP_PPS_WorkforceSpend_DY2Q2_201 61023_6429.xlsx	Spreadsheet demonstrates breakdown of DY2Q2 workforce strategy spend.	10/23/2016 10:08 AM

Narrative Text :

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

Not applicable.

NYS Confidentiality – **High**

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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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Run Date : 12/30/2016

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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.

See workforce, connectivity, PCMH, demand, and diversity risks in other projects' narratives.

Funding: The NYP PPS calculated its budgets based on communications from the State regarding both the PMPM and preliminary attribution. We conducted sensitivity analyses, including the effects of a lower PMPM, lower-than-expected Domain 1 achievement and lower-than-expected Domain 2 and 3 performances. The reduction in funding of 21% due to the change in attribution and, possibly, a change in PMPM has resulted in a contraction of a similar magnitude. There has also been no communication regarding relief from any reporting or performance requirements. Given that the fixed costs have not changed, we remain concerned about the negative impact on our ability to implement the projects, including the impact on collaborators. Mitigation strategies include encouraging the State to address requirements in light of this significant funding decrease and conservative planning and expectation-setting across the PPS.

Integration. The size of the NYP PPS will pose the classic management challenge of integration. In addition, DSRIP will entail several cultural shifts in how providers deliver care, such as a shift from fee-for-service to value-based payments and a shift from unit-based, acute care to collaborating across a continuum of care with a focus on preventive care. To mitigate this risk, the NYP PPS has a developed a multi-faceted engagement approach to Network Member, staff and provider integration. Specifically, the PPS will: 1) Establish a Workforce Sub-committee, which will provide overall direction, guidance and decisions related to the workforce transformation agenda. 2) Develop cross-project functional groups, project-specific groups, and stakeholder groups to gain buy-in from the Network. 3) Engage union representation to gain frontline support. Both 1199 SEIU and NYSNA have had seats on the PAC since its inception. We will also contract with 1199 SEIU Training and Employment Funds to assist with change management at the frontline worker level. 4) Collaborate with external resources, such as other PPSs to create common language related to delivery system change strategies and tactics or case studies of successful initiatives.

Technology. Technologies that support workflow, decision-making and record-keeping are frequently different within and across practitioner types. To mitigate this risk, a multi-pronged approach must be taken. One is a concerted effort to raise the level of all PCPs through the common requirements and language of PCMH and Meaningful Use. Another is to emphasize connection to the RHIO so that practitioners have a better connection to the overall care of the patient populations they serve. Finally, deploying a technology like Allscripts Care Director similarly helps build connections.

VBP. Network Members may lack the knowledge and experience of non-fee-for-service models puts at risk even starting the conversation. The preferred mitigation strategy is the State providing broad education for providers, including increasing levels of sophistication (and possibly including some sort of certification to demonstrate proficiency).

Performance Improvement and Practice Change. Practitioners may be resistant to changing practice in response to performance reporting. To mitigate this, the PPS may seek to: 1) collaborate with other PPS to create a common language related to delivery system change strategies and tactics; 2) draw on case studies of applicable initiatives that show success; 3) enlist change management techniques; and 4) develop evidence-based practices and case-studies to support rationale for change.

Competing Demands. To keep CBOs engaged, the PPS will ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level.

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 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 PMO recommends an inventory of relationships that require contracts (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.) and categorizes Network members by contract type ("Agreement". Beyond medical and social service providers, the NYP PPS will include a wide variety of behavioral health providers, including community-based Article 31 and 32 providers, community-based organizations that provide transitional housing and counseling, HCBS, Medicaid MCOs, and all related downstream health home providers. Strong connections will be made with these organizations to ensure that the needs of the seriously mentally ill and substance using beneficiaries are addressed.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PPS Finance Committee reviews Agreement inventory and categorization and provides feedback		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PMO with assistance of PPS Lead resources (legal, Quality, Finance) drafts Agreement templates		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PPS Finance Committee reviews Agreement templates and provides feedback		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 PPS Finance Committee comments incorporated by PMO		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Finance Committees approves revised templates and recommends to Executive Committee for adoption		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Agreement templates reviewed/approved by Executive Committee		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Leads and PMO jointly draft project-specfic Agreement schedules for Network members consistent with PPS role		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Leads and PMO facilitate Agreement discussion w/Network members		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Partnership agreements executed with Network members, including CBOs		Project		Completed	10/01/2015	03/31/2016	10/01/2015	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	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		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	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations Committee drafts Health Home and ACO population health management survey to identify which PPS network members are currently participating in an alternative delivery model.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PMO reviews, provides feedback and distributes survey		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PMO convenes meeting of PPS Network members that currently participate in Health Home and/or ACOs (Accountable Care and Health Home Work Group, ACHHWG)		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
Task ACHHWG drafts inventory of and recommendations for existing care protocols, population health management systems, and MCO relationship mechanisms		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task ACHHWG presents recommendations to Clinical Operations Committee, IT/Data Governance Committee and Finance Committee for comment and ratification		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task ACHHWG presents revised recommendations to PPS Network through Project Advisory Committee for review and feedback.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS Clinical Operations, IT/Data Goverannce and Finance Committee provides recommendations for ACO/HH alignment to Executive Committee		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Accountable Care and Health Home alignment recommendations implemented as internal pilot in NYP Medicare Shared Savings Program ACO and NYP Health Home		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Accountable Care and Health Home alignment recommendations implemented across neighboring Manhattan Health Homes and ACOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	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	07/01/2015	03/31/2017	07/01/2015	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	07/01/2015	03/31/2017	07/01/2015	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

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (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 PMO to review CNA's inventory of current community, medical, and public health resources		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO to align inventory with project and patient-level need, breaking needs down by low, medium, and high-service users.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations Committee to develop continuum of care recommendations for engaging relevant healthcare, community, and public health services in PPS Network		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations Committee presents continuum of care recommendations to Executive Committee		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Executive Committee to ratify continuum of care recommendations		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS PMO to schedule meetings with key PPS network collaborators to review continuum of care recommendations		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS PMO to engage additional providers identified in PPS continuum of care roadmap into PPS Network		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Clinical Operations Committee to recommend measures to monitor identified services are being provided to patients and to ensure required CNA refreshes identify new service gaps		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS PMO to intgerate measurement recommendations with existing measures, and operationalize measures to monitor service provision		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS PMO to intgerate measurement recommendations with existing measures, and operationalize measures to monitor service provision		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	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
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
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 Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PMO distributes IT assessment to Network Members.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task IT/Data Governance Committee presents assessment to Exec Committee.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (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 IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	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 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 PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task See Project Requirement 7 for continuation of substeps		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (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
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries 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 PPS PMO - IT to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - IT to align available data sets and tools with project-level needs (e.g., registries) and identify gaps		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - IT to identify workforce development, training and education needs for population health		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS PMO - IT to integrate PCMH Team roadmap, workforce needs and IT population health roadmap for presentation to PPS IT/Data Governance Committee for feedback		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS IT/Data Governance Committee to approve population health roadmap		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Project Leads to review new care models and pathways for population health data, measurement and monitoring needs not previously identified in order to monitor progress in managing population health		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT to integrate emerging project-level pop health data needs into roadmap		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS PMO - IT to perform implement population health management activities, including EHRs and other care management platforms and registries across PPS Network		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS PMO to begin reviewing clinical and utilization dashboards		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to identify high-utilizing, potential high-utilizers, and clinically at-risk patient populations for targeted interventions										
Task PPS PMO to assign identified at-risk populations to PPS projects and/or ad-hoc outreach efforts		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care 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	07/01/2015	03/31/2018	07/01/2015	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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	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 PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO -PCMH Team to staff and launch implementation		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (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
team (a similar team has been active at the PPS Lead for several years)										
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	DY3 Q4	Project	N/A	In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Medicaid Managed Care contract(s) are in place that include value-based payments.		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Complete VBP portions of Financial Sustainability Plan (see Financial Sustainability workplan)		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop managed care payment models aligned with VBP Plan		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Pilot model(s) within a selected group of MMCOs		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Provide tools and techniques for Network Members to develop their own entity-specific MMCO contract models aligned with VBP		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Expand pilot to all MMCOs in alignment with VBP Plan		Project		In Progress	10/01/2017	09/30/2018	10/01/2017	09/30/2018	09/30/2018	DY4 Q2
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	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 holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (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 Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY3 Q4	Project	N/A	In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Complete VBP portions of Financial Sustainability Plan (see Financial Sustainability workplan)		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop provider compensation models aligned with VBP Plan		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Pilot model(s) within a selected group of PPS providers		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Provide tools and techniques for Network Members to develop their own entity-specific provider compensation models aligned		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (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
with VBP										
Task Expand pilot to full PPS membership in alignment with VBP Plan		Project		In Progress	04/01/2018	09/30/2018	04/01/2018	09/30/2018	09/30/2018	DY4 Q2
Task Review quality metric outcomes with DOH, OMH, OASAS, and Medicaid MCOs to establish relevant clinical quality metrics, including behavioral health		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations Committee and Project Leads identify CBOs to employ Community Health Workers and other peers to provide culturally and linguistically appropriate services to attributed Medicaid patients		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Leads and PMO facilitate Agreement discussion w/Network Members		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Partnership agreements executed with Network Members, including CBOs		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Contracted CBOs send CHWs and other staff to standardized trainings through NYP PPS Collaborator-supported CHW Training Institute. Trainings to include cultural competency, outreach 101, home assessment, etc. Trainings will be informed through collaboration with Community Health Worker Network of NYC.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Contracted CBOs' CHWs and other provide outreach and navigation activities		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (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
CHW program management model implemented, including regular CHW programmatic and clinical supervision.										
Task CHW programmatic activity reported to PPS Clinical Operations Committee for review and feedback		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Clinical Operations Committee presents recommendations to CHW programmatic leadership to improve community outreach and patient navigation efforts.		Project		In Progress	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

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	

NYS Confidentiality – **High**

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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	

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

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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 Midpoint assessment narrative	Completed	Midpoint assessment narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Midpoint assessment narrative	

New York State Department Of Health

Delivery System Reform Incentive Payment Project

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

Instructions :

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Run Date : 12/30/2016

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.

Provider Commitment Risks. We are awaiting clarification from the IA regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the roster will fluctuate throughout DSRIP, and the lack of understanding of the relationship between provider engagement and achievement values.

Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 2.b.i, this waiver will support, for example, in-home patient medication education and reconciliation services by PPS Article 28 primary care nurse practitioners and physicians.

IT Investment. A major risk to this project is the current inability to connect and communicate with the patients' care team across the continuum. To mitigate this risk, as part of its five-year IT investment, NYP plans to invest in data interfaces that will allow these EHRs to "speak" to one another. Second, NYP will extend its care coordination application, Allscripts Care Director (ACD), to multiple Network Members and connect nearly 70 Network Members to the local RHIO and SHIN-NY for tracking patients city-wide. NYP will invest early in developing data interfaces between Amalga and the platforms used by Network Members. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Increased Demand. A major risk to this project lies in the fact that primary care capacity is constrained, both in terms of provider availability and space. Not only will it be difficult to accommodate increased demand at the Ambulatory ICUs, referrals to other providers in the PPS will also be thwarted. First, the nine Ambulatory ICUs will hire more practitioners, extend weekday hours and add weekend hours. Second, several Network Members have applied for funding from the CRFP to expand physical primary care capacity. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale. This will slow down the development of capacity and may also negatively impact project outcomes.

Workforce. There is a risk in relying on hiring pediatric psychiatric NPs in the Ambulatory ICU, due to the relative scarcity of such professionals (and psychiatric professionals treating children and adolescents in general). To mitigate this risk, we will begin recruiting for this position early in DY1 but understand that a delay in hiring will delay the pediatric project's overall implementation. One example of NYP's innovative strategy leverages its candidate relationship management (eCRM) tool in which messages are sent directly to prospects with information on the Hospital, department and open position. NYP will also host career events dedicated to the type of human capital needed.

Patient Technology Adoption. A risk to the success of the project lies with the Ambulatory ICU target population, who might have difficulty accessing new tools made available via the internet, smartphones and tablets . To mitigate this risk, the Community Health Workers will be trained to provide basic "technical support" to patients.

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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	21,170

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	2,117	5,293	7,410	10,585
	Quarterly Update	2,310	4,399	0	0
	Percent(%) of Commitment	109.12%	83.11%	0.00%	0.00%
IA Approved	Quarterly Update	0	4,399	0	0
	Percent(%) of Commitment	0.00%	83.11%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (4,399) does not meet your committed amount (5,293) for 'DY2,Q2'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_DY2Q2_PROJ2bi_MDL2bi2_PES_OTH_NYP_PPS_2bi_PatientEngagement_DY2Q2_6702.xlsx	Roster for patients engaged in 2.b.i for DY2Q2.	10/25/2016 07:15 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	

NYS Confidentiality – **High**

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☑ **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.	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 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	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established a standard clinical protocol for Ambulatory ICU services.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Review ACN and PPS to understand clinical needs of population.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify high-priority clinical services to be available to target population.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify PPS-internal providers to meet patient needs.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop business plans to expand provider access, if appropriate.		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement business plans to expand provider access		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Each identified Ambulatory ICU has established partnerships with the local Health Home based on the Nuka Model.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Inventory local health home resources		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task		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	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Convene meeting with local health home providers to discuss workflow										
Task Finalize health home referral workflow for Ambulatory ICU sites		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop business specifications to embed health home referral mechanism in Ambulatory ICU work flow		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop technical specifications to embed health home referral mechanism in Ambulatory ICU work flow		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Implement health home referral mechanism across Ambulatory ICU sites		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.	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 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 Develop workflows for Ambulatory ICU staff to track patient activity		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop criteria to identify Ambulatory ICU eligible patients.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Inventory Ambulatory ICU encounter codes to specific programmatic activity		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop business specifications to track Ambulatory ICU engaged patients		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop technical specifications to track Ambulatory ICU engaged patients		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Implement technical solution to track patient activity		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop training for Ambulatory ICU staff to track patient activity		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement new workflows		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS has co-located health home care managers and social support services.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify staffing needs for each Ambulatory ICU site.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Post job descriptions to appropriate career websites		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Recruit appropriate staffing to support Ambulatory ICU sites		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop workflows to support embeded care managers		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop comprehensive, standard care management training to be employed across sites		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Execute training for all Ambulatory ICU care managers		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement workflow for all co-located care managers		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	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.	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	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
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 Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT		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
counterparts.										
Task PMO distributes IT assessment to Network Members.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task IT/Data Governance Committee presents assessment to Exec Committee.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	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.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 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 PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget		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
and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Secure patient portal supporting patient communication and engagement.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Review/assess available tools in ACN (assessment tools, plan of care, med recon sheet) to identify content and functionality gap		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create plan to improve/enhance chronic care self-management tools and communication functionality on portal		Project		On Hold	04/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Release improved/enhanced chronic care self-management tools and portal business specifications										
Task Collaborate with NYP ACN Nursing and community-based resources to identify self-management education programs that meet needs of ACCN population		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Finalize materials to be posted to Ambulatory ICU patient portal		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Finalize business specifications for portal-based communication		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Develop Technical Specifications for Portal upgrades		Project		In Progress	07/01/2017	12/31/2017	07/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Post materials to patient portal.		Project		In Progress	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Implement necessary changes to patient portal		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Train Ambulatory ICU staff on accessing materials on patient portal.		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	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 Develop work flows/algorithm based on risk strata, using existing care models and evidence-based, including Care Managers/Health Homes, nurses, provider/patient care team		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Augment work flows/algorithm to include CHW role		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Augment work flows/algorithm to include behavioral health resources		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Sign off on work flow / algorithms		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize staff hires and roles based on algorithm/work flows		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Redefine site-level roles of present staff to align with Ambulatory ICU care model, specifically Health Priority Specialist, Medical		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Assistants										
Task Identify key providers within each CBO-type and identify expectations / workflows		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Schedule meetings with key collaborators to agree on expectations / workflows		Project		On Hold	04/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop quality agreements with collaborators		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Execute quality agreements with collaborators		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Refine workflows with collaborators		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task EHR System with Real Time Notification System is in use.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop inventory of providers to be notified of important developments in patient care and utilization		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop workflows for notification at Ambulatory ICU		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Refine workflows with Ambulatory ICU collaborators		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Identify appropriate IT solutions to support notification system		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Review IT solutions with collaborators and providers		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Draft scope of work for use of IT solutions		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Review scope of work with collaborators		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Execute scope of work with collaborators		Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Implement IT solutions to support real time notification		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	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		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task New NYP EHR documentation templates drafted for co-located primary care and specialty services, care managers, and on-site health home providers.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task New PPS collaborator documentation templates drafted for health home providers, community-based mental health supports, housing providers, and other social services.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Rapid cycle evaluation process developed by Ambulatory ICU project leads and collaborators		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task NYP and collaborator documentation templates aligned with rapid cycle evaluation and NYS reporting needs		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Templates reviewed with IS team		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Technical specifications drafted		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical specifications finalized		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Tracking platform, and relevant templates, implemented.		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

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

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.	

NYS Confidentiality – High

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 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	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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 Midpoint assessment narrative	Completed	Midpoint assessment narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Midpoint assessment narrative	

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The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

The New York and Presbyterian Hospital (PPS ID:39)

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

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

Instructions :

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

Provider Commitment Risks. We are awaiting clarification from the IA regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the roster will fluctuate throughout the DSRIP period, and the lack of understanding of the relationship between provider engagement and achievement values. We have made certain reasonable assumptions regarding the applicability of the requirements and have reflected those in our implementation planning.

Increased Demand. One of the Navigators' primary roles will be to connect non-emergent patients presenting to the EDs with PCPs if they don't have one and with timely follow-up appointments. We anticipate the risk of an increase in demand for these stressed services. First, we intend to expand primary, behavioral care and selected specialty care capacity through increased staffing levels, expanded practice hours and/or physical capacity expansion at four major PPS centers for outpatient care. Second, we will build additional IT capacity and capability in our Network Members, allowing them to manage their volume more effectively, reduce duplication in services and care for patients in the non-acute setting. If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.

Diversity. A risk to the success of the ED program, which is being implemented in five EDs across Manhattan, lies with the cultural diversity of the PPS population. Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework. The ED Care Triage project will hire culturally competent PNs whose cultural and linguistic backgrounds are tailored to the patients they will be serving. Ultimately, we intend to integrate PNs in the PCMH, including participation in interdisciplinary rounds. Finally, we intend to co-invest with the State through the CRFP and with ASCNYC as the lead in a Peer Training Institute which will be a PPS center for CHW, Patient Navigator, Health Educator and Interpreter training serving all NYP PPS projects and Network Members.

Meeting PCMH Standards. This is a labor-intensive process. We will set up a dedicated PCMH Certification Team that will be responsible for all relevant providers meeting this project requirement according to the timetable set out in our speed of implementation forecasts. This team will be led by NYP's VP for Community Health, Dr. Emilio Carillo, who has significant experience transforming the 13 NYP Ambulatory Care Network practices to NCQA PCMH designation as well as supporting numerous community providers in their PCMH journey. One risk that is out of our hands is the amount of time the application will take to turn around once it is submitted. While we are hopeful that the State will fast-track these applications, we are counting the date of submission of the certification to NCQA as our commitment date, rather than the receipt of the certification.

Open Access Scheduling. The project will face the risk of ensuring open access scheduling across PPS clinics so that Patient Navigators can seamlessly provide appointments for patients. To mitigate this risk, the PPS has a plan in place with NYP's IT department, as part of its operational and capital plan, to implement infrastructure to ensure open access scheduling capability by the end of DY3. This plan will primarily entail working with Network Members to ensure they have the proper interfaces in place to receive external appointments. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

DSRIP Implementation Plan Project

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	15,048

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	2,800	5,600	8,400	11,200
	Quarterly Update	4,112	6,010	0	0
	Percent(%) of Commitment	146.86%	107.32%	0.00%	0.00%
IA Approved	Quarterly Update	0	6,011	0	0
	Percent(%) of Commitment	0.00%	107.34%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_DY2Q2_PROJ2biii_MDL2biii2_PES_OTH_NYP_PPS_2biii_PatientEngagement_DY2Q2_6703.xlsx	Roster of patients engaged DY2Q2 for 2.b.iii.	10/25/2016 07:23 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Stand up program based on project requirements		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Receive signoff on workflow from ED leadership, Navigator Leadership, Nursing and Care Management Departments		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Train residents, faculty, ED nursing, and care management staff on workflow		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize patient navigation eligibility criteria		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task develop business specifications for eligibility criteria and navigator documentation		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Recruit Patient Navigators and Management Staff		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Train Patient Navigators		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Implement IS solutuons to support navigator program		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Provider	Safety Net Practitioner -	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.			Primary Care Provider (PCP)							
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 Encounter Notification Service (ENS) is installed in all PCP offices and EDs		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 Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Workflows to be support Patient Navigators to connect with community-based providers		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Inventory of community providers provided to Patient Navigators		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Patient Navigators trained on connecting with community-based		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
providers										
Task Patient Navigators begin to connect with community-based providers		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	DY2 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 defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Draft workflow for Patient Navigator		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Receive signoff on workflow from ED Leadership, PN Leadership, Nursing, and Care Management Department		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Existing Patient Navigators (NYP/CU) need to be in-serviced on new PN role and workflow		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Residents, faculty, ED nursing, and care managemnt staff need to be in-serviced on PN role and workflow		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Draft the eligibility criteria for referral to Patient Navigators		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize eligibility criteria		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop business specifications for eligibility criteria		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review business specifications with IT team		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Inventory existing training resources		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Update training and resources and shadowing process		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Schedule training and shadowing		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Patient Navigators complete training		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	DY2 Q4	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).		Provider	Safety Net Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	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 New NYP EHR documentation templates drafted for patient navigators and referring mid-level ED clinicians who identify non-emergent patients who do not have a primary care provider to have post-discharge appointments scheduled.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task New post-discharge referral documents drafted for patients to be informed of post-discharge appointments and referrals to community support resources.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task ED Care Triage Patient Navigator and Mid-Level clinician		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
templates reviewed with IS team										
Task Technical specifications to implement updated patient navigator and mid-level referrals, documentation, and post-discharge notes drafted in concert with NYP PPS IS team		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task NYP IS finalizes technical specifications for patient navigator and mid-level referrals, documentation, and post-discharge patient materials		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical platforms implemented to track all patients receiving ED Care Triage intervention		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	
For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Midpoint assessment narrative	Completed	Midpoint assessment narrative	04/01/2016	05/31/2016	04/01/2016	05/31/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Midpoint assessment narrative	

New York State Department Of Health

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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The New York and Presbyterian Hospital (PPS ID:39)

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.

Provider Commitment . We are awaiting clarification regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the roster will fluctuate throughout DSRIP, and the lack of understanding of the relationship between provider engagement and achievement values. We have made certain reasonable assumptions regarding the applicability of the requirements and have reflected those in our implementation planning. Second, our provider commitments reflect provider types as will be experienced by the actively engaged population.

Increased Demand. As a result of our transitions of care protocol, we anticipate the risk of an increase in demand for stressed outpatient services. First, we intend to expand primary, behavioral care and selected specialty care capacity through increased staffing levels, expanded practice hours and/or physical capacity expansion at four major PPS centers for outpatient care. The capacity expansion is dependent on funding applied for under the CRFP. If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.

Second, we will build IT capacity and capability in our Network Members, allowing them to manage their volume more effectively, reduce duplication in services and care for patients in the non-acute setting. The hard asset investments are dependent on funding applied for under the CRFP and will enable NYP as PPS lead to deliver necessary infrastructure and support Network Members.

Connectivity. There are a number of overlapping, nearby PPSs working on Project 2.b.iv. A risk to implementation includes coordinating and sharing patient visit information in a timely way across this large network. To mitigate this risk, the NYP PPS plans to invest $13.3 million of its DSRIP funds and $6.5 million in capital funding through the CRFP Grant plus a 100% NYP match (pending approval) to develop that connectivity across the PPS. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Diversity. A risk to the success of the Care Transitions program, which is being implemented in five hospitals across Manhattan, lies with the cultural diversity of the PPS population. Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. The gaps in access and navigation identified by the NYP PPS Community Needs Assessment are often the result of healthcare access barriers grounded in cultural and social determinants of health. These barriers affect patients' use of the system and ultimately their health outcomes. To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework. The PPS will train the new RN Care Transition Managers as well as existing staff and physicians involved in this project to provide care that respects patients' "Culture of One." This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping. Finally, culturally competent Community Health Workers (CHWs) will serve as an important link between the hospital and outpatient care in the critical "transition phase." Through the CRFP, we intend to co-invest with with ASCNYC as the lead in a Peer Training Institute which will be a center for CHW, Navigator, Health Educator training.

MCO Discussions. We have professional and collegial relationships with our MMCOs and will be meeting with them to discuss coverage for services proposed by other projects. During those meetings, we will also work with MMCOs to modify transitions of care protocols to meet our new standards.

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The New York and Presbyterian Hospital (PPS ID:39)

☑ **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	1,777

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	221	445	665	888
	Quarterly Update	221	414	0	0
	Percent(%) of Commitment	100.00%	93.03%	0.00%	0.00%
IA Approved	Quarterly Update	0	414	0	0
	Percent(%) of Commitment	0.00%	93.03%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (414) does not meet your committed amount (445) for 'DY2,Q2'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_DY2Q2_PROJ2biv_MDL2biv2_PES_OTH_NYP_PPS_2biv_PatientEngagement_DY2Q2_6704.xlsx	Roster of engaged beneficiaries for 2.b.iv for DY2Q2.	10/25/2016 07:28 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

NYS Confidentiality – High

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

✉ **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	07/01/2015	03/31/2017	07/01/2015	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	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Complete inventory of workflows for development, including identification of high-risk Medicaid admissions, deliberate referrals from inpatient clinicians, referrals to post-discharge HCBS, health homes, and post-acute providers, transmission of discharge summary, behavioral health resources, and coordination with MMCOs		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Draft inpatient (including assignment of patients to care managers and care transitions record), NYP Ambulatory Care Network, and Weill Cornell and Columbia University Faculty Practice Organization and collaborator (post-acute, behavioral health, HCBS, and primary and specialty care) workflows taking other programs (e.g., ACO and health homes) into consideration, in collaboration with IS. Protocols will also include outpatient care managers visiting patients while admitted.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Harmonize workflows across DSRIP projects, MCOs, and other initiatives (ACOs, Health Home, etc.) to support sustainability and scalability		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize inpatient (including assignment of patients to care managers and care transitions record), NYP Ambulatory Care Network, and Weill Cornell and Columbia University Faculty Practice Organization and collaborator (post-acute, behavioral health, HCBS, and primary and specialty care) workflows taking other programs (e.g., ACO and health homes) into consideration,		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
in collaboration with IS										
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.	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 A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure required social services participate in the project.	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 Required network social services, including medically tailored		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	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 Review and revise workflows in collaboration with community physicians/PCMH as appropriate in collaboration with IS		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Review and revise workflows in collaboration with CBOs as appropriate in collaboration with IS		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Review and revise workflows in collaboration with post-acute PPS providers as appropriate in collaboration with IS		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify and prioritize all partners (CBO, community docs, post-acute, etc.)		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Prioritize IT/connectivity requirements for PPS providers/CBOs		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Based on drafted workflows and standards of care, identify needed service agreements and PPS providers/CBOs		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop service agreements in collaboration with PPS providers/CBOs		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Finalize/execute service agreements with PPS providers/CBOs		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 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	10/01/2015	03/31/2017	10/01/2015	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	10/01/2015	03/31/2017	10/01/2015	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	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Hospital	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	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	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Review and revise workflows in collaboration with post-acute PPS providers as appropriate in collaboration with IS		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop training curriculum for care coordination		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Investigate vendor options for training		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Draft communication and training curriculum for TOC (and DSRIP in general) for NYP to include care managers, physicians, nursing, pharmacy, other as appropriate		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Draft training curriculum for TOC for CHWs		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Draft training curriculum for TOC for post-acute providers		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Conduct training for care coordination and TOC		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Review and revise care coordination competencies		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
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	04/01/2016	03/31/2017	04/01/2016	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	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Collaborate with post-discharge providers, including primary and specialty care, behavioral health providers, HCBS, post-acute providers, to design care transitions record, including business and technical IS specifications		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Review care transitions record with selected providers, including post-discharge providers, primary and specialty care, behavioral health providers, HCBS, health homes, post-acute providers, who will be in receipt of post-discharge care transitions record and get feedback		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Revise care transitions record to reflect provider input as		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
appropriate. Align with national best practices (e.g. CMMI, AHRQ, etc.)										
Task Finalize care transitions record to be created by care managers, including business and technical IS specifications		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop process and tools to identify next provider of care AND ongoing provider of care, including business and technical IS specifications		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Operationalize process and tools to identify next provider of care AND ongoing provider of care		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Initiate staff training on process and tools to identify next provider of care AND ongoing provider of care		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	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	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Finalize inpatient (including assignment of patients to CMs and care transitions record), ACN, FPO and collaborator workflows taking other programs (e.g., ACO) into consideration in collaboration with IS		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Draft policies and procedures related to 30-day transitions period		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Review policies and procedures with key network collaborators		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Finalize policies and procedures		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	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 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 New NYP EHR and care management documentation templates drafted for inpatient Transitions of Care care managers and their collaborating social workers and care coordinators. These		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
templates will include information to be included in the transitions of care summary document.										
Task Review NYP EHR and care management documentation and transitions of care record with key collaborators (post-acute, primary and specialty care, HCBS, behavioral health, health homes, and MCOs).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Transitions of Care project team reviews new inpatient and transitions of care record specifications with NYP PPS IS team		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical specifications finalized		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical platforms implemented to track all patients receiving transitions of care intervention		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

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

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	

NYS Confidentiality – **High**

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	

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 Midpoint assessment narrative	Completed	Midpoint assessment narrative	04/01/2016	05/31/2016	04/01/2016	05/31/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Midpoint assessment narrative	

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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.

Provider Commitment Risks. First, we are awaiting clarification from the IA regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the roster will fluctuate throughout DSRIP, and the lack of understanding of the relationship between provider engagement and achievement values. We have made certain reasonable assumptions regarding the applicability of the requirements and have reflected those in our implementation planning. Second, our provider commitments reflect provider types as will be experienced by the actively engaged population.

Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 3.a.i, this waiver will support, for example, the provision of primary care services by PPS Article 28 and 31 providers at New York State Psychiatric Institute behavioral site of service, a member of our PPS.

Connectivity. Similar to other projects, there is a risk that we won't be able to appropriately communicate across the care continuum to provide care to these fragile patients. Specific challenges include: 1) enabling meaningful use/review of inter-specialty notes, 2) developing registries across Collaborators, and 3) developing protocols for new disciplines. To mitigate this risk, the PPS will work with the existing behavioral health team and newly hired/trained primary care staff to design and develop EHR workflows; develop a common care plan within EHRs and across ACD; leverage the RHIO and SHIN-NY to develop registries that can pool patients from the integrated sites; and build upon existing primary care flowsheets for the clinics. Over five years, the NYP PPS plans to invest in developing connectivity across the PPS.The PPS will provide additional technical assistance through its staff and vendors to organizations that need more assistance with technology implementation. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Definition of Co-location. On March 10, 2015, the DST provided the following guidance on the definition of co-location: "The DOH has explicitly not set a distance requirement to determine which facilities are collocated and which are not. The driver behind this project is the notion of warm handoffs and the ability to transfer patients seamlessly and offer integrated and shared care plans between behavioral health and primary care providers. There may be various models to achieve this, but the closer the physical proximity (and the closest possible is within the same department/physical space) the higher the opportunities for sharing information adequately, quickly and efficiently." As such, we believe that the PCP and Non-PCPs that practice on our NYP/CU, New York State Psychiatric Institute (NYSPI) and Columbia Doctors facilities—all sharing one campus and a connected EHR system, with easy transitions between providers of all types—will satisfy the co-location requirement. If the IA determines that co-location means something more significant, we will seek DOH's guidance as to how to adjust our network's composition.

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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	1,581

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	0	316	490	949
	Quarterly Update	0	291	0	0
	Percent(%) of Commitment		92.09%	0.00%	0.00%
IA Approved	Quarterly Update	0	291	0	0
	Percent(%) of Commitment		92.09%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (291) does not meet your committed amount (316) for 'DY2,Q2'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_DY2Q2_PROJ3ai_MDL3ai2_PES_OTH_NYP_PPS_3ai_PatientEngagement_DY2Q2_6705.xlsx	Roster of beneficiaries engaged for 3.a.i in DY2Q2.	10/25/2016 07:37 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

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The New York and Presbyterian Hospital (PPS ID:39)

✉ **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	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Behavioral health services are co-located within PCMH/APC 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 #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY3 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures are in place to facilitate and			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 screenings.											
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 screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY3 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing			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
relevant practices to Level 3 PCMH and MU 2014 standards											
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards			Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		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	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 Identify key participants for BH Integration project oversight			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Schedule on-going meetings for BH integration project committee			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop BH integration workflows, including protocols for integrated primary care practice related to core physical health comorbidities like diabetes, hypertension, heart disease, COPD and other smoking related diseases.			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review workflows with relevant BH practices, primary care stakeholders			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review workflows with key network collaborators. Confirm that workflows include protocols to respond to positive preventive care screenings (referrals or embedded primary care treatment)			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training around workflows			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop business specifications for IS to support workflows			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop technical specifications to support workflows			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Implement workflows and IS solutions			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY3 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Screenings are documented in Electronic Health Record.			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	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
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).											
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)	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Mental Health	On Hold			04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop BH integration workflows, including preventive care screenings			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review workflows and preventive care screenings with relevant BH practices, primary care stakeholders			Project		Completed	10/01/2015	02/29/2016	10/01/2015	02/29/2016	03/31/2016	DY1 Q4
Task Review workflows with key network collaborators			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training around workflows			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop business specifications for IS to support workflows			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop technical specifications to support workflows			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Implement workflows and IS solutions			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	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	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient			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	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
records.											
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 New NYP EHR and care coordination documentation templates drafted for participating behavioral health sites. Templates to support collaboratively-developed medication management, care engagement, and other evidence-based protocols.			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task New PPS collaborator documentation templates drafted for community-based collaborators (substance use, housing, HCBS, etc.). Templates will support warn handoff tracking to/from behavioral health integration sites.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Project Leads and key collaborators review documentation proposal - align with PPS quality review process, including BH and other medical quality metrics.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Project Leads draft EHR and care management template technical specifications with NYP PPS IS team			Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task NYP PPS IS team finalizes documentation templates, including plan for integration of medical and behavioral health information.			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task NYP PPS IS team implements templates to ensure coordination of care planning and tracking of patients in intervention.			Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY3 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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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
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		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT	DY3 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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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
Model.											
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

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

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including physical and behavioral health screenings.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

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

Milestone #	Review Status	IA Formal Comments
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 Midpoint assessment narrative	Completed	Midpoint assessment narrative	04/01/2016	05/31/2016	04/01/2016	05/31/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Midpoint assessment narrative	

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Run Date : 12/30/2016

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

Instructions :

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

✉ IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

Provider Commitment Risks. See comments in other project sections.

Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 3.a.ii, this waiver will support, for example, the provision of crisis stabilization services by Article 28, Article 31 and 32 PPS providers to street homeless. We are in dialogue with DOH and DOHMH the necessity of a waiver to provide Critical Time Intervention (CTI) services. The discussion includes licensure requirements, the interface with Mobile Crisis, the use of CBO-based staff, and the value of a pilot in consultation with DOH.

Connectivity. There is a risk that we won't be able to communicate across care continuum to provide care to these patients. To mitigate this risk, the PPS will establish alerts to notify providers when a patient is determined eligible. Once patients consent, the PPS will use Healthix technology to facilitate real-time notification of patient utilization. The NYP PPS plans to invest $13.3 million of its DSRIP funds and $6.5 million in capital funding through the CRFP Grant plus a 100% NYP match (pending approval) to develop that connectivity across the PPS. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Capacity. We expect the triage aspect of this project to generate increased demand for primary and behavioral health services. This is a risk because these services are already stressed. First, we intend to expand primary, behavioral care and selected specialty care capacity through increased staffing levels, expanded practice hours and/or physical capacity expansion at four major PPS centers for outpatient care. The PPS is developing a brand new psych triage unit, and Network Member ACMH has applied for funding to develop an 8-bed crisis respite unit. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.

Second, we will build additional IT capacity and capability in our Network Members, allowing them to manage their volume more effectively, reduce duplication in services and care for patients in the non-acute setting. The hard asset investments are dependent on funding applied for under the CRFP.

Diversity. A risk to successful implementation lies with the socio-economic and ethnic make-up of Upper Manhattan residents, where this project is focused..

To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. The NYP PPS will train frontline staff and physicians involved in this project to provide care that respects patients' "Culture of One."

MCO Agreements. Currently, many Medicaid MCO contracts do not allow us to provide coverage for the services proposed by this project, including billing for off-site, home visits. NYP is in active negotiations with Medicaid MCOs to modify contracts (pending waivers as appropriate) so that we will be able to provide coverage.

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☑ **IPQR Module 3.a.ii.2 - Patient Engagement Speed**

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	1,300

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	100	400	500	800
	Quarterly Update	80	323	0	0
	Percent(%) of Commitment	80.00%	80.75%	0.00%	0.00%
IA Approved	Quarterly Update	0	323	0	0
	Percent(%) of Commitment	0.00%	80.75%	0.00%	0.00%

⚠ Warning: PPS Reported - Please note that your patients engaged to date (323) does not meet your committed amount (400) for 'DY2,Q2'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_DY2Q2_PROJ3aii_MDL3aii2_PES_OTH_NYP_PPS_3aii_PatientEngagement_DY2Q2_7496.xlsx	Roster of beneficiaries engaged DY2Q2 for 3.a.ii.	10/31/2016 06:01 AM

Narrative Text :

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

Note: Not all programs/interventions were able to report first name and last name of engaged beneficiary; however, the CIN is provided for each.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

NYS Confidentiality – **High**

Delivery System Reform Incentive Payment Project

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✉ **IPQR Module 3.a.ii.3 - Prescribed Milestones**

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	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 has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify key participants for BH Crisis project oversight		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Schedule on-going meetings for BH crisis project committee		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop BH crisis workflows, including outreach, CPEP, Mobile Crisis, linkages with Health Homes, emergency room linkages, access to off-campus crisis respite services, and central triage		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review workflows with relevant mobile crisis teams, respite providers, etc.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review workflows with key network collaborators, including Medicaid MCOs and Health Homes. Protocols/workflows will also be reviewed with OMH, OASAS and DOHMH.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training around workflows		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop business specifications for IS to support workflows		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop technical specifications to support workflows		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Implement workflows and IS solutions with NYP and CBO-based collaborators (HCBS)		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	DY2 Q4	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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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Review diversion workflows with key network collaborators, including CPEP rapid triage, coordination with ED patient navigation staff, collaboration with off-site respite beds, and other HCBS (e.g. housing providers). These workflows will also include notification of Health Home providers.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training around diversion workflows		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop business specifications for IS to support diversion workflows		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop technical specifications to support diversion workflows		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement diversion workflows and IS solutions		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	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 engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		In Progress	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	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence										
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	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 Regularly scheduled formal meetings are held to develop consensus on treatment protocols.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify key participants for BH Crisis project oversight		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Schedule on-going meetings for BH crisis project committee		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop BH crisis protocols, including central triage, communication with community-based CHWs and ED-based Patient Navigators , referral to community-based mental health and substance use providers, referral to respite services, referral to Critical Time Intervention-like ('CTI-Like') team.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review protocols with relevant mobile crisis teams, respite providers, etc.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review protocols with key network collaborators		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training around protocols		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop business specifications for IS to support protocols		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop technical specifications to support protocols		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement protocols and IS solutions		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	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
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Review collaborator list to identify psychiatric service providers		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify collaborators which provide specialty psychiatric and crisis-oriented services		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess current access challenges to specialty and crisis-oriented services		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Review challenges with key collaborators		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop plan to expand access to specialty and crisis-oriented services		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Clinic	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis		Provider	Safety Net Mental Health	In Progress	04/01/2016	03/31/2017	04/01/2016	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
residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.										
Task Review collaborator list to identify psychiatric service providers		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify collaborators which provide observation unit or crisis residence services		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess current access challenges to observation unit and/or crisis residence services		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Review challenges with key collaborators		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop access improvement plan to expand access to observation unit and/or crisis residence services		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Schedule on-going meetings to review access challenges and successes		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Review BH crisis workflows with Mobile Crisis team(s)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Augment BH crisis workflows to include Mobile Crisis		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Finalize BH crisis workflows with Mobile Crisis team		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Update protocols and policies to include decision tree for when to initiate Mobile Crisis vs. BH Crisis interventions		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop business specifications for IS solutions		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop technical specifications for IS solutions		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Implement IS solutions		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	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 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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PMO distributes IT assessment to Network Members.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task IT/Data Governance Committee presents assessment to Exec Committee.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations Committee to identify priority PPS		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
network members to engage in health information exchange platforms.										
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse 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 PPS has implemented central triage service among psychiatrists and behavioral health providers.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify key participants for BH Crisis project oversight		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Schedule on-going meetings for BH crisis project committee		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop central triage protocol, including care management, observation monitoring, and access to psychiatric stabilization, and engagement in longitudinal 'CTI-like' intervention		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review central triage protocols with relevant mobile crisis teams, respite providers, etc.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Review central triage protocols with key network collaborators		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Draft agreements with key network collaborators		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Develop training around central triage protocols		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Execute agreements with key network collaborators		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop business specifications for IS to support central triage protocols		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop technical specifications to support protocols		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement protocols and IS solutions		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	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	04/01/2016	03/31/2017	04/01/2016	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 Behavioral Health Metrics.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify key participants for BH Crisis quality committee		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Schedule on-going meetings for BH crisis project committee		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop template for quality improvement plans; self audiits		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (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 template for implementation reports										
Task Develop template for performance measurement updates		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Begin reviewin quality reports on-going basis		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	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 New NYP documentation templates drafted		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task New PPS collaborator templates drafted		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Templates reviewed with IS team		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Technical specifications drafted		Project		Completed	04/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical specifications finalized		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Documentation implemented		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

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

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	

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☑ **IPQR Module 3.a.ii.4 - PPS Defined Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Midpoint assessment narrative	Completed	Midpoint assessment narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Midpoint assessment narrative	

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

Instructions :

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Run Date : 12/30/2016

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Project 3.e.i – **Comprehensive strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations - development of a Center of Excellence for Management of HIV/AIDS**

✅ **IPQR Module 3.e.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.

Provider Commitment Risk. First, we are awaiting clarification from the IA regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the provider roster will fluctuate throughout DSRIP, and the lack of understanding of the relationship between provider engagement and achievement values. We have made certain reasonable assumptions regarding the applicability of the requirements and have reflected those in our implementation planning. Second, our provider commitments reflect provider types as will be experienced by the actively engaged population.

Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 3.e.i, this waiver will support, for example, the provision of chemical dependency services to PLWHA by a PPS Article 32 provider in a different PPS Article 28 clinic setting.

State-wide Program Funding Shift. The NYP PPS was the only PPS state-wide to select Project 3.e.i. We view this as reflective of the change in HIV/AIDS programs across the State, including the focus on the End of the Epidemic campaign. The risk of such a shift creates is the burden on existing providers, including those in the NYP PPS, to care for PLWH who were once cared for by other programs. As a result, PLWH may fall out of care at a higher rate than before. To mitigate this risk, the three clinics participating in this project are increasing staff, expanding hours to accommodate walk-in patients and modifying hospital protocols to make it easier to transfer PLWH from the EDs to the outpatient setting without admitting them ("Rapid HIV Consult Service"). In addition, the NYP PPS is establishing a city-wide HIV Project Advisory Committee to increase engagement/retention for PLWH. The Project will re-engage patients who have been lost to follow-up, test individuals who do not know their serostatus and provide prevention services for uninfected, high-risk populations. PLWH—whether or not they are in care or know their serostatus—access services such as needle exchanges, food pantries and substance abuse treatment centers. Through the Advisory Committee, leaders from such organizations will convene physically and electronically (via Allscripts Care Director and the RHIO) to track patients and alert one another of patients' whereabouts, with the goal of engaging or re-engaging them in care. However, a major risk mitigation strategy is outside of the PPS control and will be for new sources of funds to be made available to providers to offset the losses in some other programs and to support the goals of both DSRIP and the End of the Epidemic campaign.

Connectivity. A major implementation risk will be IT connectivity across the PPS Network Members involved in the care of PLWH. Many Network Members have different software platforms or limited IT capabilities. To mitigate this risk, the NYP PPS plans to invest heavily to develop connectivity across the PPS. \Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale. This will slow down the IT roll-out and may also negatively impact project outcomes.

DSRIP Implementation Plan Project

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☑ **IPQR Module 3.e.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	5,040

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	867	1,941	2,600	3,882
	Quarterly Update	740	3,897	0	0
	Percent(%) of Commitment	85.35%	200.77%	0.00%	0.00%
IA Approved	Quarterly Update	0	3,897	0	0
	Percent(%) of Commitment	0.00%	200.77%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_DY2Q2_PROJ3ei_MDL3ei2_PES_OTH_NYP_PPS_3ei_PatientEngagement_DY2Q2_6706.xlsx	Roster of beneficiaries engaged for 3.e.i for DY2Q2.	10/25/2016 07:45 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	

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

☑ **IPQR Module 3.e.i.3 - Prescribed Milestones**

Models Selected	
Model 1 ❌	Model 2 ✅

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 Develop a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model; ensure medical and behavioral health consultation expertise are available.	DY3 Q2	Model 1	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 conducted CNA and identified community resource gaps and target patient population.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS demonstrates that it is providing a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS demonstrates that it is making available medical and behavioral health consultation expertise.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Identify primary care providers who have significant case loads of patients infected with HIV.	DY2 Q4	Model 1	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 primary care providers with significant case loads of patients infected with HIV using EHR/medical records.			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
Milestone #3 Implement training for primary care providers which will include consultation resources from the center of	DY2 Q4	Model 1	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
excellence.											
Task PPS has implemented training aimed at increasing disease-specific expertise, with consultation from COE. PPS shows evidence that it considered adopting the Project Echo methodology.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Develop coordination of care services with behavioral health and social services within or linking with the primary care providers' offices.	DY3 Q2	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.			Provider	Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has care coordinators located or linked to each PCP site. The PPS utilized the CNA to determine the patient: care coordinator ratio. Care coordinators associated with Health homes have been engaged.			Provider	Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has care coordinators located or linked to each PCP site. The PPS utilized the CNA to determine the patient: care coordinator ratio. Care coordinators associated with Health homes have been engaged.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Ensure systems are in place that address patient partnerships to care, ensure follow-up and retention in care, and promote adherence to medication management, monitoring and other requirements of evidence-based practice for management of HIV/AIDS.	DY2 Q4	Model 1	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 a system that ensures that patients are reminded for care follow-up, that monitors and promotes adherence to medication management, and offers other components of evidence-based practice for management of this infection.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Institute a system to monitor quality of care with	DY2 Q4	Model 1	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
educational services where gaps are identified.											
Task PPS has created a quality committee that is representative of PPS staff involved in quality improvement processes and other stakeholders.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 HIV/AIDS.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Service and quality outcome measures are reported to all stakeholders.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 1	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 #8 Identify site location for a Center of Excellence (COE) which would provide access to the population infected with HIV (and/or HCV).	DY2 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has conducted a CNA to assist in identifying community resource gaps, a targeted patient population, along with a site location for a Center of Excellence Management for HIV/AIDs (including HCV).			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Review final CNA to understand community needs related to HIV/AIDS and HCV			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify site location(s) for Center of Excellence			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Convene PPS HIV/AIDS project steering committee to			Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
review site proposals											
Task Finalize site location selection for Center of Excellence			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #9 Co-locate at this site services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment.	DY3 Q2	Model 2	Project	N/A	In Progress	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Within the Center of Excellence Management for HIV/AIDs (including HCV), the PPS has developed plans to co-locate services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment. This site also offers prevention services such as PrEP (Pre-Exposure Prophylaxis) for high risk, uninfected persons.			Project		In Progress	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Inventory existing resources a Center of Excellence location(s)			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify gaps in services between existing resources and project requirements			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop plan to augment services to meet project requirements			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop business needs for rosters to include HIV/AIDS and HIV treatment and PrEP activities			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Develop technical specifications for rosters with IS			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Review specifications with HIV project steering committee			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Implement roster solution			Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #10 Co-locate care management services including Health	DY3 Q2	Model 2	Project	N/A	In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Home care managers for those eligible for Health Homes.											
Task The PPS has developed plans to co-locate care management services including Health Home care managers for those eligible for Health Homes at this site.			Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Develop staffing plan for care managers, including on-site and downstream-provider employed			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop job descriptions for on-site care managers			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Post job descriptions and recruit for on-site care managers			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop workflows for CoE referral to health home care managers			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Review workflow with downstream health home providers			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Revise health home referral work flow			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop agreements with downstream health home providers			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Execute agreements with downstream health home providers			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Schedule on-site interdisciplinary care rounds that include both on-site and health home care managers			Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #11 Develop a referral process and connectivity for referrals of people who qualify for but are not yet in a Health Home.	DY2 Q4	Model 2	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task A referral process and connectivity for referrals has been developed for those persons who qualify for but are not yet in a Health Home.			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	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 workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for CoE referral to health home care managers. The different workflows allow HIV CoE and community-based resources to reach patients where they usually seek care (CBOs, needle exchange, primary care, emergency department, etc.). These will include referral downstream and upstream referrals to Health Homes.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Review workflow with downstream health home providers			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Revise health home referral work flow			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop agreements with downstream health home providers			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Execute agreements with downstream health home providers			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Ensure understanding and compliance with evidence-based guidelines for management of HIV/AIDS (and HCV)	DY2 Q4	Model 2	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task For all COE staff, PPS has developed training on evidence-based guidelines derived from NYS AIDS Institute, NIH/HRSA/CDC materials.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Inventory existing HIV CoE training materials			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Inventory existing NYS AIDS Institute, NIH, HRSA, and CDC trainings			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Align training materials; identify any remaining gaps			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop training for identified gaps			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Review existing staff's training experience			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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 Schedule training for new staff and/or existing staff that need refresher			Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Ensure coordination of care between all available services preferably through a single electronic health/medical/care management record.	DY3 Q2	Model 2	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has ensured coordination of care between all available services either through a single electronic health/medical/care management record, or some other self-identified process. The record or process addresses linkage to care, ensures follow-up and retention in care, and promotes adherence to medication management, monitoring and other components of evidence-based practice for management of this infection.			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Mental Health	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
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		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Complete inventory of workflows for development			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Draft HIV CoE and collaborators workflows			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Harmonize workflows across DSRIP projects to support sustainability and scalability			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review and revise workflows in collaboration with			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

The New York and Presbyterian Hospital (PPS ID:39)

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
CBOs as appropriate in collaboration with IS											
Task Prioritize IT/connectivity (RHIO, Allscripts Care Director, etc.) requirements for PPS providers/CBOs			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on drafted workflows and standards of care, identify needed service agreements and PPS providers/CBOs			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop service agreements in collaboration with PPS providers/CBOs			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Finalize/execute service agreements with PPS providers/CBOs			Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement interoperability solutions (Healthix, Allscripts Care Director, etc.) with key collaborators			Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #14 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 ups, by the end of DY 3.	DY3 Q2	Model 2	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Mental Health	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS uses alerts and secure messaging functionality.			Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.			Project		Completed	04/01/2015	03/31/2016	04/01/2015	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

The New York and Presbyterian Hospital (PPS ID:39)

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
PMO distributes IT assessment to Network Members.											
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task IT/Data Governance Committee presents assessment to Exec Committee.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members			Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification			Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #15 Ensure that EHR systems or other IT platforms, used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q2	Model 2	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
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		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

The New York and Presbyterian Hospital (PPS ID:39)

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
certification											
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards			Project		In Progress	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #16 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	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

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The New York and Presbyterian Hospital (PPS ID:39)

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 New NYP EHR and care management documentation template developed to support shared documentation across co-located primary, specialty, social services, and on-site health home providers.			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task New PPS collaborator documentation templates drafted for collaborating social services, substance use and mental health providers, off-site health home providers, and other services used by the targeted population.			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task NYP PPS Project Leads and key collaborators ('Quality Committee') review templates and care coordination protocols to ensure templates adhere to evidence-based protocols for HIV and HCV. Templates review			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators			Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical specifications finalized			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical platforms, and relevant templates, implemented to track all patients participating in HIV CoE.			Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Seek designation as center of excellence from New York State Department of Health.	DY3 Q2	Model 2	Project	N/A	In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS has sought COE designation either by achieving certification (such as Joint Commission Disease-Specific Care Certification) or self-designating based on rigorous standards.			Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Review NYS, Joint Commission, and other certification standards			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify appropriate standards relevant to HIV CoEs			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task			Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2

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

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The New York and Presbyterian Hospital (PPS ID:39)

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
Submit application for designation as CoE											

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model; ensure medical and behavioral health consultation expertise are available.	
Identify primary care providers who have significant case loads of patients infected with HIV.	
Implement training for primary care providers which will include consultation resources from the center of excellence.	
Develop coordination of care services with behavioral health and social services within or linking with the primary care providers' offices.	
Ensure systems are in place that address patient partnerships to care, ensure follow-up and retention in care, and promote adherence to medication management, monitoring and other requirements of evidence-based practice for management of HIV/AIDS.	
Institute a system to monitor quality of care with educational services where gaps are identified.	
Use EHRs or other IT platforms to track all patients engaged in this project.	
Identify site location for a Center of Excellence (COE) which would provide access to the population infected with HIV (and/or HCV).	
Co-locate at this site services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment.	
Co-locate care management services including Health Home care managers for those eligible for Health Homes.	

NYS Confidentiality – **High**

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a referral process and connectivity for referrals of people who qualify for but are not yet in a Health Home.	
Ensure understanding and compliance with evidence-based guidelines for management of HIV/AIDS (and HCV)	
Ensure coordination of care between all available services preferably through a single electronic health/medical/care management record.	
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 ups, 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.	
Seek designation as center of excellence from New York State Department of Health.	

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	

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

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The New York and Presbyterian Hospital (PPS ID:39)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

IPQR Module 3.e.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 Midpoint assessment narrative	Completed	Midpoint assessment narrative	04/01/2016	05/31/2016	04/01/2016	05/31/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Midpoint assessment narrative	

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

Instructions :

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

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Run Date : 12/30/2016

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

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

Instructions :

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

Provider Commitment Risks. See comments in other sections.

Connectivity. There is a risk that we won't be able to appropriately communicate across the continuum to provide care to these patients. Specific challenges include: 1) creating registries to identify potentially eligible patients; 2) creating an effective referral mechanism for physicians to refer to the; and 3) exchanging clinical information with community-based partners. To mitigate this risk, the NYP PPS plans to invest in developing connectivity across the PPS. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Capacity. Space is an issue at NYP's PCMHs, and there is a risk that the newly integrated palliative care team will not have adequate space to provide care. To mitigate this risk, NYP has applied for CRFP funding to redesign the PCMHs, where we will create rooms to accommodate additional volume. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.

Workforce. There is a risk inherent in hiring palliative care specialists due to the limited pool of qualified candidates and increasing demand for such. We have designed to program to be flexible, occupying swing space in several PCMHs across the ACN. Sharing resources will maximize providers' time. Second, we will begin recruiting for this position early but understand that a delay in hiring will delay implementation. NYP will also host career events, such as professional conferences and interview days, dedicated to the type of human capital needed.

Diversity. A risk to the success of the DSRIP program lies with the cultural diversity inherent in our PPS population. Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. For example, minority patients often have poor access to adequate pain care in the U.S., and poorly aligned culture, religion and ethnicity may prevent physicians from offering palliative care to patients who need it. To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the NQF's framework, which we will expand to our Network. The NYP PPS will train frontline staff and physicians involved in this projects to provide care that respects patients' "Culture of One." In recruiting staff , we are putting a significant emphasis on clinicians' expertise/experience with a culturally diverse population.

PCMH Standards. This is a labor-intensive process. We will set up a dedicated PCMH Certification Team that will be responsible for all relevant providers meeting this project requirement according to the timetable set out in our project speed of implementation forecasts. This team will be led by NYP's VP for Community Health who has significant experience transforming the 13 NYP ACN practices to NCQA PCMH designation as well as supporting numerous community providers in their PCMH journey. The NYP Community Health department will work with providers closely to develop an aggressive timeline and roll-out schedule to ensure that they are on target to meet or exceed the DY 3 requirement. One risk that is out of our hands is the amount of time the application will take to turn around once it is submitted.

MCO Agreements. Currently, many MCO contracts do not allow us to provide coverage for the services proposed, including home-based palliative care services (usually separate from hospice services) and reimbursement for intensive post-discharge follow-up care, which can prevent future utilization if patients' goals and values can be clarified. NYP is in active negotiations with Medicaid MCOs to modify contracts so that we will be able to provide coverage for these services.

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	1,726

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	210	420	630	1,260
	Quarterly Update	39	420	0	0
	Percent(%) of Commitment	18.57%	100.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	420	0	0
	Percent(%) of Commitment	0.00%	100.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_DY2Q2_PROJ3gi_MDL3gi2_PES_OTH_NYP_PPS_3gi_PatientEngagement_DY2Q2_7301.xlsx	Roster of beneficiaries engaged in DY2Q1-Q2.	10/28/2016 11:24 AM

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	

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	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 identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those eligible PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Draft framework for palliative care intervention(s)		Project		Completed	04/07/2015	09/30/2015	04/07/2015	09/30/2015	09/30/2015	DY1 Q2
Task Review framework with ACN clinical leadership (AIM, Farrel, etc.)		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Revise framework based on ACN clinical leadership feedback		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize framework		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Complete inventory of workflows for development		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify eligible PCPs and other PCMH-based staff to integrate services into practice model.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Assess eligible PCPs and other PCMH-based staff's PCMH status		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Harmonize PCMH achievement plan with other projects' PCMH certification efforts.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH certification materials		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	DY2 Q4	Project	N/A	In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Based on drafted clinical guidelines, identify needed service agreements and PPS providers/CBOs		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop service agreements in collaboration with PPS providers/CBOs		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Finalize/execute service agreements with PPS providers/CBOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Draft workflows for PCPs, Palliative Care team, Care Coordination, Hospice Providers to identify patients who might have unment palliative care needs, including a case-finding approach and deliberate referrals from PCMH- and non-PCMH-based primary care providers. Workflows will includ referrals to hospice, home-based hospice, and other supportive services.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop clinical guidelines and supporting processes for patients to be screened for palliative care needs/those to be referred for palliative care consults. Clinical guidelines will ensure that end of life planning needs are identified, documented, and addressed prior to seeking aggressive care or hospice.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize workflows in conjunction with finalizing clinical guidelines		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (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 Review and revise workflows in collaboration with CHW CBOs as appropriate		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Review and revise workflows in collaboration with Care Management		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize clinical guidelines and workflows		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop palliative education/training plan outline to include audiences, topics, learning strategy, follow-up		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Draft palliative education/training materials for use in NYP PCMH, including KNPs as appropriate		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Apply training best practices to draft education/training materials		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Finalize palliative education/training materials for use in NYP PCMH, including KNPs as appropriate		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop training/participant schedule and confirm logistics		Project		On Hold	07/01/2016	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Develop on-going educational venues to disseminate palliative care competencies		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Execute training		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	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 established agreements with MCOs that address the coverage of palliative care supports and services.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (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 Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Executive Committee presents recommendations to improve warm handoffs between service providers and Medicaid MCOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	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 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 New NYP EHR and care management documentation templates drafted to support case finding, referrals from PCMH- and non-PCMH-based providers, and referrals to community-based services.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task New PPS collaborator referral templates drafted to ensure warm handoffs to HCBS and palliaitve care services		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task NYP PPS Project Leads reviews documentation and referral templates with NYP PPS IS team		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task NYP PPS IS team finalized documentation and referral technical specifications		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical platforms implemented to track all patients participating		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
in integrated Palliative Care intervention										

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
Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	
Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	
Engage with Medicaid Managed Care to address coverage of services.	
Use EHRs or other IT platforms to track all patients engaged in this project.	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Midpoint assessment review	Completed	Midpoint assessment review	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Midpoint assessment review	

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New York State Department Of Health
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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

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

Instructions :

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

DY2Q2 Update: The Milestone on Developing 5A Documentation would not submit as "in-progress" due to a number of MAPP errors. This was changed to on-hold.

Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 4.b.i, this waiver will support, for example, in-home patient medication education and reconciliation services by PPS Article 28 primary care nurse practitioners and physicians. Failure to receive a waiver would restrict our ability to place tobacco cessation services in the communities served by the NYPH PPS. Without a waiver it would be necessary to establish referral mechanisms to the NYPH tobacco cessation clinic and to services provided within NYPH ambulatory care network facilities.

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Conduct needs assessment discovery process for current tobacco cessation practices	In Progress	Conduct needs assessment discovery process for current tobacco cessation practices	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create analytics process to examine current tobacco cessation practices.	Completed	Create analytics process to examine current tobacco cessation practices.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop survey for providers to assess perceptions of the environment and tobacco in general.	Completed	Develop survey for providers to assess perceptions of the environment and tobacco in general.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop micro and macro approach, including structured interviews of key stakeholders (e.g. clinic directors), and other analysis of workflows (possibly with staff members).	Completed	Develop micro and macro approach, including structured interviews of key stakeholders (e.g. clinic directors), and other analysis of workflows (possibly with staff members).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop set of metrics to define best practices and success factors.	Completed	Develop set of metrics to define best practices and success factors.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Implement and complete Needs Assessment	Completed	Implement and complete Needs Assessment	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone Instruct NYP ACN PCPs on tobacco cessation practices	In Progress	Instruct NYP ACN PCPs on tobacco cessation practices	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Convene ACN leadership including administrators, medical directors, etc. to set up training program to inform leadership in tobacco cessation resources.	Completed	Convene ACN leadership including administrators, medical directors, etc. to set up training program to inform leadership in tobacco cessation resources.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with IS and Roswell Park to investigate integration of cessation resources into EHRs	Completed	Work with IS and Roswell Park to investigate integration of cessation resources into EHRs	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Continue meeting with key players on CU and WC, including NYSPI substance abuse to assess	Completed	Continue meeting with key players on CU and WC, including NYSPI substance abuse to assess approaches to substance abuse counseling and resources in order to set up cessation clinics	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1

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The New York and Presbyterian Hospital (PPS ID:39)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
approaches to substance abuse counseling and resources in order to set up cessation clinics								
Milestone Educate users on appropriate referral processes; appropriate medication approaches (including billing); selection of billing diagnoses; data that need to be collected to support process and outcome measurement	In Progress	Educate users on appropriate referral processes; appropriate medication approaches (including billing); selection of billing diagnoses; data that need to be collected to support process and outcome measurement	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Meet with Behavioral Health and Psych Institute to review best practices and create recommendations for how to move forward with referral process and education program	Completed	Meet with Behavioral Health and Psych Institute to review best practices and create recommendations for how to move forward with referral process and education program	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop education program	Completed	Develop education program	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assemble Medication Support Team and Health Education Team to decide how this educational program will work, and how medication support will be integrated into the EHR	Completed	Assemble Medication Support Team and Health Education Team to decide how this educational program will work, and how medication support will be integrated into the EHR	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify and engage ACN billing experts and key stakeholders to foster buy-in	Completed	Identify and engage ACN billing experts and key stakeholders to foster buy-in	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Implement Educational Program	In Progress	Implement Educational Program	09/30/2016	12/31/2016	09/30/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Instruct and support CBOs on Tobacco Cessation	In Progress	Instruct and support CBOs on Tobacco Cessation	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Create educational scope document, laying out what will and will not be included in education materials.	In Progress	Create educational scope document, laying out what will and will not be included in education materials.	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Assess and assemble existing materials and tools, will document gaps and needs	In Progress	Assess and assemble existing materials and tools, will document gaps and needs	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Create new materials and tools based on needs and gap assessments	In Progress	Create new materials and tools based on needs and gap assessments	12/31/2015	12/31/2016	12/31/2015	12/31/2016	12/31/2016	DY2 Q3
Task Implement CBO Education Program	In Progress	Implement CBO Education Program	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone	In Progress	Develop patient education content for distribution in an array of channels to	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3

The New York and Presbyterian Hospital (PPS ID:39)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop patient education content for distribution in an array of channels to support tobacco cessation.		support tobacco cessation.						
Task Determine existing patient materials in tobacco cessation	In Progress	Determine existing patient materials in tobacco cessation	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Based on discovery, determine whether to use existing resources or to develop new materials, or both, and determine media (e.g. internet, hardcopy, etc.)	In Progress	Based on discovery, determine whether to use existing resources or to develop new materials, or both, and determine media (e.g. internet, hardcopy, etc.)	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Create materials for website (NYP Smoking Cessation Site)	In Progress	Create materials for website (NYP Smoking Cessation Site)	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement new materials	In Progress	Implement new materials	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Design and launch Tobacco Cessation Clinic(s)	In Progress	Design and launch Tobacco Cessation Clinic(s)	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Determine scope of clinic services	Completed	Determine scope of clinic services	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Determine location(s)	Completed	Determine location(s)	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Determine staff and onboarding plan	In Progress	Determine staff and onboarding plan	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Complete onboarding process and train all staff as certified tobacco treatment specialists	In Progress	Complete onboarding process and train all staff as certified tobacco treatment specialists	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Launch Tobacco Cessation Clinic	Completed	Launch Tobacco Cessation Clinic	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone Develop documentation for 5As assessment	On Hold	Develop documentation for 5As assessment	10/01/2015	09/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Review current EHR support for 5 A's (ask, assess, advice, assist, and arrange) with PCMH practice leaders	Completed	Review current EHR support for 5 A's (ask, assess, advice, assist, and arrange) with PCMH practice leaders	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review current Meaningful Use - Stage II progress towards embedding tobacco cessation into EHR and physician practice	Completed	Review current Meaningful Use - Stage II progress towards embedding tobacco cessation into EHR and physician practice	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task	In Progress	Collaborative identify best approach to prompt clinicians to complete 5 A's,	04/01/2015	03/31/2020	07/02/2016	03/31/2020	03/31/2020	DY5 Q4

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The New York and Presbyterian Hospital (PPS ID:39)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Collaborative identify best approach to prompt clinicians to complete 5 A's, ensuring that approach that meets Meaningful Use requirements.		ensuring that approach that meets Meaningful Use requirements.						
Task NYP PPS Project Leads develop best practices for embedding 5 A's into EHRs and practice workflow	In Progress	NYP PPS Project Leads develop best practices for embedding 5 A's into EHRs and practice workflow	04/01/2015	03/31/2020	07/02/2016	03/31/2020	03/31/2020	DY5 Q4
Task NYP PPS Project Leads develop business specifications for 5 A's integration in NYP EHRs	Completed	NYP PPS Project Leads develop business specifications for 5 A's integration in NYP EHRs	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task NYP PPS IT develops technical specifications for integration of 5 A's and clinician-prompting into EHR	Completed	NYP PPS IT develops technical specifications for integration of 5 A's and clinician-prompting into EHR	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5 As impelemented into EHR and provider workflow	In Progress	5 As impelemented into EHR and provider workflow	07/01/2016	09/30/2016	07/02/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Midpoint assessment narrative.	Completed	Midpoint assessment narrative.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Conduct needs assessment discovery process for current tobacco cessation practices	
Instruct NYP ACN PCPs on tobacco cessation practices	
Educate users on appropriate referral processes; appropriate medication approaches (including billing); selection of billing diagnoses; data that need to be collected to support process and outcome measurement	
Instruct and support CBOs on Tobacco Cessation	

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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Develop patient education content for distribution in an array of channels to support tobacco cessation.	
Design and launch Tobacco Cessation Clinic(s)	
Develop documentation for 5As assessment	I am not able to save this milestone as "in-progress" because the sub-tasks are outside of the start/stop date of milestone. The MAPP tool continuously throws an error when submitting as "in-progress." When I switched from "Completed" to "In-Progress," the MAPP tool asked for new dates within the current quarter, but this affects the sub-tasks which dates I cannot change. This task should be marked as "In-Progress."
Midpoint assessment narrative.	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

The New York and Presbyterian Hospital (PPS ID:39)

Project 4.c.i – **Decrease HIV morbidity**

✉ **IPQR Module 4.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.

Regulatory Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations to support the following use cases: (1) As part of the NYS DSRIP project 3.e.i, the NYP PPS plans to embed Article 31 and Article 32 providers (e.g. Argus Community-employed CASAC) within an NYP Article 28 clinic setting to better engage/link people living with HIV and AIDS with comprehensive harm reduction programs (e.g. OASAS). (2) As part of the NYS DSRIP project 4.c.i, the project also plans to embed physicians, nurse practitioners, and physicians assistants (currently operating under NYP's Article 28 license) to provide PrEP, STI, HCV and HIV treatment in addition to medical care for substance use (e.g. buprenorphine) in community-based organizations to people living with, or at risk for, HIV who are currently receiving community-based services (Article 31, 32 or non-licensed community facilities). We understand that issues of reimbursement are being explored as part of the waiver process and that the Department is supporting a State Plan Amendment with the State Medicaid Plan as well as amendments to the associated regulations.
Meeting DSRIP Requirements and Sustainability. The combined efforts of the NYS Health Home Program, DSRIP and End of the Epidemic (EtE) initiatives are all aimed at increasing linkage and engagement into primary care. The risk such a shift creates is the burden on existing providers, including those in the NYP PPS, to care for people at risk for, or living with, HIV or HCV who were previously undiagnosed and/or not engaged in routine care. As part of Project 4.c.i. Reducing HIV Morbidity, the NYP PPS is establishing an HIV Project Steering Committee with associated sub-contracts with a number of key community based organizations to support a team of peers and community health workers to increase engagement/retention for people at risk for, or living with, HIV or HCV. If successful, this will substantially increase demand for clinical services through the Center of Excellence (CoE). To improve access, DSRIP has funded a modest increase in staff (1 FTE NP, 1 FTE Psychiatric NP, 1.2 FTE Physician, 1 FTE Practice Care Facilitator, 1 FTE Care Manger and 0.5 FTE Analyst). However, with a projected scale and speed, this increase in CoE staff, even with improved efficiencies, is far from adequate to accommodate the projected increased demand if NYS Health Home, DSRIP and EtE initiatives are successful. Potential major risk mitigation strategies, outside of the PPS control, will be to 1) enhance existing NYS Health Home programs and revenue and 2) secure additional programmatic support through proposed Value Based Purchasing (VBP) initiatives.
IT Connectivity. A major implementation risk will be IT connectivity across the PPS. Many Network Members have different platforms or limited IT capabilities. To mitigate this risk, the PPS plans to invest heavily to develop connectivity across the PPS. Plans include: a) extending NYP's care coordination application, Allscripts Care Director (ACD), to multiple Members; b) connecting nearly 70 Members to the local RHIO for tracking patients; and c) creating additional data interfaces between organizations that will increase data availability for members of the care team. If we receive less CRFP funding than expected, we will likely fund development out of DSRIP operational proceeds on a reduced scale. This will slow down the IT roll-out and may also negatively impact project outcomes.

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✉ **IPQR Module 4.c.i.2 - PPS Defined Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Decrease HIV and STD morbidity and disparities; increase early access to and retention in HIV care	In Progress	Decrease HIV and STD morbidity and disparities; increase early access to and retention in HIV care	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Convene HIV/AIDS Projects Steering Committee	Completed	Convene HIV/AIDS Projects Steering Committee	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Review community needs assessment and other HIV/AIDS data sources to identify areas of need	Completed	Review community needs assessment and other HIV/AIDS data sources to identify areas of need	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop strategies to identify patients early in their diagnosis and connect to longitudinal care	Completed	Develop strategies to identify patients early in their diagnosis and connect to longitudinal care	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop inventory of workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, to be developed	Completed	Develop inventory of workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, to be developed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop workflows (Including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis); confirm with key collaborators. Workflows will address referrals to HCBS and community-based mental health and substance use providers from HIV CoE/NYP and referrals from collaborators back to HIV CoE.	Completed	Develop workflows (Including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis); confirm with key collaborators. Workflows will address referrals to HCBS and community-based mental health and substance use providers from HIV CoE/NYP and referrals from collaborators back to HIV CoE.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop business and technical specifications for IS to support workflows	Completed	Develop business and technical specifications for IS to support workflows	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review business/technical specifications with Steering Committee	Completed	Review business/technical specifications with Steering Committee	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Implement new workflows and IS solutions	In Progress	Implement new workflows and IS solutions	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Increase peer-led interventions around HIV care navigation, testing, and other services	In Progress	Increase peer-led interventions around HIV care navigation, testing, and other services	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Convene HIV/AIDS Projects Steering Committee	Completed	Convene HIV/AIDS Projects Steering Committee	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify peer-led strategies to support navigation, testing, and other HIV/AIDS services	Completed	Identify peer-led strategies to support navigation, testing, and other HIV/AIDS services	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for peer-led services. Workflows include CHW and peer-driven home visits, accompaniment to medical and social service visits, community-based point-of-care testing, and education on self-management and treatment adherence.	Completed	Develop workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for peer-led services. Workflows include CHW and peer-driven home visits, accompaniment to medical and social service visits, community-based point-of-care testing, and education on self-management and treatment adherence.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop staffing plan for peer-led services	Completed	Develop staffing plan for peer-led services	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Draft scopes of work for CBOs to recruit peers	Completed	Draft scopes of work for CBOs to recruit peers	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Execute agreements with CBOs to recruit peers	Completed	Execute agreements with CBOs to recruit peers	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training for peers	Completed	Develop training for peers	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Schedule training for peers	Completed	Schedule training for peers	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop business and technical specifications for IS to support workflows	In Progress	Develop business and technical specifications for IS to support workflows	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement new workflows and IS solutions	In Progress	Implement new workflows and IS solutions	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health	In Progress	Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Convene HIV/AIDS Projects Steering Committee	Completed	Convene HIV/AIDS Projects Steering Committee	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task	Completed	Review community needs assessment and other HIV/AIDS data sources to	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Review community needs assessment and other HIV/AIDS data sources to identify areas of need		identify areas of need						
Task Identify co-factors to address in peer-led and care management interventions	Completed	Identify co-factors to address in peer-led and care management interventions	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Modify workflows and training for Peer staff to address identified co-factors	In Progress	Modify workflows and training for Peer staff to address identified co-factors	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Schedule training for peers on identified co-factors	In Progress	Schedule training for peers on identified co-factors	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Assure cultural competency training for providers	In Progress	Assure cultural competency training for providers	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Review NYP PPS Cultural Competency and Health Literacy Strategy	Completed	Review NYP PPS Cultural Competency and Health Literacy Strategy	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Convene HIV/AIDS Projects Steering Committee to adapt PPS strategy for HIV/AIDS project	Completed	Convene HIV/AIDS Projects Steering Committee to adapt PPS strategy for HIV/AIDS project	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop and schedule training for peers and participating HIV/AIDS providers	In Progress	Develop and schedule training for peers and participating HIV/AIDS providers	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Empower PLWHA to help themselves and others around issues related to prevention and care	In Progress	Empower PLWHA to help themselves and others around issues related to prevention and care	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify/develop motivational interviewing and other empowering technique training for peers and participating providers	Completed	Identify/develop motivational interviewing and other empowering technique training for peers and participating providers	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Convene HIV/AIDS Projects Steering Committee review motivational interviewing / other training	Completed	Convene HIV/AIDS Projects Steering Committee review motivational interviewing / other training	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Schedule training for peers and participating HIV/AIDS providers	In Progress	Schedule training for peers and participating HIV/AIDS providers	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Educate patients to know their right to be offered HIV testing in hospital and primary care settings	In Progress	Educate patients to know their right to be offered HIV testing in hospital and primary care settings	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Inventory existing HIV testing practices at participating hospitals and primary care practices	Completed	Inventory existing HIV testing practices at participating hospitals and primary care practices	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
Task Identify gaps in current practices	Completed	Identify gaps in current practices	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify/develop best practices for informing patients of their right to be offered HIV testing	In Progress	Identify/develop best practices for informing patients of their right to be offered HIV testing	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop workflows for HIV testing in hospital and primary care practices	In Progress	Develop workflows for HIV testing in hospital and primary care practices	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement workflows in PPS hospitals and NYP primary care practices	In Progress	Implement workflows in PPS hospitals and NYP primary care practices	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Promote delivery of HIV/STD Partner Services to at risk individuals and their partners	In Progress	Promote delivery of HIV/STD Partner Services to at risk individuals and their partners	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Convene HIV/AIDS Projects Steering Committee to discuss partner services availability	Completed	Convene HIV/AIDS Projects Steering Committee to discuss partner services availability	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify gaps in existing access to partner services	Completed	Identify gaps in existing access to partner services	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop strategies to address access to partner services	Completed	Develop strategies to address access to partner services	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Confirm strategies with HIV/AIDS Projects Steering Committee	In Progress	Confirm strategies with HIV/AIDS Projects Steering Committee	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Midpoint Assessment Narrative	Completed	Midpoint Assessment Narrative	04/01/2016	05/31/2016	04/01/2016	05/31/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Decrease HIV and STD morbidity and disparities; increase early access to and retention in HIV care	

NYS Confidentiality – High

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Increase peer-led interventions around HIV care navigation, testing, and other services	
Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health	
Assure cultural competency training for providers	
Empower PLWHA to help themselves and others around issues related to prevention and care	
Educate patients to know their right to be offered HIV testing in hospital and primary care settings	
Promote delivery of HIV/STD Partner Services to at risk individuals and their partners	
Midpoint Assessment Narrative	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Run Date : 12/30/2016

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IPQR Module 4.c.i.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 'The New York and Presbyterian Hospital', 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:	NEW YORK PRESBYTERIAN HOSPITAL INC
Secondary Lead PPS Provider:	
Lead Representative:	David Alge
Submission Date:	12/15/2016 08:42 AM

Comments:

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY2, Q2	Adjudicated	David Alge	sm506673	12/30/2016 12:12 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 12:12 PM
Returned	The PPS' DY2Q2 quarterly report has been returned for remediation.	sm506673	12/01/2016 04:44 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.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.iii	IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies	✅ Completed
	IPQR Module 2.b.iii.2 - Patient Engagement Speed	✅ Completed
	IPQR Module 2.b.iii.3 - Prescribed Milestones	✅ Completed
	IPQR Module 2.b.iii.4 - PPS Defined Milestones	✅ Completed
	IPQR Module 2.b.iii.5 - IA Monitoring	
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.a.ii	IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	✅ Completed
	IPQR Module 3.a.ii.2 - Patient Engagement Speed	✅ Completed
	IPQR Module 3.a.ii.3 - Prescribed Milestones	✅ Completed

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Project ID	Module Name	Status
	IPQR Module 3.a.ii.4 - PPS Defined Milestones	✅ Completed
	IPQR Module 3.a.ii.5 - IA Monitoring	
3.e.i	IPQR Module 3.e.i.1 - Major Risks to Implementation and Mitigation Strategies	✅ Completed
	IPQR Module 3.e.i.2 - Patient Engagement Speed	✅ Completed
	IPQR Module 3.e.i.3 - Prescribed Milestones	✅ Completed
	IPQR Module 3.e.i.4 - PPS Defined Milestones	✅ Completed
	IPQR Module 3.e.i.5 - IA Monitoring	
3.g.i	IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies	✅ Completed
	IPQR Module 3.g.i.2 - Patient Engagement Speed	✅ Completed
	IPQR Module 3.g.i.3 - Prescribed Milestones	✅ Completed
	IPQR Module 3.g.i.4 - PPS Defined Milestones	✅ Completed
	IPQR Module 3.g.i.5 - IA Monitoring	
4.b.i	IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies	✅ Completed
	IPQR Module 4.b.i.2 - PPS Defined Milestones	✅ Completed
	IPQR Module 4.b.i.3 - IA Monitoring	
4.c.i	IPQR Module 4.c.i.1 - Major Risks to Implementation and Mitigation Strategies	✅ Completed
	IPQR Module 4.c.i.2 - PPS Defined Milestones	✅ Completed
	IPQR Module 4.c.i.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 & Complete	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Ongoing	
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 (with Exception) & Ongoing	📄 IA
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass (with Exception) & Ongoing	📄 IA
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Ongoing	
	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 (with Exception) & Complete	📄
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	🗨 📄

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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 & Complete	🗨 🗋
Section 08	Module 8.1 - Prescribed Milestones		
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	🗨 🗋
	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 & Ongoing	🗨
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Ongoing	
Section 11	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass (with Exception) & Ongoing	IA
	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 (with Exception) & Ongoing	🗋 IA
	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 & Ongoing	🗨
	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.b.i	Module 2.b.i.2 - Patient Engagement Speed	Pass & Ongoing	📄
	Module 2.b.i.3 - Prescribed Milestones		
	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	

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Project ID	Module Name / Milestone #	Review Status	
	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	
2.b.iii	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	🗋
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Ongoing	
	Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	Pass & Ongoing	
	Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Ongoing	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass & Ongoing	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.b.iv	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	🗋
	Module 2.b.iv.3 - Prescribed Milestones		

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Project ID	Module Name / Milestone #	Review Status	
	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	
	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	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.a.ii	Module 3.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	🗨 🗋
	Module 3.a.ii.3 - Prescribed Milestones		
	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Ongoing	
	Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Pass & Ongoing	
	Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Ongoing	
	Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Pass & Ongoing	
	Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Pass & Ongoing	
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Ongoing	
	Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Ongoing	
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Ongoing	
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.e.i	Module 3.e.i.2 - Patient Engagement Speed	Pass & Ongoing	🗋
	Module 3.e.i.3 - Prescribed Milestones		
	Milestone #1 Develop a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model; ensure medical and behavioral health consultation expertise are available.	Pass & Ongoing	
	Milestone #2 Identify primary care providers who have significant case loads of patients infected with HIV.	Pass & Ongoing	
	Milestone #3 Implement training for primary care providers which will include consultation resources from the center of excellence.	Pass & Ongoing	
	Milestone #4 Develop coordination of care services with behavioral health and social services within or linking with the primary care providers' offices.	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #5 Ensure systems are in place that address patient partnerships to care, ensure follow-up and retention in care, and promote adherence to medication management, monitoring and other requirements of evidence-based practice for management of HIV/AIDS.	Pass & Ongoing	
	Milestone #6 Institute a system to monitor quality of care with educational services where gaps are identified.	Pass & Ongoing	
	Milestone #7 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #8 Identify site location for a Center of Excellence (COE) which would provide access to the population infected with HIV (and/or HCV).	Pass & Ongoing	
	Milestone #9 Co-locate at this site services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment.	Pass & Ongoing	
	Milestone #10 Co-locate care management services including Health Home care managers for those eligible for Health Homes.	Pass & Ongoing	
	Milestone #11 Develop a referral process and connectivity for referrals of people who qualify for but are not yet in a Health Home.	Pass & Ongoing	
	Milestone #12 Ensure understanding and compliance with evidence-based guidelines for management of HIV/AIDS (and HCV)	Pass & Ongoing	
	Milestone #13 Ensure coordination of care between all available services preferably through a single electronic health/medical/care management record.	Pass & Ongoing	
	Milestone #14 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 ups, by the end of DY 3.	Pass & Ongoing	
	Milestone #15 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 #16 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #17 Seek designation as center of excellence from New York State Department of Health.	Pass & Ongoing	
3.g.i	Module 3.g.i.2 - Patient Engagement Speed	Pass & Ongoing	🗋
	Module 3.g.i.3 - Prescribed Milestones		
	Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	Pass & Ongoing	
	Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	Pass & Ongoing	
	Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	Pass & Ongoing	
	Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Pass & Ongoing	
	Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	Pass & Ongoing	
	Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing	

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

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Providers Participating in Projects

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

Provider Category		Project 2.a.i Selected / Committed		Project 2.b.i Selected / Committed		Project 2.b.iii Selected / Committed		Project 2.b.iv Selected / Committed		Project 3.a.i Selected / Committed		Project 3.a.ii Selected / Committed		Project 3.e.i Selected / Committed		Project 3.g.i Selected / Committed		Project 4.b.i Selected / Committed		Project 4.c.i Selected / Committed		Project Selected / Committed	
Practitioner - Primary Care Provider (PCP)	Total	116	329	114	0	114	0	114	329	114	164	114	0	5	21	115	329	0	0	0	0	0	0
	Safety Net	114	114	114	114	114	114	114	114	114	57	114	57	4	14	114	114	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	1,417	0	0	0	0	0	1,417	0	354	0	0	2	1,417	2	125	0	0	0	0	0	0
	Safety Net	0	130	0	130	0	0	0	130	0	33	0	33	0	130	0	130	0	0	0	0	0	0
Hospital	Total	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinic	Total	11	11	2	0	11	0	0	0	1	1	11	0	0	1	2	2	0	0	0	0	0	0
	Safety Net	8	11	2	2	8	11	0	0	1	1	8	11	0	1	2	2	0	0	0	0	0	0
Case Management / Health Home	Total	7	7	3	0	3	0	7	7	0	0	3	0	7	7	0	0	0	0	0	0	0	0
	Safety Net	3	3	3	3	3	3	3	3	0	0	3	3	3	3	0	0	0	0	0	0	0	0
Mental Health	Total	37	55	19	0	0	0	0	0	0	3	19	0	37	55	0	0	0	0	0	0	0	0
	Safety Net	19	25	19	25	0	0	0	0	0	0	19	25	19	25	0	0	0	0	0	0	0	0
Substance Abuse	Total	10	10	10	0	0	0	0	0	10	10	10	0	10	10	0	0	0	0	0	0	0	0
	Safety Net	9	9	9	9	0	0	0	0	9	9	9	9	9	9	0	0	0	0	0	0	0	0
Nursing Home	Total	11	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	11	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	Total	10	11	0	0	0	0	0	0	0	0	0	0	10	11	0	0	0	0	0	0	0	0
	Safety Net	7	8	0	8	0	0	0	0	0	0	0	0	7	8	0	0	0	0	0	0	0	0
Hospice	Total	3	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3	0	0	0	0	0	0

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Provider Category		Project 2.a.i Selected / Committed		Project 2.b.i Selected / Committed		Project 2.b.iii Selected / Committed		Project 2.b.iv Selected / Committed		Project 3.a.i Selected / Committed		Project 3.a.ii Selected / Committed		Project 3.e.i Selected / Committed		Project 3.g.i Selected / Committed		Project 4.b.i Selected / Committed		Project 4.c.i Selected / Committed		Project Selected / Committed	
	Safety Net	2	1	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0
Community Based Organizations	Total	16	18	1	0	0	0	16	18	8	9	0	0	16	18	16	18	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	0	768	0	0	0	0	0	768	0	384	0	0	1	768	0	768	0	0	0	0	0	0
	Safety Net	0	174	0	174	0	0	0	174	0	87	0	87	0	174	0	174	0	0	0	0	0	0
Uncategorized	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 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	9
Emergency Departments with Care Triage	2.b.iii	0	5
Expected Number of Crisis Intervention Programs Established	3.a.ii	0	2

* Safety Net Providers in Green

Participating in Projects											
Provider Name	Provider Category	2.a.i	2.b.i	2.b.iii	2.b.iv	3.a.i	3.a.ii	3.e.i	3.g.i	4.b.i	4.c.i
Teich Marvin L Md	Practitioner - Primary Care Provider (PCP)										
Fein Oliver T Md	Practitioner - Primary Care Provider (PCP)										
Stein Alan J Md	Practitioner - Primary Care Provider (PCP)										
Williams Daniel T Md	Practitioner - Primary Care Provider (PCP)										
Lantigua Rafael Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Winik Joseph S 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.b.i	2.b.iii	2.b.iv	3.a.i	3.a.ii	3.e.i	3.g.i	4.b.i	4.c.i
Younge Richard George Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Kmjan Llc Md	Practitioner - Primary Care Provider (PCP)										
Green Peter H R Md	Practitioner - Primary Care Provider (PCP)										
Adelman Ronald Daniel Md	Practitioner - Primary Care Provider (PCP)										
Raik Barrie Lynn Md	Practitioner - Primary Care Provider (PCP)										
Mcgurk Harriet E Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Timko Nikki Lynn Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Charon Rita Am Md	Practitioner - Primary Care Provider (PCP)										
Savillo Robert Louis Md	Practitioner - Primary Care Provider (PCP)										
Ramaraju Thippa R Md	Practitioner - Primary Care Provider (PCP)										
Slater Eve Elizabeth Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Azeez Abdul C K Md	Practitioner - Primary Care Provider (PCP)										
Binder Ralph Edward Md	Practitioner - Primary Care Provider (PCP)										
Meyer Bailey Robert Md	Practitioner - Primary Care Provider (PCP)										
Jacobs Jonathan Lewis	Practitioner - Primary Care Provider (PCP)										
Shea Steven Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Jerez Jose R Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Calamia Vincent Md	Practitioner - Primary Care Provider (PCP)										
Fatica Nunzia Md	Practitioner - Primary Care Provider (PCP)										
Sofia Dela Cruz Medical Practice Pc	Practitioner - Primary Care Provider (PCP)										
Salamon Nan Rose Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Matarese Michael J Md	Practitioner - Primary Care Provider (PCP)										
Hollenberg James P Md	Practitioner - Primary Care Provider (PCP)										
Brown Jocelyn Md	Practitioner - Primary Care Provider (PCP)										
Arpadi Stephen M Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Weinstein Luise L Md	Practitioner - Primary Care Provider (PCP)										
Santini Diana Md	Practitioner - Primary Care Provider (PCP)										
Ramis Carmen Maria Md	Practitioner - Primary Care Provider (PCP)										
Tio Arsenio Miguel Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Woods Kim Benjamin Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Tsuei Deane D C Md	Practitioner - Primary Care Provider (PCP)										
Dobkin Jay Franklin Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Homma Shunichi Md	Practitioner - Primary Care Provider (PCP)										
Pereira Andres Miguel Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Bookhardt-Murray Lois J	Practitioner - Primary Care Provider (PCP)										
Bennett Stephen J Md	Practitioner - Primary Care Provider (PCP)										

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* Safety Net Providers in Green

Provider Name	Provider Category	2.a.i	2.b.i	2.b.iii	2.b.iv	3.a.i	3.a.ii	3.e.i	3.g.i	4.b.i	4.c.i	
Ball Susan C Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Soren Karen Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Brudney Karen Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Beutler Heidi Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Morales Susan Rita Md	Practitioner - Primary Care Provider (PCP)											
Hahn Rebecca T Md	Practitioner - Primary Care Provider (PCP)											
Wang Christopher M Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Docu Theodore Costa Md	Practitioner - Primary Care Provider (PCP)											
Cohall Alwyn Md	Practitioner - Primary Care Provider (PCP)								☑			
Raman Bharathi Md	Practitioner - Primary Care Provider (PCP)											
Diuguid David Lincoln Md	Practitioner - Primary Care Provider (PCP)											
Rezzadeh Rudy R Md	Practitioner - Primary Care Provider (PCP)											
Dwyer Edward Md	Practitioner - Primary Care Provider (PCP)											
Morrison Ellen B Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Eliach Pamela G Md	Practitioner - Primary Care Provider (PCP)											
Stulman James K Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Gissen Melanie Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Bermon Nancy Ann Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Meyer Dodi D Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
John David H A	Practitioner - Primary Care Provider (PCP)											
Lane Mariellen Margaret Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Niketakis-Wujciak Valerie Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Fink Mary Johanna Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Mele Joseph P Md	Practitioner - Primary Care Provider (PCP)											
Chin Harold Md	Practitioner - Primary Care Provider (PCP)											
Fleck Elaine M Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Dimango Emily Md	Practitioner - Primary Care Provider (PCP)											
William Laurence Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Robbins-Milne Laura E Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Demopoulos Byron P Md	Practitioner - Primary Care Provider (PCP)											
Neu Natalie M Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Wagh Usha Mathur Md	Practitioner - Primary Care Provider (PCP)											
Gaines Henry D Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Tan Chyne C Md	Practitioner - Primary Care Provider (PCP)											
Pfeffer Betsy S Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Hall-Ross Sandra M 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.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Ortiz Yvette A Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Dominguez-Rafer Carmen M Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Shapiro Jeffrey T Md	Practitioner - Primary Care Provider (PCP)											
Siegler Eugenia L Md	Practitioner - Primary Care Provider (PCP)											
Shen Tsun Y Md	Practitioner - Primary Care Provider (PCP)											
Pong Perry Md	Practitioner - Primary Care Provider (PCP)											
Osorio Snezana Nena	Practitioner - Primary Care Provider (PCP)											
Lin Rita H Md	Practitioner - Primary Care Provider (PCP)											
Frank Maura Diane Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Carrillo Juan Emilio Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Pavon Alex Rodrigo Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Pelzman Fred Nathan Md	Practitioner - Primary Care Provider (PCP)	✅										
Vamadevan Nallasivam Md	Practitioner - Primary Care Provider (PCP)											
Kostacos Connie	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Palmas Walter	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Wojtowicz Linda	Practitioner - Primary Care Provider (PCP)											
Tolbert-Walker Derrick J Md	Practitioner - Primary Care Provider (PCP)											
Chan Angela Mei Md	Practitioner - Primary Care Provider (PCP)											
Bostwick Susan B Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Mackey Steven Lee Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Jones Sian Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Merrick Samuel T Md	Practitioner - Primary Care Provider (PCP)							✅				
Barr Robert Graham Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Cole Curtis L Md	Practitioner - Primary Care Provider (PCP)											
Caraway Kim K Cnm	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Bell David Louis Md	Practitioner - Primary Care Provider (PCP)											
Lofaso Veronica M Md	Practitioner - Primary Care Provider (PCP)											
Bowers-Johnson Susan Md	Practitioner - Primary Care Provider (PCP)											
Eis Renie	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Gordon Peter Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅	✅	✅			
Cunningham Hetty Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Dogan Ozgen Mmd	Practitioner - Primary Care Provider (PCP)											
Wong Mei	Practitioner - Primary Care Provider (PCP)											
Soohoo Jane	Practitioner - Primary Care Provider (PCP)											
Charney Pamela Md	Practitioner - Primary Care Provider (PCP)											
Vogler Mary A Md	Practitioner - Primary Care Provider (PCP)											

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* Safety Net Providers in Green

Provider Name	Provider Category	2.a.i	2.b.i	2.b.iii	2.b.iv	3.a.i	3.a.ii	3.e.i	3.g.i	4.b.i	4.c.i	
Seisdedos-Estevez Tomas	Practitioner - Primary Care Provider (PCP)											
Gulick Roy Moyer	Practitioner - Primary Care Provider (PCP)											
Wildfeurer Olga Md	Practitioner - Primary Care Provider (PCP)											
Cordi Heidi P Md	Practitioner - Primary Care Provider (PCP)											
Chang Nancy M	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Boutin Carla Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Luchsinger Jose A	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Milani Haleh Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Au Loretta	Practitioner - Primary Care Provider (PCP)											
Krause Margaret Christine Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Softness Anita M Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Rivera Janet Marie	Practitioner - Primary Care Provider (PCP)											
Yoon Cecilia J Md	Practitioner - Primary Care Provider (PCP)											
Jirasevijinda Thanakorn Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Morel Kimberly Md	Practitioner - Primary Care Provider (PCP)											
Bhattacharya Alekananda Md	Practitioner - Primary Care Provider (PCP)											
Klugman Deborah M	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Catallozzi Marina Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
London Cathleen Greenberg	Practitioner - Primary Care Provider (PCP)											
Mohammad Sajjad	Practitioner - Primary Care Provider (PCP)											
Dempster Joanne	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Taylor Delphine Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Vaamonde Carlos Martin Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Dodia Vishal Harshad Md	Practitioner - Primary Care Provider (PCP)											
Logio Lia Suzanne	Practitioner - Primary Care Provider (PCP)											
Roach Keith Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Hupert Nathaniel Md	Practitioner - Primary Care Provider (PCP)											
Tung Judy Md	Practitioner - Primary Care Provider (PCP)											
Cheriff Adam David Md	Practitioner - Primary Care Provider (PCP)											
Mole Deirdre Adams	Practitioner - Primary Care Provider (PCP)											
Foca Marc D Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑	☑	☑			
Mcgahee Wendy Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Cunto Amesty Silvia Md	Practitioner - Primary Care Provider (PCP)											
Flores Eva Karina Md	Practitioner - Primary Care Provider (PCP)											
Yin Xiaoshuang Md	Practitioner - Primary Care Provider (PCP)											
Matiz Luz Adriana Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Christophe Gladys	Practitioner - Primary Care Provider (PCP)											
Yeung Tsz-Yin Md	Practitioner - Primary Care Provider (PCP)											
Parrinello Michael Christopher	Practitioner - Primary Care Provider (PCP)											
Ipp Lisa S Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Hippias Carmel	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Oster Ady S Md	Practitioner - Primary Care Provider (PCP)											
Saslaw Minna M Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Caddle Steve I	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Gowda Deepthiman	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Reid Manney C Jr Md	Practitioner - Primary Care Provider (PCP)											
Marina K Malakshanova-Richards	Practitioner - Primary Care Provider (PCP)											
Smith Duane M	Practitioner - Primary Care Provider (PCP)											
Wilkin Timothy James	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Phillips Erica Gwendolyn Md	Practitioner - Primary Care Provider (PCP)											
Jurgrau Andrea S	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Love Michelle H Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Maje Hafiz	Practitioner - Primary Care Provider (PCP)											
Kravitz Helang Cho	Practitioner - Primary Care Provider (PCP)											
Chen Douglas	Practitioner - Primary Care Provider (PCP)											
Tan Wei	Practitioner - Primary Care Provider (PCP)											
Glesby Marshall J	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Sawo Dorothy Jartu	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Zhu Sha Md	Practitioner - Primary Care Provider (PCP)											
Timothy Beverly Antonia Rn	Practitioner - Primary Care Provider (PCP)											
Fiebach Nicholas H Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Jones Deborah Pollard Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Glick Arthur A	Practitioner - Primary Care Provider (PCP)											
Lee Jennifer I Md	Practitioner - Primary Care Provider (PCP)											
Kronish Ian Matthew Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Djen Simon	Practitioner - Primary Care Provider (PCP)											
Ko David	Practitioner - Primary Care Provider (PCP)											
Chow Grace A Md	Practitioner - Primary Care Provider (PCP)											
Singh Harjot Kaur Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Dipace Jennifer Md	Practitioner - Primary Care Provider (PCP)											
Swica Yael Md	Practitioner - Primary Care Provider (PCP)											
Rolston Sandra A Md	Practitioner - Primary Care Provider (PCP)											

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Lee Catherine	Practitioner - Primary Care Provider (PCP)											
Wisler-Scher Daryl	Practitioner - Primary Care Provider (PCP)											
Jani Beena Harendra Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Fievre Garnes Marie Ft Md	Practitioner - Primary Care Provider (PCP)											
Barron Beth Md	Practitioner - Primary Care Provider (PCP)											
Mele Thomas Joseph	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Sobieszczyk Magdalena E Md	Practitioner - Primary Care Provider (PCP)											
Moreno Lisa Belinda	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Worgall Stefan Md	Practitioner - Primary Care Provider (PCP)											
Sinclair Paula Almalinda Md	Practitioner - Primary Care Provider (PCP)											
Stockwell Melissa Scharf Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Weissman Matthew Aron Md	Practitioner - Primary Care Provider (PCP)											
Chang Jane Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Chao Eda X	Practitioner - Primary Care Provider (PCP)											
Tiru Claudette O Md	Practitioner - Primary Care Provider (PCP)											
Lubansky Stasi Np	Practitioner - Primary Care Provider (PCP)											
Marks Kristen M Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Patel Nina M Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Glassman Melissa	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Manubay Jeanne	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Tavares Rosanabela Md	Practitioner - Primary Care Provider (PCP)											
Dorwie Florence	Practitioner - Primary Care Provider (PCP)											
Cartwright Crystal Lynn	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Chused Amy Elizabeth Md	Practitioner - Primary Care Provider (PCP)											
Antonios Vera Salim Md	Practitioner - Primary Care Provider (PCP)											
Lebwohl Benjamin Md	Practitioner - Primary Care Provider (PCP)											
Ramsaroop Sharda D Md	Practitioner - Primary Care Provider (PCP)											
Rausch John Conrad Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Richman Marion Elyse Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Green Cori	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Olender Susan Aileen Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅	✅	✅			
Isaacs-Charles Karen Ann Md	Practitioner - Primary Care Provider (PCP)											
Jaiswal Arti Chander Md	Practitioner - Primary Care Provider (PCP)											
Joseph Julie T Md	Practitioner - Primary Care Provider (PCP)											
Boquin Cyrus Amir Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			
Spanondis Catherine	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅			

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Card Andrea Dione Md	Practitioner - Primary Care Provider (PCP)										
Abramson Erika Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Shalev Noga	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅	✅	✅		
Kuang Wanli	Practitioner - Primary Care Provider (PCP)										
Moran Andrew Edward Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Crossman Daniel J Md	Practitioner - Primary Care Provider (PCP)										
Martinez Johanna Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Berger Evelyn Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Crimmins Timothy J Md	Practitioner - Primary Care Provider (PCP)										
Acinapura Lauren Md	Practitioner - Primary Care Provider (PCP)										
Serrano Ileana	Practitioner - Primary Care Provider (PCP)										
Nidiry Mary Md	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Brechter Daniele Lynette Rn	Practitioner - Primary Care Provider (PCP)										
Gorman Allison	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Harris Le	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Shih Jenny	Practitioner - Primary Care Provider (PCP)										
Huang Shao Fen Sherry	Practitioner - Primary Care Provider (PCP)										
Siegel Lawrence J Md	Practitioner - Primary Care Provider (PCP)										
Wilson-Taylor Melanie Tanara	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Wei Esther	Practitioner - Primary Care Provider (PCP)										
Vivien Jean Ang	Practitioner - Primary Care Provider (PCP)										
Predrag Popovic Md	Practitioner - Primary Care Provider (PCP)										
Paladine Heather Lynn	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		
Theodore C Docu Md Pc	Practitioner - Primary Care Provider (PCP)										
Nguyen Y-Uyen	Practitioner - Primary Care Provider (PCP)										
Roslyn Marissa	Practitioner - Primary Care Provider (PCP)										
Bishop Tara	Practitioner - Primary Care Provider (PCP)										
Rachel A Conybearg	Practitioner - Primary Care Provider (PCP)										
Thomas Bindhu Kanjiravilayil Md	Practitioner - Primary Care Provider (PCP)										
Salvatore Mirella	Practitioner - Primary Care Provider (PCP)										
Bakar Melissa M Md	Practitioner - Primary Care Provider (PCP)										
Kini Jyoti	Practitioner - Primary Care Provider (PCP)										
Lai Anne	Practitioner - Primary Care Provider (PCP)										
Irani Dinaz	Practitioner - Primary Care Provider (PCP)										
Benjamin Taisha Lashon	Practitioner - Primary Care Provider (PCP)										
Casimir Yves	Practitioner - Primary Care Provider (PCP)	✅	✅	✅	✅	✅	✅		✅		

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Wiesendanger Margrit	Practitioner - Primary Care Provider (PCP)											
Keating Clair	Practitioner - Primary Care Provider (PCP)											
Finkelstein Emily Samuel Md	Practitioner - Primary Care Provider (PCP)											
Natalie Hoi-Yun Yip	Practitioner - Primary Care Provider (PCP)											
Sonal Subhash Mehta	Practitioner - Primary Care Provider (PCP)											
Duncan Neasha	Practitioner - Primary Care Provider (PCP)											
Chang Carolyn	Practitioner - Primary Care Provider (PCP)											
Palinski Suzanne	Practitioner - Primary Care Provider (PCP)											
Darryl Chad Abrams Md	Practitioner - Primary Care Provider (PCP)											
Minsoo Joanne Kim	Practitioner - Primary Care Provider (PCP)											
Shen Chunpang	Practitioner - Primary Care Provider (PCP)											
Summers Rebecca	Practitioner - Primary Care Provider (PCP)											
George Thomas Md	Practitioner - Primary Care Provider (PCP)											
Sirota Dana Reine	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Maria Elena Hamm Md	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Apolaya Pamela Evelyn	Practitioner - Primary Care Provider (PCP)											
Sirotin Nicole	Practitioner - Primary Care Provider (PCP)											
Amin Prina Pandya	Practitioner - Primary Care Provider (PCP)											
Hahn Erica Kyle	Practitioner - Primary Care Provider (PCP)											
Charnow Noemi	Practitioner - Primary Care Provider (PCP)											
Hsu Penelope	Practitioner - Primary Care Provider (PCP)											
Carnevale Caroline	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Hickey Kathleen Theresa	Practitioner - Primary Care Provider (PCP)											
Dubois Elizabeth Marie	Practitioner - Primary Care Provider (PCP)											
Hall Elizabeth K	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Balfour Jennifer	Practitioner - Primary Care Provider (PCP)											
Huang Vivian	Practitioner - Primary Care Provider (PCP)											
Joseph Kochurani	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Ono Jennie G	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Pietro A Canetta	Practitioner - Primary Care Provider (PCP)											
Noble Kimberly	Practitioner - Primary Care Provider (PCP)											
Singer Jessica	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Dudek Mona	Practitioner - Primary Care Provider (PCP)											
Napolitano Daniel Louis	Practitioner - Primary Care Provider (PCP)											
Dladla Nonkulie	Practitioner - Primary Care Provider (PCP)											
Gossey John Travis	Practitioner - Primary Care Provider (PCP)											

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Shah Pooja	Practitioner - Primary Care Provider (PCP)											
Martin Michelle	Practitioner - Primary Care Provider (PCP)											
Meltzer Ellen Cowen	Practitioner - Primary Care Provider (PCP)											
Tan Jenny Yu	Practitioner - Primary Care Provider (PCP)											
Santos Ryan Jerome	Practitioner - Primary Care Provider (PCP)											
Ip James Edmund	Practitioner - Primary Care Provider (PCP)											
Zhao Jingbo	Practitioner - Primary Care Provider (PCP)											
Jenkins Monique	Practitioner - Primary Care Provider (PCP)											
Oelsner Elizabeth	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Pajvani Utpal B	Practitioner - Primary Care Provider (PCP)											
Hillard Mackenzi	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Nikolova Milena Veselinova	Practitioner - Primary Care Provider (PCP)											
Herbst Kenneth James	Practitioner - Primary Care Provider (PCP)											
Young-Geye Stephanie	Practitioner - Primary Care Provider (PCP)											
Wu Duchu	Practitioner - Primary Care Provider (PCP)											
Acety Gloria A Md	Practitioner - Primary Care Provider (PCP)											
Petros Jessica Theresa	Practitioner - Primary Care Provider (PCP)											
Spinelli Jenna Elizabeth	Practitioner - Primary Care Provider (PCP)											
Narcisse Debra	Practitioner - Primary Care Provider (PCP)											
Hilton Tara	Practitioner - Primary Care Provider (PCP)											
Shapiro Sasha	Practitioner - Primary Care Provider (PCP)											
Labella Angelena M	Practitioner - Primary Care Provider (PCP)											
Cusano Natalie E	Practitioner - Primary Care Provider (PCP)											
Shin Joseph	Practitioner - Primary Care Provider (PCP)											
Campusano Clarinelda	Practitioner - Primary Care Provider (PCP)											
Wiesinger Katherine	Practitioner - Primary Care Provider (PCP)											
Sanders Lauren Jacqueline	Practitioner - Primary Care Provider (PCP)											
Anglade Claudia	Practitioner - Primary Care Provider (PCP)											
Staples Karen	Practitioner - Primary Care Provider (PCP)											
Kumar Rekha Babu	Practitioner - Primary Care Provider (PCP)											
Eiss Brian Matthew	Practitioner - Primary Care Provider (PCP)											
Sanders Judith Lynn	Practitioner - Primary Care Provider (PCP)											
Lippitt Elizabeth C	Practitioner - Primary Care Provider (PCP)	☑	☑	☑	☑	☑	☑		☑			
Ali Ziad Anwar	Practitioner - Primary Care Provider (PCP)											
Fan Sharon Kei Yan	Practitioner - Primary Care Provider (PCP)											
Smyth Deborah Anne	Practitioner - Primary Care Provider (PCP)											

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Sinha Sanjai	Practitioner - Primary Care Provider (PCP)											
Gonzalez Katherne	Practitioner - Primary Care Provider (PCP)											
Canlas Aurora Juliana	Practitioner - Primary Care Provider (PCP)											
Hall Tami L	Practitioner - Primary Care Provider (PCP)											
El Zein Lama	Practitioner - Primary Care Provider (PCP)											
Villarreal Jason	Practitioner - Primary Care Provider (PCP)	☑										
Okoye Safiyyah Maryam	Practitioner - Primary Care Provider (PCP)											
Delaney Christina L	Practitioner - Primary Care Provider (PCP)											
Zhou Hui Qin	Practitioner - Primary Care Provider (PCP)											
Desai Urmi A	Practitioner - Primary Care Provider (PCP)											
Mecklai Alicia	Practitioner - Primary Care Provider (PCP)											
Shearer Lee	Practitioner - Primary Care Provider (PCP)											
Tolani Sonia N	Practitioner - Primary Care Provider (PCP)											
Hatchett Morgan	Practitioner - Primary Care Provider (PCP)											
Mikheyev Vyacheslav	Practitioner - Primary Care Provider (PCP)											
Namburi Swathi	Practitioner - Primary Care Provider (PCP)											
Mak Cecilia Sze Man	Practitioner - Primary Care Provider (PCP)											
Farrand Erica	Practitioner - Primary Care Provider (PCP)											
Suarez Monica	Practitioner - Primary Care Provider (PCP)											
Mcginnis Nathan Lamar	Practitioner - Primary Care Provider (PCP)											
Hampton Elisa Padilla	Practitioner - Primary Care Provider (PCP)											
Cox Katherine Anne	Practitioner - Primary Care Provider (PCP)											
Carson Katherine	Practitioner - Primary Care Provider (PCP)											
Ekanadham Himabindu	Practitioner - Primary Care Provider (PCP)											
Pekareva-Kochergina Irina	Practitioner - Primary Care Provider (PCP)											
Dominguez Carlos	Practitioner - Primary Care Provider (PCP)											
Barcavage Shaun	Practitioner - Primary Care Provider (PCP)											
Ali Amanda Elizabeth	Practitioner - Primary Care Provider (PCP)											
Mitchell Clemaine C	Practitioner - Primary Care Provider (PCP)											
Jan Helen	Practitioner - Primary Care Provider (PCP)											
Gauthier Angie R	Practitioner - Primary Care Provider (PCP)											
Fernandez Cristina Raquel	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)											

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Francis Jenny	Practitioner - Primary Care Provider (PCP)											
Friedman Suzanne	Practitioner - Primary Care Provider (PCP)											
Teodoro Alvin P	Practitioner - Primary Care Provider (PCP)											
Pethe Kalpana	Practitioner - Primary Care Provider (PCP)											
Ferguson Sacha	Practitioner - Primary Care Provider (PCP)											
Blidnaya Lana	Practitioner - Primary Care Provider (PCP)											
Brutus Valerie	Practitioner - Primary Care Provider (PCP)											
Su Cynthia	Practitioner - Primary Care Provider (PCP)											
Diaz Daniela C	Practitioner - Primary Care Provider (PCP)											
Rivera Argelis	Practitioner - Primary Care Provider (PCP)											
Van Wagner Sarah	Practitioner - Primary Care Provider (PCP)											
Kaushal Rainu Md	Practitioner - Primary Care Provider (PCP)											
Weiss David	Practitioner - Primary Care Provider (PCP)											
Espinoso Cristine Maria	Practitioner - Primary Care Provider (PCP)											
Jacobs Jack Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Rand Jacob H Md	Practitioner - Non-Primary Care Provider (PCP)											
Myers Stanley J Md	Practitioner - Non-Primary Care Provider (PCP)											
Sollaccio Peter A Md	Practitioner - Non-Primary Care Provider (PCP)											
Weingram Judith Md	Practitioner - Non-Primary Care Provider (PCP)											
De Mento Frank J Md	Practitioner - Non-Primary Care Provider (PCP)											
Strome Robert R Md	Practitioner - Non-Primary Care Provider (PCP)											
Feinstein Robert P Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Greenhill Laurence L Md	Practitioner - Non-Primary Care Provider (PCP)											
Lewis Linda D Md	Practitioner - Non-Primary Care Provider (PCP)											
Reiffel James A Md	Practitioner - Non-Primary Care Provider (PCP)											
Giardina Patricia Md	Practitioner - Non-Primary Care Provider (PCP)											
Mittl Rainer N Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Jokl Dan Hirsch-Kauffmann	Practitioner - Non-Primary Care Provider (PCP)											
Quest Donald O Md	Practitioner - Non-Primary Care Provider (PCP)											
Mitchell John P Md	Practitioner - Non-Primary Care Provider (PCP)											
Yao Fun-Sun Md	Practitioner - Non-Primary Care Provider (PCP)											
Pang Leila M Md	Practitioner - Non-Primary Care Provider (PCP)											
Raker Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Demar Leon K Md	Practitioner - Non-Primary Care Provider (PCP)											
Turner Liebert Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldsmith Stanley J Md	Practitioner - Non-Primary Care Provider (PCP)											

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Zimmerman Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Friedman Joel M	Practitioner - Non-Primary Care Provider (PCP)											
So Shiu H Md	Practitioner - Non-Primary Care Provider (PCP)											
Bansal Rajendra K Md	Practitioner - Non-Primary Care Provider (PCP)											
Weissman Harold Md	Practitioner - Non-Primary Care Provider (PCP)											
Giardina Elsa-Grace V Md	Practitioner - Non-Primary Care Provider (PCP)											
Yared Thomas A Md	Practitioner - Non-Primary Care Provider (PCP)											
Daras Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Berk Paul D Md	Practitioner - Non-Primary Care Provider (PCP)											
Grossman Marc E Md	Practitioner - Non-Primary Care Provider (PCP)											
Michelsen Christopher B H Md	Practitioner - Non-Primary Care Provider (PCP)											
Leib Martin L Md	Practitioner - Non-Primary Care Provider (PCP)											
Malhotra Vinod Md	Practitioner - Non-Primary Care Provider (PCP)											
Gorman B David Md	Practitioner - Non-Primary Care Provider (PCP)											
Neu Carmen Irene Ortiz	Practitioner - Non-Primary Care Provider (PCP)											
Guardarramas Gabriel R Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Schneiderman Paul I Md	Practitioner - Non-Primary Care Provider (PCP)											
Treiber Eric S Md	Practitioner - Non-Primary Care Provider (PCP)											
Austin John H M Md	Practitioner - Non-Primary Care Provider (PCP)											
Klyde Barry J Md	Practitioner - Non-Primary Care Provider (PCP)											
Maxfield Roger A Md	Practitioner - Non-Primary Care Provider (PCP)											
Thomashow Byron M Md	Practitioner - Non-Primary Care Provider (PCP)											
Whitaker Agnes Hutchinson Md	Practitioner - Non-Primary Care Provider (PCP)											
Sos Thomas Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Brill Paula Md	Practitioner - Non-Primary Care Provider (PCP)											
Roye David P Md	Practitioner - Non-Primary Care Provider (PCP)											
Katz Monique C Md	Practitioner - Non-Primary Care Provider (PCP)											
Farris Robert Linsy Md	Practitioner - Non-Primary Care Provider (PCP)											
Holstein Stanley B Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Cocchiarella Antonio Md	Practitioner - Non-Primary Care Provider (PCP)											
Auh Yong Ho Md	Practitioner - Non-Primary Care Provider (PCP)											
Gadalla Farida Md	Practitioner - Non-Primary Care Provider (PCP)											
Lukash Barbara Lynne Md	Practitioner - Non-Primary Care Provider (PCP)											
Pavlov Helene Md	Practitioner - Non-Primary Care Provider (PCP)											
Lechich Anthony J Md	Practitioner - Non-Primary Care Provider (PCP)											
Devereux Richard B Md	Practitioner - Non-Primary Care Provider (PCP)											

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Kligfield Paul David Md	Practitioner - Non-Primary Care Provider (PCP)											
Prager Kenneth M Md	Practitioner - Non-Primary Care Provider (PCP)											
Kezis Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)											
Rubinstein Boris	Practitioner - Non-Primary Care Provider (PCP)											
Dantzig Paul I	Practitioner - Non-Primary Care Provider (PCP)											
Yip Chun K Md	Practitioner - Non-Primary Care Provider (PCP)											
Salgo Peter L Md	Practitioner - Non-Primary Care Provider (PCP)											
Silverstein Richard N Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Lebwohl Oscar Md	Practitioner - Non-Primary Care Provider (PCP)											
Robotti Flavia Md	Practitioner - Non-Primary Care Provider (PCP)											
Stein Jeffrey Alan	Practitioner - Non-Primary Care Provider (PCP)											
Barnard John Thomas Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Lane Joseph M	Practitioner - Non-Primary Care Provider (PCP)											
Chang Stanley Md	Practitioner - Non-Primary Care Provider (PCP)											
Coleman Donald J Md	Practitioner - Non-Primary Care Provider (PCP)											
Eggers Howard M Md	Practitioner - Non-Primary Care Provider (PCP)											
Bussel James Bruce Md	Practitioner - Non-Primary Care Provider (PCP)											
Liss Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Mayeux Richard Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Dinner Miles	Practitioner - Non-Primary Care Provider (PCP)											
Winchester Robert Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Fahn Stanley Md	Practitioner - Non-Primary Care Provider (PCP)											
Pedley Timothy Asbury Md	Practitioner - Non-Primary Care Provider (PCP)											
Wardlaw Sharon L Md	Practitioner - Non-Primary Care Provider (PCP)											
Solomon Gail E Md	Practitioner - Non-Primary Care Provider (PCP)											
Scully Brian E Md	Practitioner - Non-Primary Care Provider (PCP)											
Burke Robert E Md	Practitioner - Non-Primary Care Provider (PCP)											
Cotliar Arthur Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Ornstein Eugene Md	Practitioner - Non-Primary Care Provider (PCP)											
Liss Donald Md	Practitioner - Non-Primary Care Provider (PCP)											
Varghese Mathew C Md	Practitioner - Non-Primary Care Provider (PCP)											
Scotti Lorenzo Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Newhouse Jeffrey H Md	Practitioner - Non-Primary Care Provider (PCP)											
Treiber Ruth Kaplan	Practitioner - Non-Primary Care Provider (PCP)											
Magun Arthur M Md	Practitioner - Non-Primary Care Provider (PCP)											
Slankard Marjorie L	Practitioner - Non-Primary Care Provider (PCP)											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Belsito Donald Vincent	Practitioner - Non-Primary Care Provider (PCP)											
Pullman Seth Md	Practitioner - Non-Primary Care Provider (PCP)											
Mark Laurence P Md	Practitioner - Non-Primary Care Provider (PCP)											
Hutt Cheryl S Md	Practitioner - Non-Primary Care Provider (PCP)											
Halasz Charles Ludvig Gabriel	Practitioner - Non-Primary Care Provider (PCP)											
Rosenwasser Melvin P Md	Practitioner - Non-Primary Care Provider (PCP)											
Miller David H Md	Practitioner - Non-Primary Care Provider (PCP)											
Pucillo Anthony L Md	Practitioner - Non-Primary Care Provider (PCP)											
Evans Lydia Marion	Practitioner - Non-Primary Care Provider (PCP)											
Rosen Douglas I Md	Practitioner - Non-Primary Care Provider (PCP)											
Brady James W Md	Practitioner - Non-Primary Care Provider (PCP)											
Maw Kyee Tint Md	Practitioner - Non-Primary Care Provider (PCP)											
Nealon Nancy M Md	Practitioner - Non-Primary Care Provider (PCP)											
Weitz Alan Marshall Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Britton Carolyn B Md	Practitioner - Non-Primary Care Provider (PCP)											
Lasala Anita Parnes	Practitioner - Non-Primary Care Provider (PCP)											
Pomerantz Barry Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Behrman David A Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kramer Lawrence David Md	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Valerie L Md	Practitioner - Non-Primary Care Provider (PCP)											
Cantor Richard S Md	Practitioner - Non-Primary Care Provider (PCP)											
Novogroder Michael	Practitioner - Non-Primary Care Provider (PCP)											
Kelly Sarah Horton Md	Practitioner - Non-Primary Care Provider (PCP)											
Yacovone Joseph F Md	Practitioner - Non-Primary Care Provider (PCP)											
Adelglass Howard R Md	Practitioner - Non-Primary Care Provider (PCP)											
Deutsch Vicki-Jo Md	Practitioner - Non-Primary Care Provider (PCP)											
Israel Howard Dds	Practitioner - Non-Primary Care Provider (PCP)											
Romas Nicholas Achilles Md	Practitioner - Non-Primary Care Provider (PCP)											
Fishman Loren Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Sherman Warren Md	Practitioner - Non-Primary Care Provider (PCP)											
Mcconnell Robert John	Practitioner - Non-Primary Care Provider (PCP)											
Khandji Alexander G Md	Practitioner - Non-Primary Care Provider (PCP)											
Lederman Martin Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Maggio Louis J Md	Practitioner - Non-Primary Care Provider (PCP)											
Vado Ramon Md	Practitioner - Non-Primary Care Provider (PCP)											
Baeuerle Johanna Md	Practitioner - Non-Primary Care Provider (PCP)											

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Warner Carolyn Hazard Md	Practitioner - Non-Primary Care Provider (PCP)											
Okin Peter M Md	Practitioner - Non-Primary Care Provider (PCP)											
Roman Mary J Md	Practitioner - Non-Primary Care Provider (PCP)											
Hochreiter Clare A Md	Practitioner - Non-Primary Care Provider (PCP)											
Heyer Eric J Md	Practitioner - Non-Primary Care Provider (PCP)											
Horn Evelyn M Md	Practitioner - Non-Primary Care Provider (PCP)											
Willner Joseph Harrison Md	Practitioner - Non-Primary Care Provider (PCP)											
Curry Saundra Ellen W Md	Practitioner - Non-Primary Care Provider (PCP)											
Alonso Jose Agustin Md	Practitioner - Non-Primary Care Provider (PCP)											
Koff Howard Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Staron Ronald B Md	Practitioner - Non-Primary Care Provider (PCP)											
Silverberg Shonni Joy Md	Practitioner - Non-Primary Care Provider (PCP)											
Doro Stephen Md	Practitioner - Non-Primary Care Provider (PCP)											
Blume Ralph S Md	Practitioner - Non-Primary Care Provider (PCP)											
Blanco Jody Md	Practitioner - Non-Primary Care Provider (PCP)											
Olowe Oluremi Md	Practitioner - Non-Primary Care Provider (PCP)											
Berman Mitchell Frederick Md	Practitioner - Non-Primary Care Provider (PCP)											
Smiley Richard M Md	Practitioner - Non-Primary Care Provider (PCP)											
Loughlin Gerald Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Wasserman Hal S Md	Practitioner - Non-Primary Care Provider (PCP)											
Berliner Neil Evan	Practitioner - Non-Primary Care Provider (PCP)											
Nickerson Katherine G Md	Practitioner - Non-Primary Care Provider (PCP)											
Poh Maureen B Md	Practitioner - Non-Primary Care Provider (PCP)											
Jordan Desmond Arthur	Practitioner - Non-Primary Care Provider (PCP)											
Kerner Karen F Md	Practitioner - Non-Primary Care Provider (PCP)											
Young Constance A Md Pllc	Practitioner - Non-Primary Care Provider (PCP)											
Ludwig Robert Lewis Md	Practitioner - Non-Primary Care Provider (PCP)											
Sun Lena Md	Practitioner - Non-Primary Care Provider (PCP)											
Rubin Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Fong Jill Md	Practitioner - Non-Primary Care Provider (PCP)											
Kang Un J Md	Practitioner - Non-Primary Care Provider (PCP)											
Labar Douglas R Md	Practitioner - Non-Primary Care Provider (PCP)											
Bell Karen L Md	Practitioner - Non-Primary Care Provider (PCP)											
Ruzal Shapiro Carrie B Md	Practitioner - Non-Primary Care Provider (PCP)											
Nercessian Ohannes Agop Md	Practitioner - Non-Primary Care Provider (PCP)											
Bellutta Henry Patrick Md	Practitioner - Non-Primary Care Provider (PCP)											

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Slepian Ralph L Md	Practitioner - Non-Primary Care Provider (PCP)											
Klebanoff Louise Michelle Md	Practitioner - Non-Primary Care Provider (PCP)											
Marder Karen S Md	Practitioner - Non-Primary Care Provider (PCP)											
Gonzalez Orlando Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Chiriboga Klein Claudia Md	Practitioner - Non-Primary Care Provider (PCP)											
Gallin Pamela F Md	Practitioner - Non-Primary Care Provider (PCP)											
Florakis George James Md	Practitioner - Non-Primary Care Provider (PCP)											
Lopez Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Odel Jeffrey G Md	Practitioner - Non-Primary Care Provider (PCP)											
Weiss Michael J Md	Practitioner - Non-Primary Care Provider (PCP)											
Nori Dattatreyudu Md	Practitioner - Non-Primary Care Provider (PCP)											
Brown Anthony Reuben Md	Practitioner - Non-Primary Care Provider (PCP)											
Silberman Mark S Md	Practitioner - Non-Primary Care Provider (PCP)											
Schechter William Seth Md	Practitioner - Non-Primary Care Provider (PCP)											
Gomillion Matthew C Md	Practitioner - Non-Primary Care Provider (PCP)											
Davis Jessica Md	Practitioner - Non-Primary Care Provider (PCP)											
Greenwald Bruce M Md	Practitioner - Non-Primary Care Provider (PCP)											
Schubert Hermann D Md	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Carl Md	Practitioner - Non-Primary Care Provider (PCP)											
Brillon David J Md	Practitioner - Non-Primary Care Provider (PCP)											
Rubin Lori A Md	Practitioner - Non-Primary Care Provider (PCP)											
Lien Cynthia A Md	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Stephen J Md	Practitioner - Non-Primary Care Provider (PCP)											
Neuberg Gerald Md	Practitioner - Non-Primary Care Provider (PCP)											
Heier Linda Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Mccormick Paul C Md	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Elliot I Md P C	Practitioner - Non-Primary Care Provider (PCP)											
Gruenspan Harry L Md	Practitioner - Non-Primary Care Provider (PCP)											
Lerman Bruce B Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenberg Richard M Md	Practitioner - Non-Primary Care Provider (PCP)											
Lewis Suzanne K Md	Practitioner - Non-Primary Care Provider (PCP)											
Dimond Carol L Md	Practitioner - Non-Primary Care Provider (PCP)											
Kerr Gregory Md	Practitioner - Non-Primary Care Provider (PCP)											
Markowitz David D Md	Practitioner - Non-Primary Care Provider (PCP)											
Cooke Claudia M Md	Practitioner - Non-Primary Care Provider (PCP)											
Kelly Anna B Md	Practitioner - Non-Primary Care Provider (PCP)											

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Stancato-Pasik Agata Md	Practitioner - Non-Primary Care Provider (PCP)											
Frank Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Samuels Jon D Md	Practitioner - Non-Primary Care Provider (PCP)											
Engler Danielle E Md	Practitioner - Non-Primary Care Provider (PCP)											
Eliezri Yehuda David Md	Practitioner - Non-Primary Care Provider (PCP)											
Savarese John J Md	Practitioner - Non-Primary Care Provider (PCP)											
Mercer John Stephen Md	Practitioner - Non-Primary Care Provider (PCP)											
Khilnani Neil M Md	Practitioner - Non-Primary Care Provider (PCP)											
Kamen Stewart M Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)											
Gruss Leah P Md	Practitioner - Non-Primary Care Provider (PCP)											
Worman Howard J Md	Practitioner - Non-Primary Care Provider (PCP)											
Trost David W Md	Practitioner - Non-Primary Care Provider (PCP)											
Hemmings Hugh C Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Winter Lee Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Rubin Marsha Evelyn Dds	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Robert Jay Md	Practitioner - Non-Primary Care Provider (PCP)											
Albert David Alan Dds	Practitioner - Non-Primary Care Provider (PCP)											
Slater Jonathan Allen Md	Practitioner - Non-Primary Care Provider (PCP)											
Naamon Edwin L Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Chefitz Allen B Md	Practitioner - Non-Primary Care Provider (PCP)											
Sockolow Robbyn Ellen Md	Practitioner - Non-Primary Care Provider (PCP)											
Markowitz Steven M Md	Practitioner - Non-Primary Care Provider (PCP)											
Andersen Holly Sue Md	Practitioner - Non-Primary Care Provider (PCP)											
Steinberg Leonard Gary Md	Practitioner - Non-Primary Care Provider (PCP)											
Dimango Angela M Md	Practitioner - Non-Primary Care Provider (PCP)											
Stillman Joshua I Md	Practitioner - Non-Primary Care Provider (PCP)											
Bowe Barbara A Md	Practitioner - Non-Primary Care Provider (PCP)											
Heath Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Markowitz Arlene H Md	Practitioner - Non-Primary Care Provider (PCP)											
Pomerantz Janet Roberta Md	Practitioner - Non-Primary Care Provider (PCP)											
Lerner Jodi P Md	Practitioner - Non-Primary Care Provider (PCP)											
Dickstein Marc L Md	Practitioner - Non-Primary Care Provider (PCP)											
Kazim Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Polaneczky Margaret M Md	Practitioner - Non-Primary Care Provider (PCP)											
Green Robert Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Mesa-Jonassen Amy Md	Practitioner - Non-Primary Care Provider (PCP)											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Spicer Clinton Eduardo Dds	Practitioner - Non-Primary Care Provider (PCP)											
Heerdt Paul Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Strauch Robert Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Cain Charles F	Practitioner - Non-Primary Care Provider (PCP)											
Sayan Osman Rafael Md	Practitioner - Non-Primary Care Provider (PCP)											
Giglio James F Md	Practitioner - Non-Primary Care Provider (PCP)											
Chinitz Lynn Md	Practitioner - Non-Primary Care Provider (PCP)											
Cimino-Gandolfo Lisa Hilary	Practitioner - Non-Primary Care Provider (PCP)											
Lovaglio Frank H Md	Practitioner - Non-Primary Care Provider (PCP)											
Schlegel Peter Niles Md	Practitioner - Non-Primary Care Provider (PCP)											
Garcia Carrasquillo Reuben Md	Practitioner - Non-Primary Care Provider (PCP)											
Foca Francis J Md	Practitioner - Non-Primary Care Provider (PCP)											
Jacobs Thomas P Md	Practitioner - Non-Primary Care Provider (PCP)											
Tjan Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Pon Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Bauchman Gail Md	Practitioner - Non-Primary Care Provider (PCP)											
Minken Todd Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Villena Yolanda Mary	Practitioner - Non-Primary Care Provider (PCP)											
Beltrani Vincent Peter Md	Practitioner - Non-Primary Care Provider (PCP)											
Coyne John A Md	Practitioner - Non-Primary Care Provider (PCP)											
Mcginty Geraldine Md	Practitioner - Non-Primary Care Provider (PCP)											
Calamari Gail Amelia Md	Practitioner - Non-Primary Care Provider (PCP)											
Sherman David Md	Practitioner - Non-Primary Care Provider (PCP)											
Flynn Patrick Alex Md	Practitioner - Non-Primary Care Provider (PCP)											
Cueva Jeanette E Md	Practitioner - Non-Primary Care Provider (PCP)											
Claude Shari Lisa Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldstein Peter A Md	Practitioner - Non-Primary Care Provider (PCP)											
Alweiss Gary S Md	Practitioner - Non-Primary Care Provider (PCP)											
Dutkowsky Joseph P Md	Practitioner - Non-Primary Care Provider (PCP)											
Dizon Jose M Md	Practitioner - Non-Primary Care Provider (PCP)											
Hom Adam Md	Practitioner - Non-Primary Care Provider (PCP)											
Tsai Shiu-Lin Md	Practitioner - Non-Primary Care Provider (PCP)											
Lahm Daniel M Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Libre Peter Eugene Md	Practitioner - Non-Primary Care Provider (PCP)											
Buchness Mary Ruth Md	Practitioner - Non-Primary Care Provider (PCP)											
Bien-Aime Jean L Md	Practitioner - Non-Primary Care Provider (PCP)											

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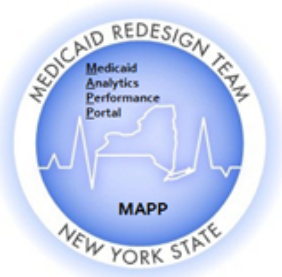| Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Greenberg Steven David Md	Practitioner - Non-Primary Care Provider (PCP)											
Weimer Louis Md	Practitioner - Non-Primary Care Provider (PCP)											
Zimmerman Ralf C Md	Practitioner - Non-Primary Care Provider (PCP)											
Tan Patricia T Md	Practitioner - Non-Primary Care Provider (PCP)											
Kane Steven A Md	Practitioner - Non-Primary Care Provider (PCP)											
Perelstein Eduardo M Md	Practitioner - Non-Primary Care Provider (PCP)											
Stuebgen Joerg Patrick Md	Practitioner - Non-Primary Care Provider (PCP)											
Dogim Lila Md	Practitioner - Non-Primary Care Provider (PCP)											
Aledo Alexander Md	Practitioner - Non-Primary Care Provider (PCP)											
Mack Patricia Fogarty Md	Practitioner - Non-Primary Care Provider (PCP)											
Rozenshtein Anna Md	Practitioner - Non-Primary Care Provider (PCP)											
Bazil Carl Walter Md	Practitioner - Non-Primary Care Provider (PCP)											
Dilson Saul N Do	Practitioner - Non-Primary Care Provider (PCP)											
Ford Blair Md	Practitioner - Non-Primary Care Provider (PCP)											
Abdo Farid Fawzi Md	Practitioner - Non-Primary Care Provider (PCP)											
Simmons Rache M Md	Practitioner - Non-Primary Care Provider (PCP)											
Freda Pamela U Md	Practitioner - Non-Primary Care Provider (PCP)											
Schlossberg Peter Md	Practitioner - Non-Primary Care Provider (PCP)											
Antonio Eduardo Santiago Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Bokhari Sabahat Md	Practitioner - Non-Primary Care Provider (PCP)											
Gold Melanie A Md	Practitioner - Non-Primary Care Provider (PCP)											
Cardenas Dora L Md	Practitioner - Non-Primary Care Provider (PCP)											
Cross Jennifer Frances Md	Practitioner - Non-Primary Care Provider (PCP)											
Bologa Roxana Magdalena Md	Practitioner - Non-Primary Care Provider (PCP)											
Comunale Joseph P Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Nayyar Rashid Md	Practitioner - Non-Primary Care Provider (PCP)											
Whittington Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Ebner Susana	Practitioner - Non-Primary Care Provider (PCP)											
Ditullio Marco R Md	Practitioner - Non-Primary Care Provider (PCP)											
Reichel Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Walther Robert R Md	Practitioner - Non-Primary Care Provider (PCP)											
Knobler Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)											
Barrow Ruth M Md	Practitioner - Non-Primary Care Provider (PCP)											
Garzon Maria Cecilia Md	Practitioner - Non-Primary Care Provider (PCP)											
Decorato Douglas Md	Practitioner - Non-Primary Care Provider (PCP)											
Brown Marc Md	Practitioner - Non-Primary Care Provider (PCP)											

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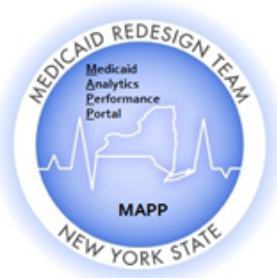| Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Jerome Elizabeth Heidi Md	Practitioner - Non-Primary Care Provider (PCP)											
Leong Marie L Md	Practitioner - Non-Primary Care Provider (PCP)											
Brannagan Thomas Hyatt Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Gurvitch Dana Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Kern Jeffrey Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Moazami Golnaz Md	Practitioner - Non-Primary Care Provider (PCP)											
Pean Guy Jean Md	Practitioner - Non-Primary Care Provider (PCP)											
Marx Steven Owen Md	Practitioner - Non-Primary Care Provider (PCP)											
Pacheco-Fowler Victor Md	Practitioner - Non-Primary Care Provider (PCP)											
Hoda Syed A	Practitioner - Non-Primary Care Provider (PCP)											
Sorrel-Mosk Gail P Md	Practitioner - Non-Primary Care Provider (PCP)											
Quigley Claire	Practitioner - Non-Primary Care Provider (PCP)											
Chong David Hae Kyo Md	Practitioner - Non-Primary Care Provider (PCP)											
Michael Mann Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Resnick David J	Practitioner - Non-Primary Care Provider (PCP)											
Eisen Carolyn Sharyn Md	Practitioner - Non-Primary Care Provider (PCP)											
Lederman Carolyn Rose Md	Practitioner - Non-Primary Care Provider (PCP)											
Cheng Daniel H Md	Practitioner - Non-Primary Care Provider (PCP)											
Warshofsky Mark Kevin Md	Practitioner - Non-Primary Care Provider (PCP)											
Bristow Robert Blakely Md	Practitioner - Non-Primary Care Provider (PCP)											
Chen Jianping Md	Practitioner - Non-Primary Care Provider (PCP)											
Kamal Linda Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Pearson Gregory David N Md	Practitioner - Non-Primary Care Provider (PCP)											
Duncan David Brian Md	Practitioner - Non-Primary Care Provider (PCP)											
He Cong Md	Practitioner - Non-Primary Care Provider (PCP)											
Connolly E Sander Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Sheth Sujit S Md	Practitioner - Non-Primary Care Provider (PCP)											
Vogiatzi Maria G Md	Practitioner - Non-Primary Care Provider (PCP)											
Braunstein Robert A Md	Practitioner - Non-Primary Care Provider (PCP)											
Olivera Rosemarie R Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Joshi Shailendra Md	Practitioner - Non-Primary Care Provider (PCP)											
Odrich Marc G Md	Practitioner - Non-Primary Care Provider (PCP)											
Schofield Barbara S Md	Practitioner - Non-Primary Care Provider (PCP)											
Georgiou Demetrios Md	Practitioner - Non-Primary Care Provider (PCP)											
Katz Melissa D Md	Practitioner - Non-Primary Care Provider (PCP)											
Pavell Jeff Richard Do	Practitioner - Non-Primary Care Provider (PCP)											

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Carter Wallace A Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Sladen Robert N Md	Practitioner - Non-Primary Care Provider (PCP)											
Herlick Anne	Practitioner - Non-Primary Care Provider (PCP)											
Borczuk Alain C Md	Practitioner - Non-Primary Care Provider (PCP)											
Leifer Dana Md	Practitioner - Non-Primary Care Provider (PCP)											
Bresgi Ivan	Practitioner - Non-Primary Care Provider (PCP)											
Goldman James E	Practitioner - Non-Primary Care Provider (PCP)											
Greenfield Alica	Practitioner - Non-Primary Care Provider (PCP)											
Hamele-Bena Diane	Practitioner - Non-Primary Care Provider (PCP)											
Hibshoosh Hanina	Practitioner - Non-Primary Care Provider (PCP)											
Hirano Michio Md	Practitioner - Non-Primary Care Provider (PCP)											
Kuras Mark	Practitioner - Non-Primary Care Provider (PCP)											
Lefkowitch Jay	Practitioner - Non-Primary Care Provider (PCP)											
Mufson Laura	Practitioner - Non-Primary Care Provider (PCP)											
Ruiz Peter R	Practitioner - Non-Primary Care Provider (PCP)											
Sahs John Arthur	Practitioner - Non-Primary Care Provider (PCP)											
Goldstein Amy E Do	Practitioner - Non-Primary Care Provider (PCP)											
Brentjens Tricia E Md	Practitioner - Non-Primary Care Provider (PCP)											
Mayer Elizabeth W	Practitioner - Non-Primary Care Provider (PCP)											
Bulman William A Md	Practitioner - Non-Primary Care Provider (PCP)											
Kim Heahyung Md	Practitioner - Non-Primary Care Provider (PCP)											
Goodman Stephanie R Md	Practitioner - Non-Primary Care Provider (PCP)											
Schluger Neil W Md	Practitioner - Non-Primary Care Provider (PCP)											
Foster Jordan	Practitioner - Non-Primary Care Provider (PCP)											
Knowles Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Koizumi June	Practitioner - Non-Primary Care Provider (PCP)											
Chen Yao-Tseng	Practitioner - Non-Primary Care Provider (PCP)											
Cesarman Ethel	Practitioner - Non-Primary Care Provider (PCP)											
Sklar Jeffrey	Practitioner - Non-Primary Care Provider (PCP)											
Funt Tina	Practitioner - Non-Primary Care Provider (PCP)											
Osman Yasemin	Practitioner - Non-Primary Care Provider (PCP)											
Spitz Joel	Practitioner - Non-Primary Care Provider (PCP)											
Franck Jeanne	Practitioner - Non-Primary Care Provider (PCP)											
Walczyk John	Practitioner - Non-Primary Care Provider (PCP)											
Lorich Dean Gerard Md	Practitioner - Non-Primary Care Provider (PCP)											
Basulto Dean Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											

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Bockman Richard	Practitioner - Non-Primary Care Provider (PCP)											
Katz Richard J Md	Practitioner - Non-Primary Care Provider (PCP)											
Albert Steven Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Haimes Alison B Md	Practitioner - Non-Primary Care Provider (PCP)											
Milburn Peter	Practitioner - Non-Primary Care Provider (PCP)											
Rabinowitz Asher	Practitioner - Non-Primary Care Provider (PCP)											
Harbury Eva-Josephine B Md	Practitioner - Non-Primary Care Provider (PCP)											
Drake Julie Ann Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Alicea Nivia C Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Mcmaster Patricia Alice Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Harren Patricia Ann	Practitioner - Non-Primary Care Provider (PCP)											
Chasen Stephen T Md	Practitioner - Non-Primary Care Provider (PCP)											
Jones Erica C Md	Practitioner - Non-Primary Care Provider (PCP)											
Ho Allan Waiming Md	Practitioner - Non-Primary Care Provider (PCP)											
Gharavi Ali	Practitioner - Non-Primary Care Provider (PCP)											
Bishop Naomi B Md	Practitioner - Non-Primary Care Provider (PCP)											
Emala Charles W Md	Practitioner - Non-Primary Care Provider (PCP)											
Levine William Noah Md	Practitioner - Non-Primary Care Provider (PCP)											
Abramovitz Sharon Md	Practitioner - Non-Primary Care Provider (PCP)											
Canals-Ferrat Pedro Md	Practitioner - Non-Primary Care Provider (PCP)											
Flamer Harold E Md	Practitioner - Non-Primary Care Provider (PCP)											
Lin Michael Tai-Ju Md	Practitioner - Non-Primary Care Provider (PCP)											
Caruana Salvatore M Md	Practitioner - Non-Primary Care Provider (PCP)											
Troiano Robert N Md	Practitioner - Non-Primary Care Provider (PCP)											
O'Toole Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
D'Agati Vivette	Practitioner - Non-Primary Care Provider (PCP)											
Kim Peter Yhosung Md	Practitioner - Non-Primary Care Provider (PCP)											
Gong Mabel Pui Bow Md	Practitioner - Non-Primary Care Provider (PCP)											
Yunakov Michael	Practitioner - Non-Primary Care Provider (PCP)											
Purugganan Oscar H Md	Practitioner - Non-Primary Care Provider (PCP)											
Beneck Debra	Practitioner - Non-Primary Care Provider (PCP)											
Desperito Elise Md	Practitioner - Non-Primary Care Provider (PCP)											
Ilarda Isabella Md	Practitioner - Non-Primary Care Provider (PCP)											
Hodges Joanne K Md	Practitioner - Non-Primary Care Provider (PCP)											
Haberman Skye Phd	Practitioner - Non-Primary Care Provider (PCP)											
Lowe Gina M Md	Practitioner - Non-Primary Care Provider (PCP)											

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Mckhann Guy M Ii Md	Practitioner - Non-Primary Care Provider (PCP)											
Garcia Juan Carlos Md	Practitioner - Non-Primary Care Provider (PCP)											
John Dario Salazar Schicchi	Practitioner - Non-Primary Care Provider (PCP)											
Sonty Nomita Phd	Practitioner - Non-Primary Care Provider (PCP)											
Marboe Charles	Practitioner - Non-Primary Care Provider (PCP)											
Weinberger Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Prince Martin R Md	Practitioner - Non-Primary Care Provider (PCP)											
Benhamroun Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Brown Jr. Robert	Practitioner - Non-Primary Care Provider (PCP)											
Pickering Sean P Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenbaum Simon Jeremy Md	Practitioner - Non-Primary Care Provider (PCP)											
Maurer Mathew S Md	Practitioner - Non-Primary Care Provider (PCP)											
Segal Alan Zachary Md	Practitioner - Non-Primary Care Provider (PCP)											
Sperling David C Md	Practitioner - Non-Primary Care Provider (PCP)											
Scharoun Jacques Hans Md	Practitioner - Non-Primary Care Provider (PCP)											
Fan Paul Nancy I Md	Practitioner - Non-Primary Care Provider (PCP)											
Holcomb Kevin M	Practitioner - Non-Primary Care Provider (PCP)											
Kim Hong Suk Md	Practitioner - Non-Primary Care Provider (PCP)											
Schmidt Paul Frederick Md	Practitioner - Non-Primary Care Provider (PCP)											
Szabolcs Matthias	Practitioner - Non-Primary Care Provider (PCP)											
Roberts James Kirkland Md	Practitioner - Non-Primary Care Provider (PCP)											
Louis Elan	Practitioner - Non-Primary Care Provider (PCP)											
Berkowitz Rhonda	Practitioner - Non-Primary Care Provider (PCP)											
Macaulay William Bernard Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenbaum Edward	Practitioner - Non-Primary Care Provider (PCP)											
Mendiratta Anil Md	Practitioner - Non-Primary Care Provider (PCP)											
Shapiro Roberta	Practitioner - Non-Primary Care Provider (PCP)											
Whang Eugene J Md	Practitioner - Non-Primary Care Provider (PCP)											
Shustorovich Yevgeniy Md	Practitioner - Non-Primary Care Provider (PCP)											
Hartman Amy	Practitioner - Non-Primary Care Provider (PCP)											
Waters Cheryl H Md	Practitioner - Non-Primary Care Provider (PCP)											
Simpson Lynn Louise Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee Francis Youngin Md	Practitioner - Non-Primary Care Provider (PCP)											
Saraiya Neeta Rajendra Md	Practitioner - Non-Primary Care Provider (PCP)											
Susman Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Basner Robert Charles Md	Practitioner - Non-Primary Care Provider (PCP)											

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Herman Craig	Practitioner - Non-Primary Care Provider (PCP)											
Chadha Deepa Jagdish Md	Practitioner - Non-Primary Care Provider (PCP)											
Yin Michael Ting-Pong Md	Practitioner - Non-Primary Care Provider (PCP)											
Resko Taubel Debra Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Tiscornia-Wasserman Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Hyman Joshua Ethan Md	Practitioner - Non-Primary Care Provider (PCP)											
Levit Eyal Konstantin Md	Practitioner - Non-Primary Care Provider (PCP)											
Clapcich Anthony Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Karceski Steven C Md	Practitioner - Non-Primary Care Provider (PCP)											
Abeles Gwen Dee Md	Practitioner - Non-Primary Care Provider (PCP)											
Weintraub Joshua Lorin Md	Practitioner - Non-Primary Care Provider (PCP)											
Parikh Sherwin	Practitioner - Non-Primary Care Provider (PCP)											
Shaktman Barry David Md	Practitioner - Non-Primary Care Provider (PCP)											
Moraru Robert Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Bansal Mimi Goel Md	Practitioner - Non-Primary Care Provider (PCP)											
Drotman Michele Beth Md	Practitioner - Non-Primary Care Provider (PCP)											
Lichtman Adam David Md	Practitioner - Non-Primary Care Provider (PCP)											
Kjaer-Pedersen Klaus Md	Practitioner - Non-Primary Care Provider (PCP)											
Osorio James Albert Md	Practitioner - Non-Primary Care Provider (PCP)											
Konrad Hindola Md	Practitioner - Non-Primary Care Provider (PCP)											
Kiselev Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Scher David Marx Md	Practitioner - Non-Primary Care Provider (PCP)											
Van David Charles Md	Practitioner - Non-Primary Care Provider (PCP)											
Shneider Neil Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Riley David Christopher Md	Practitioner - Non-Primary Care Provider (PCP)											
Clark Mary Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
Wang Timothy C Md	Practitioner - Non-Primary Care Provider (PCP)											
Hlibczuk Veronica Maria Md	Practitioner - Non-Primary Care Provider (PCP)											
Kachulis Bessie Md	Practitioner - Non-Primary Care Provider (PCP)											
Pack Alison Mary Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee H Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Winawer Melodie Md	Practitioner - Non-Primary Care Provider (PCP)											
Friederwitzer Karin Md	Practitioner - Non-Primary Care Provider (PCP)											
Dhar Panchali Md	Practitioner - Non-Primary Care Provider (PCP)											
Silverberg Lynn R	Practitioner - Non-Primary Care Provider (PCP)											
Zylberger David A Md	Practitioner - Non-Primary Care Provider (PCP)											

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Sunshine Vicki	Practitioner - Non-Primary Care Provider (PCP)											
Engel Murray Md	Practitioner - Non-Primary Care Provider (PCP)											
Mitsumoto Hiroshi Md	Practitioner - Non-Primary Care Provider (PCP)											
Wong Franklin Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Kushnerik Vadim Md	Practitioner - Non-Primary Care Provider (PCP)											
Honig Lawrence Sterling Md	Practitioner - Non-Primary Care Provider (PCP)											
Pascoe Marilinda Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Eisenberg Marc Sabin Md	Practitioner - Non-Primary Care Provider (PCP)											
Sharma Aarti Md	Practitioner - Non-Primary Care Provider (PCP)											
Elias Richard L Dmd	Practitioner - Non-Primary Care Provider (PCP)											
Nishanian Ervant Vahe Md	Practitioner - Non-Primary Care Provider (PCP)											
Abraham Marthe Md	Practitioner - Non-Primary Care Provider (PCP)											
Lignelli Angela Md	Practitioner - Non-Primary Care Provider (PCP)											
Reis Tal Phd	Practitioner - Non-Primary Care Provider (PCP)											
Kupersmith Andrew Craig Md	Practitioner - Non-Primary Care Provider (PCP)											
Mazzoni Pietro Md	Practitioner - Non-Primary Care Provider (PCP)											
Howell Joy Deanna Md	Practitioner - Non-Primary Care Provider (PCP)											
Difelice Gregory Md	Practitioner - Non-Primary Care Provider (PCP)											
Turner William C Md	Practitioner - Non-Primary Care Provider (PCP)											
Rubinstein Ran Y Md	Practitioner - Non-Primary Care Provider (PCP)											
Hardick Dacko Anne C Md	Practitioner - Non-Primary Care Provider (PCP)											
Canfield Stephen Marc Md	Practitioner - Non-Primary Care Provider (PCP)											
Quinn Debra Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Matseoane Dara N Md	Practitioner - Non-Primary Care Provider (PCP)											
Lin Deborah H	Practitioner - Non-Primary Care Provider (PCP)											
Mabry Gloria	Practitioner - Non-Primary Care Provider (PCP)											
Pasley Peter Macpherson Md	Practitioner - Non-Primary Care Provider (PCP)											
Shahid Nasar Mahmood Md	Practitioner - Non-Primary Care Provider (PCP)											
Lachs Mark Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Dove Lorna Mills Md	Practitioner - Non-Primary Care Provider (PCP)											
Geskin Larisa Md	Practitioner - Non-Primary Care Provider (PCP)											
Meyers Philip M Md	Practitioner - Non-Primary Care Provider (PCP)											
Coleman Hanna R Md	Practitioner - Non-Primary Care Provider (PCP)											
Sica Gregory Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Lock Barbara Gaetana Md	Practitioner - Non-Primary Care Provider (PCP)											
Patel Ashmi A Md	Practitioner - Non-Primary Care Provider (PCP)											

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Mitchell W Beau Md	Practitioner - Non-Primary Care Provider (PCP)											
Landau Cahana Ruth Md	Practitioner - Non-Primary Care Provider (PCP)											
Scherl Ellen Md	Practitioner - Non-Primary Care Provider (PCP)											
Gobin Yves Pierre Md	Practitioner - Non-Primary Care Provider (PCP)											
Mankowitz Suzanne K Md	Practitioner - Non-Primary Care Provider (PCP)											
Zhao Yejun Md	Practitioner - Non-Primary Care Provider (PCP)											
Al-Aswad Lama A Md	Practitioner - Non-Primary Care Provider (PCP)											
Stavropoulos Stavros N	Practitioner - Non-Primary Care Provider (PCP)											
Alabre Frantzces Marie	Practitioner - Non-Primary Care Provider (PCP)											
Alobeid Banchier	Practitioner - Non-Primary Care Provider (PCP)											
Carter Alicia R	Practitioner - Non-Primary Care Provider (PCP)											
Dooley Francis Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Porizkova Anna M	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Brian D	Practitioner - Non-Primary Care Provider (PCP)											
Shin Sandra J	Practitioner - Non-Primary Care Provider (PCP)											
Tam Wayne	Practitioner - Non-Primary Care Provider (PCP)											
Choi Hyunmi Md	Practitioner - Non-Primary Care Provider (PCP)											
Vitale Michael Guy Md	Practitioner - Non-Primary Care Provider (PCP)											
Baker Margaret Np	Practitioner - Non-Primary Care Provider (PCP)											
Eisenberg Nell	Practitioner - Non-Primary Care Provider (PCP)											
Ahmad Christopher S Md	Practitioner - Non-Primary Care Provider (PCP)											
Hunter Lisa Phd	Practitioner - Non-Primary Care Provider (PCP)											
Ahmed Shakil Md	Practitioner - Non-Primary Care Provider (PCP)											
Levy Richard Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Nicolaides Alexander	Practitioner - Non-Primary Care Provider (PCP)											
Ko Ruby	Practitioner - Non-Primary Care Provider (PCP)											
Ahmad Aziz Md	Practitioner - Non-Primary Care Provider (PCP)											
Melman Douglas J Md	Practitioner - Non-Primary Care Provider (PCP)											
Flynn John Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Jelic Sanja Md	Practitioner - Non-Primary Care Provider (PCP)											
Greisberg Justin Md	Practitioner - Non-Primary Care Provider (PCP)											
Dixon Jeremy James Dds	Practitioner - Non-Primary Care Provider (PCP)											
Henchcliffe Claire Md	Practitioner - Non-Primary Care Provider (PCP)											
Birmingham Mary Catherine Md	Practitioner - Non-Primary Care Provider (PCP)											
Mackay-Wiggan Julian Md	Practitioner - Non-Primary Care Provider (PCP)											
Ryntz Timothy E Md	Practitioner - Non-Primary Care Provider (PCP)											

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Wagener Gebhard Md	Practitioner - Non-Primary Care Provider (PCP)											
Fogelman Joshua P Md	Practitioner - Non-Primary Care Provider (PCP)											
Weiner Holly H	Practitioner - Non-Primary Care Provider (PCP)											
Walters-Pelham Hilsa O Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Bourjolly Wilson Md	Practitioner - Non-Primary Care Provider (PCP)											
Perez-Delboy Annette Md	Practitioner - Non-Primary Care Provider (PCP)											
Gyamfi Cynthia Md	Practitioner - Non-Primary Care Provider (PCP)											
Skubas Nikolaos Md	Practitioner - Non-Primary Care Provider (PCP)											
Pediatric Cardiology Of Rockl	Practitioner - Non-Primary Care Provider (PCP)											
Akman Cigdem Inan Md	Practitioner - Non-Primary Care Provider (PCP)											
Charnoff Katz Karin Sue Md	Practitioner - Non-Primary Care Provider (PCP)											
Mullin Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Nickolas Thomas L Md	Practitioner - Non-Primary Care Provider (PCP)											
Infantino Sandra	Practitioner - Non-Primary Care Provider (PCP)											
Belayneh Lulenesh Md	Practitioner - Non-Primary Care Provider (PCP)											
Mathew Leena Md	Practitioner - Non-Primary Care Provider (PCP)											
Vacca Susan H	Practitioner - Non-Primary Care Provider (PCP)											
Mennitt Kevin	Practitioner - Non-Primary Care Provider (PCP)											
Hentel Keith D Md	Practitioner - Non-Primary Care Provider (PCP)											
Corrigan Devlyn Lee Md	Practitioner - Non-Primary Care Provider (PCP)											
Tsiouris Apostolos John Md	Practitioner - Non-Primary Care Provider (PCP)											
Veler Haviva Md	Practitioner - Non-Primary Care Provider (PCP)											
Chin Russell L Md	Practitioner - Non-Primary Care Provider (PCP)											
Ratan Rini Banerjee Md	Practitioner - Non-Primary Care Provider (PCP)											
Price David	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Trisha Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Nelson Jonathan Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)											
Burgansky Anna Md	Practitioner - Non-Primary Care Provider (PCP)											
Cepin Ana G Md	Practitioner - Non-Primary Care Provider (PCP)											
Akerman Riva R Md	Practitioner - Non-Primary Care Provider (PCP)											
Fryer Robert Hugh Md	Practitioner - Non-Primary Care Provider (PCP)											
Malhotra Jaideep Kiran Md	Practitioner - Non-Primary Care Provider (PCP)											
Taddeo Gregory Dds	Practitioner - Non-Primary Care Provider (PCP)											
Phillips Ashanda Myrna Md	Practitioner - Non-Primary Care Provider (PCP)											
Ding Qing Md	Practitioner - Non-Primary Care Provider (PCP)											
Seshan Surya	Practitioner - Non-Primary Care Provider (PCP)											

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Ely Scott	Practitioner - Non-Primary Care Provider (PCP)											
Chen Xiaowei Md	Practitioner - Non-Primary Care Provider (PCP)											
Su Karen L Md	Practitioner - Non-Primary Care Provider (PCP)											
Kim Donald M Md	Practitioner - Non-Primary Care Provider (PCP)											
Uyttendaele Hendrik	Practitioner - Non-Primary Care Provider (PCP)											
Lalwani Anil	Practitioner - Non-Primary Care Provider (PCP)											
Huang Mary	Practitioner - Non-Primary Care Provider (PCP)											
Roye Benjamin David Md	Practitioner - Non-Primary Care Provider (PCP)											
Sheen Jean-Ju Md	Practitioner - Non-Primary Care Provider (PCP)											
Perlman Jeffrey M Md	Practitioner - Non-Primary Care Provider (PCP)											
Hecht Elizabeth M Md	Practitioner - Non-Primary Care Provider (PCP)											
Qin Lihui Md	Practitioner - Non-Primary Care Provider (PCP)											
Ogedegbe Anthony Emmanue O Md	Practitioner - Non-Primary Care Provider (PCP)											
Manczur Terezia Md	Practitioner - Non-Primary Care Provider (PCP)											
Crew Russell John Md	Practitioner - Non-Primary Care Provider (PCP)											
Cheta Ghansham Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Luo Wayne	Practitioner - Non-Primary Care Provider (PCP)											
Hriljac Ingrid Md	Practitioner - Non-Primary Care Provider (PCP)											
Darwich Alaeldin A Md	Practitioner - Non-Primary Care Provider (PCP)											
Palmer Steven J	Practitioner - Non-Primary Care Provider (PCP)											
Warren Michael S Md	Practitioner - Non-Primary Care Provider (PCP)											
George Gibbi Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Hill Shanna Sykes Md	Practitioner - Non-Primary Care Provider (PCP)											
Robenzadeh Azar Angela Md	Practitioner - Non-Primary Care Provider (PCP)											
Thakur Ravi K Md	Practitioner - Non-Primary Care Provider (PCP)											
Sedighi Abdollah Md	Practitioner - Non-Primary Care Provider (PCP)											
Winfree Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)											
Kosofsky Barry E Md	Practitioner - Non-Primary Care Provider (PCP)											
Chen Mildred Md	Practitioner - Non-Primary Care Provider (PCP)											
Shaknovich Rita	Practitioner - Non-Primary Care Provider (PCP)											
Vasovic Ljiljana	Practitioner - Non-Primary Care Provider (PCP)											
Tang Chin Md	Practitioner - Non-Primary Care Provider (PCP)											
Breen Lorna M Md	Practitioner - Non-Primary Care Provider (PCP)											
Kubacki Tatiana Md	Practitioner - Non-Primary Care Provider (PCP)											
Egan Brian Md	Practitioner - Non-Primary Care Provider (PCP)											
Weller Mark Andreas Md	Practitioner - Non-Primary Care Provider (PCP)											

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		Participating in Projects										
Weinsaft Jonathan Wells Md	Practitioner - Non-Primary Care Provider (PCP)											
Gonter Neil	Practitioner - Non-Primary Care Provider (PCP)											
Cappell Joshua Md	Practitioner - Non-Primary Care Provider (PCP)											
Shanewise Jack Md	Practitioner - Non-Primary Care Provider (PCP)											
D'Armiento Jeanine Maria T Md	Practitioner - Non-Primary Care Provider (PCP)											
Gutzler Marcus Md	Practitioner - Non-Primary Care Provider (PCP)											
Sinha Naina Md	Practitioner - Non-Primary Care Provider (PCP)											
Geyer Adam Shaker	Practitioner - Non-Primary Care Provider (PCP)											
Houck Philipp Joannis Md	Practitioner - Non-Primary Care Provider (PCP)											
Hache Manon	Practitioner - Non-Primary Care Provider (PCP)											
Walker Marcella Md	Practitioner - Non-Primary Care Provider (PCP)											
Duan Dewan	Practitioner - Non-Primary Care Provider (PCP)											
Wuhrman Elsa	Practitioner - Non-Primary Care Provider (PCP)											
Abrams Stacy Beth	Practitioner - Non-Primary Care Provider (PCP)											
Rutman Matthew P Md	Practitioner - Non-Primary Care Provider (PCP)											
Brown Natalia Sharon Ivascu	Practitioner - Non-Primary Care Provider (PCP)											
Ee Pei-Lee Md	Practitioner - Non-Primary Care Provider (PCP)											
Min James K Md	Practitioner - Non-Primary Care Provider (PCP)											
D'Alessandro Angela Marie	Practitioner - Non-Primary Care Provider (PCP)											
Kong Kin Ching Md	Practitioner - Non-Primary Care Provider (PCP)											
Kraebber Markus James Md	Practitioner - Non-Primary Care Provider (PCP)											
Kopman David Md	Practitioner - Non-Primary Care Provider (PCP)											
Jalbout Maya Md	Practitioner - Non-Primary Care Provider (PCP)											
Kodali Susheel Kumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Shih George Md	Practitioner - Non-Primary Care Provider (PCP)											
Trepp Richard C Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Delamora Patricia A Md	Practitioner - Non-Primary Care Provider (PCP)											
Smok Dorothy Md	Practitioner - Non-Primary Care Provider (PCP)											
Lin Helen Md	Practitioner - Non-Primary Care Provider (PCP)											
Dousmanis Athanasios G Md	Practitioner - Non-Primary Care Provider (PCP)											
Chang Betty Chia Wen Md	Practitioner - Non-Primary Care Provider (PCP)											
Bouchard Nicole Colette Md	Practitioner - Non-Primary Care Provider (PCP)											
Teplin Debra Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Baird Jeffrey M Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldberg Michael Ellis Md	Practitioner - Non-Primary Care Provider (PCP)											
Gushue George	Practitioner - Non-Primary Care Provider (PCP)											

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Soule Charles Raymond Jr	Practitioner - Non-Primary Care Provider (PCP)											
Dillon Gregory	Practitioner - Non-Primary Care Provider (PCP)											
Geller Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Schmerl Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Musabegovich Aida	Practitioner - Non-Primary Care Provider (PCP)											
Tomlinson William C	Practitioner - Non-Primary Care Provider (PCP)											
Garza Luiz Angel Iii	Practitioner - Non-Primary Care Provider (PCP)											
Singh Sarabjit	Practitioner - Non-Primary Care Provider (PCP)											
Seracini Angela Maria	Practitioner - Non-Primary Care Provider (PCP)											
Goren Gayle	Practitioner - Non-Primary Care Provider (PCP)											
Van Nortwick Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Gallagher Trish	Practitioner - Non-Primary Care Provider (PCP)											
Mandel Arthur M Md	Practitioner - Non-Primary Care Provider (PCP)											
Laifer-Narin Sherelle L Md	Practitioner - Non-Primary Care Provider (PCP)											
Pryor Kane Owen Md	Practitioner - Non-Primary Care Provider (PCP)											
Han Jung Hee June Md	Practitioner - Non-Primary Care Provider (PCP)											
Cunningham Jennifer A Md	Practitioner - Non-Primary Care Provider (PCP)											
Askanase Anca Dinu Md	Practitioner - Non-Primary Care Provider (PCP)											
Rieppi Ricardo	Practitioner - Non-Primary Care Provider (PCP)											
Sobel Vivian Md	Practitioner - Non-Primary Care Provider (PCP)											
Dimattia Michelle Stemmle Slp	Practitioner - Non-Primary Care Provider (PCP)											
Schevon Catherine Anne Md	Practitioner - Non-Primary Care Provider (PCP)											
Kandula Padmaja Md	Practitioner - Non-Primary Care Provider (PCP)											
Koss Tamara Md	Practitioner - Non-Primary Care Provider (PCP)											
Scott-Ranawake Rebecca Md	Practitioner - Non-Primary Care Provider (PCP)											
Maris Jr Peter J G Md	Practitioner - Non-Primary Care Provider (PCP)											
Casale Pasquale Md	Practitioner - Non-Primary Care Provider (PCP)											
Noble James M Md	Practitioner - Non-Primary Care Provider (PCP)											
Yohay Kaleb H Md	Practitioner - Non-Primary Care Provider (PCP)											
Tedore Tiffany Md	Practitioner - Non-Primary Care Provider (PCP)											
Berman Robert M Md	Practitioner - Non-Primary Care Provider (PCP)											
Weiner Shepard D Md	Practitioner - Non-Primary Care Provider (PCP)											
Martin Paul Benedikt Md	Practitioner - Non-Primary Care Provider (PCP)											
Stokes Michael	Practitioner - Non-Primary Care Provider (PCP)											
Pirog Edyta	Practitioner - Non-Primary Care Provider (PCP)											
Ellenson Lora	Practitioner - Non-Primary Care Provider (PCP)											

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Friedman Peter	Practitioner - Non-Primary Care Provider (PCP)											
Rivera Ana	Practitioner - Non-Primary Care Provider (PCP)											
Gelbman Joy Marla Md	Practitioner - Non-Primary Care Provider (PCP)											
Verna Elizabeth C. Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee James Md	Practitioner - Non-Primary Care Provider (PCP)											
Carroll J Sheila Md	Practitioner - Non-Primary Care Provider (PCP)											
Cheung Jim Way Md	Practitioner - Non-Primary Care Provider (PCP)											
Minguez Xiomara Md	Practitioner - Non-Primary Care Provider (PCP)											
Magneson Amy Tye Md	Practitioner - Non-Primary Care Provider (PCP)											
Burkart Kristin M Md	Practitioner - Non-Primary Care Provider (PCP)											
Veloria Evangeline N Np	Practitioner - Non-Primary Care Provider (PCP)											
Shafig-Hoda Rana Md	Practitioner - Non-Primary Care Provider (PCP)											
Abrams Julian A Md	Practitioner - Non-Primary Care Provider (PCP)											
Merchant Sabiha Md	Practitioner - Non-Primary Care Provider (PCP)											
Choi Paul	Practitioner - Non-Primary Care Provider (PCP)											
Yang Grace	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Divya Md	Practitioner - Non-Primary Care Provider (PCP)											
Hsing Deyin D Md	Practitioner - Non-Primary Care Provider (PCP)											
Prasad Lona Md	Practitioner - Non-Primary Care Provider (PCP)											
Chen Susie Md	Practitioner - Non-Primary Care Provider (PCP)											
Granieri Evelyn Carmela Md	Practitioner - Non-Primary Care Provider (PCP)											
Grunstein Eli Md	Practitioner - Non-Primary Care Provider (PCP)											
Traube Chani Md	Practitioner - Non-Primary Care Provider (PCP)											
Savard Peter Marc Chowdhury	Practitioner - Non-Primary Care Provider (PCP)											
Dsouza Belinda M Md	Practitioner - Non-Primary Care Provider (PCP)											
Brower Ross	Practitioner - Non-Primary Care Provider (PCP)											
Ravits Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Beeder Ann	Practitioner - Non-Primary Care Provider (PCP)											
Dragatsi Dianna	Practitioner - Non-Primary Care Provider (PCP)											
Cardullo Alice	Practitioner - Non-Primary Care Provider (PCP)											
Orpilla Evangeline	Practitioner - Non-Primary Care Provider (PCP)											
Sweeney Eugene	Practitioner - Non-Primary Care Provider (PCP)											
Safdieh Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Babagbemi T-Kemi Md	Practitioner - Non-Primary Care Provider (PCP)											
Moitra Vivek K Md	Practitioner - Non-Primary Care Provider (PCP)											
Herzog Ronit Md	Practitioner - Non-Primary Care Provider (PCP)											

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Andrews Alan	Practitioner - Non-Primary Care Provider (PCP)											
Szylit Joanne	Practitioner - Non-Primary Care Provider (PCP)											
Herman Eric	Practitioner - Non-Primary Care Provider (PCP)											
Bernstein Robert	Practitioner - Non-Primary Care Provider (PCP)											
Toback Arnold	Practitioner - Non-Primary Care Provider (PCP)											
Stevens Amy	Practitioner - Non-Primary Care Provider (PCP)											
Maso Martha	Practitioner - Non-Primary Care Provider (PCP)											
Panzer Oliver Peter-Friedrich Md	Practitioner - Non-Primary Care Provider (PCP)											
Legasto Alan Clint Md	Practitioner - Non-Primary Care Provider (PCP)											
Joiner Gail Marine Dds	Practitioner - Non-Primary Care Provider (PCP)											
Mohan Sumit Md	Practitioner - Non-Primary Care Provider (PCP)											
Courtines Simone G Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Goswami Sumeet Md	Practitioner - Non-Primary Care Provider (PCP)											
Sanchez Carlos Alberto	Practitioner - Non-Primary Care Provider (PCP)											
Kim Robert Jason Md	Practitioner - Non-Primary Care Provider (PCP)											
Gauthier Susan Do	Practitioner - Non-Primary Care Provider (PCP)											
Lee Nancy	Practitioner - Non-Primary Care Provider (PCP)											
Faust Phyllis	Practitioner - Non-Primary Care Provider (PCP)											
Saqi Anjali	Practitioner - Non-Primary Care Provider (PCP)											
Angevine Peter Md	Practitioner - Non-Primary Care Provider (PCP)											
Vonsattel Jean-Paul	Practitioner - Non-Primary Care Provider (PCP)											
Scongnamiglio Theresa	Practitioner - Non-Primary Care Provider (PCP)											
Markowitz Glen	Practitioner - Non-Primary Care Provider (PCP)											
Remotti Helen	Practitioner - Non-Primary Care Provider (PCP)											
Tanji Kurenai	Practitioner - Non-Primary Care Provider (PCP)											
Remotti Fabrizio	Practitioner - Non-Primary Care Provider (PCP)											
Crapanzano John	Practitioner - Non-Primary Care Provider (PCP)											
Bhagat Govind	Practitioner - Non-Primary Care Provider (PCP)											
Mansukhani Mahesh	Practitioner - Non-Primary Care Provider (PCP)											
Magro Cynthia	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Lavi Ehud	Practitioner - Non-Primary Care Provider (PCP)											
Spitalnik Steven	Practitioner - Non-Primary Care Provider (PCP)											
Cushing Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Yantiss Rhonda	Practitioner - Non-Primary Care Provider (PCP)											
Worgall Tilla	Practitioner - Non-Primary Care Provider (PCP)											

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Participating in Projects												
Canoll Peter	Practitioner - Non-Primary Care Provider (PCP)											
Lal Sonali Md	Practitioner - Non-Primary Care Provider (PCP)											
Garcon Ernst Md	Practitioner - Non-Primary Care Provider (PCP)											
Gavara Rachana Md	Practitioner - Non-Primary Care Provider (PCP)											
Lagratta Maria D Md	Practitioner - Non-Primary Care Provider (PCP)											
Ouchida Karin-Elizabeth Michelle Md	Practitioner - Non-Primary Care Provider (PCP)											
Belfi Lily Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Sy Calvin Go Md	Practitioner - Non-Primary Care Provider (PCP)											
Jamieson Dara Greaney Md	Practitioner - Non-Primary Care Provider (PCP)											
Almeida Laila	Practitioner - Non-Primary Care Provider (PCP)											
Gribbin Dorota	Practitioner - Non-Primary Care Provider (PCP)											
Koslo Ellen	Practitioner - Non-Primary Care Provider (PCP)											
Haug Christie Joy	Practitioner - Non-Primary Care Provider (PCP)											
Molinaro Michael	Practitioner - Non-Primary Care Provider (PCP)											
Satra Karin	Practitioner - Non-Primary Care Provider (PCP)											
Bruder Philip	Practitioner - Non-Primary Care Provider (PCP)											
Shapiro Fran	Practitioner - Non-Primary Care Provider (PCP)											
Abel Carter	Practitioner - Non-Primary Care Provider (PCP)											
Willey Joshua Zebadiah Md	Practitioner - Non-Primary Care Provider (PCP)											
Han-Faver Doreen D Md	Practitioner - Non-Primary Care Provider (PCP)											
Brown Claire Md	Practitioner - Non-Primary Care Provider (PCP)											
Schloss Robert W Md	Practitioner - Non-Primary Care Provider (PCP)											
Underwood Joseph Patrick Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Toussi Shelly S Md	Practitioner - Non-Primary Care Provider (PCP)											
Pandit Kiran Md	Practitioner - Non-Primary Care Provider (PCP)											
Tedeschi Christopher Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Killinger James Md	Practitioner - Non-Primary Care Provider (PCP)											
Sinha Abhinav Nath Dds	Practitioner - Non-Primary Care Provider (PCP)											
Kymissis Carisa Maureen Md	Practitioner - Non-Primary Care Provider (PCP)											
Levy Allison Dana Md	Practitioner - Non-Primary Care Provider (PCP)											
Aden Brandon	Practitioner - Non-Primary Care Provider (PCP)											
Cheng Winston Tan	Practitioner - Non-Primary Care Provider (PCP)											
Johnston Taylor A Md	Practitioner - Non-Primary Care Provider (PCP)											
Eck Karen	Practitioner - Non-Primary Care Provider (PCP)											
Blanco Fiona	Practitioner - Non-Primary Care Provider (PCP)											
Horton Amy	Practitioner - Non-Primary Care Provider (PCP)											

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Ryan Angela	Practitioner - Non-Primary Care Provider (PCP)											
Thompson Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Corda Rozelle	Practitioner - Non-Primary Care Provider (PCP)											
Tang Michael D Md	Practitioner - Non-Primary Care Provider (PCP)											
Deepa V Shah	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz-Moser Laurie	Practitioner - Non-Primary Care Provider (PCP)											
Correia Lucy	Practitioner - Non-Primary Care Provider (PCP)											
Soto Armstrong Migdalia	Practitioner - Non-Primary Care Provider (PCP)											
Pena Karen	Practitioner - Non-Primary Care Provider (PCP)											
Srivastava Monika	Practitioner - Non-Primary Care Provider (PCP)											
Emily M Stein Md	Practitioner - Non-Primary Care Provider (PCP)											
Kovanlikaya Arzu Md	Practitioner - Non-Primary Care Provider (PCP)											
Rebecca Brown	Practitioner - Non-Primary Care Provider (PCP)											
Kashif Raza	Practitioner - Non-Primary Care Provider (PCP)											
Levy Oren A Md	Practitioner - Non-Primary Care Provider (PCP)											
Herman Sean	Practitioner - Non-Primary Care Provider (PCP)											
Schuetz Audrey	Practitioner - Non-Primary Care Provider (PCP)											
Duke Gavin	Practitioner - Non-Primary Care Provider (PCP)											
Fitelson Elizabeth M	Practitioner - Non-Primary Care Provider (PCP)											
Selick Inna Np	Practitioner - Non-Primary Care Provider (PCP)											
Letisha Marrero	Practitioner - Non-Primary Care Provider (PCP)											
Maydan Elena	Practitioner - Non-Primary Care Provider (PCP)											
Fatimi Tanya	Practitioner - Non-Primary Care Provider (PCP)											
Russell S Miller	Practitioner - Non-Primary Care Provider (PCP)											
Stone Anne E	Practitioner - Non-Primary Care Provider (PCP)											
Feldman Dmitriy N Md	Practitioner - Non-Primary Care Provider (PCP)											
Schleimer Helen Lilli	Practitioner - Non-Primary Care Provider (PCP)											
Willheim Erica	Practitioner - Non-Primary Care Provider (PCP)											
Alcalay Roy N Md	Practitioner - Non-Primary Care Provider (PCP)											
Amy Dudenhoefer Atkeson	Practitioner - Non-Primary Care Provider (PCP)											
Caraballo Angel A Md	Practitioner - Non-Primary Care Provider (PCP)											
Hillary Hochberg	Practitioner - Non-Primary Care Provider (PCP)											
Siddique Mustaq A	Practitioner - Non-Primary Care Provider (PCP)											
Christopher Liu Md	Practitioner - Non-Primary Care Provider (PCP)											
Parwane Parsa Pagano Md	Practitioner - Non-Primary Care Provider (PCP)											
Claire Sebastian Riley	Practitioner - Non-Primary Care Provider (PCP)											

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Rumley Joseph James Md	Practitioner - Non-Primary Care Provider (PCP)											
George Gallos Md	Practitioner - Non-Primary Care Provider (PCP)											
Brenner Keith Rodney Md	Practitioner - Non-Primary Care Provider (PCP)											
Anis Diz Darevic Md	Practitioner - Non-Primary Care Provider (PCP)											
Praveen B Raju	Practitioner - Non-Primary Care Provider (PCP)											
Carlos Medina Md	Practitioner - Non-Primary Care Provider (PCP)											
Rachel Lea Marcus	Practitioner - Non-Primary Care Provider (PCP)											
Anne L Taylor Md	Practitioner - Non-Primary Care Provider (PCP)											
Kwon Ryan H Do	Practitioner - Non-Primary Care Provider (PCP)											
Tieu Hong Van Nhu	Practitioner - Non-Primary Care Provider (PCP)								✅				
Zuckerbrot Rachel	Practitioner - Non-Primary Care Provider (PCP)											
Leung Denise	Practitioner - Non-Primary Care Provider (PCP)											
Eichler Bezalel	Practitioner - Non-Primary Care Provider (PCP)											
Latif Farhana Md	Practitioner - Non-Primary Care Provider (PCP)											
Low Cari Evans Md	Practitioner - Non-Primary Care Provider (PCP)											
John Pearce Morrow Md	Practitioner - Non-Primary Care Provider (PCP)											
Waldman Erik Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Bentley-Hibbert Stuart Ian Md	Practitioner - Non-Primary Care Provider (PCP)											
Siddall Eric C Md	Practitioner - Non-Primary Care Provider (PCP)											
Solomon Aliza B Md	Practitioner - Non-Primary Care Provider (PCP)											
Baker Jason	Practitioner - Non-Primary Care Provider (PCP)											
Deutsch Israel	Practitioner - Non-Primary Care Provider (PCP)											
Mahler Richard	Practitioner - Non-Primary Care Provider (PCP)											
Mezitis Spyros G E	Practitioner - Non-Primary Care Provider (PCP)											
Cauley Keith Md	Practitioner - Non-Primary Care Provider (PCP)											
Roniel Yehuda Weinberg Md	Practitioner - Non-Primary Care Provider (PCP)											
Danielle Kenda Mcbrian	Practitioner - Non-Primary Care Provider (PCP)											
Schott Karin A	Practitioner - Non-Primary Care Provider (PCP)											
Nuss Charles Ronald Md	Practitioner - Non-Primary Care Provider (PCP)											
Sethi Amrita Md	Practitioner - Non-Primary Care Provider (PCP)											
Dacanay Maria Carmela E Np	Practitioner - Non-Primary Care Provider (PCP)											
Fry Andrea Lee	Practitioner - Non-Primary Care Provider (PCP)											
Tichter Aleksandr Manfred Md	Practitioner - Non-Primary Care Provider (PCP)											
Poole-Di Salvo Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Stahl Roslyn	Practitioner - Non-Primary Care Provider (PCP)											
Lu Jonathan	Practitioner - Non-Primary Care Provider (PCP)											

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Salvatore Christine	Practitioner - Non-Primary Care Provider (PCP)											
Tebbs Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Velez-Grau Carolina	Practitioner - Non-Primary Care Provider (PCP)											
Pierre-Paul Daphne Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Fay Kastrinos Md	Practitioner - Non-Primary Care Provider (PCP)											
Ogden Alfred Trecartin Md	Practitioner - Non-Primary Care Provider (PCP)											
Kim Yongjung Md	Practitioner - Non-Primary Care Provider (PCP)											
Antal Zoltan	Practitioner - Non-Primary Care Provider (PCP)											
Sirulnik Laura	Practitioner - Non-Primary Care Provider (PCP)											
Baptista Neto Lourival	Practitioner - Non-Primary Care Provider (PCP)											
Bottone Jessica	Practitioner - Non-Primary Care Provider (PCP)											
Sethi Nitin Kumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Singh Vishwas Anand	Practitioner - Non-Primary Care Provider (PCP)											
Ballin Mary	Practitioner - Non-Primary Care Provider (PCP)											
Lipkin Lana Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)											
John M Poneros Md	Practitioner - Non-Primary Care Provider (PCP)											
Orazi Attilio	Practitioner - Non-Primary Care Provider (PCP)											
Berg Debra	Practitioner - Non-Primary Care Provider (PCP)											
Albano Anne	Practitioner - Non-Primary Care Provider (PCP)											
Ng Yiu	Practitioner - Non-Primary Care Provider (PCP)											
Jin Ki Hong	Practitioner - Non-Primary Care Provider (PCP)											
Phillips Clifford Douglas Md	Practitioner - Non-Primary Care Provider (PCP)											
Cruz Arrieta Eduvigis Psy	Practitioner - Non-Primary Care Provider (PCP)											
Schneier Holly	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Mckearney Karen	Practitioner - Non-Primary Care Provider (PCP)											
Griffin Kelly Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Fay Yu-Huei Lin Md	Practitioner - Non-Primary Care Provider (PCP)											
Oliver Salcedo Diaz Np	Practitioner - Non-Primary Care Provider (PCP)											
Urtasun Sotil Eva Md	Practitioner - Non-Primary Care Provider (PCP)											
Stratigos Katharine Anne	Practitioner - Non-Primary Care Provider (PCP)											
Guthrie Elisabeth	Practitioner - Non-Primary Care Provider (PCP)											
Akowuah Kwame	Practitioner - Non-Primary Care Provider (PCP)											
Gerber Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Campos-Mackins Cynthia	Practitioner - Non-Primary Care Provider (PCP)											
Matos Eileen F	Practitioner - Non-Primary Care Provider (PCP)											

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Gonzalez Jorge	Practitioner - Non-Primary Care Provider (PCP)											
Pudil Joanna	Practitioner - Non-Primary Care Provider (PCP)											
Glazer Rachel	Practitioner - Non-Primary Care Provider (PCP)											
Creary Judith	Practitioner - Non-Primary Care Provider (PCP)											
Plaskow Harriet	Practitioner - Non-Primary Care Provider (PCP)											
Martir Jeannette	Practitioner - Non-Primary Care Provider (PCP)											
Rosenberg Kathy	Practitioner - Non-Primary Care Provider (PCP)											
Suh Leejee Han Md	Practitioner - Non-Primary Care Provider (PCP)											
Sobol Irina Md	Practitioner - Non-Primary Care Provider (PCP)											
Tasca Philip Md	Practitioner - Non-Primary Care Provider (PCP)											
Winn Bryan Jon	Practitioner - Non-Primary Care Provider (PCP)											
David K Leung	Practitioner - Non-Primary Care Provider (PCP)											
Goss Cheryl	Practitioner - Non-Primary Care Provider (PCP)											
Mercurio Maria	Practitioner - Non-Primary Care Provider (PCP)											
Sow Ethelore	Practitioner - Non-Primary Care Provider (PCP)											
Valle Sandra	Practitioner - Non-Primary Care Provider (PCP)											
Kenis Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Crumly Amy	Practitioner - Non-Primary Care Provider (PCP)											
Rodriguez Dinorah	Practitioner - Non-Primary Care Provider (PCP)											
Payne Marsky Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Burth Gloria	Practitioner - Non-Primary Care Provider (PCP)											
Adorno Carmen	Practitioner - Non-Primary Care Provider (PCP)											
Blanco Lisette	Practitioner - Non-Primary Care Provider (PCP)											
Nunez-Mercado Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Mastroianni Alyssa	Practitioner - Non-Primary Care Provider (PCP)											
Valle Yvonne	Practitioner - Non-Primary Care Provider (PCP)											
Carey Bridget	Practitioner - Non-Primary Care Provider (PCP)											
Verzi John E	Practitioner - Non-Primary Care Provider (PCP)											
Rao Maya K Md	Practitioner - Non-Primary Care Provider (PCP)											
Ganda Anjali Md	Practitioner - Non-Primary Care Provider (PCP)											
Xenia Yvette Frisby	Practitioner - Non-Primary Care Provider (PCP)											
Andrew Stephen Bomback	Practitioner - Non-Primary Care Provider (PCP)											
Bonanno Clarissa A Md	Practitioner - Non-Primary Care Provider (PCP)											
Sheynzon Vladimir	Practitioner - Non-Primary Care Provider (PCP)											
Holloway Raymond	Practitioner - Non-Primary Care Provider (PCP)											
Rosado Giselle	Practitioner - Non-Primary Care Provider (PCP)											

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Fava Atanasio	Practitioner - Non-Primary Care Provider (PCP)											
Fuchs Karin	Practitioner - Non-Primary Care Provider (PCP)											
Willis Veleka M Md	Practitioner - Non-Primary Care Provider (PCP)											
Kurra Salila Md	Practitioner - Non-Primary Care Provider (PCP)											
Adam Daniel Talenfeld Md	Practitioner - Non-Primary Care Provider (PCP)											
Arleo Elizabeth Kagan Md	Practitioner - Non-Primary Care Provider (PCP)											
Gumpeni Naveen	Practitioner - Non-Primary Care Provider (PCP)											
Prosser Jane Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Boyajian David Ashod	Practitioner - Non-Primary Care Provider (PCP)											
Rasiej Michael J	Practitioner - Non-Primary Care Provider (PCP)											
Fuentes Deborah Ann	Practitioner - Non-Primary Care Provider (PCP)											
Marc Howard Schiffman	Practitioner - Non-Primary Care Provider (PCP)											
Simon Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Polania Laura Maria	Practitioner - Non-Primary Care Provider (PCP)											
Harik Lara	Practitioner - Non-Primary Care Provider (PCP)											
Mandigo Christopher E Md	Practitioner - Non-Primary Care Provider (PCP)											
Jai Swarna Perumal Md	Practitioner - Non-Primary Care Provider (PCP)											
Spellman Jessica Leia Stanley Md	Practitioner - Non-Primary Care Provider (PCP)											
Majid Adrian Mohinder	Practitioner - Non-Primary Care Provider (PCP)											
Galit G Steinberg	Practitioner - Non-Primary Care Provider (PCP)											
Cellum Ilana	Practitioner - Non-Primary Care Provider (PCP)											
Kumar Juhi	Practitioner - Non-Primary Care Provider (PCP)											
Jeremy Samuel Poppers Md	Practitioner - Non-Primary Care Provider (PCP)											
Evans Arthur Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Rubens Elayna Orcutt	Practitioner - Non-Primary Care Provider (PCP)											
Kalinksy Kevin Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Jennifer A Langsdorf	Practitioner - Non-Primary Care Provider (PCP)											
Lipner Shari R Md	Practitioner - Non-Primary Care Provider (PCP)											
Marco Marzantan	Practitioner - Non-Primary Care Provider (PCP)											
Balazs Halmos	Practitioner - Non-Primary Care Provider (PCP)											
Khoury Thomas Peter Md	Practitioner - Non-Primary Care Provider (PCP)											
Anup Pamnani Md	Practitioner - Non-Primary Care Provider (PCP)											
Towfigh Amir Md	Practitioner - Non-Primary Care Provider (PCP)											
Anastasian Zirka Horochiwsky Md	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Lawrence Howard	Practitioner - Non-Primary Care Provider (PCP)											
Crawford-Lemelle Susan	Practitioner - Non-Primary Care Provider (PCP)											

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Chin Erica	Practitioner - Non-Primary Care Provider (PCP)											
Farrell Sandra	Practitioner - Non-Primary Care Provider (PCP)											
Douglas Nataki	Practitioner - Non-Primary Care Provider (PCP)											
Goldberg Pablo H	Practitioner - Non-Primary Care Provider (PCP)											
Brumberger Eric Darren	Practitioner - Non-Primary Care Provider (PCP)											
Kim Jin Hee Jeannie	Practitioner - Non-Primary Care Provider (PCP)											
Lo Sansan Shelley Md	Practitioner - Non-Primary Care Provider (PCP)											
Kang Jane Sunmi	Practitioner - Non-Primary Care Provider (PCP)											
Gonda Tamas Adam Md	Practitioner - Non-Primary Care Provider (PCP)											
Visco Christopher Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Mate Kedar	Practitioner - Non-Primary Care Provider (PCP)											
Mctaggart Maria	Practitioner - Non-Primary Care Provider (PCP)											
Brisman Stacey	Practitioner - Non-Primary Care Provider (PCP)											
Chopra Nina	Practitioner - Non-Primary Care Provider (PCP)											
Blume Jonathon	Practitioner - Non-Primary Care Provider (PCP)											
Miele Gomez Katherine	Practitioner - Non-Primary Care Provider (PCP)											
Geyer Julia	Practitioner - Non-Primary Care Provider (PCP)											
Yu Florence	Practitioner - Non-Primary Care Provider (PCP)											
Malave Alejandra	Practitioner - Non-Primary Care Provider (PCP)											
Tung Pearl	Practitioner - Non-Primary Care Provider (PCP)											
Levine Alyson	Practitioner - Non-Primary Care Provider (PCP)											
Levy Kirk	Practitioner - Non-Primary Care Provider (PCP)											
Beiswenger Krista	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Michele R	Practitioner - Non-Primary Care Provider (PCP)											
Perez Rosalie	Practitioner - Non-Primary Care Provider (PCP)											
Robinson Alicia	Practitioner - Non-Primary Care Provider (PCP)											
Salcedo Jasmin	Practitioner - Non-Primary Care Provider (PCP)											
Robles Virginia	Practitioner - Non-Primary Care Provider (PCP)											
Cruz Angel	Practitioner - Non-Primary Care Provider (PCP)											
Srilaxmi Bearelly	Practitioner - Non-Primary Care Provider (PCP)											
Manchanda-Gera Akanksha	Practitioner - Non-Primary Care Provider (PCP)											
Brandt Carrol	Practitioner - Non-Primary Care Provider (PCP)											
Henry Erica Denise	Practitioner - Non-Primary Care Provider (PCP)											
Blinderman Craig David Md	Practitioner - Non-Primary Care Provider (PCP)											
Foster Jonatha	Practitioner - Non-Primary Care Provider (PCP)											
Mellins Claude Ann	Practitioner - Non-Primary Care Provider (PCP)											

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Lipani Tricia	Practitioner - Non-Primary Care Provider (PCP)											
Punales-Morejon Diana	Practitioner - Non-Primary Care Provider (PCP)											
Mandigo Grace Kim	Practitioner - Non-Primary Care Provider (PCP)											
Rynn Moira Ann	Practitioner - Non-Primary Care Provider (PCP)											
Zagame Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Stoepker Jeremy Isaac	Practitioner - Non-Primary Care Provider (PCP)											
Nozad Cyrus H Md	Practitioner - Non-Primary Care Provider (PCP)											
Williamson Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Przeborski Serge	Practitioner - Non-Primary Care Provider (PCP)											
Abraham Jiji	Practitioner - Non-Primary Care Provider (PCP)											
Behr Gerald Gideon	Practitioner - Non-Primary Care Provider (PCP)											
Dubroff Rachel Phyllis	Practitioner - Non-Primary Care Provider (PCP)											
Sarah M Lambert Md	Practitioner - Non-Primary Care Provider (PCP)											
Hoang Quan Van Manh	Practitioner - Non-Primary Care Provider (PCP)											
Moshe D Lehrer	Practitioner - Non-Primary Care Provider (PCP)											
Geraldino Pardilla Laura Bernice	Practitioner - Non-Primary Care Provider (PCP)											
Almeida-Chen Gracie Maria Md	Practitioner - Non-Primary Care Provider (PCP)											
Maw Anna Myint	Practitioner - Non-Primary Care Provider (PCP)											
Miller Steven Eric Md	Practitioner - Non-Primary Care Provider (PCP)											
John Christopher Ausiello	Practitioner - Non-Primary Care Provider (PCP)											
Schulman Aaron Paul	Practitioner - Non-Primary Care Provider (PCP)											
Mcnairy Margaret Leighton	Practitioner - Non-Primary Care Provider (PCP)											
Asrani Ashwin V	Practitioner - Non-Primary Care Provider (PCP)											
Goralewicz Ronald	Practitioner - Non-Primary Care Provider (PCP)											
Smith Paula	Practitioner - Non-Primary Care Provider (PCP)											
Tseng Stephanie	Practitioner - Non-Primary Care Provider (PCP)											
Esquivel Ernie Lapus	Practitioner - Non-Primary Care Provider (PCP)											
Pallavi S Utukuri	Practitioner - Non-Primary Care Provider (PCP)											
Chin Jeffrey Yee-Soon Md	Practitioner - Non-Primary Care Provider (PCP)											
Chia-Ling Nhan-Chang	Practitioner - Non-Primary Care Provider (PCP)											
Dayton Jeffrey Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Wilson Arismendy Quezada	Practitioner - Non-Primary Care Provider (PCP)											
Walker Tonya Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Christopher George Wladyka	Practitioner - Non-Primary Care Provider (PCP)											
O'Donnell Max Roe Md	Practitioner - Non-Primary Care Provider (PCP)											
Ring Laurence Elliot Md	Practitioner - Non-Primary Care Provider (PCP)											

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Brylka Douglas Alan	Practitioner - Non-Primary Care Provider (PCP)											
Sara Siris Nash	Practitioner - Non-Primary Care Provider (PCP)								✅			
Gastolomendo Rita	Practitioner - Non-Primary Care Provider (PCP)											
Zaharakis Yvonne	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Chen	Practitioner - Non-Primary Care Provider (PCP)											
Fleischut Peter Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Sano Ellen Doyle	Practitioner - Non-Primary Care Provider (PCP)											
Karen Adam Kenneth	Practitioner - Non-Primary Care Provider (PCP)											
Pinyavat Teeda Md	Practitioner - Non-Primary Care Provider (PCP)											
Chanchani Shree	Practitioner - Non-Primary Care Provider (PCP)											
Mary Casciano	Practitioner - Non-Primary Care Provider (PCP)											
Morgan Sheree	Practitioner - Non-Primary Care Provider (PCP)											
Kuo Shenh-Han	Practitioner - Non-Primary Care Provider (PCP)											
Mangat Halinder Singh	Practitioner - Non-Primary Care Provider (PCP)											
Corona Kathryne Georgiana	Practitioner - Non-Primary Care Provider (PCP)											
White Halina	Practitioner - Non-Primary Care Provider (PCP)											
Mehta Neel Devendra	Practitioner - Non-Primary Care Provider (PCP)											
Murrell Matthew Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Kobeissi Jamal Hassan	Practitioner - Non-Primary Care Provider (PCP)											
Del Carmen Tessa Marie Lopez Md	Practitioner - Non-Primary Care Provider (PCP)											
Hobeika Peter	Practitioner - Non-Primary Care Provider (PCP)											
Lopez Johnny	Practitioner - Non-Primary Care Provider (PCP)											
Proekt Alexander	Practitioner - Non-Primary Care Provider (PCP)											
Kohn Sherry R	Practitioner - Non-Primary Care Provider (PCP)											
Klein Robert	Practitioner - Non-Primary Care Provider (PCP)											
Perry Melba	Practitioner - Non-Primary Care Provider (PCP)											
Robinson Brian	Practitioner - Non-Primary Care Provider (PCP)											
Lekarev Oksana	Practitioner - Non-Primary Care Provider (PCP)											
Nieves Rosado Sandra	Practitioner - Non-Primary Care Provider (PCP)											
Usenko Jaroslav K	Practitioner - Non-Primary Care Provider (PCP)											
Bogdan Bertha Isabel	Practitioner - Non-Primary Care Provider (PCP)											
Hod Eldad	Practitioner - Non-Primary Care Provider (PCP)											
Cullen Colleen	Practitioner - Non-Primary Care Provider (PCP)											
Posner Jonathan	Practitioner - Non-Primary Care Provider (PCP)											
Stotler Brie	Practitioner - Non-Primary Care Provider (PCP)											
Harvey Kelly	Practitioner - Non-Primary Care Provider (PCP)											

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Popplewell Deborah	Practitioner - Non-Primary Care Provider (PCP)											
Kenny Chantasi	Practitioner - Non-Primary Care Provider (PCP)											
Deyer Timothy William	Practitioner - Non-Primary Care Provider (PCP)											
Madoff David Craig	Practitioner - Non-Primary Care Provider (PCP)											
Moche Jason Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Landell Keisha Caroline Acnp	Practitioner - Non-Primary Care Provider (PCP)											
Bathon Joan Marie	Practitioner - Non-Primary Care Provider (PCP)											
Mendoza Aurora	Practitioner - Non-Primary Care Provider (PCP)											
Alonso Elena	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Dionne J	Practitioner - Non-Primary Care Provider (PCP)											
Soomekh Parviz Md	Practitioner - Non-Primary Care Provider (PCP)											
Pillai Sophia	Practitioner - Non-Primary Care Provider (PCP)											
Martins Alexandra	Practitioner - Non-Primary Care Provider (PCP)											
Bussoletti Natalee Marie	Practitioner - Non-Primary Care Provider (PCP)											
Shackelford Annie	Practitioner - Non-Primary Care Provider (PCP)											
Lieb Jocelyn	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Adam Seth	Practitioner - Non-Primary Care Provider (PCP)											
Ngo Linda L	Practitioner - Non-Primary Care Provider (PCP)											
Meghan Obrien	Practitioner - Non-Primary Care Provider (PCP)											
Kasdorf Ericalyn	Practitioner - Non-Primary Care Provider (PCP)											
Nagy Peter	Practitioner - Non-Primary Care Provider (PCP)											
Giles Jon	Practitioner - Non-Primary Care Provider (PCP)											
Mosquera Juan	Practitioner - Non-Primary Care Provider (PCP)											
Divgi Chaitanya R	Practitioner - Non-Primary Care Provider (PCP)											
Horowitz Jason	Practitioner - Non-Primary Care Provider (PCP)											
James Elsy	Practitioner - Non-Primary Care Provider (PCP)											
Vosseller James	Practitioner - Non-Primary Care Provider (PCP)											
Portocarrero Jose	Practitioner - Non-Primary Care Provider (PCP)											
Carrasco Cesar D	Practitioner - Non-Primary Care Provider (PCP)											
Abdulla Heba	Practitioner - Non-Primary Care Provider (PCP)											
Joy Valsamma V	Practitioner - Non-Primary Care Provider (PCP)											
Birdsall Stacia Beth	Practitioner - Non-Primary Care Provider (PCP)											
Florsheim Rebecca Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Melissa Birnbaum Reichman	Practitioner - Non-Primary Care Provider (PCP)											
Grinspan Zachary Michael	Practitioner - Non-Primary Care Provider (PCP)											
Kazam Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											

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Kim Luke Kwon	Practitioner - Non-Primary Care Provider (PCP)											
Katzen Janine T	Practitioner - Non-Primary Care Provider (PCP)											
Satlin Michael J Md	Practitioner - Non-Primary Care Provider (PCP)											
Page-Wilson Gabrielle	Practitioner - Non-Primary Care Provider (PCP)											
Pua Bradley Bryan	Practitioner - Non-Primary Care Provider (PCP)											
Yhu Stephen	Practitioner - Non-Primary Care Provider (PCP)											
Carrelli Angela Lisa Md	Practitioner - Non-Primary Care Provider (PCP)											
Kucine Nicole Elena	Practitioner - Non-Primary Care Provider (PCP)											
Otterburn David Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Gee Elaine Y	Practitioner - Non-Primary Care Provider (PCP)											
Pappas Dimitrios	Practitioner - Non-Primary Care Provider (PCP)											
Rillera-Plan Victrina	Practitioner - Non-Primary Care Provider (PCP)											
Rahmati Rahmatulla	Practitioner - Non-Primary Care Provider (PCP)											
Oscar Sweene Colleen	Practitioner - Non-Primary Care Provider (PCP)											
Hoffman Liora	Practitioner - Non-Primary Care Provider (PCP)											
Mazzeo Maria	Practitioner - Non-Primary Care Provider (PCP)											
Fitzgerald Meghann M	Practitioner - Non-Primary Care Provider (PCP)											
Wang Daniel Yu-Chuan	Practitioner - Non-Primary Care Provider (PCP)											
Decastro Guarionex Joel	Practitioner - Non-Primary Care Provider (PCP)											
Zhang Ying	Practitioner - Non-Primary Care Provider (PCP)											
Ciotti Andrew James	Practitioner - Non-Primary Care Provider (PCP)											
Jhanwar Yuliya	Practitioner - Non-Primary Care Provider (PCP)											
Kim Minjae Md	Practitioner - Non-Primary Care Provider (PCP)											
Sartawi Ferdouse	Practitioner - Non-Primary Care Provider (PCP)											
Mcpherson Christina	Practitioner - Non-Primary Care Provider (PCP)											
Gelber Shari	Practitioner - Non-Primary Care Provider (PCP)											
Navi Babak	Practitioner - Non-Primary Care Provider (PCP)											
Doherty Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
Frisk Simin	Practitioner - Non-Primary Care Provider (PCP)											
Sista Akhilesh	Practitioner - Non-Primary Care Provider (PCP)											
Jowza Maryam	Practitioner - Non-Primary Care Provider (PCP)											
Asfaw Tirsit Shiferaw	Practitioner - Non-Primary Care Provider (PCP)											
Yun Eric	Practitioner - Non-Primary Care Provider (PCP)											
Iyer Shilesh	Practitioner - Non-Primary Care Provider (PCP)											
Greebel Gennifer J Md	Practitioner - Non-Primary Care Provider (PCP)											
Kotsovos Alexandra Katerina	Practitioner - Non-Primary Care Provider (PCP)											

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Mwangi Nathaniel	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Lilian	Practitioner - Non-Primary Care Provider (PCP)											
Rhett Donya	Practitioner - Non-Primary Care Provider (PCP)											
Feuer Naomi	Practitioner - Non-Primary Care Provider (PCP)											
Wattacheril Julia	Practitioner - Non-Primary Care Provider (PCP)											
Sorkin Lyssa	Practitioner - Non-Primary Care Provider (PCP)											
Roche Catherine	Practitioner - Non-Primary Care Provider (PCP)											
Lauren Christine Trilivas	Practitioner - Non-Primary Care Provider (PCP)											
Jung Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
Blumberg Dana Meredith	Practitioner - Non-Primary Care Provider (PCP)											
Smith Clark	Practitioner - Non-Primary Care Provider (PCP)											
Ciecierega Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Panarelli Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Laroia Hiral	Practitioner - Non-Primary Care Provider (PCP)											
Nalgonda Swapna	Practitioner - Non-Primary Care Provider (PCP)											
Reitman-Ivashkov Elena	Practitioner - Non-Primary Care Provider (PCP)											
Sobol Julia Bernard	Practitioner - Non-Primary Care Provider (PCP)											
Lei Susan Yi	Practitioner - Non-Primary Care Provider (PCP)											
Ntaba Dziwe W	Practitioner - Non-Primary Care Provider (PCP)											
Claudine Kipp	Practitioner - Non-Primary Care Provider (PCP)											
Friedlander Lauren Canter	Practitioner - Non-Primary Care Provider (PCP)											
Hastie Jonathan Mark	Practitioner - Non-Primary Care Provider (PCP)											
Hanna Dena Sherif	Practitioner - Non-Primary Care Provider (PCP)											
Woo Yanghee	Practitioner - Non-Primary Care Provider (PCP)											
Gomez-Simmonds Angela	Practitioner - Non-Primary Care Provider (PCP)								✅				
Hong Eune	Practitioner - Non-Primary Care Provider (PCP)												
Cruz Jennifer	Practitioner - Non-Primary Care Provider (PCP)												
Myers Julie Elana	Practitioner - Non-Primary Care Provider (PCP)									✅			
Mcguinn Catherine	Practitioner - Non-Primary Care Provider (PCP)												
Janicki Sarah C	Practitioner - Non-Primary Care Provider (PCP)												
Thomas Yolanda	Practitioner - Non-Primary Care Provider (PCP)												
Narula Navneet	Practitioner - Non-Primary Care Provider (PCP)												
Baror Elena	Practitioner - Non-Primary Care Provider (PCP)												
Mailman Toby	Practitioner - Non-Primary Care Provider (PCP)												
Hansen Heidi Jes	Practitioner - Non-Primary Care Provider (PCP)												
Loukeris Kristina	Practitioner - Non-Primary Care Provider (PCP)												

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Wong Winston S Md	Practitioner - Non-Primary Care Provider (PCP)											
Anyanwu Chiedozie	Practitioner - Non-Primary Care Provider (PCP)											
Nazif Tamim Michael	Practitioner - Non-Primary Care Provider (PCP)											
Connolly Eileen P	Practitioner - Non-Primary Care Provider (PCP)											
Chandra Subani	Practitioner - Non-Primary Care Provider (PCP)											
Ucci Amanda	Practitioner - Non-Primary Care Provider (PCP)											
Maletz Beth Jodi	Practitioner - Non-Primary Care Provider (PCP)											
Srinivasan Shraddha	Practitioner - Non-Primary Care Provider (PCP)											
Kumar Shreyajit	Practitioner - Non-Primary Care Provider (PCP)											
Colenda Maryann	Practitioner - Non-Primary Care Provider (PCP)											
Guevara Silvia Acnp	Practitioner - Non-Primary Care Provider (PCP)											
Wynn Ralph T	Practitioner - Non-Primary Care Provider (PCP)											
Hernandez Demitria	Practitioner - Non-Primary Care Provider (PCP)											
Traub Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Algermissen Molly	Practitioner - Non-Primary Care Provider (PCP)											
Mckee Courtney	Practitioner - Non-Primary Care Provider (PCP)											
Duncan Tamika Simone	Practitioner - Non-Primary Care Provider (PCP)											
Chery Sherline	Practitioner - Non-Primary Care Provider (PCP)											
Dolder Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Rackow Beth	Practitioner - Non-Primary Care Provider (PCP)											
Theresa Monica Ward	Practitioner - Non-Primary Care Provider (PCP)											
Spencer Craig A	Practitioner - Non-Primary Care Provider (PCP)											
Lin Fangming Md	Practitioner - Non-Primary Care Provider (PCP)											
Chamberlain Tessa Anne	Practitioner - Non-Primary Care Provider (PCP)											
Powers Amanda J	Practitioner - Non-Primary Care Provider (PCP)											
Kamel Hooman	Practitioner - Non-Primary Care Provider (PCP)											
Hua May S R	Practitioner - Non-Primary Care Provider (PCP)											
Maniker Robert Bradley	Practitioner - Non-Primary Care Provider (PCP)											
Tokita Hanae K	Practitioner - Non-Primary Care Provider (PCP)											
Goldklang Monica	Practitioner - Non-Primary Care Provider (PCP)											
Smith Sarah C Md	Practitioner - Non-Primary Care Provider (PCP)											
Cervini Christine Marie	Practitioner - Non-Primary Care Provider (PCP)											
Barone Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Jabbari Ali	Practitioner - Non-Primary Care Provider (PCP)											
Weiser Jessica	Practitioner - Non-Primary Care Provider (PCP)											
Sewrathan-Ghosh Sherry	Practitioner - Non-Primary Care Provider (PCP)											

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Hartman Rachael	Practitioner - Non-Primary Care Provider (PCP)											
Wellman David	Practitioner - Non-Primary Care Provider (PCP)											
Robles Jesus	Practitioner - Non-Primary Care Provider (PCP)											
Lassman Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Monteau Lucien	Practitioner - Non-Primary Care Provider (PCP)											
Wong Waichi	Practitioner - Non-Primary Care Provider (PCP)											
Lindsay N Price	Practitioner - Non-Primary Care Provider (PCP)											
Lin Shen-Han	Practitioner - Non-Primary Care Provider (PCP)											
Asfaha Samuel	Practitioner - Non-Primary Care Provider (PCP)											
Sherer Erin Leigh	Practitioner - Non-Primary Care Provider (PCP)											
Taylor Kevia	Practitioner - Non-Primary Care Provider (PCP)											
Pho Anthony Tuanduc	Practitioner - Non-Primary Care Provider (PCP)											
Nychay Stephen	Practitioner - Non-Primary Care Provider (PCP)											
Storer Kingsley	Practitioner - Non-Primary Care Provider (PCP)											
Duffy Mary Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Bogdanov Emil Nikolaev	Practitioner - Non-Primary Care Provider (PCP)											
Swaminathan Rajesh Viswanathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Paolicchi Juliann Marie	Practitioner - Non-Primary Care Provider (PCP)											
Ha Richard S	Practitioner - Non-Primary Care Provider (PCP)											
Coletta Lucas Jaclyn Marie	Practitioner - Non-Primary Care Provider (PCP)											
Robinson Andre M Acnp	Practitioner - Non-Primary Care Provider (PCP)											
Delaney Sarah W	Practitioner - Non-Primary Care Provider (PCP)											
Guerra Rodney	Practitioner - Non-Primary Care Provider (PCP)											
Baldwin Matthew R	Practitioner - Non-Primary Care Provider (PCP)											
Mango Victoria	Practitioner - Non-Primary Care Provider (PCP)											
Avasare Rupali Surendra	Practitioner - Non-Primary Care Provider (PCP)											
Vink Joy-Sarah Yumiko	Practitioner - Non-Primary Care Provider (PCP)											
Ouyang Helen	Practitioner - Non-Primary Care Provider (PCP)											
Sacco Dana L	Practitioner - Non-Primary Care Provider (PCP)											
Cloroiu Comana M	Practitioner - Non-Primary Care Provider (PCP)											
Agerstrand Cara Lyn	Practitioner - Non-Primary Care Provider (PCP)											
Agarwal Sachin	Practitioner - Non-Primary Care Provider (PCP)											
Todman Raleigh W	Practitioner - Non-Primary Care Provider (PCP)											
Chou Denise	Practitioner - Non-Primary Care Provider (PCP)											
Sampson Jacinda	Practitioner - Non-Primary Care Provider (PCP)											
Busse Jennifer Alison	Practitioner - Non-Primary Care Provider (PCP)											

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Dubey Elizabeth A	Practitioner - Non-Primary Care Provider (PCP)										
Cioffi George A	Practitioner - Non-Primary Care Provider (PCP)										
Constantine Gina M	Practitioner - Non-Primary Care Provider (PCP)										
Riviello James John	Practitioner - Non-Primary Care Provider (PCP)										
Singh Harsimran Sachdeva	Practitioner - Non-Primary Care Provider (PCP)										
Shah Akash	Practitioner - Non-Primary Care Provider (PCP)										
Rainaldi Matthew A	Practitioner - Non-Primary Care Provider (PCP)										
Klein Michelle Adrianne	Practitioner - Non-Primary Care Provider (PCP)										
Chien Kimberley Ann	Practitioner - Non-Primary Care Provider (PCP)										
Naushina Mithani	Practitioner - Non-Primary Care Provider (PCP)										
Cohen David Adam	Practitioner - Non-Primary Care Provider (PCP)										
Mozley Paul David	Practitioner - Non-Primary Care Provider (PCP)										
Tan Timothy Meng-Hong	Practitioner - Non-Primary Care Provider (PCP)										
Shukla Parul	Practitioner - Non-Primary Care Provider (PCP)										
Binder Susan	Practitioner - Non-Primary Care Provider (PCP)										
Caputo Nicholas	Practitioner - Non-Primary Care Provider (PCP)										
Ascunce Rebecca Rudominer	Practitioner - Non-Primary Care Provider (PCP)										
Bender Anna Margaret	Practitioner - Non-Primary Care Provider (PCP)										
Patt Minda L	Practitioner - Non-Primary Care Provider (PCP)										
Grimes Cara Louise	Practitioner - Non-Primary Care Provider (PCP)										
Gadhia Monika Mohanbhai	Practitioner - Non-Primary Care Provider (PCP)										
Chang Bernard P	Practitioner - Non-Primary Care Provider (PCP)										
Ohly Natalie Tanya	Practitioner - Non-Primary Care Provider (PCP)										
Lee Allison Joanna	Practitioner - Non-Primary Care Provider (PCP)										
Friedman Alexander Michael	Practitioner - Non-Primary Care Provider (PCP)										
Chiang Gloria Chia-Yi	Practitioner - Non-Primary Care Provider (PCP)										
Weaver Joshua Jason	Practitioner - Non-Primary Care Provider (PCP)										
Merrick Kareem	Practitioner - Non-Primary Care Provider (PCP)										
Jurcic Joseph Gerard	Practitioner - Non-Primary Care Provider (PCP)										
Connolly Shanon Marie	Practitioner - Non-Primary Care Provider (PCP)										
Salvatore Steven	Practitioner - Non-Primary Care Provider (PCP)										
Jessurun-Solomou Jose	Practitioner - Non-Primary Care Provider (PCP)										
D'Alfonso Timothy	Practitioner - Non-Primary Care Provider (PCP)										
Clarke Marcia E	Practitioner - Non-Primary Care Provider (PCP)										
Ulane Christina Marie	Practitioner - Non-Primary Care Provider (PCP)										
Noisy-Saint Victor Monique	Practitioner - Non-Primary Care Provider (PCP)										

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Goyal Rishi K	Practitioner - Non-Primary Care Provider (PCP)											
Keros Sotirios Tony	Practitioner - Non-Primary Care Provider (PCP)											
Roy-Burman Paula	Practitioner - Non-Primary Care Provider (PCP)											
Suh Edward Hyun	Practitioner - Non-Primary Care Provider (PCP)											
Kim Yuhan	Practitioner - Non-Primary Care Provider (PCP)											
Miko Benjamin A	Practitioner - Non-Primary Care Provider (PCP)											
Jobin Charles Mitchell	Practitioner - Non-Primary Care Provider (PCP)											
Hugo Jonathan L	Practitioner - Non-Primary Care Provider (PCP)											
Hameed Farah	Practitioner - Non-Primary Care Provider (PCP)											
Crystal Matthew Allan	Practitioner - Non-Primary Care Provider (PCP)											
Fischer Charla Roland	Practitioner - Non-Primary Care Provider (PCP)											
Popkin Charles Aaron	Practitioner - Non-Primary Care Provider (PCP)											
Wu Yu-Hsin	Practitioner - Non-Primary Care Provider (PCP)											
Steere Katherine	Practitioner - Non-Primary Care Provider (PCP)											
Bevelaqua Anna-Chris	Practitioner - Non-Primary Care Provider (PCP)											
Campbell Melanie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Bhatt Biren A	Practitioner - Non-Primary Care Provider (PCP)											
Schambra Heidi M	Practitioner - Non-Primary Care Provider (PCP)											
Boudreaux Tyson	Practitioner - Non-Primary Care Provider (PCP)											
Lennon Christine	Practitioner - Non-Primary Care Provider (PCP)											
Thu Thi Xuan Nguyen	Practitioner - Non-Primary Care Provider (PCP)											
Paranjpe Parag Wasudeo	Practitioner - Non-Primary Care Provider (PCP)											
Loftus Michael Lyon	Practitioner - Non-Primary Care Provider (PCP)											
Bateman Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)											
Olson-Plastrik Debra	Practitioner - Non-Primary Care Provider (PCP)											
Kuriakose Julie S	Practitioner - Non-Primary Care Provider (PCP)											
Vargas Wendy Sulina	Practitioner - Non-Primary Care Provider (PCP)											
Gaskins Clare	Practitioner - Non-Primary Care Provider (PCP)											
Frattini Mark G	Practitioner - Non-Primary Care Provider (PCP)											
Hofmann Joanna Frances	Practitioner - Non-Primary Care Provider (PCP)											
Weiss Yehudis Belle	Practitioner - Non-Primary Care Provider (PCP)											
Yeager Lauren Beth	Practitioner - Non-Primary Care Provider (PCP)											
Katz Abigail	Practitioner - Non-Primary Care Provider (PCP)											
Hidalgo Jacqueline	Practitioner - Non-Primary Care Provider (PCP)											
Rego Adriana E	Practitioner - Non-Primary Care Provider (PCP)											
Sorin Robert	Practitioner - Non-Primary Care Provider (PCP)											

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Hermann Alison	Practitioner - Non-Primary Care Provider (PCP)											
Mejia-Smith Brenda	Practitioner - Non-Primary Care Provider (PCP)											
Sorbellini Maximiliano	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Rachel Beth	Practitioner - Non-Primary Care Provider (PCP)											
Ergonul Zuhal	Practitioner - Non-Primary Care Provider (PCP)											
Weisen Steven	Practitioner - Non-Primary Care Provider (PCP)											
Bartolotta Roger	Practitioner - Non-Primary Care Provider (PCP)											
Rubinstein Rosalinda	Practitioner - Non-Primary Care Provider (PCP)											
Chaudhari Paru	Practitioner - Non-Primary Care Provider (PCP)											
Roth Lisa Giulino	Practitioner - Non-Primary Care Provider (PCP)											
Kuo Jennifer Hong	Practitioner - Non-Primary Care Provider (PCP)											
Forgacs Peter Bertalan	Practitioner - Non-Primary Care Provider (PCP)											
Achatz Werner Sebastian	Practitioner - Non-Primary Care Provider (PCP)											
Doctoroff Alexander	Practitioner - Non-Primary Care Provider (PCP)											
Mintz Emily	Practitioner - Non-Primary Care Provider (PCP)											
Tlougan Brook	Practitioner - Non-Primary Care Provider (PCP)											
Sheth Sameer Md	Practitioner - Non-Primary Care Provider (PCP)											
Wong Tony Tan	Practitioner - Non-Primary Care Provider (PCP)											
Francescone Mark Albert	Practitioner - Non-Primary Care Provider (PCP)											
Salerno Theresa Marie	Practitioner - Non-Primary Care Provider (PCP)											
Karas Maria G	Practitioner - Non-Primary Care Provider (PCP)											
Blumkin Zachary	Practitioner - Non-Primary Care Provider (PCP)											
Wehrli Natasha	Practitioner - Non-Primary Care Provider (PCP)											
Mckinsey Scarlett	Practitioner - Non-Primary Care Provider (PCP)											
Winokur Ronald Scott	Practitioner - Non-Primary Care Provider (PCP)											
Renjen Pooja	Practitioner - Non-Primary Care Provider (PCP)											
Isaacson Richard	Practitioner - Non-Primary Care Provider (PCP)											
Ameer Xavier	Practitioner - Non-Primary Care Provider (PCP)											
Parow Aimee	Practitioner - Non-Primary Care Provider (PCP)											
Chazen Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Parnes Allyson Nancy	Practitioner - Non-Primary Care Provider (PCP)											
Gastelum Emily Davies	Practitioner - Non-Primary Care Provider (PCP)											
Van Driest John Gavdet	Practitioner - Non-Primary Care Provider (PCP)											
Katherine Lee Rivlin	Practitioner - Non-Primary Care Provider (PCP)											
Jung Jesse J	Practitioner - Non-Primary Care Provider (PCP)											
Wagner Meredith Ann	Practitioner - Non-Primary Care Provider (PCP)											

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Yenkinson Abby	Practitioner - Non-Primary Care Provider (PCP)											
Censani Marisa	Practitioner - Non-Primary Care Provider (PCP)											
Dele-Michael Abiola Olayemi	Practitioner - Non-Primary Care Provider (PCP)											
Liu Yen-Chun	Practitioner - Non-Primary Care Provider (PCP)											
Kurtz Jennifer Kate	Practitioner - Non-Primary Care Provider (PCP)											
Massimi Gregory	Practitioner - Non-Primary Care Provider (PCP)											
Bruneus Magalie	Practitioner - Non-Primary Care Provider (PCP)											
Pisapia David	Practitioner - Non-Primary Care Provider (PCP)											
Zitrin Jaron	Practitioner - Non-Primary Care Provider (PCP)											
Fisher Jessica	Practitioner - Non-Primary Care Provider (PCP)											
Palanivel Vikram	Practitioner - Non-Primary Care Provider (PCP)											
Li David	Practitioner - Non-Primary Care Provider (PCP)											
Zang Julie	Practitioner - Non-Primary Care Provider (PCP)											
Gorseth Karin	Practitioner - Non-Primary Care Provider (PCP)											
Danielsson Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Darrah Daniela Marie	Practitioner - Non-Primary Care Provider (PCP)											
Chen Martin	Practitioner - Non-Primary Care Provider (PCP)											
Yiliriaz Demirdag Yesim	Practitioner - Non-Primary Care Provider (PCP)											
Santiago Miguel	Practitioner - Non-Primary Care Provider (PCP)											
Tau Gregory	Practitioner - Non-Primary Care Provider (PCP)											
Patel Vishal	Practitioner - Non-Primary Care Provider (PCP)											
Cioe Eric	Practitioner - Non-Primary Care Provider (PCP)											
Vahl Torsten Peter	Practitioner - Non-Primary Care Provider (PCP)											
Kuo Joyce	Practitioner - Non-Primary Care Provider (PCP)											
Moise Nathalie	Practitioner - Non-Primary Care Provider (PCP)											
Odia Yazmin	Practitioner - Non-Primary Care Provider (PCP)											
Cotliar Jeremy	Practitioner - Non-Primary Care Provider (PCP)											
Bell Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Westwood Andrew James	Practitioner - Non-Primary Care Provider (PCP)											
Lee Song Eun	Practitioner - Non-Primary Care Provider (PCP)											
Hsu Andrew Chung-Pi	Practitioner - Non-Primary Care Provider (PCP)											
Halpern Neil A	Practitioner - Non-Primary Care Provider (PCP)											
Mahtani Sarita Manu	Practitioner - Non-Primary Care Provider (PCP)											
Markovic Milica	Practitioner - Non-Primary Care Provider (PCP)											
Mulaikal Teresa Anita	Practitioner - Non-Primary Care Provider (PCP)											
Ellman Tanya Michaele	Practitioner - Non-Primary Care Provider (PCP)											

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Moo Tracy-Ann Syreeta	Practitioner - Non-Primary Care Provider (PCP)											
Chisolm-Straker Makini Dayo	Practitioner - Non-Primary Care Provider (PCP)											
Youn Trisha Yanghee	Practitioner - Non-Primary Care Provider (PCP)											
Gutierrez-Contreras Jose	Practitioner - Non-Primary Care Provider (PCP)											
Vo Mary Lan	Practitioner - Non-Primary Care Provider (PCP)											
Gaffney Alan Michael	Practitioner - Non-Primary Care Provider (PCP)											
Ju Rujin	Practitioner - Non-Primary Care Provider (PCP)											
Petris Carisa	Practitioner - Non-Primary Care Provider (PCP)											
Serra Theresa Marie	Practitioner - Non-Primary Care Provider (PCP)											
Sepulveda Antonia	Practitioner - Non-Primary Care Provider (PCP)											
Arvizu Jose	Practitioner - Non-Primary Care Provider (PCP)											
De Gijsel Swana	Practitioner - Non-Primary Care Provider (PCP)											
Perera Hemashi Kashila	Practitioner - Non-Primary Care Provider (PCP)											
Mobley David	Practitioner - Non-Primary Care Provider (PCP)											
Braunstein Alexandra Lara	Practitioner - Non-Primary Care Provider (PCP)											
Brooks Steven Elliot	Practitioner - Non-Primary Care Provider (PCP)											
Hoehn Daniela	Practitioner - Non-Primary Care Provider (PCP)											
Chheang Sophie	Practitioner - Non-Primary Care Provider (PCP)											
Cantor Matthew David	Practitioner - Non-Primary Care Provider (PCP)											
Alves-Bradford Jean-Marie E	Practitioner - Non-Primary Care Provider (PCP)											
Ye Siqin	Practitioner - Non-Primary Care Provider (PCP)											
Oneil Sarah Caitlin	Practitioner - Non-Primary Care Provider (PCP)											
Winter Dirk C	Practitioner - Non-Primary Care Provider (PCP)											
Pollack Marya Esther	Practitioner - Non-Primary Care Provider (PCP)											
Young Chainllie	Practitioner - Non-Primary Care Provider (PCP)											
San Martin Raimundo Andres C	Practitioner - Non-Primary Care Provider (PCP)											
Carothers Kristin	Practitioner - Non-Primary Care Provider (PCP)											
Baumohl Elyssa	Practitioner - Non-Primary Care Provider (PCP)											
Culas Renu	Practitioner - Non-Primary Care Provider (PCP)											
Leary Mary	Practitioner - Non-Primary Care Provider (PCP)											
Kadiyala Rajendra	Practitioner - Non-Primary Care Provider (PCP)											
Mcnamara Courtney	Practitioner - Non-Primary Care Provider (PCP)											
Keown Mary	Practitioner - Non-Primary Care Provider (PCP)											
Li Cassidie	Practitioner - Non-Primary Care Provider (PCP)											
Clarke Laura A	Practitioner - Non-Primary Care Provider (PCP)											
Campos Maciel A	Practitioner - Non-Primary Care Provider (PCP)											

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Hirose Scott D	Practitioner - Non-Primary Care Provider (PCP)											
Ramirez Sandra	Practitioner - Non-Primary Care Provider (PCP)											
Meyer-Bahlburg Heino F L	Practitioner - Non-Primary Care Provider (PCP)											
Tomb Meghan Farrell	Practitioner - Non-Primary Care Provider (PCP)											
Carrasco Belinda	Practitioner - Non-Primary Care Provider (PCP)											
Peralta Digna M	Practitioner - Non-Primary Care Provider (PCP)											
Polansky Marni E	Practitioner - Non-Primary Care Provider (PCP)											
White Kali	Practitioner - Non-Primary Care Provider (PCP)											
Vargas Wanda G	Practitioner - Non-Primary Care Provider (PCP)											
Webb Leigh-Ann Jones	Practitioner - Non-Primary Care Provider (PCP)											
Chai Paul J	Practitioner - Non-Primary Care Provider (PCP)											
Henry Cassis	Practitioner - Non-Primary Care Provider (PCP)											
Amiel Jonathan Michael	Practitioner - Non-Primary Care Provider (PCP)											
Wlodarczyk-Bisaga Katarzyna	Practitioner - Non-Primary Care Provider (PCP)											
Connors Robert	Practitioner - Non-Primary Care Provider (PCP)											
Rodriguez-Ruiz Andres A	Practitioner - Non-Primary Care Provider (PCP)											
Groves Alan	Practitioner - Non-Primary Care Provider (PCP)											
Tergas Ana Isabel	Practitioner - Non-Primary Care Provider (PCP)											
Katsaros Maria	Practitioner - Non-Primary Care Provider (PCP)											
Mendelsohn Felicia A	Practitioner - Non-Primary Care Provider (PCP)											
Kirsch Andrew Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Tang Stephanie	Practitioner - Non-Primary Care Provider (PCP)											
Fufa Duretti Teferi	Practitioner - Non-Primary Care Provider (PCP)											
John Elizabeth J	Practitioner - Non-Primary Care Provider (PCP)											
Mroczkowski Megan Marie	Practitioner - Non-Primary Care Provider (PCP)											
Mitchell James	Practitioner - Non-Primary Care Provider (PCP)											
Novakovic Vladan	Practitioner - Non-Primary Care Provider (PCP)											
Vasserman Ariela	Practitioner - Non-Primary Care Provider (PCP)											
Feuerman Craig Robert	Practitioner - Non-Primary Care Provider (PCP)											
Krempasky Chance Nicholas	Practitioner - Non-Primary Care Provider (PCP)											
Rodriguez Jeannette	Practitioner - Non-Primary Care Provider (PCP)											
Karanicolas Rose	Practitioner - Non-Primary Care Provider (PCP)											
Gilhooley Dymphna	Practitioner - Non-Primary Care Provider (PCP)											
Louis Priya Paily	Practitioner - Non-Primary Care Provider (PCP)											
Chirelstein Genevieve	Practitioner - Non-Primary Care Provider (PCP)											
Yap Vivien Lim	Practitioner - Non-Primary Care Provider (PCP)											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Bernstein Elana Jaye	Practitioner - Non-Primary Care Provider (PCP)											
Truong Mireille Diem-My	Practitioner - Non-Primary Care Provider (PCP)											
Giorgadze Tamara	Practitioner - Non-Primary Care Provider (PCP)											
Haghighi Mehrvash	Practitioner - Non-Primary Care Provider (PCP)											
Bank David	Practitioner - Non-Primary Care Provider (PCP)											
Calloway James Julius Iii	Practitioner - Non-Primary Care Provider (PCP)											
Bainton Nicole M	Practitioner - Non-Primary Care Provider (PCP)											
Joshi Monica	Practitioner - Non-Primary Care Provider (PCP)											
Tian Wenping	Practitioner - Non-Primary Care Provider (PCP)											
Yu Christine Mei-Yan	Practitioner - Non-Primary Care Provider (PCP)											
Gangoo Amanda K	Practitioner - Non-Primary Care Provider (PCP)											
Cloutier-Champagne Laurence	Practitioner - Non-Primary Care Provider (PCP)											
Addo Evelyn	Practitioner - Non-Primary Care Provider (PCP)											
Levy Tal S M	Practitioner - Non-Primary Care Provider (PCP)											
Francois Marie	Practitioner - Non-Primary Care Provider (PCP)											
Berman Joshua Aaron	Practitioner - Non-Primary Care Provider (PCP)											
Troung Quynh Anh	Practitioner - Non-Primary Care Provider (PCP)											
Shulman Julieanne M	Practitioner - Non-Primary Care Provider (PCP)											
Simpson Khara Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Atkinson Katie	Practitioner - Non-Primary Care Provider (PCP)											
Cunniff Christophe	Practitioner - Non-Primary Care Provider (PCP)											
Rao Rema	Practitioner - Non-Primary Care Provider (PCP)											
Malhotra Sameer	Practitioner - Non-Primary Care Provider (PCP)											
Ross Guy William	Practitioner - Non-Primary Care Provider (PCP)											
Alonso Alberto	Practitioner - Non-Primary Care Provider (PCP)											
Gumbs Cahlelah	Practitioner - Non-Primary Care Provider (PCP)											
Beyer Lori	Practitioner - Non-Primary Care Provider (PCP)											
Bastidas Jenner	Practitioner - Non-Primary Care Provider (PCP)											
Giannikas Starcic Christina	Practitioner - Non-Primary Care Provider (PCP)											
Ayyala Rama Somayajula	Practitioner - Non-Primary Care Provider (PCP)											
Kimel Alexandru Filip	Practitioner - Non-Primary Care Provider (PCP)											
Freedberg Daniel Ezra	Practitioner - Non-Primary Care Provider (PCP)											
Nguyen Dustin Duy	Practitioner - Non-Primary Care Provider (PCP)											
Wholley Preston	Practitioner - Non-Primary Care Provider (PCP)											
Zork Noelia Milena Modad	Practitioner - Non-Primary Care Provider (PCP)											
Harrison Margo Shawn	Practitioner - Non-Primary Care Provider (PCP)											

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Praditpan Piyapa	Practitioner - Non-Primary Care Provider (PCP)											
Neil Jeffry M	Practitioner - Non-Primary Care Provider (PCP)											
Govindappagari Shravya	Practitioner - Non-Primary Care Provider (PCP)											
Kiamanesh David Ashkan	Practitioner - Non-Primary Care Provider (PCP)											
Kho Rosanne Marie	Practitioner - Non-Primary Care Provider (PCP)											
Rosenberg Elana S	Practitioner - Non-Primary Care Provider (PCP)											
Al-Khalili Rend	Practitioner - Non-Primary Care Provider (PCP)											
Yocum Gene Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Amin Nivee Pradip	Practitioner - Non-Primary Care Provider (PCP)											
Suissa Zohra	Practitioner - Non-Primary Care Provider (PCP)											
Batiz Dolmo Yadira Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Smaldone Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Dave Anjalee	Practitioner - Non-Primary Care Provider (PCP)											
Stroeh Oliver	Practitioner - Non-Primary Care Provider (PCP)											
Lin Richie	Practitioner - Non-Primary Care Provider (PCP)											
Nellis Marianne	Practitioner - Non-Primary Care Provider (PCP)											
Mcdonough Tiffani	Practitioner - Non-Primary Care Provider (PCP)											
Herman Samantha	Practitioner - Non-Primary Care Provider (PCP)											
Bassetti Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Mikkilineni Radha	Practitioner - Non-Primary Care Provider (PCP)											
Dodelzon Katerina	Practitioner - Non-Primary Care Provider (PCP)											
Al-Dujaili Zeena	Practitioner - Non-Primary Care Provider (PCP)											
Barfield Elaine	Practitioner - Non-Primary Care Provider (PCP)											
Hartman Maya	Practitioner - Non-Primary Care Provider (PCP)											
Jayaraman Arun	Practitioner - Non-Primary Care Provider (PCP)											
Zerrate Marianna	Practitioner - Non-Primary Care Provider (PCP)											
Suman Hridya	Practitioner - Non-Primary Care Provider (PCP)											
Mehta Alpesh	Practitioner - Non-Primary Care Provider (PCP)											
Monteleone Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Lee Ka-Eun	Practitioner - Non-Primary Care Provider (PCP)											
Lee Raymond	Practitioner - Non-Primary Care Provider (PCP)											
Gamss Caryn	Practitioner - Non-Primary Care Provider (PCP)											
Aaronson Jaime	Practitioner - Non-Primary Care Provider (PCP)											
Barbalat Yanina	Practitioner - Non-Primary Care Provider (PCP)											
Decter Irina	Practitioner - Non-Primary Care Provider (PCP)											
Baduashvili Amiran	Practitioner - Non-Primary Care Provider (PCP)											

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Huang Julie	Practitioner - Non-Primary Care Provider (PCP)											
Kao Linda	Practitioner - Non-Primary Care Provider (PCP)											
142866734recio Evita	Practitioner - Non-Primary Care Provider (PCP)											
Akchurin Oleh	Practitioner - Non-Primary Care Provider (PCP)											
Chernoff Karen	Practitioner - Non-Primary Care Provider (PCP)											
Pasupuleti Latha	Practitioner - Non-Primary Care Provider (PCP)											
Esenwa Charles	Practitioner - Non-Primary Care Provider (PCP)											
Chang Jonathan	Practitioner - Non-Primary Care Provider (PCP)											
Gluck Danielle	Practitioner - Non-Primary Care Provider (PCP)											
Syed Shahla	Practitioner - Non-Primary Care Provider (PCP)											
Clemente Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Danvers Antoinette	Practitioner - Non-Primary Care Provider (PCP)											
Henke Vanessa	Practitioner - Non-Primary Care Provider (PCP)											
Kelly Tamara	Practitioner - Non-Primary Care Provider (PCP)											
Desai Bhumika	Practitioner - Non-Primary Care Provider (PCP)											
Thompson Diane A	Practitioner - Non-Primary Care Provider (PCP)											
Mehta Aarti	Practitioner - Non-Primary Care Provider (PCP)											
Phongtankuel Veerawat	Practitioner - Non-Primary Care Provider (PCP)											
Popatia Rizwana	Practitioner - Non-Primary Care Provider (PCP)											
Spalding Collette	Practitioner - Non-Primary Care Provider (PCP)											
Taubman Cara	Practitioner - Non-Primary Care Provider (PCP)											
Waight Gina	Practitioner - Non-Primary Care Provider (PCP)											
Yugrakh Marianna	Practitioner - Non-Primary Care Provider (PCP)											
Herschmiller Emily Jane	Practitioner - Non-Primary Care Provider (PCP)											
Pick Jeremy Samuel	Practitioner - Non-Primary Care Provider (PCP)											
Wheeler Sandra E	Practitioner - Non-Primary Care Provider (PCP)											
Lin Albert Yen	Practitioner - Non-Primary Care Provider (PCP)											
Davis Nicholas A	Practitioner - Non-Primary Care Provider (PCP)											
Campos Amanda	Practitioner - Non-Primary Care Provider (PCP)											
Chen Royce	Practitioner - Non-Primary Care Provider (PCP)											
Krishnareddy Suneeta	Practitioner - Non-Primary Care Provider (PCP)											
Carley Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Han Peggy	Practitioner - Non-Primary Care Provider (PCP)											
Akerman Michael Aaron	Practitioner - Non-Primary Care Provider (PCP)											
Mak Serena	Practitioner - Non-Primary Care Provider (PCP)											
Theventhiran Alex B	Practitioner - Non-Primary Care Provider (PCP)											

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Parikh Puja Bipin	Practitioner - Non-Primary Care Provider (PCP)											
Selzer Angela	Practitioner - Non-Primary Care Provider (PCP)											
Chiao Franklin B	Practitioner - Non-Primary Care Provider (PCP)											
Lendof Amarilis	Practitioner - Non-Primary Care Provider (PCP)											
Shah Roshan Pradip	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Deepti	Practitioner - Non-Primary Care Provider (PCP)											
Siegel Brooke Ilana	Practitioner - Non-Primary Care Provider (PCP)											
Hau Duncan	Practitioner - Non-Primary Care Provider (PCP)											
Parekh Madhavi Jayant	Practitioner - Non-Primary Care Provider (PCP)											
Lynch Lisa Renee	Practitioner - Non-Primary Care Provider (PCP)											
Rong Lisa Q	Practitioner - Non-Primary Care Provider (PCP)											
Dienna Erik Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Kreisl William C	Practitioner - Non-Primary Care Provider (PCP)											
Shankar Samantha G	Practitioner - Non-Primary Care Provider (PCP)											
Asif Noor	Practitioner - Non-Primary Care Provider (PCP)											
Baird Stacy Wang	Practitioner - Non-Primary Care Provider (PCP)											
Kiros Weldeab Meron	Practitioner - Non-Primary Care Provider (PCP)											
Bao George Cheng Xi	Practitioner - Non-Primary Care Provider (PCP)											
Lustig Md Lawrence R	Practitioner - Non-Primary Care Provider (PCP)											
Santamaria Grace M	Practitioner - Non-Primary Care Provider (PCP)											
Wieland Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Stevens Katie Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Ernst Lauren Morton	Practitioner - Non-Primary Care Provider (PCP)											
Raddatz Melissa Anne	Practitioner - Non-Primary Care Provider (PCP)											
Cheng Stephanie I	Practitioner - Non-Primary Care Provider (PCP)											
Mcswain Marisa Christian	Practitioner - Non-Primary Care Provider (PCP)											
Blitzer Juliana R	Practitioner - Non-Primary Care Provider (PCP)											
Burns Catherina	Practitioner - Non-Primary Care Provider (PCP)											
Peal Feafea Moore	Practitioner - Non-Primary Care Provider (PCP)											
Dastgir Jahannaz	Practitioner - Non-Primary Care Provider (PCP)											
Francois Karen Tamar	Practitioner - Non-Primary Care Provider (PCP)											
Good Pamela Isabel	Practitioner - Non-Primary Care Provider (PCP)											
Marks Dylan	Practitioner - Non-Primary Care Provider (PCP)											
Perleykwauk Rosemary	Practitioner - Non-Primary Care Provider (PCP)											
Vaknin Amy	Practitioner - Non-Primary Care Provider (PCP)											
Seval Nikhil	Practitioner - Non-Primary Care Provider (PCP)											

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Demetri James	Practitioner - Non-Primary Care Provider (PCP)											
Turk Andrew	Practitioner - Non-Primary Care Provider (PCP)											
German Shanna Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Leiter Richard	Practitioner - Non-Primary Care Provider (PCP)											
Rigney Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Cassell Jason Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Ahmad Noor	Practitioner - Non-Primary Care Provider (PCP)											
Gillett Irina Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Tanhehco Yvette	Practitioner - Non-Primary Care Provider (PCP)											
Iris Cohen, Lcsw -R	Practitioner - Non-Primary Care Provider (PCP)											
Ward, Angela M	Practitioner - Non-Primary Care Provider (PCP)											
Dienstag Bill D	Practitioner - Non-Primary Care Provider (PCP)											
Suh Christine	Practitioner - Non-Primary Care Provider (PCP)											
Jessica Forman	Practitioner - Non-Primary Care Provider (PCP)											
Sheer Josselyn Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Rehman Ayesha Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Desciak Edward	Practitioner - Non-Primary Care Provider (PCP)											
Flynn, Melissa A	Practitioner - Non-Primary Care Provider (PCP)											
Murray Margo	Practitioner - Non-Primary Care Provider (PCP)											
Solis-Serrano Esther	Practitioner - Non-Primary Care Provider (PCP)											
Mcintyre Jonathan	Practitioner - Non-Primary Care Provider (PCP)											
May Benjamin	Practitioner - Non-Primary Care Provider (PCP)											
Francis Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Lauren Serkes	Practitioner - Non-Primary Care Provider (PCP)											
Liben Lindsay	Practitioner - Non-Primary Care Provider (PCP)											
Dukes Jason Corey	Practitioner - Non-Primary Care Provider (PCP)											
Mcnair Patrick William	Practitioner - Non-Primary Care Provider (PCP)											
Maegan Ratliff	Practitioner - Non-Primary Care Provider (PCP)											
Melissa Olson	Practitioner - Non-Primary Care Provider (PCP)											
Stein Brenna	Practitioner - Non-Primary Care Provider (PCP)											
Bystritsky Rachel	Practitioner - Non-Primary Care Provider (PCP)											
Lynn Tomilowicz	Practitioner - Non-Primary Care Provider (PCP)											
Ankrah Reginald	Practitioner - Non-Primary Care Provider (PCP)											
Marks Matthew S	Practitioner - Non-Primary Care Provider (PCP)											
Snay Kurtis	Practitioner - Non-Primary Care Provider (PCP)											
Rabhan Laura Ms.	Practitioner - Non-Primary Care Provider (PCP)											

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Jessica De Shazo	Practitioner - Non-Primary Care Provider (PCP)										
Langer Arielle	Practitioner - Non-Primary Care Provider (PCP)										
Montgomery, Mary E	Practitioner - Non-Primary Care Provider (PCP)										
Sheena Pradham	Practitioner - Non-Primary Care Provider (PCP)										
England Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										
Gray Rachel	Practitioner - Non-Primary Care Provider (PCP)										
Digioia Denise	Practitioner - Non-Primary Care Provider (PCP)										
Danforth Meagan	Practitioner - Non-Primary Care Provider (PCP)										
Rozenfeld Magali	Practitioner - Non-Primary Care Provider (PCP)										
Marbe Doron Dr.	Practitioner - Non-Primary Care Provider (PCP)										
Lau Sheung Ming	Practitioner - Non-Primary Care Provider (PCP)										
Fish Douglas John	Practitioner - Non-Primary Care Provider (PCP)										
Saltzman, Steven P	Practitioner - Non-Primary Care Provider (PCP)										
Storey, Joan E	Practitioner - Non-Primary Care Provider (PCP)										
Perazzelli Stephen Michael	Practitioner - Non-Primary Care Provider (PCP)										
Aras Mohini	Practitioner - Non-Primary Care Provider (PCP)										
Broodie Nisha Monique	Practitioner - Non-Primary Care Provider (PCP)										
Krekun Susan Md	Practitioner - Non-Primary Care Provider (PCP)										
Rathbun David Mr.	Practitioner - Non-Primary Care Provider (PCP)										
Abellar Rosanna	Practitioner - Non-Primary Care Provider (PCP)										
Tray Nancy Jane	Practitioner - Non-Primary Care Provider (PCP)										
Greendyke William Garrett	Practitioner - Non-Primary Care Provider (PCP)										
Piracha Mohammad	Practitioner - Non-Primary Care Provider (PCP)										
Bloom Michelle	Practitioner - Non-Primary Care Provider (PCP)										
Gavazi Elona	Practitioner - Non-Primary Care Provider (PCP)										
Dietrich Meredith	Practitioner - Non-Primary Care Provider (PCP)										
Jaimie Uva	Practitioner - Non-Primary Care Provider (PCP)										
Coburn Elliot	Practitioner - Non-Primary Care Provider (PCP)										
Lynch Thomas	Practitioner - Non-Primary Care Provider (PCP)										
Murphy Jessica	Practitioner - Non-Primary Care Provider (PCP)										
Veal David	Practitioner - Non-Primary Care Provider (PCP)										
Teich Andrew	Practitioner - Non-Primary Care Provider (PCP)										
Kukowski Laura	Practitioner - Non-Primary Care Provider (PCP)										
George Jessica Mary	Practitioner - Non-Primary Care Provider (PCP)										
Wilson Anna	Practitioner - Non-Primary Care Provider (PCP)										
Liu-Jarin Xiaolin	Practitioner - Non-Primary Care Provider (PCP)										

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Jennifer Heinen	Practitioner - Non-Primary Care Provider (PCP)											
Perlmutt Olivia	Practitioner - Non-Primary Care Provider (PCP)											
Iuga Alina	Practitioner - Non-Primary Care Provider (PCP)											
Block Brian	Practitioner - Non-Primary Care Provider (PCP)											
Misir Aruna	Practitioner - Non-Primary Care Provider (PCP)											
Cotugno Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Yeung Albert Chi Fung	Practitioner - Non-Primary Care Provider (PCP)											
Kahn Jesse	Practitioner - Non-Primary Care Provider (PCP)											
Smith John	Practitioner - Non-Primary Care Provider (PCP)											
Montalvo, Jane	Practitioner - Non-Primary Care Provider (PCP)											
Christine Casas	Practitioner - Non-Primary Care Provider (PCP)											
Sireci Anthony	Practitioner - Non-Primary Care Provider (PCP)											
Miller Marshall	Practitioner - Non-Primary Care Provider (PCP)											
Gmyrek Robyn Squeo Md	Practitioner - Non-Primary Care Provider (PCP)											
Mccue Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Scully Vanessa	Practitioner - Non-Primary Care Provider (PCP)											
Cummings Matthew Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Roberson James	Practitioner - Non-Primary Care Provider (PCP)											
Rubin Mark	Practitioner - Non-Primary Care Provider (PCP)											
Lefkowitz Jacqueline Michele	Practitioner - Non-Primary Care Provider (PCP)											
Leal David	Practitioner - Non-Primary Care Provider (PCP)											
Meredith Liss	Practitioner - Non-Primary Care Provider (PCP)											
Goldstein Andrew D	Practitioner - Non-Primary Care Provider (PCP)											
Friedman Allen	Practitioner - Non-Primary Care Provider (PCP)											
Faye Adam	Practitioner - Non-Primary Care Provider (PCP)											
Geneslaw Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Lyons Richard	Practitioner - Non-Primary Care Provider (PCP)											
Gonzalez Abel	Practitioner - Non-Primary Care Provider (PCP)											
Pasamba Michelle Ongkingco	Practitioner - Non-Primary Care Provider (PCP)											
Stacy K. Leung	Practitioner - Non-Primary Care Provider (PCP)											
Griffin Katie	Practitioner - Non-Primary Care Provider (PCP)											
Reznik Tatyana	Practitioner - Non-Primary Care Provider (PCP)											
Panitz Laura	Practitioner - Non-Primary Care Provider (PCP)											
Heng Cindy	Practitioner - Non-Primary Care Provider (PCP)											
Chiu Felicia Y	Practitioner - Non-Primary Care Provider (PCP)											
Moonis Gul	Practitioner - Non-Primary Care Provider (PCP)											

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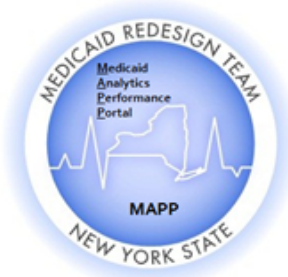| Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Paul Henry A Md	Practitioner - Non-Primary Care Provider (PCP)											
Ramsdell Amanda	Practitioner - Non-Primary Care Provider (PCP)											
Chester Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Redington Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Khodik Kalman	Practitioner - Non-Primary Care Provider (PCP)											
Wallace Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Godlewska Bogumila	Practitioner - Non-Primary Care Provider (PCP)											
Baxterbeck Allison	Practitioner - Non-Primary Care Provider (PCP)											
Kaur Gunisha	Practitioner - Non-Primary Care Provider (PCP)											
Ehrlich Linda	Practitioner - Non-Primary Care Provider (PCP)											
Nancy Addison	Practitioner - Non-Primary Care Provider (PCP)											
Krigel Anna	Practitioner - Non-Primary Care Provider (PCP)											
Cruz Rogelio Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Schneller Netta	Practitioner - Non-Primary Care Provider (PCP)											
O'Donnell Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Lee Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Zhang William	Practitioner - Non-Primary Care Provider (PCP)											
Sachdev Saachi Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Aronson Kerri	Practitioner - Non-Primary Care Provider (PCP)											
Sharp Hugh	Practitioner - Non-Primary Care Provider (PCP)											
Sabatino Jenna	Practitioner - Non-Primary Care Provider (PCP)											
Repuyan Maria Eloisa	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Denise	Practitioner - Non-Primary Care Provider (PCP)											
Kuang Lana Ruolan	Practitioner - Non-Primary Care Provider (PCP)											
Dixon-Banks Sharese	Practitioner - Non-Primary Care Provider (PCP)											
Greco Michael	Practitioner - Non-Primary Care Provider (PCP)											
Abrishami Michael	Practitioner - Non-Primary Care Provider (PCP)											
Nadiuska Vazquez	Practitioner - Non-Primary Care Provider (PCP)											
Kazam James	Practitioner - Non-Primary Care Provider (PCP)											
Biegen Tivone	Practitioner - Non-Primary Care Provider (PCP)											
Lopuzzo Sharon A	Practitioner - Non-Primary Care Provider (PCP)											
Winarick Kenneth	Practitioner - Non-Primary Care Provider (PCP)											
Go Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Rathe Jennifer A	Practitioner - Non-Primary Care Provider (PCP)											
Hays Erin Maura	Practitioner - Non-Primary Care Provider (PCP)											
Simon Katherine	Practitioner - Non-Primary Care Provider (PCP)											

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Maina Elizabeth Njoroge	Practitioner - Non-Primary Care Provider (PCP)											
Holzer Horatio Edward	Practitioner - Non-Primary Care Provider (PCP)											
Fuller Craig Benjamin	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Wallach	Practitioner - Non-Primary Care Provider (PCP)											
Jeffery Reyes	Practitioner - Non-Primary Care Provider (PCP)											
Sanchez Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Chisolm Douglas	Practitioner - Non-Primary Care Provider (PCP)											
Rogers John	Practitioner - Non-Primary Care Provider (PCP)											
Schlenoff Marc	Practitioner - Non-Primary Care Provider (PCP)											
Whitaker Gordon	Practitioner - Non-Primary Care Provider (PCP)											
Choi James	Practitioner - Non-Primary Care Provider (PCP)											
Lee Kyungmouk Steve	Practitioner - Non-Primary Care Provider (PCP)											
Crowell Kathleen	Practitioner - Non-Primary Care Provider (PCP)											
Enaiett Lindsay	Practitioner - Non-Primary Care Provider (PCP)											
Otello Toni Anne	Practitioner - Non-Primary Care Provider (PCP)											
Zaguri Shira	Practitioner - Non-Primary Care Provider (PCP)											
Ziemba, Jessica C., Rpa-C	Practitioner - Non-Primary Care Provider (PCP)											
Wendy Cheong	Practitioner - Non-Primary Care Provider (PCP)											
Wessler Jeffrey	Practitioner - Non-Primary Care Provider (PCP)											
Vitale Michael	Practitioner - Non-Primary Care Provider (PCP)											
Turnbull Zachary Adam	Practitioner - Non-Primary Care Provider (PCP)											
Mautner Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Katz Sydney	Practitioner - Non-Primary Care Provider (PCP)											
Wang Cindy J	Practitioner - Non-Primary Care Provider (PCP)											
Higgins Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Emily Baneman	Practitioner - Non-Primary Care Provider (PCP)											
Kolchin-Miller Maia Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Jennas Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Samaru Mahendranauth	Practitioner - Non-Primary Care Provider (PCP)											
Moni Saila	Practitioner - Non-Primary Care Provider (PCP)											
Machhar Raj	Practitioner - Non-Primary Care Provider (PCP)											
Cudilo Elizabeth Maria	Practitioner - Non-Primary Care Provider (PCP)											
Guida Andrea	Practitioner - Non-Primary Care Provider (PCP)											
Leppert Bryan Charles	Practitioner - Non-Primary Care Provider (PCP)											
Blythedale Childrens Hospital	Hospital	✅										
Calvary Hospital Inc	Hospital	✅										

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Ny Hospital	Hospital	✅										
Village Care Health Clinic	Clinic	✅		✅			✅					
Nyu Downtown Hospital	Clinic	✅		✅			✅					
Columbia Univ Hlth Care	Clinic	✅	✅	✅			✅		✅			
St Christophers Inn Inc	Clinic	✅		✅			✅					
Rogosin Kidney Center	Clinic	✅		✅			✅					
Community Healthcare Network	Clinic	✅		✅			✅					
Charles B Wang Comm Hth Ctr I	Clinic	✅		✅			✅					
Blythedale Childrens Hospital	Clinic											
Calvary Hospital Inc	Clinic											
Ny Hospital	Clinic	✅	✅	✅		✅	✅		✅			
Childrens Rehabilitation Center	Clinic											
City-Pro Group Inc	Clinic	✅		✅			✅					
Rogosin Kidney Center	Clinic	✅		✅			✅					
Upper Room Aids Ministry Aadc	Clinic	✅		✅			✅					
Vnsny Community Health Services	Case Management / Health Home	✅	✅	✅	✅		✅	✅				
Harlem United Com Aids Ctr Ai	Case Management / Health Home	✅			✅			✅				
Upper Manhattan Mh Ctr Scm	Case Management / Health Home	✅	✅	✅	✅		✅	✅				
Village Center For Care Ai	Case Management / Health Home	✅			✅			✅				
Aids Svc Ctr Manhatten Ai	Case Management / Health Home	✅			✅			✅				
Bronx Aids Service Ai	Case Management / Health Home											
Community Hlthcare Network Ai	Case Management / Health Home	✅			✅			✅				
Ny Hospital	Case Management / Health Home	✅	✅	✅	✅		✅	✅				
City-Pro Group Inc	Case Management / Health Home											
Pena Karen	Mental Health											
Letisha Marrero	Mental Health											
Vnsny Community Health Services	Mental Health	✅	✅				✅	✅				
Caraballo Angel A Md	Mental Health	✅						✅				
Siddique Mustaq A	Mental Health											
Leung Denise	Mental Health											
Association To Benefit Child	Mental Health	✅	✅				✅	✅				
Biegen Tivone	Mental Health											
Han-Faver Doreen D Md	Mental Health											
Sanchez Carlos Alberto	Mental Health											
Dragatsi Dianna	Mental Health											
Beeder Ann	Mental Health											

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Center For Alt Sentencing Rc	Mental Health	☑	☑				☑	☑				
Goddard Riverside Community	Mental Health	☑	☑				☑	☑				
Berman Robert M Md	Mental Health											
Glick Arthur A	Mental Health	☑	☑				☑	☑				
Trustees Of Columbia	Mental Health	☑						☑				
Winarick Kenneth	Mental Health											
Price David	Mental Health											
Trustees Of Columbia University	Mental Health	☑						☑				
Hunter Lisa Phd	Mental Health											
Dooley Francis Patrick	Mental Health											
Cornell Univ Med Coll Psych	Mental Health	☑						☑				
Mcgahee Wendy Md	Mental Health	☑	☑				☑	☑				
Abraham Marthe Md	Mental Health											
Sonty Nomita Phd	Mental Health	☑						☑				
Haberman Skye Phd	Mental Health	☑						☑				
Cornell University Med Clge	Mental Health	☑						☑				
Ruiz Peter R	Mental Health	☑	☑				☑	☑				
Chen Jianping Md	Mental Health											
Cross Jennifer Frances Md	Mental Health	☑	☑				☑	☑				
Cardenas Dora L Md	Mental Health											
Gold Melanie A Md	Mental Health											
Bien-Aime Jean L Md	Mental Health											
Upper Manhattan Mh Ctr Scm	Mental Health	☑	☑				☑	☑				
Villena Yolanda Mary	Mental Health											
Pomerantz Janet Roberta Md	Mental Health											
Slater Jonathan Allen Md	Mental Health											
Assoc Rehab Cm & Housing Inc	Mental Health	☑	☑				☑	☑				
Fountain House,Inc.	Mental Health	☑	☑				☑	☑				
Argus Community,Inc	Mental Health	☑						☑				
Inwood Community Services	Mental Health	☑	☑				☑	☑				
New York Pc	Mental Health											
Union Settlement Asso Inc	Mental Health	☑	☑				☑	☑				
Community Healthcare Network	Mental Health	☑	☑				☑	☑				
Robotti Flavia Md	Mental Health											
Whitaker Agnes Hutchinson Md	Mental Health											
Yared Thomas A Md	Mental Health											

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Metropolitan Ctr For Mntl Hlt	Mental Health	✅	✅				✅	✅				
Karen Horney Clinic,Inc	Mental Health											
Northside Center For Child De	Mental Health	✅	✅				✅	✅				
Riverdale Mental Hlth Cl	Mental Health	✅	✅				✅	✅				
Ny Hospital	Mental Health	✅	✅				✅	✅				
Paul Henry A Md	Mental Health											
Poole-Di Salvo Elizabeth	Mental Health	✅						✅				
Ng Yiu	Mental Health											
Cruz Arrieta Eduvigis Psy	Mental Health	✅						✅				
Lefkowitz Jacqueline Michele	Mental Health											
Polania Laura Maria	Mental Health	✅						✅				
Whitaker Gordon	Mental Health											
Zagame Joseph	Mental Health											
Sara Siris Nash	Mental Health	✅						✅				
Kobeissi Jamal Hassan	Mental Health											
Argus Community Inc	Mental Health	✅						✅				
Ciotti Andrew James	Mental Health											
Young-Geye Stephanie	Mental Health	✅	✅				✅	✅				
Mccue Jennifer	Mental Health											
Baror Elena	Mental Health											
Mailman Toby	Mental Health											
Robles Jesus	Mental Health											
Bloom Michelle	Mental Health											
Boudreaux Tyson	Mental Health											
Katz Abigail	Mental Health											
Hermann Alison	Mental Health											
Kaplan Rachel Beth	Mental Health											
Gastelum Emily Davies	Mental Health	✅						✅				
Gorseth Karin	Mental Health											
Arvizu Jose	Mental Health											
Young Chainllie	Mental Health											
Culas Renu	Mental Health	✅						✅				
Carrasco Belinda	Mental Health											
Mroczkowski Megan Marie	Mental Health											
Novakovic Vladan	Mental Health											
Fuller Craig Benjamin	Mental Health											

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Berman Joshua Aaron	Mental Health	✅						✅				
Gumbs Cahlelah	Mental Health											
Beyer Lori	Mental Health											
Wholley Preston	Mental Health											
Francis Jenny	Mental Health											
Zerrate Marianna	Mental Health	✅						✅				
Center For Alternative Sentencing A	Mental Health	✅						✅				
Khodik Kalman	Mental Health											
Argus Community Inc	Substance Abuse	✅	✅			✅	✅	✅				
Create,Inc.	Substance Abuse	✅	✅			✅	✅	✅				
St Christophers Inn Inc	Substance Abuse	✅	✅			✅	✅	✅				
Upper Manhattan Mh Ctr Scm	Substance Abuse	✅	✅			✅	✅	✅				
Cornell Univ Med College	Substance Abuse											
Realization Center Inc	Substance Abuse											
Inwood Community Services	Substance Abuse	✅	✅			✅	✅	✅				
Medical Arts Sanitarium	Substance Abuse	✅	✅			✅	✅	✅				
Metropolitan Ctr For Mntl Hlt	Substance Abuse	✅	✅			✅	✅	✅				
Riverdale Mental Hlth Cl	Substance Abuse	✅	✅			✅	✅	✅				
Ny Hospital	Substance Abuse	✅	✅			✅	✅	✅				
Argus Community Inc	Substance Abuse	✅	✅			✅	✅	✅				
Amsterdam Nursing Home Adhc	Nursing Home	✅										
Rivington Hs/Nicholas A Rango	Nursing Home	✅										
St Vincent Depaul Res Adhc	Nursing Home	✅										
St Marys Center, Inc	Nursing Home	✅										
Elizabeth Seton Pediatric Center	Nursing Home											
Menorah Home & Hosp Aged Inf	Nursing Home	✅										
Schervier Nursing Care Center	Nursing Home	✅										
Methodist Church Home For The	Nursing Home	✅										
Mary Manning Walsh Nursing Ho	Nursing Home	✅										
St Marys Hospital For Childre	Nursing Home	✅										
Hebrew H For Aged Riverdale	Nursing Home	✅										
Isabella Geriatric Ctr Inc	Nursing Home	✅										
Palisade Nh Co Inc Snf	Nursing Home											
1875 Lexington Avenue Corp Of New Y	Pharmacy	✅						✅				
Metrocare Pharmacy Inc	Pharmacy											
31st And 3rd Pharmacy Inc	Pharmacy											

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Nyu Downtown Hospital	Pharmacy	☑						☑				
Melbran Drugs Inc	Pharmacy	☑						☑				
Quick Rx Drugs Inc	Pharmacy	☑						☑				
Heights Pharmacy Inc	Pharmacy	☑						☑				
C & C Drug Inc	Pharmacy											
Citydrug & Surgical Inc	Pharmacy	☑						☑				
Boan Drugs Inc	Pharmacy											
Ny Hospital	Pharmacy	☑						☑				
Nucare Pharmacy Inc	Pharmacy											
27 Audubon Pharmacy Corp	Pharmacy	☑						☑				
Aids Healthcare Foundation	Pharmacy	☑						☑				
Aids Healthcare Foundation	Pharmacy	☑						☑				
Vnsny Community Health Services	Hospice	☑							☑			
Calvary Hha & Hospice Care	Hospice											
Elderserve Long Term Hlth Car	Hospice											
Jacob Perlow Hospice	Hospice											
Vns Of Ny Hospice Care	Hospice	☑							☑			
Dominican Sister Family Healt	Hospice											
Calvary Hospital Inc	Hospice	☑							☑			
1199 Training And Employment Funds	Community Based Organizations											
Alexis Acevedo Mhc	Community Based Organizations											
Allied Service Center Nyc (Ascnyc)	Community Based Organizations	☑			☑	☑		☑	☑			
Anna Coward, Ma	Community Based Organizations											
Bernstein, Jenny	Community Based Organizations											
Boom Health	Community Based Organizations											
Carole Freedman	Community Based Organizations											
Carys Wayne	Community Based Organizations											
Catholic Resources, Inc.	Community Based Organizations	☑			☑			☑	☑			
Citymeals On Wheels	Community Based Organizations	☑			☑			☑	☑			
Coalicion Mexicano	Community Based Organizations	☑	☑		☑			☑	☑			
Community Association Of Progressive Dominicans	Community Based Organizations	☑			☑			☑	☑			
Community League Of The Heights	Community Based Organizations	☑			☑			☑	☑			
Debra Faecher	Community Based Organizations											
Devin Smith	Community Based Organizations											
Doherty, Laura Gay	Community Based Organizations											
Dominican Women'S Development Center	Community Based Organizations	☑			☑			☑	☑			

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Extended Home Care	Community Based Organizations										
Fort George Community Enrichment Center	Community Based Organizations	✅			✅			✅	✅		
Fountain House, Bronx	Community Based Organizations	✅			✅	✅		✅	✅		
Fountain House, Inc	Community Based Organizations	✅			✅	✅		✅	✅		
Green Wright, Linnie	Community Based Organizations										
Grif Alexander	Community Based Organizations										
Hamilton-Madison House	Community Based Organizations										
Hebrew Home - Geriatric Care Management	Community Based Organizations										
Hebrew Home At Riverdale/Hudson House	Community Based Organizations										
Hebrew Home At Riverdale/The Terrace	Community Based Organizations										
Howard Groth	Community Based Organizations										
Jeffrey Tomlinson	Community Based Organizations										
Jessica Prichett Mhc	Community Based Organizations										
Kristen Schratz	Community Based Organizations										
Lenox Hill Neighborhood House	Community Based Organizations										
Lucy Cheng	Community Based Organizations										
Marcia Wong	Community Based Organizations										
Maria Gonzalo	Community Based Organizations										
Maria Solomon	Community Based Organizations										
Marlena Palombo	Community Based Organizations										
Nami - Nyc Metro	Community Based Organizations	✅			✅	✅		✅	✅		
New York City Department Of Health & Mental Hygiene	Community Based Organizations	✅			✅	✅		✅	✅		
New York Legal Assistance Group	Community Based Organizations	✅			✅	✅		✅	✅		
Northern Manhattan Improvement Corporation	Community Based Organizations	✅			✅			✅	✅		
Prashanth Venkatesh	Community Based Organizations										
Project Renewal, Inc.	Community Based Organizations	✅			✅	✅		✅	✅		
Renee De Lyon Crc	Community Based Organizations										
Richard Hawkins	Community Based Organizations										
Rosy Priya Kodiyanplakkal	Community Based Organizations										
Samantha Sudano Mhc	Community Based Organizations										
Sarah Roffe	Community Based Organizations										
Sarah Sidhu	Community Based Organizations										
Service Program For Older People - Outpatient Mental Health Clinic - Brown Gardens Center	Community Based Organizations										
Service Program For Older People - Outpatient Mental Health Clinic - Carter Burden Center	Community Based Organizations										

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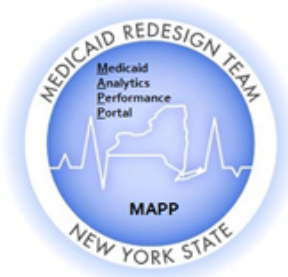| Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Service Program For Older People - Outpatient Mental Health Clinic - Health And Wellness	Community Based Organizations											
Service Program For Older People - Outpatient Mental Health Clinic - Stanley Isaacs Center	Community Based Organizations											
Service Program For Older People - Outpatient Mental Health Clinic - Upper Westside Clinic	Community Based Organizations											
Service Program For Older People - Outpatient Mental Health Clinic -Grand Street Clinic	Community Based Organizations											
Service Program For Older People - Personalized Recovery Oriented Services (Pros)	Community Based Organizations											
Terence Cardinal Cooke Opwdd	Community Based Organizations											
Terence Cardinal Cooke Snf	Community Based Organizations											
Terrence Cardinal Cooke Health Cente	Community Based Organizations											
Terrence Cardinal Cooke Opwdd	Community Based Organizations											
Terrence Cardinal Cooke Snf	Community Based Organizations											
The Bridge, Inc.	Community Based Organizations	☑			☑	☑		☑	☑			
Washington Heights Corner Project	Community Based Organizations											
Yohannen Ness	Community Based Organizations											
Corda Rozelle	All Other											
Schwartz-Moser Laurie	All Other											
Correia Lucy	All Other											
Soto Armstrong Migdalia	All Other											
Emily M Stein Md	All Other											
Kovanlikaya Arzu Md	All Other											
Kashif Raza	All Other											
Herman Sean	All Other											
Schuetz Audrey	All Other											
Duke Gavin	All Other											
Shih Jenny	All Other											
Russell S Miller	All Other											
Siegel Lawrence J Md	All Other											
Feldman Dmitriy N Md	All Other											
Carlos Medina Md	All Other											
Huang Shao Fen Sherry	All Other											
Vnsny Community Health Services	All Other											
Wei Esther	All Other											

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Hillary Hochberg	All Other											
Parwane Parsa Pagano Md	All Other											
Christopher Liu Md	All Other											
Wilson-Taylor Melanie Tanara	All Other											
Rumley Joseph James Md	All Other											
George Gallos Md	All Other											
Anis Diz Darevic Md	All Other											
Praveen B Raju	All Other											
Rachel Lea Marcus	All Other											
Kwon Ryan H Do	All Other											
Latif Farhana Md	All Other											
Predrag Popovic Md	All Other											
Theodore C Docu Md Pc	All Other											
Tang Michael D Md	All Other											
The Trustees Of Columbia In The	All Other											
Gorman Allison	All Other											
Brechter Daniele Lynette Rn	All Other											
Johnston Taylor A Md	All Other											
Serrano Ileana	All Other											
Levy Allison Dana Md	All Other											
Acinapura Lauren Md	All Other											
Toussi Shelly S Md	All Other											
Underwood Joseph Patrick Iii Md	All Other											
Schloss Robert W Md	All Other											
Haug Christie Joy	All Other											
Berger Evelyn Md	All Other											
Jamieson Dara Greaney Md	All Other											
Sy Calvin Go Md	All Other											
Belfi Lily Marie Md	All Other											
Martinez Johanna Md	All Other											
Lagratta Maria D Md	All Other											
Gavara Rachana Md	All Other											
Garcon Ernst Md	All Other											
Canoll Peter	All Other											
Worgall Tilla	All Other											
Yantiss Rhonda	All Other											

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Cushing Melissa	All Other										
Spitalnik Steven	All Other										
Lavi Ehud	All Other										
Schwartz Joseph	All Other										
Magro Cynthia	All Other										
Mansukhani Mahesh	All Other										
Bhagat Govind	All Other										
Crapanzano John	All Other										
Remotti Fabrizio	All Other										
Shalev Noga	All Other										
Tanji Kurenai	All Other										
Remotti Helen	All Other										
Markowitz Glen	All Other										
Scongnamiglio Theresa	All Other										
Vonsattel Jean-Paul	All Other										
Saqi Anjali	All Other										
Faust Phyllis	All Other										
Gauthier Susan Do	All Other										
Kim Robert Jason Md	All Other										
Abramson Erika Md	All Other										
Goswami Sumeet Md	All Other										
Mohan Sumit Md	All Other										
Legasto Alan Clint Md	All Other										
Card Andrea Dione Md	All Other										
Panzer Oliver Peter-Friedrich Md	All Other										
Herzog Ronit Md	All Other										
Moitra Vivek K Md	All Other										
Babagbemi T-Kemi Md	All Other										
Safdieh Joseph Md	All Other										
Spanondis Catherine	All Other										
Dsouza Belinda M Md	All Other										
Savard Peter Marc Chowdhury	All Other										
Joseph Julie T Md	All Other										
Traube Chani Md	All Other										
Jaiswal Arti Chander Md	All Other										
Isaacs-Charles Karen Ann Md	All Other										

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Olender Susan Aileen Md	All Other											
Chen Susie Md	All Other											
Prasad Lona Md	All Other											
Gupta Divya Md	All Other											
Yang Grace	All Other											
Choi Paul	All Other											
Green Cori	All Other											
Richman Marion Elyse Md	All Other											
Merchant Sabiha Md	All Other											
Shafig-Hoda Rana Md	All Other											
Magneson Amy Tye Md	All Other											
Ramsaroop Sharda D Md	All Other											
Cheung Jim Way Md	All Other											
Carroll J Sheila Md	All Other											
Lee James Md	All Other											
Verna Elizabeth C. Md	All Other											
Gelbman Joy Marla Md	All Other											
Friedman Peter	All Other											
Ellenson Lora	All Other											
Pirog Edyta	All Other											
Stokes Michael	All Other											
Martin Paul Benedikt Md	All Other											
Weiner Shepard D Md	All Other											
Tedore Tiffany Md	All Other											
Antonios Vera Salim Md	All Other											
Yohay Kaleb H Md	All Other											
Casale Pasquale Md	All Other											
Maris Jr Peter J G Md	All Other											
Scott-Ranawake Rebecca Md	All Other											
Cartwright Crystal Lynn	All Other											
Village Care Health Clinic	All Other											
Trustees Of Columbia University	All Other											
Argus Community Inc	All Other											
Kandula Padmaja Md	All Other											
Tavares Rosanabela Md	All Other											
Sobel Vivian Md	All Other											

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The New York and Presbyterian Hospital (PPS ID:39)

* Safety Net Providers in Green

Participating in Projects											
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Glassman Melissa	All Other										
Trustees Of Columbia University In	All Other										
Han Jung Hee June Md	All Other										
Pryor Kane Owen Md	All Other										
Patel Nina M Md	All Other										
Laifer-Narin Sherelle L Md	All Other										
Cornell University Medical College	All Other										
Marks Kristen M Md	All Other										
Lubansky Stasi Np	All Other										
Baird Jeffrey M Md	All Other										
Teplin Debra Rpa	All Other										
Bouchard Nicole Colette Md	All Other										
Dousmanis Athanasios G Md	All Other										
Chao Eda X	All Other										
Nyu Downtown Hospital	All Other										
Lin Helen Md	All Other										
Chang Jane Md	All Other										
Weissman Matthew Aron Md	All Other										
Smok Dorothy Md	All Other										
Shih George Md	All Other										
Kodali Susheel Kumar Md	All Other										
Jalbout Maya Md	All Other										
Kopman David Md	All Other										
Sinclair Paula Almalinda Md	All Other										
Kong Kin Ching Md	All Other										
Min James K Md	All Other										
Worgall Stefan Md	All Other										
Ee Pei-Lee Md	All Other										
Moreno Lisa Belinda	All Other										
Brown Natalia Sharon Ivascu	All Other										
Rutman Matthew P Md	All Other										
Wuhrman Elsa	All Other										
Duan Dewan	All Other										
Walker Marcella Md	All Other										
Hache Manon	All Other										
Houck Philipp Joannis Md	All Other										

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Geyer Adam Shaker	All Other											
Sinha Naina Md	All Other											
Gutzler Marcus Md	All Other											
Fievre Garnes Marie Ft Md	All Other											
Jani Beena Harendra Md	All Other											
Wisler-Scher Daryl	All Other											
Lee Catherine	All Other											
Weinsaft Jonathan Wells Md	All Other											
Weller Mark Andreas Md	All Other											
Rolston Sandra A Md	All Other											
Egan Brian Md	All Other											
Singh Harjot Kaur Md	All Other											
Kubacki Tatiana Md	All Other											
Breen Lorna M Md	All Other											
Tang Chin Md	All Other											
Chow Grace A Md	All Other											
Vasovic Ljiljana	All Other											
Shaknovich Rita	All Other											
Chen Mildred Md	All Other											
Ko David	All Other											
Djen Simon	All Other											
Village Ctr For Care Lthhcp	All Other											
Winfree Christopher J Md	All Other											
Kronish Ian Matthew Md	All Other											
Glick Arthur A	All Other											
Sedighi Abdollah Md	All Other											
Thakur Ravi K Md	All Other											
Robenzadeh Azar Angela Md	All Other											
Department Of Obstetrics Gyn	All Other											
Trustees Of Columbia	All Other											
Jones Deborah Pollard Md	All Other											
Hill Shanna Sykes Md	All Other											
Warren Michael S Md	All Other											
Darwich Alaeldin A Md	All Other											
Hriljac Ingrid Md	All Other											
Luo Wayne	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Crew Russell John Md	All Other											
Manczur Terezia Md	All Other											
Trustees Of Columbia Univ	All Other											
Ogedegbe Anthony Emmanue O Md	All Other											
Qin Lihui Md	All Other											
Hecht Elizabeth M Md	All Other											
Sheen Jean-Ju Md	All Other											
Roye Benjamin David Md	All Other											
Fiebach Nicholas H Md	All Other											
Uyttendaele Hendrik	All Other											
Timothy Beverly Antonia Rn	All Other											
Su Karen L Md	All Other											
Trustees Of Columbia University In	All Other											
Chen Xiaowei Md	All Other											
Ely Scott	All Other											
Seshan Surya	All Other											
Zhu Sha Md	All Other											
Ding Qing Md	All Other											
Phillips Ashanda Myrna Md	All Other											
Taddeo Gregory Dds	All Other											
Malhotra Jaideep Kiran Md	All Other											
Akerman Riva R Md	All Other											
Cornell University Med Clge	All Other											
Sawo Dorothy Jartu	All Other											
Glesby Marshall J	All Other											
Cepin Ana G Md	All Other											
Burgansky Anna Md	All Other											
Metropolitan Jewish Hm Care	All Other											
Nelson Jonathan Lawrence Md	All Other											
Tan Wei	All Other											
Chen Douglas	All Other											
Kravitz Helang Cho	All Other											
Maje Hafiz	All Other											
Cornell Univ Medical Clge	All Other											
Chin Russell L Md	All Other											
Love Michelle H Md	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Veler Haviva Md	All Other											
Tsiouris Apostolos John Md	All Other											
Corrigan Devlyn Lee Md	All Other											
Jurgrau Andrea S	All Other											
Hentel Keith D Md	All Other											
Mennitt Kevin	All Other											
Mathew Leena Md	All Other											
Phillips Erica Gwendolyn Md	All Other											
Wilkin Timothy James	All Other											
Smith Duane M	All Other											
Belayneh Lulenesh Md	All Other											
Infantino Sandra	All Other											
Mullin Paul Md	All Other											
Charnoff Katz Karin Sue Md	All Other											
Trustees Of Columbia University	All Other											
Pediatric Cardiology Of Rockl	All Other											
Marina K Malakshanova-Richards	All Other											
Trustees Of Columbia University	All Other											
Skubas Nikolaos Md	All Other											
Gyamfi Cynthia Md	All Other											
Perez-Delboy Annette Md	All Other											
Weiner Holly H	All Other											
Gowda Deepthiman	All Other											
Caddle Steve I	All Other											
Fogelman Joshua P Md	All Other											
Wagener Gebhard Md	All Other											
Ryntz Timothy E Md	All Other											
Henchcliffe Claire Md	All Other											
Empire St Hm Care Ser Lthhcp	All Other											
Saslaw Minna M Md	All Other											
Greisberg Justin Md	All Other											
Ahmad Aziz Md	All Other											
Oster Ady S Md	All Other											
Ko Ruby	All Other											
Nicolaides Alexander	All Other											
Ipp Lisa S Md	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Ahmed Shakil Md	All Other											
Parrinello Michael Christopher	All Other											
Ahmad Christopher S Md	All Other											
Baker Margaret Np	All Other											
Trustees Of Columbia University	All Other											
Vitale Michael Guy Md	All Other											
Yeung Tsz-Yin Md	All Other											
Tam Wayne	All Other											
Shin Sandra J	All Other											
Schwartz Brian D	All Other											
Porizkova Anna M	All Other											
Christophe Gladys	All Other											
Alobeid Banchier	All Other											
Alabre Frantzces Marie	All Other											
Matiz Luz Adriana Md	All Other											
Stavropoulos Stavros N	All Other											
Al-Aswad Lama A Md	All Other											
Zhao Yejun Md	All Other											
Mankowitz Suzanne K Md	All Other											
Gobin Yves Pierre Md	All Other											
Scherl Ellen Md	All Other											
Cornell Univ Med Coll Psych	All Other											
Mitchell W Beau Md	All Other											
Sica Gregory Thomas Md	All Other											
Meyers Philip M Md	All Other											
Dove Lorna Mills Md	All Other											
Trustees Of Columbia Univ	All Other											
Trustees Of Columbia Univ	All Other											
Trustees Of Columbia Univ	All Other											
Pasley Peter Macpherson Md	All Other											
Lin Deborah H	All Other											
Matseoane Dara N Md	All Other											
Quinn Debra Ann Md	All Other											
Foca Marc D Md	All Other											
Difelice Gregory Md	All Other											
Tung Judy Md	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Kupersmith Andrew Craig Md	All Other											
Lignelli Angela Md	All Other											
Abraham Marthe Md	All Other											
Sharma Aarti Md	All Other											
Hupert Nathaniel Md	All Other											
Roach Keith Md	All Other											
Kushnerik Vadim Md	All Other											
Logio Lia Suzanne	All Other											
Wong Franklin Joseph Md	All Other											
Dodia Vishal Harshad Md	All Other											
Zylberger David A Md	All Other											
Dhar Panchali Md	All Other											
Lee H Thomas Md	All Other											
Vaamonde Carlos Martin Md	All Other											
Taylor Delphine Md	All Other											
Hlibczuk Veronica Maria Md	All Other											
Van David Charles Md	All Other											
Scher David Marx Md	All Other											
Mohammad Sajjad	All Other											
Osorio James Albert Md	All Other											
Lichtman Adam David Md	All Other											
Drotman Michele Beth Md	All Other											
Bansal Mimi Goel Md	All Other											
Shaktman Barry David Md	All Other											
Parikh Sherwin	All Other											
Weintraub Joshua Lorin Md	All Other											
London Cathleen Greenberg	All Other											
Karceski Steven C Md	All Other											
Calvary Hha & Hospice Care	All Other											
Clapcich Anthony Joseph Md	All Other											
Levit Eyal Konstantin Md	All Other											
Hyman Joshua Ethan Md	All Other											
Tiscornia-Wasserman Patricia	All Other											
Resko Taubel Debra Ann Md	All Other											
Yin Michael Ting-Pong Md	All Other											
Chadha Deepa Jagdish Md	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Herman Craig	All Other											
Basner Robert Charles Md	All Other											
Susman Jonathan Md	All Other											
Saraiya Neeta Rajendra Md	All Other											
Lee Francis Youngin Md	All Other											
Simpson Lynn Louise Md	All Other											
Klugman Deborah M	All Other											
Hartman Amy	All Other											
Shustorovich Yevgeniy Md	All Other											
Whang Eugene J Md	All Other											
Macaulay William Bernard Md	All Other											
Jirasevijinda Thanakorn Md	All Other											
Szabolcs Matthias	All Other											
Holcomb Kevin M	All Other											
Amsterdam Nursing Home Adhc	All Other											
Scharoun Jacques Hans Md	All Other											
Sperling David C Md	All Other											
Segal Alan Zachary Md	All Other											
Brown Jr. Robert	All Other											
Prince Martin R Md	All Other											
Yoon Cecilia J Md	All Other											
Softness Anita M Md	All Other											
Marboe Charles	All Other											
Lowe Gina M Md	All Other											
Desperito Elise Md	All Other											
Krause Margaret Christine Md	All Other											
Beneck Debra	All Other											
Gong Mabel Pui Bow Md	All Other											
Kim Peter Yhosung Md	All Other								✅				
Au Loretta	All Other											
D'Agati Vivette	All Other											
O'Toole Kathleen	All Other											
Troiano Robert N Md	All Other											
Caruana Salvatore M Md	All Other											
Milani Haleh Md	All Other											
Luchsinger Jose A	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Canals-Ferrat Pedro Md	All Other											
Levine William Noah Md	All Other											
Emala Charles W Md	All Other											
Bishop Naomi B Md	All Other											
Ho Allan Waiming Md	All Other											
Jones Erica C Md	All Other											
Chasen Stephen T Md	All Other											
Boutin Carla Md	All Other											
Cornell Univ Med College	All Other											
Mcmaster Patricia Alice Cnm	All Other											
Alicea Nivia C Cnm	All Other											
Drake Julie Ann Cnm	All Other											
Chang Nancy M	All Other											
Rabinowitz Asher	All Other											
Milburn Peter	All Other											
Haimes Alison B Md	All Other											
Albert Steven Alan Md	All Other											
Katz Richard J Md	All Other											
Wildfeurer Olga Md	All Other											
Gulick Roy Moyer	All Other											
Vogler Mary A Md	All Other											
Charney Pamela Md	All Other											
Spitz Joel	All Other											
Soohoo Jane	All Other											
Wong Mei	All Other											
Cesarman Ethel	All Other											
Chen Yao-Tseng	All Other											
Koizumi June	All Other											
Foster Jordan	All Other											
Dogan Ozgen Mmd	All Other											
Goodman Stephanie R Md	All Other											
Kim Heahyung Md	All Other											
Bulman William A Md	All Other											
Hematology Oncol Columbia Unv	All Other											
Mayer Elizabeth W	All Other											
Brentjens Tricia E Md	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Goldstein Amy E Do	All Other											
Lefkowitch Jay	All Other											
Hirano Michio Md	All Other											
Hibshoosh Hanina	All Other											
Hamele-Bena Diane	All Other											
Gordon Peter Md	All Other											
Goldman James E	All Other											
Eis Renie	All Other											
Bowers-Johnson Susan Md	All Other											
Lofaso Veronica M Md	All Other											
Leifer Dana Md	All Other											
Borczuk Alain C Md	All Other											
Herlick Anne	All Other											
Katz Melissa D Md	All Other											
Georgiou Demetrios Md	All Other											
St Mary'S Comm Care Prof Inc	All Other											
Joshi Shailendra Md	All Other											
Olivera Rosemarie R Cnm	All Other											
Caraway Kim K Cnm	All Other											
Vogiatzi Maria G Md	All Other											
Sheth Sujit S Md	All Other											
Create,Inc.	All Other											
He Cong Md	All Other											
Duncan David Brian Md	All Other											
Pearson Gregory David N Md	All Other											
Merrick Samuel T Md	All Other											
Columbia Univ Hlth Care	All Other											
Chen Jianping Md	All Other											
Jones Sian Md	All Other											
Mackey Steven Lee Md	All Other											
Cornell Univ Med College	All Other											
Bostwick Susan B Md	All Other											
Eisen Carolyn Sharyn Md	All Other											
Trustees Of Columbia Univ	All Other											
Resnick David J	All Other											
Chan Angela Mei Md	All Other											

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Michael Mann Md Pc	All Other											
Tolbert-Walker Derrick J Md	All Other											
Cornell University Medical Co	All Other											
Quigley Claire	All Other											
Sorrel-Mosk Gail P Md	All Other											
Hoda Syed A	All Other											
Marx Steven Owen Md	All Other											
Kostacos Connie	All Other											
Moazami Golnaz Md	All Other											
Kern Jeffrey Howard Md	All Other											
Gurvitch Dana Lynn	All Other											
Leong Marie L Md	All Other											
Jerome Elizabeth Heidi Md	All Other											
Brown Marc Md	All Other											
Pelzman Fred Nathan Md	All Other											
Decorato Douglas Md	All Other											
Pavon Alex Rodrigo Md	All Other											
Carrillo Juan Emilio Md	All Other											
Frank Maura Diane Md	All Other											
Reichel Martin Md	All Other											
St Christophers Inn Inc	All Other											
Ditullio Marco R Md	All Other											
Ebner Susana	All Other											
Whittington Robert Md	All Other											
Pong Perry Md	All Other											
Comunale Joseph P Jr Md	All Other											
Bologa Roxana Magdalena Md	All Other											
Shen Tsun Y Md	All Other											
Bokhari Sabahat Md	All Other											
Antonio Eduardo Santiago Rpa	All Other											
Schlossberg Peter Md	All Other											
Abdo Farid Fawzi Md	All Other											
Ford Blair Md	All Other											
Bazil Carl Walter Md	All Other											
Rozenshtein Anna Md	All Other											
Aledo Alexander Md	All Other											

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Stuebgen Joerg Patrick Md	All Other											
Perelstein Eduardo M Md	All Other											
Shapiro Jeffrey T Md	All Other											
Dominguez-Rafer Carmen M Md	All Other											
Kane Steven A Md	All Other											
Tan Patricia T Md	All Other											
Zimmerman Ralf C Md	All Other											
Greenberg Steven David Md	All Other											
Bien-Aime Jean L Md	All Other											
Rivington Hs Hlth Cr Aadc	All Other											
Upper Manhattan Mh Ctr Scm	All Other											
Ortiz Yvette A Md	All Other											
Hall-Ross Sandra M Md	All Other											
Pfeffer Betsy S Md	All Other											
Tan Chyne C Md	All Other											
Lahm Daniel M Iii Md	All Other											
Rivington Hs/Nicholas A Rango	All Other											
Gaines Henry D Md	All Other											
Hom Adam Md	All Other											
Dizon Jose M Md	All Other											
Dutkowsky Joseph P Md	All Other											
Cornell Nephrology Associates	All Other											
Wagh Usha Mathur Md	All Other											
Goldstein Peter A Md	All Other											
Flynn Patrick Alex Md	All Other											
Calamari Gail Amelia Md	All Other											
Mcginty Geraldine Md	All Other											
Demopoulos Byron P Md	All Other											
Coyne John A Md	All Other											
Beltrani Vincent Peter Md	All Other											
Minken Todd Jeffrey Md	All Other											
William Laurence Md	All Other											
Bauchman Gail Md	All Other											
Cornell University Medical Co	All Other											
Jacobs Thomas P Md	All Other											
St Vincent Depaul Res Adhc	All Other											

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Garcia Carrasquillo Reuben Md	All Other											
Dimango Emily Md	All Other											
Schlegel Peter Niles Md	All Other											
Cornell Univ Med College	All Other											
Chin Harold Md	All Other											
Mele Joseph P Md	All Other											
Cimino-Gandolfo Lisa Hilary	All Other											
Chinitz Lynn Md	All Other											
Strauch Robert Jonathan Md	All Other											
Niketakis-Wujciak Valerie Md	All Other											
Heerdt Paul Mark Md	All Other											
Mesa-Jonassen Amy Md	All Other											
Columbia University	All Other											
Lerner Jodi P Md	All Other											
Cornell Anesthesiology Assoc	All Other											
Lane Mariellen Margaret Md	All Other											
John David H A	All Other											
Meyer Dodi D Md	All Other											
Dimango Angela M Md	All Other											
Steinberg Leonard Gary Md	All Other											
St Marys Center, Inc	All Other											
Markowitz Steven M Md	All Other											
Sockolow Robbyn Ellen Md	All Other											
Chefitz Allen B Md	All Other											
Gissen Melanie Md	All Other											
Stulman James K Md	All Other											
Eliach Pamela G Md	All Other											
Winter Lee Howard Md	All Other											
Morrison Ellen B Md	All Other											
Hemmings Hugh C Jr Md	All Other											
Trost David W Md	All Other											
Dwyer Edward Md	All Other											
Gruss Leah P Md	All Other											
Kamen Stewart M Dpm Pc	All Other											
Khilnani Neil M Md	All Other											
Rezzadeh Rudy R Md	All Other											

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Mercer John Stephen Md	All Other											
Village Center For Care	All Other											
Samuels Jon D Md	All Other											
Frank Paul Md	All Other											
Elderserve Long Term Hlth Car	All Other											
Diuguid David Lincoln Md	All Other											
Stancato-Pasik Agata Md	All Other											
Kelly Anna B Md	All Other											
Kerr Gregory Md	All Other											
Cohall Alwyn Md	All Other											
Docu Theodore Costa Md	All Other											
Village Center For Care Aadc	All Other											
Rosenberg Richard M Md	All Other											
Hahn Rebecca T Md	All Other											
Lerman Bruce B Md	All Other											
Gruenspan Harry L Md	All Other											
Schwartz Elliot I Md P C	All Other											
Heier Linda Ann Md	All Other											
Cornell University Medical Co	All Other											
Neuberg Gerald Md	All Other											
Thomas Stephen J Md	All Other											
Rubin Lori A Md	All Other											
Brillon David J Md	All Other											
Johnson Carl Md	All Other											
Schubert Hermann D Md	All Other											
Morales Susan Rita Md	All Other											
Beutler Heidi Md	All Other											
Davis Jessica Md	All Other											
Dominican Sisters Family Lthh	All Other											
Gomillion Matthew C Md	All Other											
Brown Anthony Reuben Md	All Other											
Nori Dattatreyudu Md	All Other											
Weiss Michael J Md	All Other											
Isabella Geriatric Ctr Lthhcp	All Other											
Odel Jeffrey G Md	All Other											
Lopez Robert Md	All Other											

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* Safety Net Providers in Green

Participating in Projects											
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**
Realization Center Inc	All Other										
Gonzalez Orlando Jr Md	All Other										
Argus Community,Inc	All Other										
Klebanoff Louise Michelle Md	All Other										
Soren Karen Md	All Other										
Slepian Ralph L Md	All Other										
Elizabeth Seton Pediatric Center	All Other										
Bellutta Henry Patrick Md	All Other										
Ruzal Shapiro Carrie B Md	All Other										
Ball Susan C Md	All Other										
Jacob Perlow Hospice	All Other										
Labar Douglas R Md	All Other										
Bookhardt-Murray Lois J	All Other										
Pereira Andres Miguel Md	All Other										
Homma Shunichi Md	All Other										
Rubin Michael Md	All Other										
Inwood Community Services	All Other										
Dobkin Jay Franklin Md	All Other										
Vns Of Ny Hospice Care	All Other										
Ludwig Robert Lewis Md	All Other										
Young Constance A Md Pllc	All Other										
Hebrew Hm For Aged Non Occ	All Other										
Tsuei Deane D C Md	All Other										
Berman Mitchell Frederick Md	All Other										
Woods Kim Benjamin Md	All Other										
Ramis Carmen Maria Md	All Other										
Staron Ronald B Md	All Other										
Koff Howard Daniel Md	All Other										
Santini Diana Md	All Other										
Curry Saundra Ellen W Md	All Other										
Weinstein Luise L Md	All Other										
Arpadi Stephen M Md	All Other										
Horn Evelyn M Md	All Other										
Heyer Eric J Md	All Other										
Roman Mary J Md	All Other										
Okin Peter M Md	All Other										

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Vado Ramon Md	All Other											
Maggio Louis J Md	All Other											
Columbia U Dept Of Neurology	All Other											
Matarese Michael J Md	All Other											
Khandji Alexander G Md	All Other											
Mcconnell Robert John	All Other											
Romas Nicholas Achilles Md	All Other											
Israel Howard Dds	All Other											
Deutsch Vicki-Jo Md	All Other											
Sofia Dela Cruz Medical Practice Pc	All Other											
Adelglass Howard R Md	All Other											
Yacovone Joseph F Md	All Other											
Kelly Sarah Horton Md	All Other											
Cantor Richard S Md	All Other											
Johnson Valerie L Md	All Other											
Calamia Vincent Md	All Other											
Jerez Jose R Md	All Other											
Kramer Lawrence David Md	All Other											
Shea Steven Md	All Other											
Jacobs Jonathan Lewis	All Other											
Lasala Anita Parnes	All Other											
Meyer Bailey Robert Md	All Other											
Nealon Nancy M Md	All Other											
Brady James W Md	All Other											
Rosen Douglas I Md	All Other											
Rogosin Kidney Center	All Other											
Binder Ralph Edward Md	All Other											
Pucillo Anthony L Md	All Other											
Miller David H Md	All Other											
Azeez Abdul C K Md	All Other											
New York Pc	All Other											
Newhouse Jeffrey H Md	All Other											
Scotti Lorenzo Louis Dpm	All Other											
Varghese Mathew C Md	All Other											
Union Settlement Asso Inc	All Other											
Ornstein Eugene Md	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	2.a.i	2.b.i	2.b.iii	2.b.iv	3.a.i	3.a.ii	3.e.i	3.g.i	4.b.i	4.c.i	
Savillo Robert Louis Md	All Other											
Charon Rita Am Md	All Other											
Cotliar Arthur Michael Md	All Other											
Timko Nikki Lynn Md	All Other											
Menorah Home & Hosp Aged Inf	All Other											
Scully Brian E Md	All Other											
Community Healthcare Network	All Other											
Wardlaw Sharon L Md	All Other											
Dinner Miles	All Other											
Mcgurk Harriet E Md	All Other											
Bussel James Bruce Md	All Other											
Coleman Donald J Md	All Other											
Chang Stanley Md	All Other											
Raik Barrie Lynn Md	All Other											
Lane Joseph M	All Other											
Barnard John Thomas Md Pc	All Other											
Kmjan Llc Md	All Other											
Salgo Peter L Md	All Other											
Yip Chun K Md	All Other											
Younge Richard George Md	All Other											
Winik Joseph S Md	All Other											
Kezis Jeffrey S Md	All Other											
Prager Kenneth M Md	All Other											
Kligfield Paul David Md	All Other											
Devereux Richard B Md	All Other											
Pavlov Helene Md	All Other											
Gadalla Farida Md	All Other											
Auh Yong Ho Md	All Other											
Cornell Internal Med Assoc	All Other											
Holstein Stanley B Pc Md	All Other											
Farris Robert Linsy Md	All Other											
Katz Monique C Md	All Other											
Roye David P Md	All Other											
Brill Paula Md	All Other											
Sos Thomas Andrew Md	All Other											
Cornell University Medical Co	All Other											

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Provider Name	Provider Category	2.a.i	2.b.i	2.b.iii	2.b.iv	3.a.i	3.a.ii	3.e.i	3.g.i	4.b.i	4.c.i	
Rogosin Kidney Center	All Other											
Lantigua Rafael Md	All Other											
Maxfield Roger A Md	All Other											
Austin John H M Md	All Other											
Gorman B David Md	All Other											
Leib Martin L Md	All Other											
Charles B Wang Comm Hth Ctr I	All Other											
Stein Alan J Md	All Other											
Giardina Elsa-Grace V Md	All Other											
Dominican Sister Family Healt	All Other											
Schervier Nursing Care Center	All Other											
Methodist Church Home For The	All Other											
St Marys Hospital For Childre	All Other											
Hebrew H For Aged Riverdale	All Other											
Isabella Geriatric Ctr Inc	All Other											
Palisade Nh Co Inc Snf	All Other											
Weissman Harold Md	All Other											
Bansal Rajendra K Md	All Other											
So Shiu H Md	All Other											
Friedman Joel M	All Other											
Blythedale Childrens Hospital	All Other											
Calvary Hospital Inc	All Other											
Medical Arts Sanitarium	All Other											
Zimmerman Robert Md	All Other											
Goldsmith Stanley J Md	All Other											
Turner Liebert Md	All Other											
Metropolitan Ctr For Mntl Hlt	All Other											
Karen Horney Clinic,Inc	All Other											
Northside Center For Child De	All Other											
Riverdale Mental Hlth Cl	All Other											
Ny Hospital	All Other											
Raker Richard Md	All Other											
Pang Leila M Md	All Other											
Yao Fun-Sun Md	All Other											
Mitchell John P Md	All Other											
Paul Henry A Md	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Fein Oliver T Md	All Other											
Teich Marvin L Md	All Other											
De Mento Frank J Md	All Other											
Sollaccio Peter A Md	All Other											
Rand Jacob H Md	All Other											
Bentley-Hibbert Stuart Ian Md	All Other											
Solomon Aliza B Md	All Other											
Nguyen Y-Uyen	All Other											
Baker Jason	All Other											
Roslyn Marissa	All Other											
Bishop Tara	All Other											
Deutsch Israel	All Other											
Mezitis Spyros G E	All Other											
Cauley Keith Md	All Other											
Schott Karin A	All Other											
Roniel Yehuda Weinberg Md	All Other											
Nuss Charles Ronald Md	All Other											
Sethi Amrita Md	All Other											
Fry Andrea Lee	All Other											
Stahl Roslyn	All Other											
Salvatore Christine	All Other											
Pierre-Paul Daphne Marie Md	All Other											
Kini Jyoti	All Other											
Antal Zoltan	All Other											
Sethi Nitin Kumar Md	All Other											
John M Poneros Md	All Other											
Lipkin Lana Elizabeth Md	All Other											
Orazi Attilio	All Other											
Berg Debra	All Other											
Irani Dinaz	All Other											
Jin Ki Hong	All Other											
Phillips Clifford Douglas Md	All Other											
Johnson Sharon	All Other											
Benjamin Taisha Lashon	All Other											
Casimir Yves	All Other											
Fay Yu-Huei Lin Md	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Urtasun Sotil Eva Md	All Other											
Wiesendanger Margrit	All Other											
Rosenberg Kathy	All Other											
Suh Leejee Han Md	All Other											
Tasca Philip Md	All Other											
Weill Cornell Imaging Ny Prsbytrian	All Other											
David K Leung	All Other											
Goss Cheryl	All Other											
Keating Clair	All Other											
Carey Bridget	All Other											
Rao Maya K Md	All Other											
Andrew Stephen Bomback	All Other											
Trustees Of Columbia U-Vascu.Surg	All Other											
Sheynzon Vladimir	All Other											
Bonanno Clarissa A Md	All Other											
Sonal Subhash Mehta	All Other											
Duncan Neasha	All Other											
Fuchs Karin	All Other											
Kurra Salila Md	All Other											
Adam Daniel Talenfeld Md	All Other											
Arleo Elizabeth Kagan Md	All Other											
Gumpeni Naveen	All Other											
The Village At 46th And Ten Alp	All Other											
Boyajian David Ashod	All Other											
Rasiej Michael J	All Other											
Marc Howard Schiffman	All Other											
Chang Carolyn	All Other											
Harik Lara	All Other											
Jai Swarna Perumal Md	All Other											
Spellman Jessica Leia Stanley Md	All Other											
Galit G Steinberg	All Other											
Palinski Suzanne	All Other											
Weill Med College Of Cornell Univ	All Other											
Kumar Juhi	All Other											
Kalinksy Kevin Michael Md	All Other											
Rubens Elayna Orcutt	All Other											

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Participating in Projects											
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**
Jeremy Samuel Poppers Md	All Other										
Jennifer A Langsdorf	All Other										
Khoury Thomas Peter Md	All Other										
Lipner Shari R Md	All Other										
Minsoo Joanne Kim	All Other										
Shen Chunpang	All Other										
Summers Rebecca	All Other										
Anup Pamnani Md	All Other										
George Thomas Md	All Other										
Sirota Dana Reine	All Other										
Anastasian Zirka Horochiwsky Md	All Other										
Schwartz Lawrence Howard	All Other										
Maria Elena Hamm Md	All Other										
Apolaya Pamela Evelyn	All Other										
Sirotin Nicole	All Other										
Douglas Nataki	All Other										
Brumberger Eric Darren	All Other										
Kim Jin Hee Jeannie	All Other										
Amin Prina Pandya	All Other										
Kang Jane Sunmi	All Other										
Gonda Tamas Adam Md	All Other										
Visco Christopher Joseph	All Other										
Hahn Erica Kyle	All Other										
Geyer Julia	All Other										
Weill Medical College Of Cornell Un	All Other										
Tung Pearl	All Other										
Charnow Noemi	All Other										
Trustees Of Columbia University In	All Other										
Hsu Penelope	All Other										
Srilaxmi Bearelly	All Other										
Trustees Of Columbia University In	All Other										
Manchanda-Gera Akanksha	All Other										
Carnevale Caroline	All Other										
Dubois Elizabeth Marie	All Other										
Foster Jonatha	All Other										
Hall Elizabeth K	All Other										

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Trustees Of Columbia University In	All Other											
Mandigo Grace Kim	All Other											
Balfour Jennifer	All Other											
Huang Vivian	All Other											
Williamson Nicole	All Other											
Joseph Kochurani	All Other											
Behr Gerald Gideon	All Other											
Sarah M Lambert Md	All Other											
Geraldino Pardilla Laura Bernice	All Other											
Moshe D Lehrer	All Other											
Almeida-Chen Gracie Maria Md	All Other											
Miller Steven Eric Md	All Other											
Ono Jennie G	All Other											
John Christopher Ausiello	All Other											
Schulman Aaron Paul	All Other											
Pietro A Canetta	All Other											
Asrani Ashwin V	All Other											
Esquivel Ernie Lapus	All Other											
Chin Jeffrey Yee-Soon Md	All Other											
Pallavi S Utukuri	All Other											
Chia-Ling Nhan-Chang	All Other											
Dayton Jeffrey Daniel	All Other											
Christopher George Wladyka	All Other											
O'Donnell Max Roe Md	All Other											
Ring Laurence Elliot Md	All Other											
Brylka Douglas Alan	All Other											
Johnson Chen	All Other											
Fleischut Peter Matthew	All Other											
Sano Ellen Doyle	All Other											
Pinyavat Teeda Md	All Other											
Chanchani Shree	All Other											
Mary Casciano	All Other											
Dudek Mona	All Other											
Corona Kathryne Georgiana	All Other											
White Halina	All Other											
Murrell Matthew Thomas	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Mehta Neel Devendra	All Other											
Napolitano Daniel Louis	All Other											
Kobeissi Jamal Hassan	All Other											
Argus Community Inc	All Other											
Hobeika Peter	All Other											
Dladla Nonkulie	All Other											
Proekt Alexander	All Other											
Gossey John Travis	All Other											
Kohn Sherry R	All Other											
City-Pro Group Inc	All Other											
Perry Melba	All Other											
Robinson Brian	All Other											
Lekarev Oksana	All Other											
Nieves Rosado Sandra	All Other											
Usenko Jaroslav K	All Other											
Bogdan Bertha Isabel	All Other											
Hod Eldad	All Other											
Stotler Brie	All Other											
Shah Pooja	All Other											
Kenny Chantasi	All Other											
Deyer Timothy William	All Other											
Madoff David Craig	All Other											
Moche Jason Andrew	All Other											
Martin Michelle	All Other											
Soomekh Parviz Md	All Other											
Pillai Sophia	All Other											
Bussoletti Natalee Marie	All Other											
Mjg Nursing Home Co Inc Lthhcp	All Other											
Meltzer Ellen Cowen	All Other											
Meghan Obrien	All Other											
Nagy Peter	All Other											
Tan Jenny Yu	All Other											
Mosquera Juan	All Other											
Divgi Chaitanya R	All Other											
Horowitz Jason	All Other											
James Elsy	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Ip James Edmund	All Other											
Extraordinary Home Care	All Other											
Zhao Jingbo	All Other											
Birdsall Stacia Beth	All Other											
Melissa Birnbaum Reichman	All Other											
Grinspan Zachary Michael	All Other											
Kim Luke Kwon	All Other											
Kazam Jonathan Md	All Other											
Katzen Janine T	All Other											
Page-Wilson Gabrielle	All Other											
Pua Bradley Bryan	All Other											
Yhu Stephen	All Other											
Carrelli Angela Lisa Md	All Other											
Kucine Nicole Elena	All Other											
Jenkins Monique	All Other											
Pappas Dimitrios	All Other											
Mazzeo Maria	All Other											
Fitzgerald Meghann M	All Other											
Wang Daniel Yu-Chuan	All Other											
Decastro Guarionex Joel	All Other											
Pajvani Utpal B	All Other											
Zhang Ying	All Other											
Ciotti Andrew James	All Other											
Jhanwar Yuliya	All Other											
Kim Minjae Md	All Other											
Hillard Mackenzi	All Other											
Mcpherson Christina	All Other											
Gelber Shari	All Other											
Navi Babak	All Other											
Doherty Kathleen	All Other											
Frisk Simin	All Other											
Sista Akhilesh	All Other											
Jowza Maryam	All Other											
Asfaw Tirsit Shiferaw	All Other											
Nikolova Milena Veselinova	All Other											
Herbst Kenneth James	All Other											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Tokita Hanae K	All Other											
Wu Duchu	All Other											
Cohen Lilian	All Other											
Feuer Naomi	All Other											
Wattacheril Julia	All Other											
Blumberg Dana Meredith	All Other											
Smith Clark	All Other											
Ciecierega Thomas	All Other											
Panarelli Nicole	All Other											
Nalgonda Swapna	All Other											
Sobol Julia Bernard	All Other											
Reitman-Ivashkov Elena	All Other											
Lei Susan Yi	All Other											
Friedlander Lauren Canter	All Other											
Hastie Jonathan Mark	All Other											
Hanna Dena Sherif	All Other											
Acety Gloria A Md	All Other											
Woo Yanghee	All Other											
Mcguinn Catherine	All Other											
Narula Navneet	All Other											
Mailman Toby	All Other											
Hansen Heidi Jes	All Other											
Loukeris Kristina	All Other											
Wong Winston S Md	All Other											
Anyanwu Chiedozie	All Other											
Nazif Tamim Michael	All Other											
Connolly Eileen P	All Other											
Kamel Hooman	All Other											
Kumar Shreyajit	All Other											
Rogosin Kidney Center	All Other											
Wynn Ralph T	All Other											
Duncan Tamika Simone	All Other											
Chery Sherline	All Other											
Dolder Sarah	All Other											
Rackow Beth	All Other											
Lin Fangming Md	All Other											

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Wong Waichi	All Other											
Hua May S R	All Other											
Maniker Robert Bradley	All Other											
Smith Sarah C Md	All Other											
Barone Daniel	All Other											
Petros Jessica Theresa	All Other											
Cervini Christine Marie	All Other											
Wellman David	All Other											
Lindsay N Price	All Other											
Lin Shen-Han	All Other											
Spinelli Jenna Elizabeth	All Other											
Taylor Kevia	All Other											
Pho Anthony Tuanduc	All Other											
Storer Kingsley	All Other											
Bogdanov Emil Nikolaev	All Other											
Upper Room Aids Ministry Aadc	All Other											
Weill Medical College Of Cornell Un	All Other											
Swaminathan Rajesh Viswanathan Md	All Other											
Ha Richard S	All Other											
Coletta Lucas Jaclyn Marie	All Other											
Singh Harsimran Sachdeva	All Other											
Narcisse Debra	All Other											
Hilton Tara	All Other											
Mango Victoria	All Other											
Vink Joy-Sarah Yumiko	All Other											
Agarwal Sachin	All Other											
Shah Akash	All Other											
Cusano Natalie E	All Other											
Chou Denise	All Other											
Cioffi George A	All Other											
Constantine Gina M	All Other											
Campusano Clarinelda	All Other											
Rainaldi Matthew A	All Other											
Klein Michelle Adrianne	All Other											
Chien Kimberley Ann	All Other											
Cohen David Adam	All Other											

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Mozley Paul David	All Other											
Tan Timothy Meng-Hong	All Other											
Wiesinger Katherine	All Other											
Sanders Lauren Jacqueline	All Other											
Anglade Claudia	All Other											
Staples Karen	All Other											
Ascunce Rebecca Rudominer	All Other											
Patt Minda L	All Other											
Grimes Cara Louise	All Other											
Kumar Rekha Babu	All Other											
Ohly Natalie Tanya	All Other											
Lee Allison Joanna	All Other											
Friedman Alexander Michael	All Other											
Chiang Gloria Chia-Yi	All Other											
Weaver Joshua Jason	All Other											
Merrick Kareem	All Other											
Connolly Shanon Marie	All Other											
Salvatore Steven	All Other											
Jessurun-Solomou Jose	All Other											
D'Alfonso Timothy	All Other											
Clarke Marcia E	All Other											
Eiss Brian Matthew	All Other											
Sanders Judith Lynn	All Other											
Keros Sotirios Tony	All Other											
Ali Ziad Anwar	All Other											
Suh Edward Hyun	All Other											
Kim Yuhan	All Other											
Fan Sharon Kei Yan	All Other											
Miko Benjamin A	All Other											
Jobin Charles Mitchell	All Other											
Hugo Jonathan L	All Other											
Hameed Farah	All Other											
Crystal Matthew Allan	All Other											
Fischer Charla Roland	All Other											
Popkin Charles Aaron	All Other											
Wu Yu-Hsin	All Other											

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Bevelaqua Anna-Chris	All Other											
Sinha Sanjai	All Other											
Gonzalez Katherne	All Other											
Campbell Melanie Elizabeth	All Other											
Canlas Aurora Juliana	All Other											
Lennon Christine	All Other											
Hall Tami L	All Other											
Loftus Michael Lyon	All Other											
Vargas Wendy Sulina	All Other											
Villarreal Jason	All Other											
Hofmann Joanna Frances	All Other											
St Vincent De Paul Residence Assist	All Other											
Sorbellini Maximiliano	All Other											
Okoye Safiyyah Maryam	All Other											
Weisen Steven	All Other											
Bartolotta Roger	All Other											
Chaudhari Paru	All Other											
Roth Lisa Giulino	All Other											
Kuo Jennifer Hong	All Other											
Forgacs Peter Bertalan	All Other											
Wong Tony Tan	All Other											
Francescone Mark Albert	All Other											
Zhou Hui Qin	All Other											
Karas Maria G	All Other											
Wehrli Natasha	All Other											
Winokur Ronald Scott	All Other											
Renjen Pooja	All Other											
Isaacson Richard	All Other											
Chazen Joseph	All Other											
Parnes Allyson Nancy	All Other											
Van Driest John Gavdet	All Other											
Katherine Lee Rivlin	All Other											
Mecklai Alicia	All Other											
Censani Marisa	All Other											
Dele-Michael Abiola Olayemi	All Other											
Shearer Lee	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Liu Yen-Chun	All Other											
Massimi Gregory	All Other											
Pisapia David	All Other											
Zitrin Jaron	All Other											
Fisher Jessica	All Other											
Li David	All Other											
Zang Julie	All Other											
Danielsson Jennifer	All Other											
Darrah Daniela Marie	All Other											
Cioe Eric	All Other											
Cotliar Jeremy	All Other											
Hsu Andrew Chung-Pi	All Other											
Markovic Milica	All Other											
Mulaikal Teresa Anita	All Other											
Tolani Sonia N	All Other											
Chisolm-Straker Makini Dayo	All Other											
Youn Trisha Yanghee	All Other											
Vo Mary Lan	All Other											
Gaffney Alan Michael	All Other											
Sepulveda Antonia	All Other											
Hatchett Morgan	All Other											
Mobley David	All Other											
Braunstein Alexandra Lara	All Other											
Brooks Steven Elliot	All Other											
Mikheyev Vyacheslav	All Other											
Mak Cecilia Sze Man	All Other											
Mcginnis Nathan Lamar	All Other											
Hampton Elisa Padilla	All Other											
Hoehn Daniela	All Other											
Chheang Sophie	All Other											
Cantor Matthew David	All Other											
Cox Katherine Anne	All Other											
Young Chainllie	All Other											
Carson Katherine	All Other											
Ekanadham Himabindu	All Other											
Rodriguez-Ruiz Andres A	All Other											

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Participating in Projects											
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**
Mendelsohn Felicia A	All Other										
Krempasky Chance Nicholas	All Other										
Mitchell James	All Other										
Novakovic Vladan	All Other										
Pekareva-Kochergina Irina	All Other										
Karanicolas Rose	All Other										
Catholic Managed Long Term Inc	All Other										
Truong Mireille Diem-My	All Other										
Giorgadze Tamara	All Other										
Barcavage Shaun	All Other										
Haghighi Mehrvash	All Other										
Arthur M Cotliar Md Pllc	All Other										
Cloutier-Champagne Laurence	All Other										
Ali Amanda Elizabeth	All Other										
Addo Evelyn	All Other										
Mitchell Clemaine C	All Other										
Levy Tal S M	All Other										
Troung Quynh Anh	All Other										
Simpson Khara Michelle	All Other										
Atkinson Katie	All Other										
Cunniff Christophe	All Other										
Rao Rema	All Other										
Trustees Of Columbia University In	All Other										
Ross Guy William	All Other										
Ayyala Rama Somayajula	All Other										
Nguyen Dustin Duy	All Other										
Zork Noelia Milena Modad	All Other										
Harrison Margo Shawn	All Other										
Praditpan Piyapa	All Other										
Gauthier Angie R	All Other										
Neil Jeffry M	All Other										
Govindappagari Shravya	All Other										
Kiamanesh David Ashkan	All Other										
Rosenberg Elana S	All Other										
Yocum Gene Thomas	All Other										
Al-Khalili Rend	All Other										

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Amin Nivee Pradip	All Other											
Gonzalez Pedro	All Other											
Cimt Karene	All Other											
Smaldone Lauren	All Other											
Treyster Zoya	All Other											
Ghael Priya	All Other											
Dave Anjalee	All Other											
Bassetti Jennifer	All Other											
Mikkilineni Radha	All Other											
Dodelzon Katerina	All Other											
Barfield Elaine	All Other											
Hartman Maya	All Other											
Jayaraman Arun	All Other											
Suman Hridya	All Other											
Mehta Alpesh	All Other											
Monteleone Matthew	All Other											
Lee Ka-Eun	All Other											
Lee Raymond	All Other											
Gamss Caryn	All Other											
Barbalat Yanina	All Other											
Decter Irina	All Other											
Huang Julie	All Other											
Kao Linda	All Other											
Akchurin Oleh	All Other											
Chang Jonathan	All Other											
Gluck Danielle	All Other											
Syed Shahla	All Other											
Clemente Elizabeth	All Other											
Danvers Antoinette	All Other											
Henke Vanessa	All Other											
Mehta Aarti	All Other											
Waight Gina	All Other											
Isabella Care At Home Inc	All Other											
Herschmiller Emily Jane	All Other											
Pick Jeremy Samuel	All Other											
Ajs Brooklyn Medical Practice Pc	All Other											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Baird Stacy Wang	All Other											
Lin Albert Yen	All Other											
Davis Nicholas A	All Other											
Chen Royce	All Other											
Ferguson Sacha	All Other											
Akerman Michael Aaron	All Other											
Mak Serena	All Other											
Theventhiran Alex B	All Other											
Parikh Puja Bipin	All Other											
Selzer Angela	All Other											
Chiao Franklin B	All Other											
Gupta Deepti	All Other											
Blidnaya Lana	All Other											
Siegel Brooke Ilana	All Other											
Lynch Lisa Renee	All Other											
Brutus Valerie	All Other											
Rong Lisa Q	All Other											
Tian Wenping	All Other											
Shankar Samantha G	All Other											
Asif Noor	All Other											
Cheng Stephanie I	All Other											
Trustees Of Columbia University In	All Other											
Trustees Of Columbia University In	All Other											
Moonis Gul	All Other											
Peal Feafea Moore	All Other											
Lee Kyungmouk Steve	All Other											
May Benjamin	All Other											
Simon Katherine	All Other											
Wang Cindy J	All Other											
Francois Karen Tamar	All Other											
Moni Saila	All Other											
Kuang Lana Ruolan	All Other											
Ahmad Noor	All Other											
Diaz Daniela C	All Other											
Van Wagner Sarah	All Other											
Weiss David	All Other											

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Samaru Mahendranauth	All Other											
Turnbull Zachary Adam	All Other											
Espinoso Cristine Maria	All Other											
Lee Nicole	All Other											
Kaur Gunisha	All Other											
Riverstone Senior Life Services	All Other											
Elderplan Inc Map	Uncategorized											
Lagana Stephen	Uncategorized											
Bracken Donna	Uncategorized											
Marianne Dinapoli	Uncategorized											
Aruna Harduarsingh	Uncategorized											
Priyanka Ghosh	Uncategorized											
Julia Mcguinness	Uncategorized											
Samantha Lee	Uncategorized											
Ajayram Ullal	Uncategorized											
Feltus Whitney	Uncategorized											
Catherine Chan	Uncategorized											
Columbia Presbyterian Medical Center	Uncategorized											
Reilly Lynn	Uncategorized											
Benoit Evangeline	Uncategorized											
Weill Medical College Of Cornell University	Uncategorized											
Roselle Vittorino	Uncategorized											
Brar Jasmit	Uncategorized											
Geoffrey Rubin	Uncategorized											
Angela Curcio	Uncategorized											
Iheanacho Emeruwa	Uncategorized											
Nicole Cruz	Uncategorized											
Robinson, Shayne J	Uncategorized											
Ferrando Ortiz	Uncategorized											
Kristin Leone	Uncategorized											
Weill Medical College Of Cornell	Uncategorized											
Lanzman Bryan	Uncategorized											
Patricia Gloster, Rn	Uncategorized											
Clifton Brock	Uncategorized											
Vinicius Domingues	Uncategorized											
Willet Stephanie	Uncategorized											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Li Jinglan	Uncategorized											
Sonia Singh	Uncategorized											
Dustin Lee	Uncategorized											
Monika Laszkowska	Uncategorized											
Yoder Matthew	Uncategorized											
Arora Neeti	Uncategorized											
Gloria Gerber	Uncategorized											
Francesca Kingery	Uncategorized											
Ganapathi Karthik	Uncategorized											
Czyz Carolyn	Uncategorized											
Dillon Sarah	Uncategorized											
Gauri Raval	Uncategorized											
Band Eric	Uncategorized											
Xian Zhao	Uncategorized											
Maietta Pauline	Uncategorized											
Derek Mazique	Uncategorized											
Xingchen Mai	Uncategorized											
Kumar Nair	Uncategorized											
Chen Liyang	Uncategorized											
Deborah Moon	Uncategorized											
Stephanie Cham	Uncategorized											
Birt, Adriane R	Uncategorized											
Kim Hyonah	Uncategorized											
Eileen Stewart	Uncategorized											
Jackson William	Uncategorized											
Yeldandi Swetha	Uncategorized											
Michael Gao	Uncategorized											
Benjamin Margolis	Uncategorized											
Colin Raelson	Uncategorized											
Lawinski Jaclyn	Uncategorized											
Griffiths Keren	Uncategorized											
Laura Belland	Uncategorized											
Kantor Steve	Uncategorized											
Huang Yolanda	Uncategorized											
Chantae Sullivan	Uncategorized											
Regina Myers	Uncategorized											

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Pavelic Julia	Uncategorized											
David Bae	Uncategorized											
Reggie Johnson Casac	Uncategorized											
Conine Cheryl	Uncategorized											
Lynda Ngo	Uncategorized											
Divya Lakhaney	Uncategorized											
Navin Natarajan	Uncategorized											
Shelanski Michael	Uncategorized											
Carol Spero	Uncategorized											
Finkelstone Lee	Uncategorized											
Lampl Jenica	Uncategorized											
Jennifer Hsu	Uncategorized											
Mark Abrams	Uncategorized											
Baran Aksut	Uncategorized											
Fruauff Kristen	Uncategorized											
Gelber Katherine	Uncategorized											
Joshua Lampert	Uncategorized											
Nicholas Hoerter	Uncategorized											
Alexandra Satty	Uncategorized											
Clark Jeanann	Uncategorized											
Goldman, Eliot E	Uncategorized											
Lee Angela	Uncategorized											
Santoriello Dominick	Uncategorized											
Patel Sejal	Uncategorized											
Nicole Shen	Uncategorized											
Gross Caroline	Uncategorized											
Eileen Nicoletti	Uncategorized											
Natasha Li	Uncategorized											
Zhu Shiyin	Uncategorized											
Jennifer Cohen	Uncategorized											
Lauren Blatt	Uncategorized											
Nicole Ng	Uncategorized											
Nicolina Wawrin	Uncategorized											
Eric Burnett	Uncategorized											
White Robert	Uncategorized											
Deborah Theodore	Uncategorized											

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Cara Weinstein	Uncategorized											
Shih Grace	Uncategorized											
Yenilshia Firpo	Uncategorized											
Kiyatkin Michael	Uncategorized											
Thomas Nicholson	Uncategorized											
Mancuso Jessica	Uncategorized											
Zachary Strasser	Uncategorized											
Pope-Moniz Julie	Uncategorized											
Assem Sophia	Uncategorized											
Khimani Namrata	Uncategorized											
Bonnie Starfield-Newmark	Uncategorized											
Arreola, Cynthia	Uncategorized											
Rita Abdelmessih	Uncategorized											
Gurny Marc	Uncategorized											
Monica Prieto	Uncategorized											
Emilia Hermann	Uncategorized											
Yufei Tang	Uncategorized											
Fernandes Anthony	Uncategorized											
Sarah Bobker	Uncategorized											
Chanthel Kokoy-Mondragon	Uncategorized											
Natasha Metha	Uncategorized											
Susan Evans	Uncategorized											
Weill Medical College Of Cornell University	Uncategorized											
Kwon Jean	Uncategorized											
Marcy Kopakin	Uncategorized											
Elwin Macdale	Uncategorized											
Ashley Beecy	Uncategorized											
Ross Ehmke	Uncategorized											
Mahesh Madhavan	Uncategorized											
Jude Fleming	Uncategorized											
Noori Selaiman	Uncategorized											
Sharon Kook	Uncategorized											
Christopher Brown	Uncategorized											
Evan Rosenbaum	Uncategorized											
Elaine Mullen	Uncategorized											
Timothy Wen	Uncategorized											

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Jonathan Herman	Uncategorized											
Santamaria, Jaime	Uncategorized											
Stephanie Sacks	Uncategorized											
Dukes Anzea	Uncategorized											
Jessica Duby	Uncategorized											
Farah Hussain	Uncategorized											
Rajat Lamington	Uncategorized											
Daniella La Salandra	Uncategorized											
Edward H.Shalhoub	Uncategorized											
Weill Medical College Of Cornell	Uncategorized											
Sarkar Debkumar	Uncategorized											
Victoria Fratto	Uncategorized											
Michael Tanoue	Uncategorized											
Diane Wang	Uncategorized											
Richard Wang	Uncategorized											
Aslam Hina	Uncategorized											
Jennifer Lee	Uncategorized											
Sirish Vullaganti	Uncategorized											
Wohlfarth Erik	Uncategorized											
Kellyann Niotis	Uncategorized											
Samuel Vidal	Uncategorized											
Marissa Licata	Uncategorized											
Sarah Andrews	Uncategorized											
Weill Medical College Of Cornell	Uncategorized											
Caroline Andrew	Uncategorized											
Rachel Schwartz	Uncategorized											
Samantha Coffino	Uncategorized											
Rahul Vanjani	Uncategorized											
Jenniliz Mendez	Uncategorized											
Wang David	Uncategorized											
Anna Kress	Uncategorized											
Elizabeth Yakaboski	Uncategorized											
Jenkins Stephen	Uncategorized											
Ivanidze Jana	Uncategorized											
Halleran Kerry	Uncategorized											
Cumc Nyp Dialysis	Uncategorized											

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Madeline Sterling	Uncategorized											
Walco Jeremy	Uncategorized											
Jason Hong	Uncategorized											
Carolyn Ross	Uncategorized											
Nicole Uliassi	Uncategorized											
Ashley Nieves	Uncategorized											
Anne Hutchinson	Uncategorized											
Rebecca Leeds	Uncategorized											
John Falcone	Uncategorized											
Jimenez Guillermo	Uncategorized											
Memoudou Abalola	Uncategorized											
Yoshii Isaac	Uncategorized											
Galina Lagos	Uncategorized											
Fahmida Islam	Uncategorized											
Nigro Lisa	Uncategorized											
Ferrer Ronald	Uncategorized											
Alegre-Gomez Regina	Uncategorized											
Jahanbakhsh Bahram	Uncategorized											
Heiney Carrie	Uncategorized											
Banton Daryl	Uncategorized											
Jordanna Platt	Uncategorized											
Fong Ronald	Uncategorized											
Filipe Moura	Uncategorized											
Rebecca Blank	Uncategorized											
Jacques Nir, Lcsw	Uncategorized											
Rose Sydney	Uncategorized											
Feldman Daniel	Uncategorized											
Peter Sultan	Uncategorized											
Chow Daniel	Uncategorized											
Oliver Barry	Uncategorized											
Samuel Yamshon	Uncategorized											
Zoe Grabinski	Uncategorized											
Fullerton Douglas	Uncategorized											
Ghaith Abu Zeinah	Uncategorized											
Lacey Robinson	Uncategorized											
Sondra Nemetski	Uncategorized											

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Gottlieb David	Uncategorized											
Dharmappa Ajay	Uncategorized											
Claire Tobias	Uncategorized											
Michele Smith	Uncategorized											
Sumaiya Iqbal	Uncategorized											
Alexandra Livanos	Uncategorized											
Yasin Hussain	Uncategorized											
Ali Soroush	Uncategorized											
Ani Nalbandian	Uncategorized											
Columbia Radiology At Lawrence	Uncategorized											
Attila Feher	Uncategorized											
Escalon Joanna	Uncategorized											
Deanna Gerber	Uncategorized											
Brandi Adams	Uncategorized											
Arlene Aviles	Uncategorized											
Beverly Tchang	Uncategorized											
Guillermo Espinoza	Uncategorized											
Stephanie Rosales	Uncategorized											
Katherine Armstrong	Uncategorized											
Ezra Rosen	Uncategorized											
Jenny Jin	Uncategorized											
Shanna Nevelev	Uncategorized											
Block, Laurie A.	Uncategorized											
Pulijaal Venkat	Uncategorized											
Weill Cornell Imaging At Nyp	Uncategorized											
Glodowski Seth	Uncategorized											
Andrew Silverman	Uncategorized											
Pang Patricia	Uncategorized											
Parsons Molly	Uncategorized											
Spivey Jessica	Uncategorized											
Ardalan Davarifar	Uncategorized											
Julia Kim	Uncategorized											
Kathleen Fenn	Uncategorized											
Ilana Prior	Uncategorized											
Mohamed Therese	Uncategorized											
Vinay Gunnala	Uncategorized											

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Rachel Bring	Uncategorized											
Addante Rocco	Uncategorized											
Zemen Retta	Uncategorized											
Mary Abbot	Uncategorized											
Jared Kirzner	Uncategorized											
Alexander Abramowicz	Uncategorized											
Adam Pont	Uncategorized											
Kelly Bolton	Uncategorized											
Raphael Rosen	Uncategorized											
Kartik Rajagopalan	Uncategorized											
Prin Meghan	Uncategorized											
Brian King	Uncategorized											
Sona Chauhan	Uncategorized											
Daniel Paget	Uncategorized											
Christina Eckhardt	Uncategorized											
Hyowoun Jyung	Uncategorized											
Michele Lee	Uncategorized											
Weill Medical College Of Cornell University	Uncategorized											
Lupu, Alissa J	Uncategorized											
Powell Daniel	Uncategorized											
Licina Lauren	Uncategorized											
Wheatley Sabrina	Uncategorized											
Tsung Mou	Uncategorized											
David Beck	Uncategorized											
Jonathan Wilen	Uncategorized											
Nadia Liyanage-Don	Uncategorized											
Northern Manhattan Per Part Tasa	Uncategorized											
Subramaniyam Shivakumar	Uncategorized											
Sandhu Ranjit	Uncategorized											
Armeen Poor	Uncategorized											
Diskina Dina	Uncategorized											
Anoop Rao	Uncategorized											
Evers Jacob	Uncategorized											
Anna Podolsky	Uncategorized											
Sidney Hargrave Casac	Uncategorized											
Jessica Selter	Uncategorized											

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Raymond Pashun	Uncategorized											
Kathryn Loughlin	Uncategorized											
Kirschenbaum Shoshana	Uncategorized											
David Faleck	Uncategorized											
Quisqueya Meyreles, Lcsw	Uncategorized											
Wong Joshua	Uncategorized											
Saif Muhsin	Uncategorized											
Vern Kerchberger	Uncategorized											
Reznikova Katerina	Uncategorized											
Beatriz Alvarez, Lcsw	Uncategorized											
Alyssa Marchman	Uncategorized											
Michael Aboodi	Uncategorized											
Michael Spertus	Uncategorized											
Charlie Buffie	Uncategorized											
Chelsea Canon	Uncategorized											
Drexler Ian	Uncategorized											
Emilie Vander Haar	Uncategorized											
O'Neill Daniel	Uncategorized											
Mohamed Al-Kazaz	Uncategorized											
Kimberly Bodenlos	Uncategorized											
Saman Nematollahi	Uncategorized											
David Abramowitz	Uncategorized											
Bratt Alexander	Uncategorized											
Cheung Jenny	Uncategorized											
Katherine Pryor	Uncategorized											
Yongyan Cui	Uncategorized											
Graboff Dave	Uncategorized											
Perzin Karl	Uncategorized											
Malhotra Carolyn	Uncategorized											
Gerber Adam	Uncategorized											
Musa Hussein	Uncategorized											
Chavoustie Eric	Uncategorized											
Huang Daisy	Uncategorized											
Oliver-Krasinski Jennifer	Uncategorized											
Bridget Dowd	Uncategorized											
Abhinav Nair	Uncategorized											

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The New York and Presbyterian Hospital (PPS ID:39)

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Susan Dewolf	Uncategorized											
Neha Vijayvargiya	Uncategorized											
Hannah Rosenblum	Uncategorized											
Kathryn Dubowski	Uncategorized											
Hayden Joshua	Uncategorized											
Agata Bielska	Uncategorized											
Rachel Easterwood	Uncategorized											
Erin Cahill	Uncategorized											
Brian Jonat	Uncategorized											
Joseph Negusei	Uncategorized											
Nikhil Menon	Uncategorized											
Andrew Nastro	Uncategorized											
Samuel Rotter	Uncategorized											
Sepulveda Jorge	Uncategorized											
Weill Medical College Of Cornell	Uncategorized											
Eskreis-Winkler Sarah	Uncategorized											
Chng Yeang	Uncategorized											
Chirlin Elizabeth	Uncategorized											
Cui Yan	Uncategorized											
Rotman Jessica	Uncategorized											
Julie Nusbaum	Uncategorized											
Katherine Ludlow	Uncategorized											
Amanda Adeleye	Uncategorized											
Mohammed Asif	Uncategorized											
Grivoyannis Anastasia	Uncategorized											
Neeha Zaidi	Uncategorized											
Shannon Devore	Uncategorized											
Holly Warfel	Uncategorized											
Leonid Garber	Uncategorized											
Yonatan Peleg	Uncategorized											
Duren Andrew	Uncategorized											
Danielle Fernandes	Uncategorized											
Barbara Brown, Rn	Uncategorized											
New York Center For Child Development	Uncategorized											
Daniel Choi	Uncategorized											
Rosa Cui	Uncategorized											

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Alexander, Kim V	Uncategorized											
Hansberry Shawn	Uncategorized											
Eliezer Shinnar	Uncategorized											
Joseph Bayne	Uncategorized											
Sarah Barenbaum	Uncategorized											
Polydoros Kampaktysis	Uncategorized											
Youm Sookie	Uncategorized											
Salomao Marcela	Uncategorized											
Robinson-Taylor Nicole	Uncategorized											
Luciana Vieira	Uncategorized											
Wolk Risa	Uncategorized											
Denver Brown	Uncategorized											
Yael Nobel	Uncategorized											
Nworah Ayogu	Uncategorized											
Jenna Piccininni	Uncategorized											
Laura Cohen	Uncategorized											
Exavier Theresa	Uncategorized											
Holzwanger Daniel	Uncategorized											
Shivani Gupta	Uncategorized											
Kelly Robert	Uncategorized											
Santelli, John S	Uncategorized											
Cosgrove Susan	Uncategorized											
Baber Zafeer	Uncategorized											
So Mary	Uncategorized											
Fort Alexander	Uncategorized											
Hsiao Susan	Uncategorized											
Maia Kayal	Uncategorized											
Judith Kim	Uncategorized											
Stafford Kristen	Uncategorized											
Kari Bruce	Uncategorized											
Kratz Alexander	Uncategorized											
Denison Keith	Uncategorized											
Hao Frank	Uncategorized											
Rasamny Lee	Uncategorized											
Joy Schroeder	Uncategorized											
Ittoop Rhea	Uncategorized											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Applied Behavioral Interventions, Psychology, Pt, Ot, Slp, Lmsw, Pllc.	Uncategorized											
Janine Bernardo	Uncategorized											
Fay Burekhovich	Uncategorized											
Quang Huynh	Uncategorized											
Nicolas Villanueva	Uncategorized											
Norrisa Haynes	Uncategorized											
Jeremy Gold	Uncategorized											
Trustees Of Columbia University	Uncategorized											
Francis Richard	Uncategorized											
John O'Reilly	Uncategorized											
Santiago Jason	Uncategorized											
Luk Lyndon	Uncategorized											
Jorge Suarez	Uncategorized											
Miller Lumei	Uncategorized											
Deborah Gerszberg	Uncategorized											
Heather Belle	Uncategorized											
Sylvana Hidalgo	Uncategorized											
Lombardi-Karl Laura	Uncategorized											
David Jang	Uncategorized											
Michael Alexander	Uncategorized											
Barry Breaux	Uncategorized											
Chalifoux Jason	Uncategorized											
Gupta Renuka	Uncategorized											
Klein Carol	Uncategorized											
Dominique Bailey	Uncategorized											
Arthur Katherine	Uncategorized											
Erin George	Uncategorized											
Altaf Pirmohamed	Uncategorized											
Colleen Tenan	Uncategorized											
Edwin Homan	Uncategorized											
Christina Chai	Uncategorized											
Trustees Of Columbia University In The City Of New York	Uncategorized											
The Trustees Of Columbia University In The City Of Ny	Uncategorized											
Cesar Leon, Phd	Uncategorized											
Miller Zoe	Uncategorized											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Anika Anam	Uncategorized											
Sara Viola	Uncategorized											
Pouya Jamshidi	Uncategorized											
Louis Cicatelli	Uncategorized											
Rachel Simon	Uncategorized											
Angelica Vasquez	Uncategorized											
Raul Flores	Uncategorized											
Jessica Fleitman	Uncategorized											
Alexis Richards	Uncategorized											
Zheng Xiwen	Uncategorized											
Victoria Blancha	Uncategorized											
Weill Cornell Medical College / New York Presbyterian	Uncategorized											
Minkowitz Shlomo	Uncategorized											
Salama Gayle	Uncategorized											
Tova Fuller	Uncategorized											
Pekurovsky Alexander	Uncategorized											
Vora Amar	Uncategorized											
Elderserve Health, Inc.	Uncategorized											
Wee Chua	Uncategorized											
Claire Mcgroder	Uncategorized											
Burdick-Will Joshua	Uncategorized											
Julia Emanuel	Uncategorized											
Theofano Orfanelli	Uncategorized											
Campenot Eric	Uncategorized											
Esther J. Pottoore	Uncategorized											
Julie Lambiaso	Uncategorized											
John Ruffino	Uncategorized											
Jesse Yang	Uncategorized											
Yong May	Uncategorized											
Cheri Mostisser	Uncategorized											
Emily Knight	Uncategorized											
Wood Margaret	Uncategorized											
Marla Berman	Uncategorized											
Ryan Gise	Uncategorized											
Shirley Cohen	Uncategorized											
Bassik Noy	Uncategorized											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Choi Sandra	Uncategorized											
Charles B. Wang Community Health Center	Uncategorized											
Maria Pabon	Uncategorized											
Saifeldeen Alzoobaee	Uncategorized											
Allison Petrini	Uncategorized											
Riano Elaine	Uncategorized											
Yang Hui-Min	Uncategorized											
Early Micheal	Uncategorized											
Shirak Michelle	Uncategorized											
Ahmed Firas	Uncategorized											
Niogi Sumit	Uncategorized											
Jennifer Taylor	Uncategorized											
Weiner Brett	Uncategorized											
Jane Nestler	Uncategorized											
Andrea Barberio	Uncategorized											
Beth Kantrowitz	Uncategorized											
Fried Eric	Uncategorized											
Mema Eralda	Uncategorized											
Yun Jongmin	Uncategorized											
Coffey Kristen	Uncategorized											
Nicholas Boscamp	Uncategorized											
Kim Young	Uncategorized											
Mathew Susan	Uncategorized											
Davis-Mitrea Jody	Uncategorized											
Justin Fried	Uncategorized											
Nalini Colaco	Uncategorized											
Cheng Timothy	Uncategorized											
John Ferrarone	Uncategorized											
Harper Shannon	Uncategorized											
Stefanie Reiff	Uncategorized											
Marissa Friedman	Uncategorized											
Nicole Stanford	Uncategorized											
Melanie Smith	Uncategorized											
Lee Brian	Uncategorized											
Rachel Arakawa	Uncategorized											
Scheidler Giovanna	Uncategorized											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Kenneth Mckinley	Uncategorized											
Priyanka Mehrotra	Uncategorized											
Dara Zyburo	Uncategorized											
Joshua Geleris	Uncategorized											
Zaid Tafesh	Uncategorized											
Aliza Alter	Uncategorized											
Bosede Kareem	Uncategorized											
Gods Love We Deliver, Inc	Uncategorized											
Dashevsky Brittany	Uncategorized											
Kristen Critelli	Uncategorized											
Rosamarie Maiorella	Uncategorized											
Kinjan Parikh	Uncategorized											
Benjamin Lerner	Uncategorized											
Michael Fremed	Uncategorized											
Julie Levasseur	Uncategorized											
Tayseer Mosleh	Uncategorized											
Hana Lim	Uncategorized											
Hoffman Zachary	Uncategorized											
Chang Connie	Uncategorized											
Macgregor, Jennifer	Uncategorized											
Cheung Cindy	Uncategorized											
Cuomo Stacey	Uncategorized											
Urich Daniela	Uncategorized											
Michelle Jamison	Uncategorized											
Andrew Dunbar	Uncategorized											
Quintana Anna	Uncategorized											
Sabrina Gard	Uncategorized											
Ying Liu	Uncategorized											
Peter Kennel	Uncategorized											
Mariella Ntamatungiro	Uncategorized											
Clea Barnett	Uncategorized											
David Rawson	Uncategorized											
Hayley Israel	Uncategorized											
Deep Bhatt	Uncategorized											
Jessie Evangelista	Uncategorized											
Caroline Friedman	Uncategorized											

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Participating in Projects											
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**
Lily Li	Uncategorized										
Yen Albert	Uncategorized										
Emily Miller	Uncategorized										
Baergen Rebecca	Uncategorized										
Gordon Susan	Uncategorized										
Naomi Glicken, Lcsw	Uncategorized										
Soliman Fatima	Uncategorized										
Siegelin Markus	Uncategorized										
Li Jingyi	Uncategorized										
Christopher Lawton	Uncategorized										
Sadeghi Neda	Uncategorized										
Benjamin Patterson	Uncategorized										
Rachel Elkin	Uncategorized										
Dwindally Rosado-Rivera	Uncategorized										
Megan Shea	Uncategorized										
Lea Bornstein	Uncategorized										
Sheth Amish	Uncategorized										
Khawia Ali	Uncategorized										
New York Columbia Presbyterian	Uncategorized										
Yim Peter	Uncategorized										
Johanna Rhodes	Uncategorized										
Selma Amrane	Uncategorized										
Diana Anderson	Uncategorized										
Al Khori Noor	Uncategorized										
Inghirami Giorgio	Uncategorized										
Alex Robles	Uncategorized										
Jessica Fields	Uncategorized										
Kayley Ancy	Uncategorized										
Maya Vankineni	Uncategorized										
Bergene James	Uncategorized										
Emily Holt	Uncategorized										
Montes Lucresia	Uncategorized										
O'Neill Christopher	Uncategorized										
Sheerin Habibullah	Uncategorized										
Andrew Mcfarlane	Uncategorized										
Nicholas Palmeri	Uncategorized										

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Kristen Kester	Uncategorized											
Zaid Almarzooq	Uncategorized											
Marr Joshua	Uncategorized											
Renatta Knox	Uncategorized											
Donald Dietz	Uncategorized											
Philip Kierstedt Ma; Casac-T	Uncategorized											
Jachno Stephanie	Uncategorized											
Dwyer Donna	Uncategorized											
Sullivan Brian	Uncategorized											
Robert Setton	Uncategorized											
Amy Chirico	Uncategorized											
Sharon Zhuo	Uncategorized											
Vidhi Dalal	Uncategorized											
Rim Catherine	Uncategorized											
Jerard Kneifati-Hayek	Uncategorized											
Inwood House	Uncategorized											
Hoffmeister Kurt	Uncategorized											
Lin Dana	Uncategorized											
Robert Knotts	Uncategorized											
Baradaran Hediyeh	Uncategorized											
Alexis Kruczek	Uncategorized											
Choxi Sarah	Uncategorized											
Cushing Erin	Uncategorized											
Stradford Travis	Uncategorized											
Navdeep Bhatti	Uncategorized											
Margolis, Amy	Uncategorized											
Ava Satnick	Uncategorized											
Stahl Rachel	Uncategorized											
Andrew Wehrman	Uncategorized											
Tejani Margaret	Uncategorized											
Keene Jillian	Uncategorized											
Waga Patrick	Uncategorized											
Gaurav Ghosh	Uncategorized											
Justin Laracy	Uncategorized											
Harikiran Vasu	Uncategorized											
David Knorr	Uncategorized											

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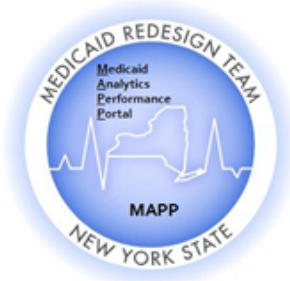| Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Peggy Leung	Uncategorized											
Michael Gavalas	Uncategorized											
Lorusso Diane	Uncategorized											
Trustees Of Columbia University Adult Ekg Group	Uncategorized											
Lyall Ashima	Uncategorized											
Vaz Ansara	Uncategorized											
Mamdani Fatemah	Uncategorized											
Habib Anthony	Uncategorized											
Sonali Patankar	Uncategorized											
Lan Victor	Uncategorized											
Charalel Resmi	Uncategorized											
Lo Jessie	Uncategorized											
Pak Daniel	Uncategorized											
Ellie Coromilas	Uncategorized											
Wang Emily	Uncategorized											
Bitman, Leslie M	Uncategorized											
Kim Mina	Uncategorized											
Joshua Smith	Uncategorized											
Sevini Shahbaz	Uncategorized											
Maria Kargman, Lcsw	Uncategorized											
Jose Regalbuto	Uncategorized											
Alexa Sadreameli	Uncategorized											
Amy Skaria	Uncategorized											
Chhabra Shalini	Uncategorized											
Boyd Donald	Uncategorized											
Wang Xuan	Uncategorized											
Margulis Ilan	Uncategorized											
Hershey Michael	Uncategorized											
Niles Clyde	Uncategorized											
Robin Brusen	Uncategorized											
Sergey Gurevich	Uncategorized											
Benjamin Gallagher	Uncategorized											
Morgan Finkel	Uncategorized											
Rebecca Roach	Uncategorized											
Meredith Pesce	Uncategorized											
Lauren Navallo	Uncategorized											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Amy Kwon	Uncategorized											
Adam Buckholz	Uncategorized											
Alexandra Kass	Uncategorized											
Hong-An Nguyen	Uncategorized											
Button Terry	Uncategorized											
Keller Lizbeth	Uncategorized											
Jackson Jacob	Uncategorized											
Katherine Still	Uncategorized											
Orji Obinna	Uncategorized											
Miguez Billy	Uncategorized											
Maritza Campbell, Lcsw	Uncategorized											
Rainey Amanda	Uncategorized											
Gatdula James	Uncategorized											
Harry Chang	Uncategorized											
Kim Jin Ah	Uncategorized											
Arnav Gupta	Uncategorized											
Holly Dando	Uncategorized											
Weinberg, Harvey I	Uncategorized											
Manusov, Marina	Uncategorized											
Mccullough Danielle	Uncategorized											
Spence Nicole	Uncategorized											
Lee Jennifer	Uncategorized											
Rula Kanj	Uncategorized											
Hsu Yen-Michael	Uncategorized											
Zhen Ni Zhou	Uncategorized											
Sravya Ennamuri	Uncategorized											
Chaponis Stephen	Uncategorized											
Shayan Nabavi Nouri	Uncategorized											
Ariel Jaffe	Uncategorized											
Wyer Peter	Uncategorized											
Lee Song-Mi	Uncategorized											
Tobias Maria	Uncategorized											
Stacy Lee Anderson	Uncategorized											
Ashish Ankola	Uncategorized											
Haralabakis Nicholas	Uncategorized											
Justin Aaron	Uncategorized											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Landon Jennifer	Uncategorized											
Kelsey Bryant	Uncategorized											
Sara Jane Cromer	Uncategorized											
Andrew Kern-Goldberger	Uncategorized											
Lauren Goldberg	Uncategorized											
Vundavalli Murty	Uncategorized											
Andres Gottfried Blackmore	Uncategorized											
Lukovic Elvedin	Uncategorized											
Zininberg Elena	Uncategorized											
Emily Skoda	Uncategorized											
Lonnie Crews, Rn	Uncategorized											
Rochelle Witt	Uncategorized											
Ryan Bober	Uncategorized											
Diane Zisa	Uncategorized											
Timothy Tiutan	Uncategorized											
Anye Levinson	Uncategorized											
Agam Patel	Uncategorized											
Lauren Grinspan	Uncategorized											
Ahmad Najdat Bazarbashi	Uncategorized											
Maniam Rajivan	Uncategorized											
Thimmappa Nanda Deepa	Uncategorized											
Rex Hermansen	Uncategorized											
Eugenia Nachber	Uncategorized											
Liana Senaldi	Uncategorized											
Kwong Allen	Uncategorized											
Noa Fleiss	Uncategorized											
Weill Medical College Of Cornell	Uncategorized											
William Jacobs	Uncategorized											
Stephanie Guo	Uncategorized											
Lee Susie	Uncategorized											
Amusa Ganiyu	Uncategorized											
Jessica Yang	Uncategorized											
Aleksey Novikov	Uncategorized											
Alice Lam	Uncategorized											
Marco Garcia	Uncategorized											
Amanda Nussdorf	Uncategorized											

NYS Confidentiality – **High**

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Rachel Borlack	Uncategorized											
Jennifer Small	Uncategorized											
Kristen Porto	Uncategorized											
Akash Goel	Uncategorized											
Mariel Smith	Uncategorized											
Odunaiya Hannah	Uncategorized											
Chrystal Landry	Uncategorized											
Sarah Horvath	Uncategorized											
Karen Acker	Uncategorized											
Joseph Darcie	Uncategorized											
David Bejar	Uncategorized											
Loren Rabinowitz	Uncategorized											
Eric Venker	Uncategorized											
Esther Berko	Uncategorized											
Long Yang	Uncategorized											
Jared Kushner	Uncategorized											
Joshua Stewart	Uncategorized											
Sanchez Allen	Uncategorized											
Tischenkel Bryan	Uncategorized											
Trustees Of Columbia University Columbiadoctors Of The Hudson Valley	Uncategorized											
Fernandes Helen	Uncategorized											
Avani Sinha	Uncategorized											
Sierra Seaman	Uncategorized											
Miriam Samstein	Uncategorized											
Tabrizi Samira	Uncategorized											
Faisal Shaikh	Uncategorized											
Stacie Kahn	Uncategorized											
Columbia University Pathologists	Uncategorized											
Shaikh Safa	Uncategorized											
Sullivan Courtney	Uncategorized											
Carrie Down	Uncategorized											
Perola Lamba	Uncategorized											
Marie Will	Uncategorized											
Meghan Daly	Uncategorized											
Wallhauser Emily	Uncategorized											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Cecilia Fix	Uncategorized											
Russell Weg	Uncategorized											
Denise Umpierrez	Uncategorized											
Oktay Rifki	Uncategorized											
Baker Lauren	Uncategorized											
David Shim	Uncategorized											
Joshua Cook	Uncategorized											
Lauren Levy, Mhc	Uncategorized											
Lalita Abhyankar	Uncategorized											
Boparai Harmandeep	Uncategorized											
Faloba Kathryn	Uncategorized											
Christie Gutierrez	Uncategorized											
Salvitti-Nelson, Allison E	Uncategorized											
Meenan Margaret	Uncategorized											
Gschossmann Sonja	Uncategorized											
Weill Cornell Medical College	Uncategorized											
Schnakofsky Roberto	Uncategorized											
Tyler Brown	Uncategorized											
Walsh Kevin	Uncategorized											
Madelyn Rosario, Lcsw	Uncategorized											
Chen Jerri	Uncategorized											
Margaret Ray	Uncategorized											
Matthew Schoenfeld	Uncategorized											
Kaartiga Sivanesan	Uncategorized											
Son Mclaren	Uncategorized											
Elizabeth Alonso, Lcsw	Uncategorized											
Eloise Austin	Uncategorized											
Michael Lavelle	Uncategorized											
Eric Armour	Uncategorized											
Denzil Douglas	Uncategorized											
Lee Jennifer	Uncategorized											
Hilary Schreiber	Uncategorized											
Bourgeois Christian	Uncategorized											
Groves Holden	Uncategorized											
Vilnits Yefim	Uncategorized											
Andrew Beenken	Uncategorized											

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Participating in Projects											
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**
Jennifer L. Jones	Uncategorized										
Pomeranz Christy	Uncategorized										
Elyceia Dortch	Uncategorized										
Nicole Green	Uncategorized										
Christina Tierney	Uncategorized										
Benjamin Hooe	Uncategorized										
Gwynne Latimer	Uncategorized										
Anjali Rohatgi	Uncategorized										
Melanie Chapekis	Uncategorized										
Adina Goldberger	Uncategorized										
Chung David	Uncategorized										
Homefirst Lhcsa, Inc. D/B/A Mjhs License Home Care Services Agency	Uncategorized										
Rajani Sharma	Uncategorized										
Sarah Adkins	Uncategorized										
Wyler Daniel	Uncategorized										
Yulian Khagi	Uncategorized										
Trustees Of Columbia University In The City Of Ny Cardiology Associate	Uncategorized										
Eisler Lisa	Uncategorized										
Fisher Andrew	Uncategorized										
Jamison Greenwald	Uncategorized										
Jacob Cogan	Uncategorized										
Lauren Tannenbaum	Uncategorized										
Aaron Charnay	Uncategorized										
Mattingly James	Uncategorized										
Menshenina Julia	Uncategorized										
Marie Hogan	Uncategorized										
Chelsea Clinton	Uncategorized										
Angela Anderson	Uncategorized										
Minnick Kristyn	Uncategorized										
Maffie Jonathon	Uncategorized										
Kunal Patel	Uncategorized										
Jeremy Slosberg	Uncategorized										
Gabriel Shaya	Uncategorized										
Anthony Yuen	Uncategorized										

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Nicole Mckinnon	Uncategorized											
City Medical Of Upper East Side, Pllc	Uncategorized											
La Melvin	Uncategorized											
Walline Maria	Uncategorized											
Eve Overton	Uncategorized											
Heidi Lumish	Uncategorized											
Daniel Farrell	Uncategorized											
Musci Gabrielle	Uncategorized											
Inglese Mario	Uncategorized											
Gindin Tatyana	Uncategorized											
Bhasin Vikram	Uncategorized											
Van Oppen Dorothy	Uncategorized											
Shalom Frager	Uncategorized											
Elizabeth Herrup	Uncategorized											
Bauer Maria	Uncategorized											
Raquel Ramos, Lcsw	Uncategorized											
Pooja Desai	Uncategorized											
Nina Mbadiwe	Uncategorized											
Rohan Maniar	Uncategorized											
Ruyan Rahnama-Hazaveh	Uncategorized											
Jennifer Hammond	Uncategorized											
Lai-Mccormack Jennifer	Uncategorized											
Pastor Gideon	Uncategorized											
Nair Sreejit	Uncategorized											
Kee, Drisdy G	Uncategorized											
Weill Medical College Of Cornell	Uncategorized											
Panchamia Rohan	Uncategorized											
Winant Abbey	Uncategorized											
Bowen Robert	Uncategorized											
Harpreet Bhatia	Uncategorized											
Yoon James	Uncategorized											
Elizabeth Roth	Uncategorized											
Luis Santiago	Uncategorized											
Jesse Bertrand	Uncategorized											
Amanda Gonzalez	Uncategorized											
Bina Choi	Uncategorized											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Theodore Drivas	Uncategorized											
Arielle Grossman	Uncategorized											
Tupper Kelly	Uncategorized											
The Trustees Of Columbia University In The City Of New York	Uncategorized											
Gregory Serrao	Uncategorized											
Alessandra Kostolias	Uncategorized											
Atiya Christina	Uncategorized											
Christina Welsh	Uncategorized											
Jaclyn Rosenzweig	Uncategorized											
Cecile Karsenty	Uncategorized											
Pranai Tandon	Uncategorized											
Berg, Robert W	Uncategorized											
Anoop Raman	Uncategorized											
Pavelic Martin	Uncategorized											
Megan Toal	Uncategorized											
Cassandra Duffy	Uncategorized											
Erin Niemasik	Uncategorized											
Emily Lu	Uncategorized											
Amanda Demauro	Uncategorized											
Browne William	Uncategorized											
Vecino Stephanie	Uncategorized											
Devon Rupley	Uncategorized											
Julia Conway	Uncategorized											
Kolbe Hancock	Uncategorized											
Christina Sanders	Uncategorized											
Andrew Joelson	Uncategorized											
Daniel Manson	Uncategorized											
Jamie Diamond	Uncategorized											
Pierre Elias	Uncategorized											
Bharath Rathakrishnan	Uncategorized											
Langone Danielle	Uncategorized											
Reed Magleby	Uncategorized											
Bianca Calderon	Uncategorized											
Thomas Mcconville	Uncategorized											
Fardelmann Kristen	Uncategorized											
Matthew Franco	Uncategorized											

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Participating in Projects												
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Aws Hasan	Uncategorized											
Chen Alisa	Uncategorized											
Tirit Adane	Uncategorized											
Kelly Schoenbeck	Uncategorized											
Miller, Ayala	Uncategorized											
Charles B. Wang Community Health Center	Uncategorized											
Elderplan, Inc	Uncategorized											
Scott Purga	Uncategorized											
Paul Lu	Uncategorized											
Tara O'Donohue	Uncategorized											
Jonathan Murphy	Uncategorized											
Arielle Gumer	Uncategorized											
Mikel Ehntholt	Uncategorized											
Thelma Sugranes	Uncategorized											
Trustees Of Columbia In The City Of New York	Uncategorized											
Cornell University Medical College	Uncategorized											
Weill Medical College Of Cornell University	Uncategorized											
Michael J. Vassallo	Uncategorized											
Rosario Rosina	Uncategorized											
Columbia University Medical Center	Uncategorized											
Abrams, Joyce	Uncategorized											
Farah Quyyumi	Uncategorized											
Qian Sascha	Uncategorized											
Lisa Ronco	Uncategorized											
Shazia Lutfeali	Uncategorized											
Chelsey Mitchell	Uncategorized											
Sattler Christopher	Uncategorized											
Christopher Hackett	Uncategorized											
Carolyn Garcia	Uncategorized											
Bryce Hoffman	Uncategorized											
Wai Kan Chiu	Uncategorized											
Stephanie Gold	Uncategorized											
Waqas Malick	Uncategorized											
Daniel King	Uncategorized											
Min Robert	Uncategorized											
Daniel Bachman	Uncategorized											

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Participating in Projects												
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Jin Brian	Uncategorized											
Desai Shivang	Uncategorized											
Judith Williams	Uncategorized											
Adam Widman	Uncategorized											
Wallace Bourgeois	Uncategorized											
Zachary Taxin	Uncategorized											
Richard Sugden, Phd	Uncategorized											
Covarrubias Gabriel	Uncategorized											
Daniel Musikantow	Uncategorized											
Christian Wilson	Uncategorized											
Akinbowale Oyalowo	Uncategorized											
Grace Berry	Uncategorized											
Rosenstiel Paul	Uncategorized											
Esenther Brandon	Uncategorized											
Dani Avace	Uncategorized											
Kaylan Christianer	Uncategorized											
Armand Gottlieb	Uncategorized											
Ira Rosenblum, Rt	Uncategorized											
Eugene Khandros	Uncategorized											
Sidney Lu	Uncategorized											
Shudan Wang	Uncategorized											
John Page	Uncategorized											
Le Giang	Uncategorized											
Daniel Henderson	Uncategorized											
Julia Geynisman	Uncategorized											
David Narotsky	Uncategorized											
Kohler Matthew	Uncategorized											
Emily Blauel	Uncategorized											
Neilson Kristi	Uncategorized											
Ashley Blanchard	Uncategorized											
Santiago-Reyes Erlinda	Uncategorized											
Chang Peter	Uncategorized											
Saira Siddiqui	Uncategorized											
Julia Brown	Uncategorized											
Shannon Nees	Uncategorized											
Lauren Murphy	Uncategorized											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.i**	**2.b.iii**	**2.b.iv**	**3.a.i**	**3.a.ii**	**3.e.i**	**3.g.i**	**4.b.i**	**4.c.i**	
Barajas Matthew	Uncategorized											
Edward Cuaresma	Uncategorized											
Pastor Carmen	Uncategorized											
Ankit Shah	Uncategorized											
Pandey Nisheeth	Uncategorized											
Ginsberg Nicole	Uncategorized											
Jin Richard	Uncategorized											
Rosenberg Lauren	Uncategorized											
Jorge Munoz Pineda	Uncategorized											
Stephanie Arnold	Uncategorized											
Joshua Motelow	Uncategorized											
Martin Dominguez	Uncategorized											
Giuseppe Cullaro	Uncategorized											
Dean Kathryn	Uncategorized											
Jennifer Garnett	Uncategorized											
Jambawalikar Sachin	Uncategorized											
Emily Eichenberger	Uncategorized											
Abigail Sage	Uncategorized											
Hector Florimon	Uncategorized											
Meaghan Phipps	Uncategorized											
Daniela Fanto	Uncategorized											
Jessica Larosa	Uncategorized											
Fiore Nicholas	Uncategorized											
Liang Yongguang	Uncategorized											
Furusawa-Stratton Lance	Uncategorized											
Beatriz Mejia, Lcsw	Uncategorized											
Parimal Patel	Uncategorized											
Christopher Mardy	Uncategorized											
Jason Goodman	Uncategorized											
Norris Ashley	Uncategorized											
Kron Matthew	Uncategorized											
Soledad Jorge	Uncategorized											
Sally Vitez	Uncategorized											
Neelima Navuluri	Uncategorized											
Candice Maietti	Uncategorized											
Daniel Coelho	Uncategorized											

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Dana O'Toole	Uncategorized											
Olivia Kates	Uncategorized											
Kaileen Rohr	Uncategorized											
Weill Medical College Of Cornell	Uncategorized											
Priya Jain	Uncategorized											
Soun Jennifer	Uncategorized											
Nathaniel Reisinger	Uncategorized											
Tennessee Tracey	Uncategorized											
St. Amour Edgar	Uncategorized											
Batt Dorian	Uncategorized											
Lara Harisay	Uncategorized											
Katharine Press	Uncategorized											
Elizabeth Penner	Uncategorized											
Saeedeh Azary	Uncategorized											
Angel Maldonado-Soto	Uncategorized											
Moscona, Anne	Uncategorized											
Sheehan Theresa	Uncategorized											
Columbia University	Uncategorized											
Ward, Mary Josephine	Uncategorized											
Talia Kollenscher	Uncategorized											
Aronhime Shimon	Uncategorized											
Nahal Mansouri	Uncategorized											
Stember Joseph	Uncategorized											
Sharon Chacko	Uncategorized											
Safavynia Seyed	Uncategorized											
Maslowski John	Uncategorized											
Ashley Jovanovski Bean	Uncategorized											
Masha Jones	Uncategorized											
Volek Allyson	Uncategorized											
Torres Cresencio	Uncategorized											
Engram Claudette	Uncategorized											
Kitikova-Arslanov Luiza	Uncategorized											
Columbia University Medical Center	Uncategorized											
Hames Brooke	Uncategorized											
Fu Peter	Uncategorized											
Kwak Ellie	Uncategorized											

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Thompson Kawanna	Uncategorized										
Shria Kumar	Uncategorized										
Brian Wayda	Uncategorized										
Stephanie Sheikh	Uncategorized										
Amin Soltani	Uncategorized										
Daniel Eison	Uncategorized										
Rennert Hanna	Uncategorized										
Lucia Capitelli, Rn	Uncategorized										
Faulk Lesley	Uncategorized										
Mckittrick, Martha T	Uncategorized										
Sheila Bharmal	Uncategorized										
Jordan Nestor	Uncategorized										
Belon Craig	Uncategorized										
Fazlollahi Ladan	Uncategorized										
Caitlin Baptiste	Uncategorized										
Maya Kotas	Uncategorized										
Jenny Ruiz	Uncategorized										
Josephine Cool	Uncategorized										
Jonah Rubin	Uncategorized										
Charles Bergman	Uncategorized										
Noelle Breslin	Uncategorized										
Cornell University Medical College	Uncategorized										
Weill Medical College Of Cornell	Uncategorized										
Iris House, Inc.	Uncategorized										
Drozhinin Leonid	Uncategorized										
Daniel Edmonston	Uncategorized										
Mcdonnell Shannon	Uncategorized										
Wilcox Chad	Uncategorized										
Lyons Grafe	Uncategorized										
Starker Elizabeth	Uncategorized										
Max Pitman	Uncategorized										
Cui Jing	Uncategorized										
Deepika Sagaram	Uncategorized										
Eileen Mercurio	Uncategorized										
Joseph Oved	Uncategorized										
Rachael Grodick	Uncategorized										

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Emily Woodbury	Uncategorized											
Nilima Shet	Uncategorized											
John Blackett	Uncategorized											
Jill Stolbach	Uncategorized											
Deschamps, Ana L	Uncategorized											
Erica Chu	Uncategorized											
Ng Jeny	Uncategorized											
Rebecca Tamez	Uncategorized											
Rui Wang	Uncategorized											
Ashley Cozzo	Uncategorized											
Mitsios John	Uncategorized											
Dennis Smalls Casac	Uncategorized											
Ellis Rochelson	Uncategorized											
Anwar Sara	Uncategorized											
Catherine Devoe	Uncategorized											
Sherry Shen	Uncategorized											
Jonathan Friedman	Uncategorized											
Khanh Pham	Uncategorized											
Georgia Savva	Uncategorized											
Kishore Sirish	Uncategorized											
Zane Martindale	Uncategorized											
Andrea Hubschmann	Uncategorized											
Mctague Maura	Uncategorized											
Yvonne Covin	Uncategorized											
Weidman Elizabeth	Uncategorized											
Rezbi Monnan Mhc	Uncategorized											
Nemade Monica	Uncategorized											
Barbera, Lisa G	Uncategorized											
Center For Women'S Reproductive Care	Uncategorized											
Elizabeth Chang	Uncategorized											
Matthew Champion	Uncategorized											
Pfeiffer Thomas	Uncategorized											
Burtch Kristen	Uncategorized											
Margot Cohen	Uncategorized											
Zachary Hager	Uncategorized											
Goodman Sarah	Uncategorized											

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Madhav Seshadri	Uncategorized											
Cynthia Kolbowski, Lcsw	Uncategorized											
Bathon, Joan M	Uncategorized											
Richmond Sonia	Uncategorized											
Bloch Marisa	Uncategorized											
Brejt Sidney	Uncategorized											
Stephen Brand, Phd	Uncategorized											
Sarah Greenberg	Uncategorized											
Ruby Greywoode	Uncategorized											
Huah Amy	Uncategorized											
Gasior Aimee	Uncategorized											
Christina Siliciano	Uncategorized											
Anne Holland	Uncategorized											
Varrey Aneesha	Uncategorized											
Christopher Gonzalez	Uncategorized											
Keriann Nobil	Uncategorized											
Dave Meneka	Uncategorized											
Bernstein Kyra	Uncategorized											
Steffen Haider	Uncategorized											
Sasha Fahme	Uncategorized											
Parvathaneni Suma	Uncategorized											
Elizabeth Seashore	Uncategorized											
Brittany Katz	Uncategorized											
Abigail Leathe	Uncategorized											
Zachary Sherman	Uncategorized											
Olivia Myrick	Uncategorized											
Stephen Matthews	Uncategorized											
Jose Mansueto	Uncategorized											
Elderserve Licensed Home Care Service Agency	Uncategorized											
Ruth Gasparik	Uncategorized											
Jigar Contractor	Uncategorized											
Mallon Kelly	Uncategorized											
Daniel Pu	Uncategorized											
Mecca Breea	Uncategorized											
Michelle Mcmanus	Uncategorized											
Sheena Matthew	Uncategorized											

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Amy Dipilato	Uncategorized											
Schaff Jacob	Uncategorized											
Sara Brickman-Lipson Rn	Uncategorized											
Javid Alakbarli	Uncategorized											
Lauren Truby	Uncategorized											
Lisa Gabor	Uncategorized											
Susan Matorin	Uncategorized											
Jose Ecal	Uncategorized											
Pant, Casey R	Uncategorized											
Batal Ibrahim	Uncategorized											

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