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

DSRIP Implementation Plan Project

Bassett PPS LLC (PPS ID:22)

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Delivery System Reform Incentive Payment Project

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Bassett PPS LLC (PPS ID:22)

Quarterly Report - Implementation Plan for Bassett PPS LLC

Year and Quarter: DY2, Q3 **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.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))	Completed
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	Completed
2.b.viii	Hospital-Home Care Collaboration Solutions	Completed
2.c.i	Development of community-based health navigation services	Completed
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	Completed
3.a.i	Integration of primary care and behavioral health services	Completed
3.a.iv	Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs	Completed
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management	Completed
3.g.i	Integration of palliative care into the PCMH Model	Completed
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	Completed

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

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Bassett PPS LLC (PPS ID:22)

Status By Project

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

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

DSRIP Implementation Plan Project

Bassett PPS LLC (PPS ID:22)

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	10,671,239	11,372,033	18,390,005	16,284,279	10,671,239	67,388,793
Cost of Project Implementation & Administration	**7,642,588**	**2,275,045**	**3,088,455**	**2,474,732**	**1,964,087**	**17,444,907**
Implementation planning	6,207,224	273,005	441,208	390,747	170,790	7,482,974
Administration/PMO Office	1,114,468	2,002,040	2,647,247	2,083,985	1,793,297	9,641,037
Project Implementation contracts	320,896	0	0	0	0	320,896
Revenue Loss	**0**	**910,018**	**2,206,040**	**2,604,981**	**683,161**	**6,404,200**
ED/Inpatient loss of revenue resulting from transformation	0	910,018	2,206,040	2,604,981	683,161	6,404,200
Internal PPS Provider Bonus Payments	**2,928,651**	**5,456,914**	**9,124,638**	**8,860,082**	**6,572,275**	**32,942,560**
Provider bonus payments for meeting/exceeding metrics	2,928,651	5,456,914	9,124,638	8,860,082	6,572,275	32,942,560
Cost of non-covered services	**0**	**910,018**	**1,470,693**	**911,743**	**683,161**	**3,975,615**
Services that will lead to transformation & VBS	0	910,018	1,470,693	911,743	683,161	3,975,615
Other	**100,000**	**1,820,036**	**2,500,179**	**1,432,739**	**768,555**	**6,621,509**
Contingency (Unexpected/unanticipated occurrences within PPS)	100,000	455,009	735,347	651,245	426,975	2,368,576
Sustain Fragile Providers (Support financially fragile providers in PPS who are essential to successful transformation)	0	910,018	1,029,485	390,747	170,790	2,501,040
Innovation (Innovative ideas leading to greater PPS success)	0	455,009	735,347	390,747	170,790	1,751,893
Total Expenditures	**10,671,239**	**11,372,031**	**18,390,005**	**16,284,277**	**10,671,239**	**67,388,791**
Undistributed Revenue	**0**	**2**	**0**	**2**	**0**	**2**

Current File Uploads

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Narrative Text :

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

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Bassett PPS LLC (PPS ID:22)

Note that original table submitted in Excel version of implementation plan made the assumption that PPS would only receive 80% of total possible funding, in order to be conservative. Numbers in the table above differ from original submitted table in that full waiver revenue is listed above. Percentages for each category remain consistent.

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

Bassett PPS LLC (PPS ID:22)

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
11,372,033	67,388,793	8,456,012	57,849,242

Budget Items	DY2 Q3 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	**553,561**	**8,795,273**	**103,302**	**4.54%**	**8,649,634**	**49.58%**
Implementation planning	0					
Administration/PMO Office	553,561					
Project Implementation contracts	0					
Revenue Loss	**0**	**0**	**910,018**	**100.00%**	**6,404,200**	**100.00%**
ED/Inpatient loss of revenue resulting from transformation	0					
Internal PPS Provider Bonus Payments	**0**	**744,278**	**4,712,636**	**86.36%**	**32,198,282**	**97.74%**
Provider bonus payments for meeting/exceeding metrics	0					
Cost of non-covered services	**0**	**0**	**910,018**	**100.00%**	**3,975,615**	**100.00%**
Services that will lead to transformation & VBS	0					
Other	**0**	**0**	**1,820,036**	**100.00%**	**6,621,509**	**100.00%**
Contingency (Unexpected/unanticipated occurrences within PPS)	0					
Sustain Fragile Providers (Support financially fragile providers in PPS who are essential to successful transformation)	0					
Innovation (Innovative ideas leading to greater PPS success)	0					
Total Expenditures	**553,561**	**9,539,551**				

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

DSRIP Implementation Plan Project

Bassett PPS LLC (PPS ID:22)

Current File Uploads

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Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Bassett PPS LLC (PPS ID:22)

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	10,671,239	11,372,033	18,390,005	16,284,279	10,671,239	67,388,793
Practitioner - Primary Care Provider (PCP)	77,704	111,151	179,744	159,163	104,301	632,063
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	4,554,047	6,632,463	11,315,827	10,280,265	6,309,110	39,091,712
Clinic	0	0	0	0	0	0
Case Management / Health Home	293,714	420,138	679,415	601,620	394,247	2,389,134
Mental Health	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0
Nursing Home	1,007,805	1,441,593	2,331,238	2,064,302	1,352,756	8,197,694
Pharmacy	0	0	0	0	0	0
Hospice	100,403	143,620	232,252	205,658	134,770	816,703
Community Based Organizations	67,514	96,574	156,172	138,290	90,623	549,173
All Other	366,641	524,455	848,109	750,997	492,135	2,982,337
Uncategorized						0
PPS PMO	1,482,257	2,002,040	2,647,247	2,083,985	1,793,297	10,008,826
Total Funds Distributed	**7,950,085**	**11,372,034**	**18,390,004**	**16,284,280**	**10,671,239**	**64,667,642**
Undistributed Revenue	**2,721,154**	**0**	**1**	**0**	**0**	**2,721,151**

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Narrative Text :

The table above differs from the one submitted in the implementation plan in that the originally submitted plan estimated total revenue at 80% of the total based on an assumption of 80% success rate in meeting metrics. Percentages for each budget category have been adjusted upward to reconcile with the entire waiver amount (rather than 80%) listed.

New York State Department Of Health
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Bassett PPS LLC (PPS ID:22)

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

Bassett PPS LLC (PPS ID:22)

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
11,372,033.00	67,388,793.00	6,690,097.21	56,083,324.21

Funds Flow Items	DY2 Q3 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q3 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.ii	2.b.vii	2.b.viii	2.c.i	2.d.i	3.a.i	3.a.iv	3.d.iii	3.g.i	4.a.iii	4.b.i		
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	111,151	632,063
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital	1,211,679.31	99.84%	1,811,866.66	99.77%	6,008,766.87	13.56	.21	.81	15.04	12.68	12.99	3.66	10.25	14.67	7.46	8.67	4,816,503.13	33,082,945.13
Clinic	86,306.94	100.00%	117,088.79	100.00%	134,653.79	14.03	16.29	53.14	.09	.09	6.97	.09	6	1.73	1.47	.09	0	0
Case Management / Health Home	106,762.46	52.30%	133,120.08	67.40%	197,493.47	.05	.05	37.4	.05	.05	6.89	47.71	2.44	1.39	2.27	1.7	222,644.53	2,191,640.53
Mental Health	0	0.00%	3,131.63	100.00%	3,131.63	0	0	0	0	0	0	0	0	0	0	0	0	0
Substance Abuse	91,262.71	100.00%	184,804.52	100.00%	184,804.52	.02	.02	.02	.02	.02	5.37	89.91	.02	.02	2.62	1.97	0	0
Nursing Home	173,900.96	100.00%	370,231.67	100.00%	877,207.67	.04	98.79	.04	.04	.04	.04	.04	.04	.85	.04	.04	1,071,361.33	7,320,486.33
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospice	8,091.92	0.00%	0	0.00%	63,394.95	.16	.16	60.93	.16	.16	.16	.16	.16	37.59	.16	.16	130,732.05	753,308.05
Community Based Organizations	29,268.58	0.00%	0	0.00%	79,302.86	.07	5.37	60.26	.07	.07	6.01	14.44	.07	3.5	5.81	4.33	51,234.14	469,870.14
All Other	57,095.45	0.00%	0	0.00%	413,673.82	.01	.01	94.84	.01	.01	.01	.01	3.28	1.83	.01	.01	391,593.18	2,568,663.18
Uncategorized	1,354.42	0.00%	0	0.00%	276,166.81	0	0	100	0	0	0	0	0	0	0	0	0	0
Additional Providers	191.40	0.00%	0	0.00%	494.40													
PPS PMO	553,561	100.00%	1,775,658	100.00%	3,066,378												226,382	6,942,448
Total	**2,319,475.15**	**93.58%**	**4,395,901.35**	**93.89%**	**11,305,468.79**													

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Narrative Text :

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

DY2Q3 - Please note the money distributed to hospitals is being distributed to hospitals with employed physician groups, so also includes PCPs and Non-PCP provider types. Additionally, there are several projects where the funds flow is initially disbursed to a cost center with the lead organization but then is distributed to a second tier CBO or vendor via a grant-like request process, so in these cases the hospital is only a holding organization.

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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Bassett PPS LLC (PPS ID:22)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q3**
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		**1,211,679.31**
Mary Imogene Bassett Hospital	Hospital	1,117,258.05
Tri Town Regional Healthcare	Hospital	1,888.33
Little Falls Hospital	Hospital	33,422.96
O'Connor Hospital	Hospital	1,888.33
Cobleskill Regional Hospital	Hospital	4,309.33
Community Memorial Hospital	Hospital	52,912.31
Clinic		**86,306.94**
Community Health Center	Clinic	2,559.96
Com Hlth Ctr Of Smh & Nlh Inc	Clinic	16,540.10
Aurelia Osborn Fox Mem Hosp	Clinic	37,031.04
Springbrook Ny Inc	Clinic	30,175.84
Case Management / Health Home		**106,762.46**
Pathfinder Village	Case Management / Health Home	1,888.33
Catholic Charities/Albany Ai	Case Management / Health Home	7,058.24
Otsego County Comm Srv Mh	Case Management / Health Home	53,404.33
Rehabilitation Supp Svcs C	Case Management / Health Home	2,435.41
L Woerner Inc	Case Management / Health Home	41,976.15
Mental Health		**0**
	Mental Health	0
Substance Abuse		**91,262.71**
Schoharie Cnty Comm Svc Board	Substance Abuse	31,863.14
Delaware Cnty Comm Svc Board	Substance Abuse	13,038.06
Conifer Park	Substance Abuse	5,501.15
Buffalo Beacon Corp	Substance Abuse	40,860.36

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q3**
Nursing Home		**173,900.96**
Crouse Community Center Adhc	Nursing Home	13,564.75
St Johnsville Reh & Nrs Ctr	Nursing Home	15,498.98
Valley Hlth Svcs Inc Rhcf	Nursing Home	19,392.06
Masonic Care Comminity Of New York	Nursing Home	29,518.65
Oneonta Nursing & Rehab Ctr	Nursing Home	10,760.81
Otsego Manor Snf	Nursing Home	15,654.89
Charles T Sitrin Hcc Inc	Nursing Home	18,473.86
Katherine Luther Residential Hlt Cr	Nursing Home	31,341.16
Alpine Rehabilitation & Nrs Ctr	Nursing Home	10,616.78
Norwich Rehabilitation & Nrs Ct	Nursing Home	9,079.02
Pharmacy		**0**
	Pharmacy	0
Hospice		**8,091.92**
Hospice Of Chenango Cty Inc	Hospice	4,622.87
Hospice & Palliative Care Inc	Hospice	1,015.92
Catskill Area Hospice/Pall Ca	Hospice	2,453.13
Community Based Organizations		**29,268.58**
Leatherstocking Education On Alcoholism/Addictions Foundation, Inc.	Community Based Organizations	4,703.74
Otsego County Chapter Nysarc Inc.	Community Based Organizations	15,090.90
Friends Of Recovery Of Delaware & Otsego	Community Based Organizations	4,171.81
Herkimer County Arc	Community Based Organizations	5,302.13
All Other		**57,095.45**
At Home Care Inc	All Other	57,095.45
Uncategorized		**1,354.42**
First Community Care Of Bassett, Llc	Uncategorized	1,354.42

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q3**
Additional Providers			**191.40**
Otsego County Treasurer	Additional Providers	Approved	191.40

New York State Department Of Health
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Bassett PPS LLC (PPS ID:22)

IPQR Module 1.5 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Finance Committee to re-assess funds flow categories after review of application and needs of PPS partners	Completed	Funds flow categories reassessed.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Finance Committee to establish "Funds Flow Principles" for review at every meeting	Completed	Funds Flow priniciples developed.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. Finance Committee to establish draft budget for all funds flow categories	Completed	Draft Budget for funds flow categories completed.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 4. Establish meetings with Project Teams and Finance Committee to explain concepts of funds flow model and review budget templates	Completed	Meetings held with project teams and Finance committee.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 5. Determine from project teams the assessment of provider level involvement in project success over the demonstration years	Completed	Assessment completed.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 6. Distribute budget templates (project and institution level) to each project team for completion	Completed	Budget templates distributed.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 7. Host training and education sessions with	Completed	Education sessions completed.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
each project team for budget completion									
Task 8. Prepare PPS, Provider and Project level funds flow budgets after project training and education review sessions with network providers for review and approval by Finance Committee	Completed	Initial budgets completed and submitted.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 9. Finalize funds flow model for review/approval by Executive Governance Body	Completed	Funds Flow model finalized	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. Finalize PPS funds flow contract and requisite compliance documents for PPS partner review and signature	Completed	Funds flow contract and compliance documents finalized	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 11. Distribute Funds Flow policy and procedure to include reporting requirements by PPS partners and anticipated fund distribution dates to PPS partners	Completed	Task in progress.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 12. Finalize plan for educating PPS partners regarding final funds flow model, reporting requirements, and compliance requirements	Completed	Plan finalized	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 13. Implement education plan - via WebEx, individual and/or group meetings for all PPS partners	Completed	Budget and funds flow education sessions completed via webex	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

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Bassett PPS LLC (PPS ID:22)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Complete funds flow budget and distribution plan and communicate with network	amyvk	Templates	22_DY2Q3_BDGT_MDL15_PRES1_TEMPL_Meeting_Schedule_Finance_DY2Q2_7968.xlsx	DY2Q3 Finance Committee Meeting Schedule Template LCHP PPS	01/13/2017 03:34 PM

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	

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Bassett PPS LLC (PPS ID:22)

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

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Delivery System Reform Incentive Payment Project

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Bassett PPS LLC (PPS ID:22)

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	0	0	0	0	0	0
Cost of Project Implementation & Administration	**0**	**0**	**0**	**0**	**0**	**0**
Administration	0	0	0	0	0	0
Implementation	0	0	0	0	0	0
Revenue Loss	**0**	**0**	**0**	**0**	**0**	**0**
Internal PPS Provider Bonus Payments	**0**	**0**	**0**	**0**	**0**	**0**
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	**0**
Other	**0**	**0**	**0**	**0**	**0**	**0**
Total Expenditures	**0**	**0**	**0**	**0**	**0**	**0**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

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	

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Bassett PPS LLC (PPS ID:22)

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
0	0	0	0

Budget Items	DY2 Q3 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**0**	**0**	**0**		**0**	
Administration	0					
Implementation	0					
Revenue Loss	**0**	**0**	**0**		**0**	
Internal PPS Provider Bonus Payments	**0**	**0**	**0**		**0**	
Cost of non-covered services	**0**	**0**	**0**		**0**	
Other	**0**	**0**	**0**		**0**	
Total Expenditures	**0**	**0**				

Current File Uploads

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

Narrative Text :

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Bassett PPS LLC (PPS ID:22)

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

Current File Uploads

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

Narrative Text :

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Bassett PPS LLC (PPS ID:22)

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
0.00	0.00	0.00	0.00

Funds Flow Items	DY2 Q3 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q3 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	0	0.00%	0	0.00%	0	0	0
Clinic	0	0.00%	0	0.00%	0	0	0
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0.00%	0	0.00%	0	0	0
Substance Abuse	0	0.00%	0	0.00%	0	0	0
Nursing Home	0	0.00%	0	0.00%	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	0	0.00%	0	0.00%	0	0	0
All Other	0	0.00%	0	0.00%	0	0	0
Uncategorized	0	0.00%	0	0.00%	0	0	0
Additional Providers	0	0.00%	0	0.00%	0		

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Funds Flow Items	DY2 Q3 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q3 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
PPS PMO	0	0.00%	0	0.00%	0	0	0
Total	**0**		**0**		**0**		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Bassett PPS LLC (PPS ID:22)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q3**
Practitioner - Primary Care Provider (PCP)		**0**
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)		**0**
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		**0**
	Hospital	0
Clinic		**0**
	Clinic	0
Case Management / Health Home		**0**
	Case Management / Health Home	0
Mental Health		**0**
	Mental Health	0
Substance Abuse		**0**
	Substance Abuse	0
Nursing Home		**0**
	Nursing Home	0
Pharmacy		**0**
	Pharmacy	0
Hospice		**0**
	Hospice	0
Community Based Organizations		**0**
	Community Based Organizations	0
All Other		**0**
	All Other	0
Uncategorized		**0**
	Uncategorized	0

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Bassett PPS LLC (PPS ID:22)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q3**
Additional Providers			**0**
	Additional Providers		0

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Bassett PPS LLC (PPS ID:22)

IPQR Module 1.11 - IA Monitoring

Instructions :

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Bassett PPS LLC (PPS ID:22)

Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Choose PPS governance model	Completed	Governance model determined.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Develop PPS organizational structure based on collaborative model (chosen by PAC/PPS)	Completed	Organization structure developed.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. Determine composition and membership of Executive Governance Body (EGB), utilizing "swim lane" methodology for representation as well as geographical considerations	Completed	EGB composition developed.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 4. Determine standing committees, membership structure and roles (Compliance, Workforce, Clinical Performance, Finance, IT/Data Analytics Committee--ITDAC) with lead agency chair and partner co-chair, when possible; identify additional committees as needed	Completed	Committees established.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 5. Identify specific standing committees and membership, including lead agency chair/Partner co-chair	Completed	Committees established.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 6. Finalize charters for each committee; obtain	Completed	Charters finalized.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
approval and sign off by EGB									
Task 7. Determine initial standing committee meeting and establish meeting frequency	Completed	Meeting frequency established.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 8. Finalize final committee membership (compliance, workforce, clinical performance, IT/Data Analytics); schedule first meeting for each	Completed	Committee membership finalized and meetings scheduled.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 9. Identify need for subcommittees for Clinical Performance based on project scope and scale (to include metric tracking, protocol development, etc.) for reporting to Clinical Performance Committee.	Completed	Subcomittees being established.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. Identify membership for each subcommittee and specific functions for each	Completed	Subcommittee membership to be established.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 11. Develop a communication plan for dissemination of Governance activities to include minutes of Exec Governance Body meetings, annual operating plans, policiy and procedure statements, and general items for communications	Completed	Communication plan developed.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 12. Determine the types of reports that the Exec Governance Body requires from standing committees, management office, finance, etc. For each of these a target audiences will be determined, incuding but not limited to partners and lead agency	Completed	Reports determined.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task	Completed	Charters completed.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
1. Develop Clinical Performance Committee Charter									
Task 2. Determine number of members and structure of Clinical Performance Committee for approval by EGB	Completed	Final structure of committee in progress.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Define appropriate subcommittees to track clinical practice, quality, clinical integration and care coordination for 11 projects	Completed	Subcommittees under discussion.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Draft charters for all functional subcommittees	Completed	In progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Develop project reporting process for quality metrics to appropriate subcommmittee	Completed	Not started	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Based on PPS geography and expertise, identify members of subcommittees	Completed	In progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Propose membership of subcommittees with consideration given to project requirements (participation) & swim lane representation (as appropriate) for recommendation to Clinical Performance Committee	Completed	Subcommittee membership in progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Finalize membership for functional subcommittees for approval by Clinical Performance Committee Chair(s)	Completed	Subcommittee membership in progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Draft charters for Practitioner Engagement, Population Health committee; finalize membership	Completed	Task in progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Identify prescribed and additional clinical performance metrics for performance tracking and periodic reporting to EGB	Completed	Prescribed metrics reviewed by committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3	Completed	This milestone must be completed by 9/30/2015. Upload of	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize bylaws and policies or Committee Guidelines where applicable		bylaws and policies document or committee guidelines.							
Task 1. Draft and Approve Articles of Governance for Executive Governance Body	Completed	Articles of Governance drafted and approved.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Identify key policies for LCHP governance participation	Completed	Key policies identified	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Draft and adopt dispute resolution procedures	Completed	Dispute resolution procedures drafted and adopted	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Develop, adopt and communicate procedures for underperforming Partners	Completed	Procedures developed, adopted and communicated.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Share Articles of Goverance with PPS Partners	Completed	Shared with partners	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Develop and adopt PPS compliance policies and procedures	Completed	Developed and adopted.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Develop LCHP/PPS organizational chart with reporting structure	Completed	Organization chart finalized	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Finalize Project Advisory Committee (PAC) Charter; membership	Completed	PAC membership finalized	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. Determine method and tools for collecting data from providers and CBOs	Completed	Task in progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. EGB will provide oversight and ongoing monitoring on all implentation plans and committee progress	Completed	Task in progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	In development	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
4a. Develop dashboard (executive level summary) for committees and projects to report metrics/milestones on an ongoing basis for EGB review									
Task 4b. Incorporate 'review of dashboards' as an ongoing agenda item for EGB to review progress, risks, and remediation	Completed	Not started	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4c. Develop and distribute partner agreements which outline remediation tactics for those not fulfilling responsibilities of partner within the PPS.	Completed	Not started	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Develop standard practice for sharing best practices among provider groups, CBOs & other stakeholders	Completed	Not started	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Establish and communicate PPS-wide compliance policies with all Partners & stakeholders	Completed	Task in progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Establish communication plan to include, among other elements, 2-way communication between/among EGB, Partners, Committees (e.g.-routine sharing of meeting minutes and other relevant information across PPS)	Completed	Task in progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Through implementation planning process, engage partners in project implementation including CBOs, etc.	Completed	Complete	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Select Medicaid members in PAC membership	Completed	Complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
structure									
Task 3. Develop oversight role - Director, PPS & Patient Engagement; recruit	Completed	Complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Establish engagement and communication plan with community stakeholders	Completed	Task in progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4a. Hiring marketing and communications expert to develop communication plan and strategy.	Completed	Communications expert hired.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4b. Engage school-based health programs and colleges for utilizing existing training programs like substance abuse	Completed	Not started	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4c. Communication (e.g. townhalls) with other community organizations such as churches, housing providers, law enforcement, transportation providers will include education on DSRIP initiative and discussion on how community organizations can assist in this effort	Completed	Task in progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4d. Develop a CBO Council to enhance communication with CBO's and develop specific strategies and tactics towards greater involvement of community organizations to achieve success of PPS.	Completed	Not started	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Update website & maintain as communication tool with public and Partners	Completed	Website developed and enhancements underway.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Establish communication plan to include, among other elements, 2-way communication between/among CBOs and other community stakeholders and PPS leadership	Completed	Communication plan in development.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #6 Finalize partnership agreements or contracts with	Completed	Signed CBO partnership agreements or contracts.	04/01/2015	06/06/2016	04/01/2015	06/06/2016	06/30/2016	DY2 Q1	NO

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CBOs									
Task 1. Through detailed implementation planning with project committees, engage appropriate CBOs and other partners	Completed	Complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Meet with project chairs and committees to identify CBOs who need to be involved in projects and the nature of that involvement	Completed	Complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Reach out to identified organizations to determine their willingness to participate and execute partner agreements for interested CBOs	Completed	Complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. For new partners willing to engage that are not official members of LCHP PPS, work with the state to add them when the network reopen. Efforts will be made to contract with key organizations which are not yet official partners.	Completed	Task in progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Create CBO partnership/affiliation contracts to reflect the nature of their association with the PPS	Completed	Complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Execute CBO partnership/affiliation contracts	Completed	Task in progress	10/01/2015	06/06/2016	10/01/2015	06/06/2016	06/30/2016	DY2 Q1	
Task 7. Determine appropriate participation/representation from CBOs on PAC and committees	Completed	Complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
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.	04/01/2015	06/27/2016	04/01/2015	06/27/2016	06/30/2016	DY2 Q1	NO
Task 1. Meet with project chairs and committees to	Completed	Complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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identify state agencies needed to be involved in projects and the nature of that involvement									
Task 2. DSRIP Program Manager will reach out to identified state agencies to determine their willingness to participate and execute partner agreements	Completed	Complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Work with existing partners and foster relationships to coordinate activities	Completed	Task in progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Identify new partners needed for successful implementation of projects, engage them and develop process for their inclusion in the official DSRIP partnership when the network reopens	Completed	Task in progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Engage with overlapping PPS' and public sector agencies to determine best approach to optimize resources, avoiding unnecessary duplication of efforts	Completed	Task in progress	10/01/2015	06/27/2016	10/01/2015	06/27/2016	06/30/2016	DY2 Q1	
Milestone #8 Finalize workforce communication and engagement plan	In Progress	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task 1. Review each project implementation plan, assessing stakeholder's commitment and required level of engagement to meet project goals/metrics	Completed	Not started	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Determine most effective means of communicating with Partners and PPS stakeholders including, but not limited to, surveys, partner meetings, etc.	Completed	Task in progress - communication plan under development by communications specialist.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Create and maintain list of contacts for each Partner for routine and urgent communications	Completed	List created and under refinement. CRM vendor selection in progress.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 4. Develop workforce communication and engagment plan, ensuring bi-lateral communication between and among stakeholders throughout PPS and appropriate engagement of workforce stakeholders; Have plan approved by EGB	In Progress	Task in progress.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how 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	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO

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	amyvk	Other	22_DY2Q3_GOV_MDL21_PRES1_OTH_Governance_Committee_Membership_DY2Q3_7989.xlsx	LCHP Governance Committee Membership Template DY2Q3	01/16/2017 12:31 PM
	amyvk	Templates	22_DY2Q3_GOV_MDL21_PRES1_TEMPL_Governance_Meeting_Schedule_DY2Q3_7988.xlsx	LCHP PPS Governance Meeting Schedule DY2Q3	01/16/2017 12:23 PM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	amyvk	Templates	22_DY2Q3_GOV_MDL21_PRES2_TEMPL_Meeting_Schedule_Clinical_Governance_Meeting_DY2Q3_7991.xlsx	LCHP Clinical Governance Meeting Schedule Template DY2Q3	01/16/2017 12:38 PM
	amyvk	Templates	22_DY2Q3_GOV_MDL21_PRES2_TEMPL_Clinical_Governance_Committees_DY2Q3_7990.xlsx	LCHP Clinical Governance Committee DY2Q3	01/16/2017 12:37 PM
Establish governance structure reporting and monitoring processes	amyvk	Other	22_DY2Q3_GOV_MDL21_PRES4_OTH_October_2016_Finance_Updates_to_EGB_8010.pdf	LCHP PPS - Report #7 to Governing Body - October 2016 Finance Updates	01/16/2017 03:51 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	amyvk	Other	22_DY2Q3_GOV_MDL21_PRES4_OTH_Key_Performance_Indicator_Report_20160901_8009.pdf	LCHP PPS - Report #6 to Governing Body - Key Performance Indicator Report	01/16/2017 03:50 PM
	amyvk	Other	22_DY2Q3_GOV_MDL21_PRES4_OTH_July_Check_Funds_Flow_Detail_8008.pdf	LCHP PPS - Report #5 to Governing Body - Detail behind July check funds flow	01/16/2017 03:50 PM
	amyvk	Other	22_DY2Q3_GOV_MDL21_PRES4_OTH_ITDACPresentToEGB_8007.pptx	LCHP PPS - Report #4 to Governing Body - IT Data Analytics Committee Presentation	01/16/2017 03:48 PM
	amyvk	Other	22_DY2Q3_GOV_MDL21_PRES4_OTH_EGB_withdrawal_mgmt_presentation_8006.pptx	LCHP PPS - Report #3 to Governing Body - Withdrawal Management Presentation	01/16/2017 03:47 PM
	amyvk	Other	22_DY2Q3_GOV_MDL21_PRES4_OTH_EGB_Updates_-_December_2016_8005.docx	LCHP PPS - Report #2 To Governing Body - EGB Updates	01/16/2017 03:47 PM
	amyvk	Other	22_DY2Q3_GOV_MDL21_PRES4_OTH_Compensation_and_Benefits_Materials_for_EGB_8004.pdf	LCHP PPS - Report#1 to Governing Body - Comp & Benefits Material	01/16/2017 03:43 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	amyvk	Other	22_DY2Q3_GOV_MDL21_PRES5_OTH_Round_Table_meeting_INVITATION_-_Community_Engagement_Plan_Job_Corps_9-27-16_7994.docx	LCHP Invitation Round Table Meeting	01/16/2017 12:44 PM
	amyvk	Other	22_DY2Q3_GOV_MDL21_PRES5_OTH_Oneonta_Job_Corp_Managing_Your_Health_Presentation_-_December_2016_7993.pptx	LCHP Oneonta Job Corp Presentation Dec 2016	01/16/2017 12:44 PM
	amyvk	Templates	22_DY2Q3_GOV_MDL21_PRES5_TEMPL_Community_Engagement_Plan_DY2Q3_7992.xlsx	LCHP PPS Community Engagement Template DY2Q3	01/16/2017 12:43 PM
Finalize partnership agreements or contracts with CBOs	amyvk	Templates	22_DY2Q3_GOV_MDL21_PRES6_TEMPL_CBO_Meeting_Schedule_DY2Q3_8241.xlsx	CBO Meeting Schedule DY2Q3	01/20/2017 10:28 AM
	amyvk	Templates	22_DY2Q3_GOV_MDL21_PRES6_TEMPL_Community_Based_Organizations_DY2Q3_8225.xlsx	LCHP CBO Template DY2Q3	01/20/2017 10:06 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	
Establish governance structure reporting and monitoring	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

Milestone Review Status

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

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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Midpoint Assessment	Completed	Narrative Describing Progress to Date	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	

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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.

Ineffective communication of DSRIP goals to engage key practitioners and community stakeholders in the governance process can reduce effectiveness of the initiative and disrupt the development of trust. This risk will be mitigated through timely communication plan processes, which will include town hall meetings, presentations, regular Partner meetings, website, access to leadership, having a voice in decisions, etc. The PPS will engage a Director-PPS and Patient Engagement to lead this work. We will also ensure communication of the importance of this transformative work, to further engage practitioners and community stakeholders in a shared vision. Expectations of partner and practitioner engagement will be outlined in an addendum to the partner agreement. Failure to meet expectations will result in reduction or elimination of DSRIP funds and/or potential removal from PPS.

Developing trust among key stakeholders; will be mitigated through development of a fair and transparent funds flow model, and a participative style of leadership to encourage participation of LCHP Partners, CBOs, and other stakeholders.

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.)

In order to be successful, LCHP must employ an integrated approach in the pursuit of DSRIP objectives. For example, IT and Data Analytics, Workforce and Finance functions must adopt a philosophy of customer-orientation to the other functional committees as well as to the project teams. Therefore, collaboration and communication among LCHP entities will be paramount. LCHP will adopt a thematic approach in many respects in order to assure inclusion and coordination among the voluminous activities employed toward Program success and practitioner engagement. This will minimize the "silo effect" and lead to optimizing resources and work effort toward accomplishing goals and objectives. The previously-referenced communications plan will focus emphatically on the requirement for internal bi-directional communication and decision-making in this regard.

The culture of LCHP will be directed toward effective working relationships among all entities within the organization. Emphasis on team and interdependency and shared success will manifest the need to recognize the requirements for one another's success.

Under IT Systems and Processes, we are recommending an IT Governance Structure consisting of sub-committees or task forces that report to the ITDAC. Establishing this more detailed structure will require additional participation by partners, but we expect to pay off in terms of long-term

efficiency.

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IPQR Module 2.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Lead Agency	Bassett Medical Center--Lead agency for LCHP--Leatherstocking Collaborative Health Partners	Completing structures, work processes, communication plans, compliance with DSRIP requirements, membership on EGB, multiple committees
LCHP Operations Team	Susan van der Sommen DSRIP; Management Team	Project implementation, DSRIP administration functions, management of LCHP care delivery system
Actualization of DSRIP Projects	Project Chair(s)/ Committees	Establishing work groups and completing project plans
Executive Governance Body (EGB)	EGB Committee Membership	Fulfillment of PPS governance functions, appoint power to all committee membership
Director-PPS and Patient Engagement	Kara Travis, Bassett Medical Center (Lead Agency)	Stakeholder engagement
Organizational Support Teams	e.g., Finance, IT, Data Analytics, Workforce	Provide essential resources to project teams, LCHP administration for mission success
ACO, Medicaid Health Home	Bassett Medical Center--Lead agency for LCHP	Navigation, case management, protocol development

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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		
Bassett Medical Center	Lead agency for LCHP (Leatherstocking Collaborative Health Partners); participants in EGB	Funding, leadership personnel; expertise in network development; committee chairs; EGB members
AO Fox Memorial Hospital	Lead agency affiliate hospital	AO Fox Nursing Home VP active member of INTERACT
Tri-Town Regional Hospital/O'Connor Hospital	Lead agency affiliate hospital	CEO chairs EGB; committee member; participant in projects
At Home Care	Lead agency affiliate agency	Active member of Hosp-Home Care Collaborations Committee
Springbrook	Leadership, participant	CEO Co-Chair EGB; CIO co-chair IT committee
Medicaid beneficiaries	Participant	PAC membership
County Mental Health Agencies and other LGUs	Participant	"PAC membership, committees participation as SME"
4 County Coalition	Directors of Community Services	Develop strategies to further the accomplishment of PPS objectives
Community Memorial Hospital	Leadership, participant	EGB member; PCMH member
Valley Health Services	Participant	EGB member
Ulster County Mental Health Assn	Leadership, participant	EGB member; MHSA
External Stakeholders		
Medicaid Beneficiaries	Consumers of care	Membership on PAC, participate in focus groups and feedback on patient satisfcation
NYS DOH	Administration of DSRIP Program	Administration of DSRIP Program

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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.

Interdependent IT infrastructure is essential for effective data sharing for milestone and metric reporting. It supports the decision-making process at various levels within the organization, and enables patient and provider service requirements to be fulfilled and reported to Executive Governance Body (EGB), e.g., referral management, performance improvement, financial management, interoperability, portal access for feedback and Partner reporting, website management, and sharing of information between and among Partners and LCHP leadership. This includes development of information sharing capabilities, data collection and analysis, and business intelligence in a consistent manner throughout the PPS. A survey of all PPS partner's IT capabilities will serve as a baseline and allow the PPS to perform a gap analysis. SIgnificant capital investments will be required to close the gap in the development of the infrastructure of the PPS.

LCHP will leverage diverse resources to ensure interconnectivity, enabling real-time sharing of relevant information to support efficient and effective patient care, and two-way communications among PPS partners within this rural geography. Since it is unlikely that any single method of data-sharing will suffice for the diverse needs of LCHP, multiple methods will be used to coordinate patient care across the raral LCHP network.

It represents the foundation for successful performance of the clinical objectives of LCHP, including the Clinical Performance Committee, EGB, Project leadership, as well as the functions of Clinical Integration and Care Coordination.

IPQR Module 2.8 - Progress Reporting

Instructions :

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

Governance milestones will be regularly monitored and progress measured against commitments. Creation of necessary organizational structures--e.g., project teams, governance bodies--evidence they are functioning effectively and according to plan will be accomplished through regular conduct of meetings, preparation and distribution of minutes, creation of action plans, dashboard reporting. All will be posted on the website for review and comment, as well as to demonstrate active movement toward goals.

All policies and procedures will be developed and published, and adherence will be monitored.

Incorporation of project management principles will serve as an important method for accountability purposes. Every initiative—whether a selected project or an Organizational workstream—will be managed by the DSRIP Operations Team using a sophisticated project management tool (e.g., Microsoft Project). Each sub-project will be structured to reflect Milestones and committed due dates for that project, for each Partner (in the case

of the 11 Projects) or each "committee" (in the case of Organizational initiatives such as Financial Sustainability). The % Complete for each will be captured from the project management system data as part of regular progress reporting and rolled up into the DOH-specified progress reporting mechanism, using the performance reporting infrastructure and defined/standardized processes.

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 1. Hire Director of Finance Operations for the PPS whose role will be the role will be to develop an internal plan for auditing, facilitate external audits, engage PPS partners to represent on finance committee, and report up to EGB , finance committee of PPS and ultimately to the CFO of the PPS.	Completed	Director of DSRIP Finance Operations hired	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Establish finance committee to include financial experts wtihin PPS with direct reoporting relationship to EGB (Executive Governance Body.)	Completed	Finance Committee established.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. Develop finance organizational chart, including reporting structure. Identify and appoint a CFO of PPS for oversight of PPS financial activities	Completed	Task in process	04/01/2015	12/29/2015	04/01/2015	12/29/2015	12/31/2015	DY1 Q3	
Task 4. Determine membership in board with adequate representation of partner/PPS diversity including, but not necessarily limited to, those in PPS with expertise in Finance, swimlane and /or	Completed	Task in process	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
geographical representation from PPS partners									
Task 5. Determine meeting frequency	Completed	Meeting frequency determined. The Finance Committee meets once every week.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 6. Prepare charter for finance committee for review and sign off by PPS board	Completed	Charter complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Complete workplan for finance committee for PPS; review with PPS board	Completed	Task in process	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 1. Assessment of partners' financial sustainability with the following metrics - days cash on hand, debt ratio, operating margin, current ratio and days in A/R for partners	Completed	Task in process.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Identify any additional metrics for those partners determined to be "financially fragile	Completed	Task in process	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Perform an assessment of data received from partners to determine financial stability	Completed	Task in process	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Determine relative importance of financially fragile partners in meeting the goals of healthcare transformation and accomplishment of DSRIP objectives	Completed	Task not started	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 5. In support of financially fragile partners, develop a remedial action plan to return said partners to financial feasibility. The plan may include external consulting services, as determined necessary by the Finance Committee and Executive Governance Body of the PPS.	Completed	Task not started	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Develop ongoing monitoring plan of those institutions determined to be "financially fragile" to include quarterly reports of key financial indicators	Completed	Task not started	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Assure to the extent possible that steps in the plan are being implemented with "course correction" as necessary	Completed	Task not started	10/01/2015	03/31/2016	10/01/2015	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).	04/01/2015	12/29/2015	04/01/2015	12/29/2015	12/31/2015	DY1 Q3	YES
Task 1. Create a Compliance Committee for PPS for review/approval by PPS Executive Governance Body	Completed	Task in process. Compliance Committee newly formed.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Retain a compliance officer for the PPS, hired by the lead agency	Completed	Task in process	04/01/2015	12/29/2015	04/01/2015	12/29/2015	12/31/2015	DY1 Q3	
Task 3. Prepare a compliance plan for submission to and approval by the Executive Governance Body of the PPS	Completed	Task in process	04/01/2015	12/29/2015	04/01/2015	12/29/2015	12/31/2015	DY1 Q3	
Task 4. Assess partners on their compliance plan using a survey tool and identify gaps to comply with New York State Social Services Law 363-d	Completed	Task complete - compliance survey sent and received.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Compliance Committee will educate network members on compliance at All Partner Meeting in	Completed	Complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
September 2015									
Task 6. Prepare quarterly reports and presentation to the Executive Governance Body and lead agency personnel	Completed	Task in process	04/01/2015	12/29/2015	04/01/2015	12/29/2015	12/31/2015	DY1 Q3	
Task 7. Ensure the compliance plan is tailored to the appropriate management and utilization of DSRIP funds	Completed	Task in process	04/01/2015	12/29/2015	04/01/2015	12/29/2015	12/31/2015	DY1 Q3	
Task 8. Develop annual compliance training to be conducted on all partners who are identified to be in need of said training.	Completed	Task in process	04/01/2015	12/29/2015	04/01/2015	12/29/2015	12/31/2015	DY1 Q3	
Task 9. Develop an annual Compliance Plan for review by Executive Governance Body and lead agency	Completed	Task in process	04/01/2015	12/29/2015	04/01/2015	12/29/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	In Progress	Administer VBP activity survey to network	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Task 1. Identify key stakeholders of partners, providers, and financial/insurance subject matter experts to form a VBP Task Force	Completed	Not started	10/01/2015	12/29/2015	10/01/2015	12/29/2015	12/31/2015	DY1 Q3	
Task 2. Obtain approval of membership from EGB	Completed	Not started	10/01/2015	12/29/2015	10/01/2015	12/29/2015	12/31/2015	DY1 Q3	
Task 3. VBP Task Force to develop charter for Executive Governance Body review/approval	Completed	Not started	10/01/2015	01/25/2016	10/01/2015	01/25/2016	03/31/2016	DY1 Q4	
Task 4. Develop a value-based payment transition plan- Phase I	On Hold	Not started	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Assure task force has appropriate resources to fulfill its charge - information services, SMEs on reimbursement methodologies, assumption and management of risk, predictive modeling, etc.	On Hold	Not started	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 6. VBP Task Force to perform a baseline assessment within PPS of percentage of Medicaid and non-Medicaid revenue that is considered "value-based" payments	On Hold	Not started	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 7. Develop a reporting methodology for use with partners to acquire necessary information to establish an adequate database - types and volumes of services, method of reimbursement, levels of risk, etc.	On Hold	Not started	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 8. Provide reports at least quarterly to Executive Governance Body and PPS partners	On Hold	Not started	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	In Progress	Submit VBP support implementation plan	04/01/2015	03/31/2020	10/01/2016	03/31/2020	03/31/2020	DY5 Q4	YES
Task 1. Finalize VBP plan for sign-off by Executive Governance Body- Phase II	On Hold	Not started	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2. Utilizing the baseline assessment, charge the VBP Task Force with the development of strategies and tactics to achieve 90% value-based payments across the PPS network by year 5 of the DSRIP program consistent with VBP plan - Phase II	On Hold	Not started	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Identify and plan for the incorporation of the resources necessary to achieve the transformation - staffing, database, communication mechanisms with MCO's, etc.	On Hold	Not started	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4. Develop methods for ongoing communication with and inclusion of partners in transition initiative.	On Hold	Not started	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task	On Hold	Not started	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
5. Create formal negotiating mechanisms with MCOs with ample lead time to develop mutually acceptable outcomes/reimbursement models regarding movement to VBP goal.									
Task 6. Link work regarding Medicaid payers to relationships/negotiations with non-Medicaid payers to ensure comprehensiveness/symmetry of approach to VPB model on all fronts	On Hold	Not started	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #6 Develop partner engagement schedule for partners for VBP education and training	In Progress	Initial Milestone Completion: Submit VBP education/training schedule Ongoing Reporting: Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports	04/01/2015	03/31/2020	10/01/2016	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	In Progress		04/01/2015	03/31/2020	10/01/2016	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	In Progress		04/01/2015	03/31/2020	10/01/2016	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	Please state if there have been any changes during this reporting quarter.

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
	supporting documentation as necessary.	Please state yes or no in the corresponding narrative box.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize PPS finance structure, including reporting structure	amyvk	Templates	22_DY2Q3_FS_MDL31_PRES1_TEMPL_Meeting_Schedule_Finance_DY2Q3_7986.xlsx	LCHP PPS - Meeting schedule Finance Committee DY2Q3	01/16/2017 10:55 AM
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	amyvk	Other	22_DY2Q3_FS_MDL31_PRES3_OTH_2016_NYS_Mandatory_Provider_Compliance_Program_Certificate_8451.pdf	LCHP PPS - OMIG 2016 certification of Compliance Program	01/24/2017 11:18 AM

Prescribed Milestones Narrative Text

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

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
VBPs has to be in Level 2 VBPs or higher	

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.

Risks and mitigation strategies for such risks include:

There may be inadequate data to conduct negotiations with third-party payers. To mitigate it, we will procure adequate IT, business intelligence and data analytic resources to provide necessary information for negotiations with third-party payers.

Revenue stream may not be adequate to provide services necessary for population health management approach. With an adequate database, we will demonstrate to third-party payers the ability to deliver care in the new environment. The PPS will include a tiered approach with respect to assuming financial risk, utilizing an incremental approach by which partners would assume a greater revenue stream risk share over time.

Culture needs to shift to adapt to transformation of care delivery in the new environment. Through LCHP and partner leadership, we will develop a detailed approach to incorporate principles of population health management, mechanisms to monitor financial performance, including loss of revenue and provision for course correction, and embed appropriate incentives to reconfigure and reorient partner organizations in the new model of care delivery.

As much of the transformation under DSRIP there will be significant capital requirements for IT, cost accounting systems, predictive modeling software, etc. Inadequate capital support will place limits on the ability to achieve outcomes which may be progressive but inadequate in terms of accomplishment of the desired transformation.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Due to the dramatic culture and practice shift that a move to value-based purchasing will entail, there will be a dependency on multiple workstreams within the PPS network. These will include, but may not be limited to: Clinical performance and integration, as provider understanding and acceptance of new payment model necessary; workforce, as the PPS will need the appropriate staffing and subject matter experts to perform this work; Information technology, as the PPS will need to obtain and track information relating to claims and metrics leading toward a VBP model; Finance and Compliance Committees will be an integral part of this transition.

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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
Executive Director, DSRIP Operations	Sue van der Sommen	Oversight and staffing of VPB Task force; leader in VBP transition
Chief Financial Officer, Lead Agency	Sue Andrews	Oversight of PPS financial activities
Director, DSRIP Finance Operations	Michael Sweet Bassett Medical Center--Lead agency for LCHP--Leatherstocking Collaborative Health Partners	Leading finance committee and VBP task force through transition and direct oversight of financial sustainability plan
Finance Committee	Members include Finance experts from several partner organizations including lead agency	Develop funds flow process; implement financial sustainability plan
Compliance Officer/Lead PPS	Bassett Medical Center--Lead agency for LCHP	Lead PPS in compliance matters; development and maintenance of compliance plan for PPS network.
Internal Auditors	Lead agency	Internal Audit of PPS Funds Flow Process
External Auditors	KPMG	External Audit of PPS Funds Flow Process
Community Based Organizations (CBOs)	Partner organizations; sometimes funds flow recipients	Active engagement in project development and eventual success
Local Government Agencies	Partner organizations	Active engagement in project development and eventual success

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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		
Chief Clinical Officer, Lead Agency	Culture change; leadership	Practitioner engagement, education about change in reimbursement/practice model
CFO and/or Finance leads for PPS partners	Financial lead	Responsible for leading change to VBP model with regard to finance-related/reimbursement strategies in PPS network
PPS Compliance Committee	Compliance lead	Responsible for developing and overseeing compliance program for PPS; quarterly reporting to Exec Gov Body
Workforce Committee	Oversight of all training strategies, including practitioner education / training described above	Input into practitioner education / training plan
IT/Data Analaytics Committee	Provision of data and information to enable practitioners to complete their goals and objectives	Availability of information in a timely way and in the desired format
PPS Project Management Office	Bassett Medical Center--Lead agency for LCHP	Leading initiative; culture change
Finance Committee	Develop funds flow process; implement financial sustainability plan	Funds Flow Model
Executive Governance Body of PPS	Oversight of VBP plan and compliance planning	Responsible for review of reporting and oversight of compliance and finance committee with regard to transition to VBP
External Stakeholders		
MCOs	Insurers	Work with PPS to negotiate risk relationships with providers
NYS DOH	Administration of DSRIP Program	Administration of DSRIP Program

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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.

Information technology will play a key role in the financial sustainability of the PPS network. The dependence on shared information is a key to tracking metrics and system transformation. Additionally, moving to a population-health based model of care for our patients will be dependent on tracking and monitoring claims data, as well as clinical services and outcome metrics.

A well-established relationship, with clearly defined roles between IT and Finance is crucial to DSRIP success. Finance requires integration with a shared IT infrastructure in the following areas: 1) Data collection and reporting; 2) Ability to access financial information such as templates and funds flow; 3) Ability to collect data to determine and monitor status of financially fragile partners, and to deploy resources where necessary (e.g., web-based training, advisory services).

Due to the rural nature of the PPS and the large geographic footprint it is essential that technology be leveraged wherever possible to mitigate the potentially fragmented communications and data sharing fundamental to implementing and maintaining a stable, supportive environment.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

Success of this workstream will be managed through routine reporting of the Finance Committee to the Executive Governance Body. Partner financial sustainability will be a key factor in the success of the PPS, so oversight of this is vital.

This workstream's success will be indicated by collection of metrics from our partners including performance measures, (i.e., domain 2 and 3 and claims based outcomes measures), progress measures - (domain 1 milestone achievement) and participation measures (are partners providing substantive contributions to ongoing project effort). We will continually monitor the level of engagement and involvement of providers in the performance reporting systems and processes that are established. We will define metrics to measure providers' involvement in the PPS performance reporting structure (e.g., active users of performance reporting IT systems, involvement in feedback discussions with Clinical Performance Committee about performance dashboards). We will also set targets for performance against these metrics. The Practitioner Champions and the Project-specific Leads will be held accountable for driving up these levels of involvement. Measurement methods for accountability include Salient dashboards, meeting attendance rosters, provision of additional supporting documentation as requested/required, etc.

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IPQR Module 3.9 - IA Monitoring

Instructions :

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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Director-PPS Partner and Patient Engagement to develop work groups and engage stakeholders in defining the cultural competency needs and determining the focus for the PPS	Completed	Task in progress	04/01/2015	11/17/2015	04/01/2015	11/17/2015	12/31/2015	DY1 Q3	
Task 2. In attempt to identify populations and geographic areas where most work is needed, utilize CNA data and other key analyses, e.g. Upstate Health and Wellness Survey, Healthy People 2020, results from County Public Health	Completed	Task in progress	04/01/2015	12/10/2015	04/01/2015	12/10/2015	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
Dept Screenings, New York State, Cancer Prevention Plan, New York State Comprehensive Cancer Control Plan 2012-2017, updates from NYS required community service plans, etc. to identify priority groups experiencing health disparities; continue to build and develop community needs assessment to determine changing and growing needs of our PPS including health disparities and the underserved									
Task 3. Utilizing data from key analyses, create a workplan to address highest priorities, and obtain approval from EGB.	Completed	Task in progress	04/01/2015	12/10/2015	04/01/2015	12/10/2015	12/31/2015	DY1 Q3	
Task 4. Leverage resources in existing Medicaid Health Home as a model to be replicated in addressing cultural competency issues in LCHP, while providing coordinated, comprehensive medical and behavioral health care	Completed	Task in progress	04/01/2015	12/10/2015	04/01/2015	12/10/2015	12/31/2015	DY1 Q3	
Task 5. As part of the work plan, utilize existing resources with cultural competency expertise within the PPS (e.g., NYSDOH Cancer Services Program, CBOs) as well as projects relating to serving the uninsured and low utilizers, to better meet the health care needs of PPS disparate population	Completed	Task in progress	04/01/2015	12/10/2015	04/01/2015	12/10/2015	12/31/2015	DY1 Q3	
Task 6. Building on lead agency's Institute for Learning, continue to develop educational programs dedicated to building cultural competency among key stakeholders including, but not limited to, provider and other clinical staff, front line staff and leadership. Determine how CBOs, as well as 11th Project stakeholders, can engage in this work to better serve the population	Completed	Task in progress	04/01/2015	12/10/2015	04/01/2015	12/10/2015	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 7. Develop culturally and linguistically appropriate materials for patient education based on defined needs of population	Completed	Task in progress	04/01/2015	12/10/2015	04/01/2015	12/10/2015	12/31/2015	DY1 Q3	
Task 8. Engage navigators in CBOs and other organizations to determine needs of population with regard to food, clothing, shelter, healthcare access	Completed	Task in progress	04/01/2015	12/10/2015	04/01/2015	12/10/2015	12/31/2015	DY1 Q3	
Task 9. Director of PPS Partner & Patient Engagement to lead PPS Collaborative Learning initiative to better engage and educate the target population based on information derived from the community needs assessment holding community forums, PAM assessments, patient navigation and key community stakeholders	Completed	Task not yet started - still identifying PPS Partner and Patient Engagement Director.	07/01/2015	12/10/2015	07/01/2015	12/10/2015	12/31/2015	DY1 Q3	
Task 10. Identify metrics to evaluate and monitor ongoing impact of cultural competency / health literacy initiatives. Develop method to track metrics for annual reporting and publish on PPS website	Completed	Not started	10/01/2015	12/10/2015	10/01/2015	12/10/2015	12/31/2015	DY1 Q3	
Task 11. Market the availability of community based navigation services to public	Completed	Task in progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 12. Gather information as input to a resource guidebook that outlines community services in conjunction with Navigation/PAM project teams to ensure appropriate and ready access to necessary information	Completed	Task in progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate 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	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches							
Task 1. Identify administrative leader within PPS to direct and oversee partner and patient engagement work	Completed	Task in progress	07/01/2015	02/01/2016	07/01/2015	02/01/2016	03/31/2016	DY1 Q4	
Task 2. Engage Population Health Improvement Program (PHIP) team within lead agency to identify drivers of health disparities	Completed	Task in progress	04/01/2015	01/01/2016	04/01/2015	01/01/2016	03/31/2016	DY1 Q4	
Task 3. Identify patient health disparity training needs for clinicians based on CNA data and practitioner focus groups	Completed	Task in progress	04/01/2015	06/24/2016	04/01/2015	06/24/2016	06/30/2016	DY2 Q1	
Task 4. Based on identified training needs, develop training criteria for clinicians; utilize mechanisms such as grand rounds and/or other electronic training systems to deliver trainings	Completed	Task in progress	04/01/2015	06/24/2016	04/01/2015	06/24/2016	06/30/2016	DY2 Q1	
Task 5. Utilizing workforce consultant resources, develop a training strategy for non-clinical staff	Completed	Task in progress	04/01/2015	06/24/2016	04/01/2015	06/24/2016	06/30/2016	DY2 Q1	
Task 6. Based on identified training needs, develop training criteria for non-clinicians; utilize mechanisms such as departmental meetings and/or other electronic training systems to deliver trainings	Completed	Task in progress	04/01/2015	06/24/2016	04/01/2015	06/24/2016	06/30/2016	DY2 Q1	
Task 7. By implementing the lead agency's proven methods, share training and education models with PPS workforce to engage patient populations as determined by CNA analysis	Completed	Task in progress	07/01/2015	06/24/2016	07/01/2015	06/24/2016	06/30/2016	DY2 Q1	
Task 8. Develop training schedule throughout PPS	Completed	Task in progress	07/01/2015	06/24/2016	07/01/2015	06/24/2016	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
region to ensure greater attendance/participation									
Task 9. Collaborate with other PPS' regarding their training strategy for similar patient populations to repurpose concepts and materials	Completed	Task in progress	07/01/2015	06/24/2016	07/01/2015	06/24/2016	06/30/2016	DY2 Q1	
Task 10. Explore ways to leverage technology in training delivery and curricula, e.g., Healthstream or other online learning programs, offerings from professional societies and catalog best practices	Completed	Task in progress	07/01/2015	06/24/2016	07/01/2015	06/24/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize cultural competency / health literacy strategy.	amyvk	Templates	22_DY2Q3_CCHL_MDL41_PRES1_TEMPL_CCHL_M2_TrainingMaterialsTemplate_20170124_8453.xlsx	LCHP CCHL Training Materials Template DY2Q3	01/24/2017 11:47 AM
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	amyvk	Templates	22_DY2Q3_CCHL_MDL41_PRES2_TEMPL_CCHL_M2_TrainingScheduleTemplate_20161229_8017.xlsx	LCHP PPS - CCHL Training Schedule Template DY2Q3	01/17/2017 10:41 AM

Prescribed Milestones Narrative Text

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

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.

Provider buy-in is a challenge due to need for providers to understand the needs of this population. Through an evidence-based, data-driven approach, information will be communicated to LCHP providers and staff that will enable collaboration and engagement in preparing tactics to address health disparity opportunities.

Measuring impact will be especially challenging as defining these metrics requires proficiency in areas typically unfamiliar to healthcare providers. However, we are committed through various means, such as collaborating with other PPS', to employing methodology to measure the levels of success.

We anticipate many geographical and logistical challenges within this rural area. Affordable, public transportation across the region is not easily available; this has been assigned to Navigators as a priority and awareness goal.

Since statistical information on these populations is scarce, it will be difficult to identify target population. There is no data gathering method, what information is available is generally anecdotal. We will leverage the data warehouse mechanism to collect population data for analysis, and development of tactics to address priority areas.

Patient Engagement will be a risk to this workstream. To mitigate this, Director of Patient and Partner Engagement willl be charged with developing specific set of strategies that will compile an approach and function. Additionally, patients will be members of PAC, and focus groups will be held to assess patient engagement.

As a medical school and medical/surgical residency program, the Lead Agency needs to reflect that English may not be the primary language of the practitioner and patient populations, and adjust training programs accordingly.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

LCHP has identified a variety of online resources, including the NYLearnsPH.com Learning Management System (LMS) and the Empire State Public Health Training Center (ESPHTC), which it will incorporate into its comprehensive training program. A Learning Management System (LMS) has been implemented (HealthStream); an administrator for the system is in place; content-area experts will be identified, recruited, and trained.

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Training on cultural competency topics will impact on the Practioner Engagement, and Workforce and the IT/Data Analytics workstreams, who will play a role in training design and execution. Training delivered across a large, geographically distributed network requires the traditional IT support structures (i.e., network administrator, help desk, etc.). It also will require a named position to coordinate the various types of required training and keep content updated to reflect new needs (Workforce). System-specific topics modules will be needed and will require content-area experts from a variety of disciplines who themselves will need to be trained on how to create training modules. Practioner Engagement will be key to content development and successful outcomes.

While not major dependencies, under IT Systems & Processes we state an intent to acquire an automated survey instrument and a Learning Management system. Both of these will allow aspects of the Cultural Competency Strategy to be executed more quickly and efficiently.

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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
Research Department	Bassett Medical Center--Lead Agency for LCHP (Leatherstocking Collaborative Health Partners)	CNA analysis; PHIP engagement
Partner and Patient Engagement	Kara Travis, Bassett Medical Center Director of Partner and Patient Engagement	Direct and oversee partner and patient engagement work, linguistics gaps
Practitioner Engagement	Tom Manion, Director of DSRIP Network Operations	Practitioner training program development , Clinical Integration, and Cultural Competency
Medicaid Health Home	Bassett Medical Center--Lead Agency for LCHP (Leatherstocking Collaborative Health Partners)	Resource development
Bassett Institute for Learning	Bassett Medical Center (Diana Parker)	Provide guidance regarding development of training curriculum for health literacy - providers and patients
IT & Data Analytics (Business Intelligence) Department	Lead Agency	Analytical tools; online educational and training media; software procurement
Director, PPS Performance Metrics	Amy Van Kampen, Bassett Medical Center	Coordination of related tasks; liaison between Workforce and IT/Data Analytics functions; design of desired product
Executive Governance Body	PPS	Oversight of implementation/metrics/ measurement
Bassett Medical Center	Susan van der Sommen, Executive Dir, DSRIP	Project implementation oversight
Workforce Consultant	Anita Merrell-AHEC	Cultural Competency and Health Literacy

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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		
Diana Parker	Director, Bassett Institute for Learning	Assist in development of learning curriculum
Sara Albright	Vice President of Human Resources, Bassett Healthcare (Lead Agency)	Oversight of workforce development plan
External Stakeholders		
AHEC	Workforce consultant	Utilize proven methods of training for curriculum development/distance learning
Dr. David Strogatz	CNA Development Committee	Ongoing feedback regarding assessment of health disparities, and impact of plans to address same
Catholic Charities	CBO; Care coordination services	Community-based navigation
County Mental Health Departments (Otsego, Schoharie, Delaware, Madison, Herkimer)	Mental health providers	Participation in Projects 3.a.i; MHSA 4.a.iii
Southern Tier Aids program	CBO	Community-based navigation

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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.

IT and data analytics will support development of analytical tools, provide a structure for management of online educational and training media, and assist with software procurement such as the ability to access an external learning collaborative to promote available trainings and best practices.

Data collection and reporting - There is a need to connect partners within the PPS for the purpose of developing standardized workforce training requirements. AHEC will work with IT and Performance Reporting workstreams to identify and develop a workforce training program focused on enhancing cultural competency and health literacy, and delivery methods that adapt to the PPS' wide geographical footprint.

Learning collaborative - The ability to connect partners within LCHP and contiguous PPS' will encourage the use of existing best-practices and the sharing of training materials, eliminating the need to re-create curricula. We will explore ways to collaborate with other PPSs to leverage common training needs and curricula. The AHECs are pursuing outside funding opportunities to further develop a digital platform through Health Workforce New York (HWNY) that could serve as the framework for a learning collaborative that would support access on a PPS, regional, and statewide level.

Training - LCHP leadership will work with IT to assess partner capability for tracking training progress (who's been trained/retrained, etc.) and reporting to MAPPS. Training programs will be developed based on outcome of CNA and other key data analyses.

IPQR Module 4.8 - Progress Reporting

Instructions :

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

Annual review of the Community Needs Assessment will inform continued prioritization of target populations, and will assist in defining effectiveness of initiatives. When combined with specific Program metrics for target populations will further identify effectiveness of specific activities such as patient engagement and cultural support. Communication and information sharing with CBOs will afford opportunities to more effectively understand the extent to which initiatives have been successful.

Additionally, we will track the number of clinicians and staff educated in cultural competency principles, and obtain feedback regarding the practical application of what they learned.

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IPQR Module 4.9 - IA Monitoring

Instructions :

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Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 2. Assess IT capabilities of partners	Completed	Task in progress - partner IT survey in process.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2.1-Establish current state reporting dimensions – including at least:	Completed	Task in progress - partner IT survey in process	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2.1.1-EHR and other patient-related software applications	Completed	Task in progress - partner IT survey in process	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2.1.2-User Adoption of clinical software (may use MU level as proxy)	Completed	Task in progress - partner IT survey in process	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2.1.3-Data interchange capabilities (e.g., HIE participation, DIRECT, integration engines, etc.)	Completed	Task in progress - partner IT survey in process	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2.1.4-Security and confidentiality (require partners to supply current [<1 yr] security risk assessment to facilitate) in compliance with DEAA requirements	Completed	Task in progress - partner IT survey in process	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2.2-Require partners to self-assess using the	Completed	Task in progress - partner IT survey in process	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
criteria established in 2.1.1 above.									
Task 2.3-PPS to validate data submitted from partners and compile into comprehensive current state assessment	Completed	Task not started - awaiting completion of partner IT survey	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. ITDAC to establish periodic reporting requirements from partners on changes to their individual IT capabilities, adoption, etc.	Completed	Task not started - awaiting completion of partner IT survey	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Establish the ITDAC and clarify its scope, duties and role within the LCHP Governance structure	Completed	Task completed. Committee established.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4.1-Establish subcommittees to the ITDAC - Security, Change Control and Data Governance	Completed	Task completed. Subcommittees to be Security and Data Governance. For now Change Control will remain under the purview of the ITDAC committee.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Develop an overall LCHP IT Strategic Plan	Completed	Task in progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Review the LCHP IT Strategic Plan with DSRIP program management and PPS partners	Completed	Task not yet started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Identify gaps between minimum requirements and current state	Completed	Task not yet started	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Finalize the LCHP IT Strategic Plan	Completed	Task not yet started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 1. IT and Data Analytics Committee (ITDAC) to establish minimum EHR capabilities, EHR adoption, system integration/interoperability and security expectations for partners	Completed	At minimum, the Electronic Health Record for partners participating in the LCHP PPS as providers of hospital or primary care will be Meaningful Use ("MU") certified. The EHR will be capable of producing CCD (Continuity of Care) documents. With regard to the ability to exchange data, EHRs will be expected to have the capability of connecting with Health Information Exchanges (HIEs) such as HIXNY, HealthlinkNY, HealtheConnections, etc... Partners will be expected to have Business Associates' Agreements (BAA) in place in order to ensure the security of any shared clinical data. Any shared Medicaid data provided	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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		by New York State will be governed by New York State data security policies including NYS-P03-002, NYS-P10-006, NYS-S13-004, NYS-S14-006 and NYS-S14-007, as well as section 367b(4) of the NYS social services law, NYS social services law section 369 (4) and Article 27-F of the New York Public Health Law & 18 NYCRR 360-8.1. as outlined by the System Security Plan that will be submitted in conjunction with the DY1Q2 Quarterly IT report on October 31.							
Milestone #2 Develop an IT Change Management Strategy.	Completed	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Work with IT and Data Analytics Committee (ITDAC) to develop a global change management process consisting of two change control parts--PPS and Partners:	Completed	Task not yet started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 1.1-PPS change control - Policies and procedures governing testing, training, documentation and approval of changes to:	Completed	Task not yet started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 1.1.1-Identify PPS controlled IT capabilities including internal systems (e.g., PPS accounting, e-mail)	Completed	Task not yet started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 1.1.2-Identify services provided to partners (e.g., population health analytics)	Completed	Task not yet started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 1.1.3-Manage integration capabilities with and between partners	Completed	Task not yet started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	Task not yet started	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
1.2-Partners change control									
Task 1.2.1-Firmly delineate Partner IT capabilities relevant to PPS participation (e.g., integration capabilities, EHR changes, hosting services)	Completed	Task not yet started	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 1.2.1.1-Develop and execute policies and procedures requiring advance reporting to PPS of significant partner changes	Completed	Task not yet started	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 1.2.1.2-Develop and execute process for assessing impact on PPS of significant partner changes in IT capabilities.	Completed	Task not yet started	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 1.2.1.3-Identify partner responsibilities to PPS as result of changes	Completed	Task not yet started	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 1.2.2-Develop process for partner integration of ITDAC standards into partner systems (e.g., standardized master files, metrics reporting)	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 1.2.2.1-Include process for PPS/ITDAC notifications to partners	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 1.2.2.2-Provide for reasonable time-frame for partner implementation	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 1.2.2.3-Include Partner reporting requirements during implementation	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 1.2.2.4-Implement functional (partner) and integrated (PPS) testing process	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Assist partners in Integrating PPS change control into their own local change control processes	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Monitor and adjust as indicated	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 4. Create an IT Governance Change Management Oversight process	Completed	Task in Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4.1-Establish Change Control subcommittee	Completed	Complete - currently this subcommittee work will be accomplished by full committee membership	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4.2-Establish Change Control operating procedures and control documents (or automated control tools)	Completed	Not started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Develop plan to communicate changes to partners and other stakeholders	Completed	Not started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
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 1. Determine PPS capabilities that will be centrally provided by the PPS and shared by the partners	Completed	Task in Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 1.1-Conduct system search and selections for required capabilities	Completed	Task not yet started	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Determine/define Partner data sharing requirements based upon role, information	Completed	Task in progress	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
needs, typical practice									
Task 3. Develop data sharing plan	Completed	Task not yet started	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3.1-Utilizing current assessment (Milestone 1), identify current gaps	Completed	Task not yet started	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3.2-Evaluate the extent to which existing Health Information Exchanges (HIXNY and/or SHIN-NY and HealtheConnection) can meet the PPS data sharing requirements	Completed	Task not yet started	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3.3-Identify unmet gaps in data sharing capabilities	Completed	Task not yet started	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3.4-Assess potential approaches based on functionality, scalability, total cost of ownership, security/confidentiality, implementation timeframe and reliability	Completed	Task not started	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3.5-If SHINNY does not meet the needs of PPS, conduct search and selection for specific solution, e.g., private HIE	Completed	Task not yet started	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Develop integrated implementation plan for centrally-provisioned systems, HIE and data sharing capabilities based on the identified ability for existing HIEs to meet PPS data sharing requirements	Completed	Task not yet started	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Develop data sharing policies between and among members of LCHP	Completed	Duplicate - entered in error	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Develop data sharing procedures between and among members of LCHP	Completed	Task not yet started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
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	07/01/2015	12/31/2016	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		isolated communities.							
Task 1. Assess technology-enabled patient engagement capabilities of individual partners	Completed	Task not yet started	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Assess PPS patient participation in public HIEs (HIXNY, SHIN-NY and HealtheConnection)	Completed	Task in progress via partner IT survey	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Analyze patient participation to identify barriers to increased participation/usage of HIE and patient engagement technologies	Completed	Task not yet started	01/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Survey sample of (anticipated) attributed members to further assess patient needs, interest and barriers to usage of technology tools to further engagement	Completed	Task not yet started	01/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 5. Educate partner front desk staff on benefits of HIE enrollment, and establish standard process for presenting HIE enrollment to patients	Completed	Task not yet started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Develop specific patient education approaches to address top three identified barriers or concerns (e.g., language, technology access, privacy concerns)	Completed	Task not yet started	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Determine PPS technologies (e.g., portal, secure messaging, reminders, online scheduling, online bill payment, patient education, personal health record) to support technology-based patient engagement	Completed	Task not yet started	01/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 8. Develop budget and implementation plan for selected technologies	Completed	Task in progress	07/01/2015	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #5 Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		-- Plans for ongoing security testing and controls to be rolled out throughout network.							
Task 1. Assemble security/confidentiality committee	Completed	Task in progress	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Designate Chief Security Officer (CSO) role (required by HIPAA)	Completed	Task in progress	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Develop HIPAA/HITECH compliant PPS-level security policies and procedures	Completed	This work is being deferred until after the completion of the security plan work required by 10/31	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Review Partner security risk assessments (Milestone 1, task 2.1.4)	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Identify partner gaps, establish gap resolution target dates, monitor resolution actions	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Establish partner requirements for reporting of security incidents to PPS	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Establish procedures for ongoing monitoring of PPS security practices and incidents	Completed	Task not yet started	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Establish procedures for oversight of partner security and confidentiality practices, partner security incidents, etc.	Completed	Task not yet started	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Establish process for annual review of PPS and partner security risk assessments	Completed	Task not yet started	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Develop protocols for identification and security of all protected data while at rest and while in transit including during data collection, data exchange and data use	Completed	Task in progress via the completion of security plans.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 11. Develop procedures for secure disposal of protected data	Completed	Not started	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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).	amyvk	Templates	22_DY2Q3_IT_MDL51_PRES1_TEMPL_Meeting_Schedule_Template_ITDAC_DY2Q3_8011.xlsx	LCHP ITDAC Committee Meeting Schedule Template - DY2Q3	01/16/2017 03:56 PM
Develop an IT Change Management Strategy.	amyvk	Templates	22_DY2Q3_IT_MDL51_PRES2_TEMPL_Meeting_Schedule_Template_ITDAC_DY2Q3_8013.xlsx	LCHP ITDAC Meeting Schedule Template - DY2Q3	01/16/2017 04:01 PM
	amyvk	Templates	22_DY2Q3_IT_MDL51_PRES2_TEMPL_Training_Schedule_Template_ITDAC_DY2Q3_8012.xlsx	LCHP - Training Schedule Template IT - DY2Q3	01/16/2017 04:00 PM
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	amyvk	Templates	22_DY2Q3_IT_MDL51_PRES3_TEMPL_Training_Schedule_Template_ITDAC_DY2Q3_8016.xlsx	LCHP PPS - DY2Q3 Training Schedule TEmplate	01/16/2017 04:20 PM
	amyvk	Templates	22_DY2Q3_IT_MDL51_PRES3_TEMPL_Meeting_Schedule_Template_ITDAC_DY2Q3_8015.xlsx	LCHP PPS - ITDAC Meeting Schedule Template DY2Q3	01/16/2017 04:19 PM
Develop a specific plan for engaging attributed members in Qualifying Entities	amyvk	Other	22_DY2Q3_IT_MDL51_PRES4_OTH_PlanToEngageMedicaidMembersinQE_8014.docx	LCHP PPS - Plan to Engage Medicaid Members in QE's	01/16/2017 04:03 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	DY2Q3 Update - during previous quarter, a re-assessment was completed of partner engagement with RHIO's. Results are expected to be finalized in January of 2017, which will allow an updated assessment of overall IT capability across the PPS.
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	DY2Q3 - A plan for engaging attributed members in Qualifying Entities has been developed. We will have this approved by our Executive Governance Body.
Develop a data security and confidentiality plan.	

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Milestone Review Status

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

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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

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 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.

At this point in time, having not yet received confirmation of capital funding, it is not clear whether the PPS will have the capital and/or human resources to move forward with an integrated Software-as-a-Service platform across the network as discussed in original IT implementation plan. Current plans for clinical interoperability rely heavily on partner participation with a fully functioning HIE system, facilitated by IT subject matter experts within the PPS. If capital is approved and if IT human resources are identified, that that point in time the PPS could consider the development of a more integrated partner information technology infrastructure.

The availability of IT human resources is a potential risk with being able to achieve a variety of IT deliverables – specifically work items that involved modifications to current EMR programming as well as the development of clinical outcome dashboards.

DY1Q4 Update: We have received word that no IT capital projects were approved in the CRFP process. At this point in time, the PPS will be pursuing strategies that rely on existing infrastructure rather than new capital and build. Primary vehicles for data sharing will be encouraging partners to develop relationships with RHIO so that the SHIN-NY network becomes more robust. Where applicable, PPS will also look to expand use of Epic EMR through EpicCareLink, and of NetSmart care navigation platform.

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 PMO (Project Management Office)--DSRIP Operations Team, will depend on IT to set up and provide base-level support for products such as SharePoint for collaboration and Project Server to track large projects as well as custom reporting on progress, budgets, external dependencies, etc.

LCHP will ensure care quality and coordination using federally- and state-compliant data-sharing plans. To ensure that LCHP's PPS partners act in unison to safeguard data privacy and security, and to uphold all regulatory requirements including HIPAA privacy provisions, the LCHP has established the Information Technology and Data Analytics Committee (ITDAC). The ITDAC will finalize a data sharing plan to describe consent and change management approaches; incorporate federally- and state-compliant usage agreements; develop diverse data-sharing methods to ensure interconnectivity while guarding data security; outline processes for monitoring compliance with pertinent regulations and channels for implementing corrective action when necessary; and implement a consistent and universal data privacy and security training program.
To ensure privacy and security, all LCHP partners will uniformly use Business Associate and Data Use Agreements, which the ITDAC will finalize and oversee. LCHP will conduct an IT security audit to evaluation and mitigate risks. As LCHP will bring together diverse organizations and a diverse workforce, training will be necessary to ensure data privacy, security and universal adherence to HIPAA privacy provisions across LCHP.

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LCHP will leverage diverse resources to ensure interconnectivity, enabling real-time sharing of relevant information to support efficient and effective patient care while meeting all security and privacy standards. Since it is unlikely that any single method of data-sharing will suffice for the diverse needs of LCHP, multiple methods will be used to coordinate patient care across the LCHP network and to ensure HIPAA privacy.

LCHP will explore a number of strategies including health information exchanges (HIEs) and HIE interconnections (leveraging the regional SHIN-NY/RHIO); direct messaging using Meaningful Use (MU)-compliant electronic health records (EHRs) and health standards profiles to share data with partners who do not have EMR/fax capability; a service bureau to provide EMR access to providers currently using paper records or non-MU certified products that preclude data sharing; data warehousing; an enterprise master patient indexing system to share patient identifiers and records across disparate systems; and population health software to track medical and social needs. We will also accommodate state/federal regulations regarding which data can be shared and with whom (e.g., behavioral health data sharing with PCPs).

The PPS has purchased "Performance Logic" as a DSRIP specific project management tool. At this point in time, it is envisioned that Performance Logic will serve as a portal through which partners can provide required updates such as progress on work plans, measures, and actively engaged patients. Training on this tool is underway. As per information outlined in the previous "Risk" section, any plans to move forward with any other consolidated IT platforms across the network are completely dependent upon capital and human resource availability.

Additional dependencies may include: - Finance, - Workforce, - Operational/Clinical stakeholder input. AHEC will work with IT and Performance Reporting workstreams to identify and develop a data collection process for workforce.

The IT function along with Governance, Change Control and the ITDAC is integral to support most of the related initiatives.

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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
Telecommunications manager	Telecommunications manager (Bassett Medical Center--Lead agency for LCHP--Leatherstocking Collaborative Health Partners)	Review data line contracts and order new service as necessary
Privacy Officer	Rob LaPolt, Privacy Officer (Bassett Medical Center--Lead Agency for LCHP)	Manage security/confidentiality program
Chief Medical Information Officer (CMIO)	Scott Cohen, MD, CMIO (Bassett Medical Center--Lead Agency for LCHP)	Oversight of IT and Data Analytics Committee activities; facilitate developing a plan for clinical interoperability
Network support/administration staff	Network Technology Division (Bassett Medical Center--Lead agency for LCHP)	Develop and execute data transfer testing plan
Systems analyst	Systems analyst (Bassett Medical Center--Lead agency for LCHP)	Create IT remediation plan based on test and inventory results
IT steering committee	ITDAC Members: Scott Cohen, Co-Chair Jack Sienkowicz, Co-Chair Amy Van Kampen Edward Marryott Brian Miller Scott Groom Frank Tilke Robert Lapolt Michelle Sowich-Shanley Steve Klem	Develop change management process and achieve buy-in
Operations manager(s)	Operations manager(s) (Bassett Medical Center--Lead agency for LCHP)	Make indicated changes in existing policies and procedures to support new change management process
Network and database staff	Network Technology Division (Bassett Medical Center--Lead agency for LCHP)	Plan analysis and interoperability
Sub-committee of ITDAC plus other key stakeholders	ITDAC Subcommittee (Members not yet known)	HIE search and selection
PMO resources	PMO Resources to be assigned at time of project (Bassett Medical Center--Lead Agency for LCHP)	Manage HIE implementation and rollout
Technical staff	IT Technical staff (Bassett Medical Center--Lead agency for LCHP)	Execute HIE implementation and rollout
Administrative support	Amy Van Kampen, Director Performance Metrics DSRIP (Bassett Medical Center--Lead Agency for LCHP)	Create and tabulate survey Poll partners for current security capabilities

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Application development staff	Clinical Applications Group (Bassett Medical Center--Lead Agency for LCHP)	Create mobile signup application
Search and selection personnel	IT management (Bassett Medical Center--Lead Agency for LCHP)	Identify, obtain, and implement kiosk software for signups
Content-area experts	Clinical Subject Matter Experts within PPS	Create appropriate training modules in LMS for navigators
Security/confidentiality committee	ITDAC has determined that currently this work will be accomplished by full committee membership - no subcommittee formed to date.	Oversee security program
Network and security staff	Rob LaPolt - Privacy Officer (Bassett Medical Center--Lead Agency for LCHP)	Implement security/confidentiality plan
External agency	Not yet known	Audit security/confidentiality plan compliance and perform penetration testing, etc.
Fixed asset staff from finance	Accounting Departments of Partners	Supply hardware inventory list

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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		
PPS Project Teams	PPS Project Teams	Rely on IT work to accomplish project requirements
PPS Performance Reporting Committee	PPS Performance Reporting Committee	Rely on IT work to accomplish project requirements
Key roles within partners to be involved from a Governance and Operational perspective include: - CEO - CIO - CFO - CMIO - CNO - Data, infrastructure and security leads - RHIO contacts, etc	CEO, CIO, CFO, CMIO, etc.	IT Governance, change management, IT and data architechture, data security, confidentiality plan data exchange plans, risk management and progress reporting
External Stakeholders		
NYS DOH	Administration of DSRIP Program	Administration of DSRIP Program
RHIO/HIE Providers, NYS	RHIO/HIE Providers, NYS	Will be impacted by IT Connectivity Execution
NYS-OMH	Subject Matter Expert (SME) with regard to mental health regulations	Guidance to PPS with regard to regulatory oversight of mental health regulations
NYS-OASAS	Subject Matter Expert (SME) with regard alcohol and substance abuse regulations	Guidance to PPS with regard to regulatory oversight and HIPAA Compliance for alcohol and substance abuse
Medicaid Beneficiaries	TBD	Participate and provide feedback

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IPQR Module 5.7 - Progress Reporting

Instructions :

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

Every initiative—whether a selected project or an Organizational workstream—will be managed by the DSRIP Operations Team using a sophisticated project management tool (e.g., Microsoft Project). Each sub-project will be structured to reflect Milestones and committed due dates for that project, for each Partner (in the case of the 11 Projects) or each "committee" (in the case of Organizational initiatives such as Financial Sustainability). The % Complete for each will be captured from the project management system data as part of regular progress reporting and rolled up into the DOH-specified progress reporting mechanism, using the performance reporting infrastructure and defined/standardized processes.

DY1Q4 update - project management tool selected by the PPS is "Performance Logic". At this point in time this software has been fully implemented within PMO Administrative team and is being used to track and report on progress for clinical and organizational projects.

Progress reporting may include:
- Tracking of IT Strategic Plan including workforce alignment and training, IT change strategy and IT budget
- Documentation of process and workflow demonstrating implementation of electronic health records across all partners
- Meaningful Use (MU) and PCMH level-3 tracking
- Documentation of patient engagement/communication system
- Evidence of use of telemedicine or other remote monitoring services
- Evidence of implementation of specific clinical workflows

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	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Create a consolidated list of reporting (performance, progress and actively engaged patients) requirements, both those related to individual projects and overall	Completed	Have identified reporting requirements.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Analyze data requirements for all reporting (performance, progress and actively engaged patients) requirements	Completed	Data requirements for reporting being analyzed by ITDAC committee.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Identify the sources of the required data for each partner	Completed	Task in progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3.1- Seek to leverage existing reporting requirements such as MU and PQRS	Completed	Task in progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3.2-Define data validation and data cleansing for imported data from PPS and State sources	Completed	Task in progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3.3-Evaluate NYS Medicaid Analytics	Completed	Task in progress. MAPP not fully developed yet so not clear what capabilities it will ultimately possess with regard to	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Performance Portal (MAPP) and how we could use the data that it has.Examine ways to tie in with visual dashboards and easy report writer		performance reporting.							
Task 4. Develop gap analysis for missing data, and develop plan for resolving each gap	Completed	Task in progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Develop technical approach to acquiring, in an automated and secure manner, required data from each partner	Completed	Task in progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Develop interim approach to acquiring required data from each partner	Completed	Task in progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Design a central data repository (data warehouse) for PPS to store and organize the source data for reporting (performance, progress and actively engaged patients)	Completed	Going live with "Performance Logic" to manage some aspects of performance reporting. Also have developed database to collect and report on actively engaged measures that are currently manually reported by partners.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Develop reports from the data warehouse	Completed	Task in progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 8.1-Consider the different and varied audiences for reporting (performance, progress and actively engaged patients)	Completed	Task in progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8.2-Define Measures/Metrics/Baseline Reports	Completed	Task in progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8.3-Identify and develop interim data sources and reports to meet the specific needs and objectives of the DSRIP effort	Completed	Task in progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8.4-Develop data specifications	Completed	Task in progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8.5-Design/build database	Completed	Task in progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 8.6-Populate/Data – Develop ETLs (Extract Transform and Load); get partner data	Completed	Task not yet started	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task	Completed	Task not yet started	01/01/2016	12/31/2016	01/01/2016	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
8.7-Generate/validate reports									
Task 9. Establish accountability for provision of all clinical and financial data from each unique source, as approved by EGB	Completed	Task not yet started	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 10. Develop self-service and ad hoc reporting tools for providers to enable RCE of treatment protocols for efficacy of results	Completed	Task not yet started	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 11.Identify primary focus areas for care integration (e.g., diabetes management, preventable readmissions) and begin tracking to develop baseline data	Completed	Task in progress - discussed in Clinical Performance committee.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 12. Utilizing preliminary data, explore ways in which improved outcomes based on project implementation might inform transition to Value Based Payment	Completed	Task not yet started	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 13. Set financial targets for lowering total cost of patients with comorbid conditions through integrated care delivery	Completed	Task not yet started	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 14. Standardize workflows and communications SOP across the PPS for more predictable outcomes	Completed	Task not yet started	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 1. Identify training requirements on a role-by-role basis for PPS partner staff members	In Progress	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task 1.1-Identify leaders within LCHP to champion, prioritize and influence training on use of performance data	Completed	In progress	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
Task 2. Develop training curricula to address the needs for the majority of existing employees and new hires	In Progress	Task not yet started	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 3. Identify employees to train on MAPP Tool and other reporting tools used by PPS	Completed	Task in progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Use WebEx for training, support and engaging attributed members. Explore integration with Learning Management System (LMS)	Completed	Task in progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Develop training competency evaluation tools	In Progress	Task not yet started	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 6. Identify metrics to monitor the effectiveness over time of the training program	In Progress	Task not yet started	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 7. Deliver training on use of performance data	In Progress	Task not yet started	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 8. Evaluate training competency	In Progress	Task not yet started	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 9. Monitor training effectiveness data	In Progress	Task not yet started	10/01/2016	06/30/2017	10/01/2016	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
Establish reporting structure for PPS-wide performance reporting and communication.	amyvk	Meeting Materials	22_DY2Q3_PR_MDL61_PRES1_MM_EGB_Quarterly_Meeting_Minutes_12-16_8029.pdf	LCHP Governing Body Minutes approving Performance Reporting Procedure	01/17/2017 04:08 PM
	amyvk	Other	22_DY2Q3_PR_MDL61_PRES1_OTH_LCHP_DSRIP_Performance_Reporting_Procedure_8028.doc	LCHP Performance Reporting Procedure	01/17/2017 04:07 PM
	amyvk	Other	22_DY2Q3_PR_MDL61_PRES1_OTH_LCHPPerfo	LCHP Performance Reporting Structure	01/17/2017 04:06 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			rmanceReportingStructure_8027.docx		

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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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.

Definition of metrics will first require agreement among Partners on how each metric is to be defined for each project, then a current state analysis of existing metrics/data elements and definition of gaps to realize metrics capture. There is a dependency on vendors' ability to enhance their systems timely, so manually providing metrics will be necessary in the meantime.

Unfamiliarity and complexity of data definitions from different data sources. Mitigation: Data Governance to define common terms and assure that data is mapped consistently.

Risk of varying utility of different data sets from a complex network of partners/providers. Mitigation: Data Governance to define common terms and assure that data is validated and mapped consistently.

Risk of cultural and communication variety among data source providers. Mitigation: Data Governance to assure that common data elements are mapped consistently and defined appropriately.

DY1 Second quarter - risks remain the same.

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.)

There is a dependency on IT Systems and Processes to design and construct a reporting database, and to identify/implement a Learning Management System for training on metrics. These dependencies impact implementation timing, so collaborative/interdependent workplans will be developed to manage the effort.

This initiative will rely heavily on the ability to collect data from a variety of disparate sources, normalize it, report off of it. This will be dependent on the network choosing a single reporting platform and using data governance principles to ensure consistency. Will also need to include data definitions, data ownership, metrics and related calculations. The latter will need to reflect metric data elements that are agreed-upon by PPS partners, and accommodated in each partner's respective vendor system. These data elements either already exist, or will need to be added, per a current state/gap analysis.

Performance reporting is dependent on Governance, IT Systems, Workforce, Practitioner Engagement and Finance/Budget to succeed. Effective

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governance will be required to ensure the consistent reporting of metrics by partners. IT Systems development will be a critical milestone of the ability of partners to report in an efficient and effective manner. Practitioners will need to be enganged in the project work and appropriately utilize prescribed methods of clinical data capture to ensure ability of partners to successfully report on meeting requirements. Finally, Finance and Budget will have a substantial impact on funds flow model which will, in turn, affect partner's ability to obtain required reporting systems.

AHEC will work with IT and Performance Reporting workstreams to identify and develop a data collection process for workforce. AHEC will also support development of training curriculum and competency for performance reporting.

DY1 Second quarter - dependencies remain the same.
DY1Q4 - AHEC has developed HWApps program for data collection for workforce. Training methodology is being considered by clinical performance committee in terms of identifying which groups need training on which aspects of performance measurement.

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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
Network and database staff	Network and database staff (Bassett Medical Center--Lead agency for LCHP--Leatherstocking Collaborative Health Partners)	Data Analysis and planning; Analyze quality indicator and performance metrics
DSRIP Operations Team resources (Bassett Medical Center--Lead Agency for LCHP (Leatherstocking Collaborative Health Partners)	Amy VanKampen, Director of Performance Metrics, DSRIP (Bassett Medical Center--Lead agency for LCHP)	Oversight of project activities and of reporting process; Manage LMS (Learning Management System) implementation, course development and rollout; Develop and monitor LMS compliance by each Partner organization
Chief Medical Information Officer (CMIO)	Scott Cohen, MD (Bassett Medical Center--Lead Agency for LCHP)	Oversight of IT and Data Analytics Committee activities; facilitate developing a plan for clinical interoperability
Director, DSRIP Finance Operations	Michael Sweet (Bassett Medical Center--Lead Agency for LCHP)	Leading finance committee and VBP task force through transition and direct oversight of financial sustainability plan

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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		
Privacy Officer	Privacy Officer (in charge of IT security) - Rob Lapolt	Manage security/confidentiality program; Gatekeeper of PPS
PPS Project Teams	PPS Project Teams	Submit necessary documentation for performance reporting, working collaboratively with IT
PPS Clinical Performance Committee	PPS Performance Reporting	Identify performance reporting strategy for PPS in relationship to project requirements and organizational initiatives
Key roles within partners to be involved from a Governance and Operational perspective include: - CEO - CIO - CFO - CMIO - CNO - Data, infrastructure and security leads - RHIO contacts, etc	- CEO - CIO - CFO - CMIO - CNO - Data, infrastructure and security leads - RHIO contacts, etc	IT Governance, change management, IT and data architechture, data security, confidentiality plan data exchange plans, risk management and progress reporting
Partners	Data providers	Required reports consistent with metric definitions and data sources
Executive Governance Body of PPS	Oversight of VBP plan and compliance planning	Responsible for review of reporting and oversight of compliance and finance committee with regard to transition to VBP
External Stakeholders		
NYS DOH	Administration of DSRIP Program	Administration of DSRIP Program
Medicaid Beneficiaries (patients)	Service recipient	Participate and provide feedback
Managed Care Organizations (MCO)	Partner	Review of quality measures/metric reporting
Sub-committee of ITDAC plus other key stakeholders	ITDAC Subcommittees (currently include full ITDAC membership)	Data gathering
Technical staff	Business Intelligence Department - (Bassett Medical Center--Lead agency for LCHP)	Develop reporting tools
DSRIP Committee Chairs	DSRIP Committee Chairs - all projects	Champion adoption and design of dashboards and score cards

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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.

LCHP will access metrics contained in the Medicaid Data Warehouse. Web-based performance dashboards will provide baseline performance data and data by region. LCHP will collect and incorporate into its monthly performance monitoring qualitative feedback obtained from consumers and the community through the LCHP website, the Consumer Subcommittee, the compliance hotline, town hall meetings, letters and phone calls. We will work with IT to define and develop clear expectation and rules for appropriate dissemination and collection of reporting data (performance, progress, actively engaged patients).

IPQR Module 6.8 - Progress Reporting

Instructions :

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

Every initiative—whether a selected project or an Organizational workstream—will be managed by the DSRIP Operations Team using Performance Logic - a project management software tool specifically designed for the DSRIP project. Each sub-project will be structured to reflect Milestones and committed due dates for that project, for each Partner (in the case of the 11 Projects) or each "committee" (in the case of Organizational initiatives such as Financial Sustainability). The % Complete for each will be captured from the project management system data as part of regular progress reporting and rolled up into the DOH-specified progress reporting mechanism, using the performance reporting infrastructure and defined/standardized processes.

Progress reporting of the Performance Reporting workstream will involve establishment of timelines and milestones and reporting against them.

IPQR Module 6.9 - IA Monitoring

Instructions :

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Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	Completed	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Share DSRIP introduction presentation with stakeholders throughout PPS	Completed	Task completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Identify physician/provider stakeholders in PPS to engage in Clinical Quality Committee (a.k.a. Clinical Performance Committee)	Completed	Complete; Physician stakeholders are active participants on the clinical performance committee and tasks were identified to begin working on clinical quality initiatives.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 3. Ensure appropriate practitioner/clinician involvement in committees including, but not limited to, Clinical Performance Committee (e.g., Governance, Compliance, PAC, Workforce, ITDAC)	Completed	Task in Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. In development of internal and external communication plans, dedicate a portion of plan to physician/clinical engagement	Completed	Task in Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Task in Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
5. Identify dyad structures - (practitioners/administrators) leading this work									
Task 6. Share implementation progress and outcomes routinely with practitioners regarding project requirements and associated metrics via the Clinical Performance Committee; the goal is to encourage engagement and adoption of proven practices among PPS providers.	Completed	Task in Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Leverage existing Primary Care Council, Regional Medical Director group and Clinical Leadership Group as models for clinical integration and practitioner engagement in creating PPS-wide professional groups	Completed	Task in Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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.	In Progress	Practitioner training / education plan.	04/01/2015	12/31/2016	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task 1. Develop training/education materials to engage physicians, clinicians and practitioners in evidence-based practices designed to reduce avoidable admissions & emergency room service usage	In Progress	In process, specifically with use of INTERACT principles to reduce avoidable admissions.	04/01/2015	12/31/2016	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task 2. Assign RNs and additional staff dedicated to engaging practitioners in protocol development, quality measures by working with PPS partners and the protocol development group	Completed	Not started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Share Clinical Performance work plan and other work plans as appropriate to this work	Completed	Not started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Clinical Performance Committee will work with project teams to catalog, standardize, implement	Completed	Not started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
and monitor clinical protocols									
Task 5. Establish a communication plan to educate practitioners in project principles (e.g., INTERACT) in support of reducing avoidable hospital usage	In Progress	The INTERACT team has conducted several trainings already in efforts to educate providers.	04/01/2015	12/31/2016	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task 6. Share meeting minutes/metrics/best practices with partners and participating practitioners throughout the PPS	Completed	Not started	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Develop a presentation to educate practitioners regarding the funds flow model with particular reference to metrics and milestones on incentive and bonus payments	Completed	Presentation in place to explain funds flow; currently tailoring to a physicians audience.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Working through project chairs, provide education and orientation programs for all practitioners regarding the specific requirements for milestone and metric achievement	Completed	The INTERACT team has conducted several trainings already in efforts to educate providers.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Incorporate monitoring mechanisms to identify gaps between actual and expected outcomes metrics	Completed	Not started	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 10. Where gaps exist, prepare plans for course correction and monitoring of progress against outcomes metrics	Completed	Not started	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 11. Working with lead agency's Corporate Communications team and PPS marketing staff, develop communications and an approach to provider/clinician engagement to further develop evidence-based practices and build provider buy-in	In Progress	Task in Progress	04/01/2015	12/31/2016	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop Practitioners communication and engagement plan.	amyvk	Templates	22_DY2Q3_PRCENG_MDL71_PRES1_TEMPL_Practitioner_Engagement_Meeting_Schedule_DY2Q3_8450.xlsx	LCHP Practitioner Engagement Meeting Schedule DY2Q3	01/24/2017 11:00 AM
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.	amyvk	Other	22_DY2Q3_PRCENG_MDL71_PRES2_OTH_Teaching_Transgender_Toolkit_-_Glossary_8132.pdf	LCHP Teaching Transgender Toolkit	01/19/2017 12:37 PM
	amyvk	Other	22_DY2Q3_PRCENG_MDL71_PRES2_OTH_invite_8131.doc	LCHP Invitation to Disparities evening	01/19/2017 12:36 PM
	amyvk	Other	22_DY2Q3_PRCENG_MDL71_PRES2_OTH_ElderCareHandout2_8130.pdf	LCHP Eldercare Handout2	01/19/2017 12:36 PM
	amyvk	Other	22_DY2Q3_PRCENG_MDL71_PRES2_OTH_ElderCareHandout1_8129.pdf	LCHP Eldercare Handout 1	01/19/2017 12:35 PM
	amyvk	Other	22_DY2Q3_PRCENG_MDL71_PRES2_OTH_DOC_Disparities_in_Eldercare_11-29-16_RCM_8128.docx	LCHP - Disparities in Eldercare	01/19/2017 12:34 PM
	amyvk	Other	22_DY2Q3_PRCENG_MDL71_PRES2_OTH_DisparitiesSignInSheets_8127.pdf	LCHP - Disparities of Care Sign-in Sheet	01/19/2017 12:34 PM
	amyvk	Other	22_DY2Q3_PRCENG_MDL71_PRES2_OTH_Practitioner_Engagement_Milestone_2_Training_Schedule_Template12-5-16_8126.xlsx	LCHP - Practitioner Engagement Training Schedule Template	01/19/2017 12:33 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	DY2Q3 update - targeting end of DY2 for completion of this training plan, which is under development with the marketing department. Several tasks updated accordingly. In December, PPS hosted 85 practitioners at "Confronting Disparities of Care - An Evening of Practitioner Cultural Competency" to engage in conversation around opioid addiction, elder care, transgender patients, and providers in the minority/reverse disparity of care. CME application approved.

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Milestone Review Status

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

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IPQR Module 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.

Key stakeholder engagement & buy in; to mitigate this risk, the PMO office will continue to engage practitioners in implementation planning, outcomes, metrics and other deliverables.

Rural nature of LCHP PPS limits ability for in-person training/education; can utilize alternative delivery options such as WebEx and other remote technologies. Need to ensure a communication plan that is effectively tailored to reach key stakeholders (i.e., in person, e-mail, webex, etc.) that incorporate geographic limitations within the plan.

Culture shift with the conversion to protocols; to mitigate this risk, we'll ensure key practitioner engagement in evidence-based practices from the onset to build consensus. The rural nature of the PPS can influence the practitioner's sense of engagement in the project and management of outcomes. This can be mitigated through direct outreach to practioner groups by LCHP and project leadership, peer sharing of best practices through printed and online newsletters. The funds flow model is being designed to recognize direct practitioner engagement.

Competing priorities continue to be an issue; to more effectively manage these concerns, we will seek to streamline communication in the most effective manner possible.

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Practitioner engagement will be closely intertwined with many other workstreams. These include Clinical Integration, Population Health Management (working to improve the health of the population through culture change and a shift in thinking from fee-for-service to value-based reimbursement), Financial Sustainability (change in workflows= near term reduction in productivity; time away from clinic for requisite training=lower volumes/less money; shift to value-based reimbursement from fee-for service model); Cultural Competency and Health Literacy (practitioner engagement required to cultivate a transformation in the approach to healthcare delivery).

While not major dependencies, under IT Systems & Processes we state an intent to acquire an automated survey instrument and a Learning Management system. Both of these will allow aspects of the Provider Engagement Strategy to be executed more quickly and efficienctly. The need to incorporate monitoring mechanisms is dependent upon development of the Performance Reporting tools and technologies.

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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
Chairs of Clinical Performance Committee	Steven Heneghan MD, Chief Medical Officer - Bassett Medical Center (Lead Agency for LCHP (Leatherstocking Collaborative Health Partners) and Partners)	Track Performance Metrics, Report to EGB (Executive Governance Body)
Chief Medical Information Officer	Scott Cohen MD, - Bassett Medical Center (Lead Agency for LCHP (Leatherstocking Collaborative Health Partners) and Partners	Chair of Practitioner Engagement Subcommittee of clinical performance committee
Hospitalist - Community Memorial	Robert DeLorme, MD, Community Memorial Hosp (Partner organization)	Prospective co-chair of Clinical Performance Committee
Chairs of Project Committees	Bassett Medical Center (Lead Agency for LCHP)	Training, Education, Practitioner Engagement
DSRIP Operations Director	Tom Manion, Bassett Medical Center (Lead Agency for LCHP)	Coordinate and facilitate Clinical Performance Committee activities
Senior Director of Care Coordination	Donna Anderson, Bassett Medical Center (Lead Agency for LCHP)	Coordinate and facilitate Clinical Coordination activities
Director of PPS Partner and Patient Engagement	Kara Travis, Bassett Medical Center (Lead Agency for LCHP)	Communication, Practitioner Engagement
Executive Governance Body (EGB)	Bassett Medical Center (Lead Agency for LCHP)	Oversight of Practitioner Engagement
DSRIP Clinical Director	James Anderson, PhD, Bassett Medical Center (Lead Agency for LCHP)	Engage practitioners including Behavioral Health, Primary Care, etc along with appropriate LGUs

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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		
Members of PPS Medical Staff	Healthcare practitioners	Achieve Metrics and Milestones in relation to projects they are involved in; engage in standardized protocol development across PPS
Jennie Gliha, VP HR, AO Fox, Zoe Aponte, Catskill Area Hospice, Susan Cipolla, HR Director, Catholic Charities, Richard Diodati, HR Director, Sitrin, Pam Levy, Director, Catskill Center for Independence, George Seuss, CEO ARC of Delaware County, Megan Staring, Asst. Director, Catskill Center for Independence, Cynthia Sternard, HR Community Memorial Hospital"	Workforce Committee	A group of cross-functional resources (e.g., WF PM, HR, DSRIP lead, Union representative) responsible for overall direction, guidance and decisions related to the workforce transformation agenda
IT and Data Analytics Committee	Provision of data and information to enable practitioners to complete their goals and objectives	Develop change management process and achieve buy-in; Availability of information in a timely way and in the desired format.
Community Based Organizations	Training, navigation, developing resources available across PPS; providing support services in hard to reach populations and geographic areas	Develop and conduct training programs to educate on protocols and other provider-related care delivery methods
External Stakeholders		
AHEC	Workforce consultant	Utilize proven methods of training for curriculum development/distance learning
NYS DOH	Statement of principles of DSRIP Program	Monitor DSRIP requirements
Medicaid Beneficiaries	Consumers of care	Membership on PAC, participate in focus groups and feedback on patient satisfaction

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IPQR Module 7.7 - IT Expectations

Instructions :

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

The shared IT infrastructure is a necessary ingredient for practitioner engagement. Practititioners will need access to clincial and operational information to conduct their work. This will facilitate the implementation of agreed-upon clinical protocols, the mining of the clinical database to identify desired groups of patients, and the implementation of tactics and strategies to support population health management and attention to particular patient care requirements. Clinical information will be accessed via existing EMR systems and their associated data sharing capability (e.g., Epic CareLink). State-based information exchanges such as HIX-NY and SHIN-NY will be critical for practitioners to share information and be fully engaged in the care transformation process.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

By enhancing proven methods of practitioner engagement (functional committees, meetings, individual meetings) and developing the Clinical Performance Committee, the PPS will measure the level of practitioner participation in this initiative. It is expected that in areas such as protocol development, interface with organizational committees (e.g., ITDAC, Workforce, EGB) and feedback with respect to performance improvement opportunities there will be ample opportunity to measure and report on practitioner engagement.

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	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task 1. Establish and charter a Population Health Management Project Team	Completed	Task in process.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Assess the level of awareness and practice of total population health management principles throughout the PPS	Completed	Not started	07/01/2016	12/30/2016	07/01/2016	12/30/2016	12/31/2016	DY2 Q3	
Task 3. Conduct a current state assessment of staff across the PPS and member organizations, in order to assess skill sets of staff to determine gaps in meeting population health management measures	Completed	Task in process. An initial partner survey is under development.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Population Health Management Project Team will prepare a comprehensive roadmap to improve population health for sign off by Executive Governance Body	In Progress	Not started	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task	Completed	Not started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Bassett PPS LLC (PPS ID:22)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
5.Conduct a PPS-wide CNA assessment to supplement the data available through the MAPP tool to define priority target populations.									
Task 6. Utilizing CNA data and collaborating with PHIP grant awardees, determine additional health needs and target populations	Completed	Not started	04/12/2016	12/31/2016	04/12/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Define availability of data and determine steps required to access data (registries, health plan information, MAPP, Medicaid Health Home); Define IT resources ~ personnel and non-personnel ~ required and procurable to access and amalgamate data for use in this work	Completed	Not started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Within the limits of capacity for provision of data, create a dashboard of measures indicative of total population health methods as well as identifying mechanisms for reporting on the level of achievement of those measures	Completed	Not started	04/12/2016	09/30/2016	04/12/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 9. Identify tactics to implement a cultural shift with respect to the delivery of services toward a total population health management approach	In Progress	Not started	04/01/2016	12/31/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 10. Develop care guidelines/protocols for providers on priority clinical issues; establish metrics for each clinical area to monitor progress in managing population health. Pursue this within the limits of partner capability - clinical information systems, etc.	In Progress	Not started	10/01/2016	12/31/2016	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 11. Continuously orchestrate the speed and shift of this process to meet the DSRIP milestone of 90% VBP for Medicaid enrollees by demonstration year 5, all the while referencing progress in negotiations with other third party payors toward the VBP model	In Progress	Not started	04/12/2016	03/31/2017	04/12/2016	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	AV
Task 12. Determine clinical champions for PCMH 2014 PPS development, with the goal of geographical placement	Completed	Task in process. One champion in PPS received training - supporting documentation will be provided in DY1 Q2 Quarterly report.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 13. Through ongoing work of PCMH committee develop and execute a comprehensive plan to achieve PCMH 2014 level three certification throughout PPS	In Progress	Task in process. A consultant is in the process of being recruited to assist with PPS-wide implementation of PCMH.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2	NO
Task 1. Track avoidable hospital admissions occurring in PPS acute care facilities	In Progress	Not started	04/01/2016	04/01/2017	04/01/2016	04/01/2017	06/30/2017	DY3 Q1	
Task 2. Assess results for patterns, themes and clinical conditions and relate to the work of 11 project teams to determine/affirm actionable tactics for reduction	Completed	Task in process	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 3. Reference health planning information and strategic data sets to identify projected population/bed ratios for areas served for specified clinical services.	In Progress	Not started	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2	
Task 4. Bassett (lead agency) will participate in the OMH Readmission Quality Collaborative which encourages the identification and sharing of best practices and lessons learned so hospitals may assist one another in enhancing outcomes and sustaining improvements with regard to behavioral health admissions	Completed	Task complete	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Track and analyze results relating to Readmission Quality Collaborative led by the	Completed	Not started	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
lead agency in an effort to reduce behavioral health-related avoidable admissions									
Task 6. Identify opportunities for reducing behavioral health-related avoidable admissions by evaluating care coordination at the point of discharge with primary care based on learnings from re-admissions quality collaborative.	In Progress	Not started	04/12/2016	03/31/2017	04/12/2016	09/30/2017	09/30/2017	DY3 Q2	
Task 7. Share best practices relating to Readmission Quality Collaborative with PPS members and develop a plan to expand successes to other areas of PPS hospital network	In Progress	Not started	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 8. Working closely with Workforce Committee, analyze data from bed reduction activities as it relates to staffing reductions/redeployment and develop recommendations	In Progress	Not started	07/01/2016	03/31/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task 9. Develop bed-reduction plan for sign off by Executive Governance Body	In Progress	Not started	07/01/2016	03/31/2017	07/01/2016	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
Develop population health management roadmap.	
Finalize PPS-wide bed reduction plan.	

Milestone Review Status

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

Implementation of this plan may require significant infusion of capital to meet the information technology requirements. Should that be the case, every effort will be made to identify sources of capital with no guarantee that such will be available.

Accomplish a major culture shift in terms of the provision of health care services; to mitigate this risk, the PPS will engage a proven health care consultant and will utilize education and orientation programs for all personnel to understand and adopt important population health approaches. The widespread and rural geography of the PPS make it more difficult to actively engage all partners to the degree necessary to transform population health delivery methods. To mitigate this risk, outreach by LCHP leadership will be critical in achieving this culture shift. Socioeconomic factors within the PPS (e.g., financial means, obesity, educational status) increase the difficulty of directly affecting outcomes. To mitigate this risk we will collaborate with the PHIP, CBOs, social service agencies to educate providers (challenged by reduced provider availability within the PPS).

Health care leaders are disinclined to reduce beds in practice and/or on operating certificates; to mitigate this risk, the PPS will embrace formal expense management processes to ensure underutilized resources, such as inpatient beds, are reduced in scale. Of note, through the development and evolution of the Bassett Healthcare Network, a significant "right-sizing" of inpatient capacity was undertaken. This resulted in the reduction of a significant number of beds, as well as the closure of a hospital.

Achievement of 90% VBP by DY5; to mitigate this risk, the PPS will develop a formal EGB-approved plan outlining the specific actions and requirements to transition to this new model of reimbursement. Accountability will be established and every effort will be made to adhere to the tenets of the plan.There is significant risk in this with respect to a potential willingness of third-party payers to negotiate an equitable transformation to a value-based reimbursement model. Support from the DOH and other forces will be critical to a successful transformation.

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.)

In order to successfully achieve a workable level of clinical integration across such a large system, HIE (Health Information Exchange) capabilities are a requirement for each partner. This ties closely with other integration needs, and should be designed accordingly with connectivity infrastructure initiatives.

The Workforce Committee will be a key stakeholder in the success of this initiative, ensuring there are adequate staff trained to do this work.

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Clinical Performance Committee will take a lead role in this initiative to ensure effective measurement and tracking of progress towards clinical integration.

Clinical leadership will ensure Practitioner Engagement as a necessary ingredient for buy-in to the enhanced model of care. With practitioner engagement, there will be a powerful and effective impact on other members of the PPS network in order to complete the culture shift necessary for successful adaptation.

Finance prioritization will be required to support the PPS in engaging in this work.

Implementation of the Population Health Management strategy is highly dependent upon the utilization of several IT programs and specialized personnel. The implementation of resources should be co-incident with the development and implementation of Population Health Management processes, procedures, workflows and workforce.

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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
Executive Director, DSRIP	Susan van der Sommen, Bassett Medical Center (Lead Agency for LCHP--Leatherstocking Collaborative Health Partners)	Leading initiative; culture change
LCHP Operations Team	Bassett Medical Center (Lead Agency for LCHP)	Leading initiative; culture change
Director, PPS Partner & Patient Engagement	Kara Travis, Bassett Medical Center (Lead Agency for LCHP)	Education, organization, leadership of initiative
County Health Departments	PPS counties - Otsego, Schoharie, Delaware, Herkimer & Madison	Partner with PPS entities to actualize key components of the total population health management plan
Research Department	John May, MD Bassett Medical Center (Lead Agency for LCHP)	CNA development; population health management specialists
Executive Governance Body	Bassett Medical Center (Lead Agency for LCHP)	Oversight of implementation/metrics/ measurement

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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		
Clinical Performance Committee	PPS	Lead initiative; facilitate culture change
David Haswell, Martha Sunkenberg , Lisa Betrus , Christa Serafin, Laurie Neander , Carlton Rule, Ann Hutchison, Stephanie Lao, Deanna Charles, Ann Hutchison, Bonnie Post, Stephanie Lao, Deanna Charles, Celeste Johns, Marietta Taylor, Joseph Sellers, Mike Kettle , Chris Kjolhede, Philip Heavner, Jean Schifano, Connie Jastremski, Marion Mossman, Roy Korn, Norine Hodges	PPS Project Chairs	Incorporate principles of population health management in project activities
Community Based Organizations	Provide education to communities in general and medicaid beneficiaries in particular; providing support services in hard to reach populations and geographic areas	Engage community members/Medicaid recipients in population health management initiatives
Project Advisory Committee	Community Engagement and advisor to Executive Governance Body; Voice of Medicaid Recipients	Engage community members/Medicaid recipients in population health management initiatives
John May, MD - PHIP	Research	Collaborator on population health efforts
External Stakeholders		
Geisinger	Consultant	Lead initiative; facilitate culture change; model best practices
MCOs	Insurance	Assist in development of VBP model
NYS DOH	State-wide organization	Guidance and support in affecting the transformation
Medicaid Beneficiaries	Consumers of care	Membership on PAC, participate in focus groups and feedback on patient satisfcation

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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 shared IT infrastructure is a necessary ingredient for total population health management. Practitioners, PPS partners, organizational leaders and other key stakeholders will need access to clinical and operational information to conduct their work. This will facilitate implementing agreed-upon clinical protocols, dashboard metrics and milestones, mining of the clinical database to identify desired groups of patients, and implementation of tactics and strategies to support population health management and attention to prevention, screening, early detection, and timely intervention for disease processes.

This initiative underscores the need for a population health management analytic system, that includes predictive analytic for a variety of data markers. Such systems are commercially available.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

A comprehensive set of dashboard measures will be identified and utilized in operational activities and project implementation. These measures will give testimony to the speed with which a culture of total population health management becomes embedded in the PPS structure. This information will be incorporated into the formal communication plan that governs information flow throughout the PPS. Further, through the availability of these continuous assessments, strategies will be adopted to ensure the assimilation of key principles in care delivery.

Reference will be made to numerous metrics which will assist in the evaluation of the success of the total population health management strategy. These measures will be identified through third-party payer relationships, reference to HEDIS, identifying and measuring successful outcomes based on patient stratification, metrics identified from public health agencies, Upstate Health and Wellness Survey, Smoking Cessation enrollment and successful outcomes, as well as reports received from the 11 project teams.The goal will be to track measures relating to the effectiveness of steps taken to improve the health of the population. Some examples of key population health metrics include # of patients who received tobacco cessation counseling; # of patients who are identified who are assigned to a PCP who keep their appointments; # of patients who go through SBIRT screening who are referred for treatment and keep the follow up appointment.

IPQR Module 8.9 - IA Monitoring

Instructions :

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Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Survey providers in PPS network to determine areas for improvement regarding clinical integration; consideration given to ""natural"" relationships based on geography, under oversight of the Clinical Performance Committee. Reference Community Needs Assessment. Clinical Integration for the purpose of this effort is defined as coordination of care across a contiuum of services, settings and partners to optimize the care delivery system through interoperability, access, and patient and practitioner engagement. Clinical integration is needed to facilitate the coordination of patient care across conditions,	Completed	Survey results received. Currently processing them to assess opportunities to improve clinical integration with PPS partners.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable, and patient-centered.									
Task 2. Hold patient focus groups to determine their perceptions regarding the coordination of care among partners, under oversight of PAC	Completed	Task not yet started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Systemic review of high-volume referral processes - inpatient to home care, primary care to subspecialty care, nursing home to inpatient care, etc., under oversight of the Population Health/Care Coordination Committee of the Lead Agency	Completed	Task not yet started	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Perform assessment of EHR capability for all partners in PPS network	Completed	Task in progress - IT partner survey sent and preliminary results received.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Identify key points where shared access does not exist	Completed	List of target points for consideration of action in development.	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Sign off of needs assessment by Clinical Performance Committee; review by EGB	Completed	EGB Meeting minutes reflecting needs assessment approval	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Perform Workforce Assessment- number and type of workforce personnel, geographical location, etc. ensuring integration with existing resources, , under oversight of the Workforce Committee	Completed	List of strategies in development	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Based on the above, develop clinical integration needs assessment to include data from Community Needs Assessment for Clinical Performance Committee review and sign off	Completed	Roll up of all needs will be assessed once above tasks are achieved.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		-- 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							
Task 1. Create task force representing all care transition programs to improve patient and provider satisfaction and cost effectiveness	Completed	Not started	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Create a clinical integration strategy work plan including technology integration and change management as well as EHR capabilities. Key interfaces and shared access points to be addressed.	Completed	Not started	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Develop a comprehensive care coordination/transition plan as part of the clinical integration strategy work plan.	Completed	Not started	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4.Develop training program with partner input for providers across the continuum of care	Completed	Not started	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Establish education program for operations staff on the principles of care coordination and useful methods for such.	Completed	Not started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Develop a plan to address workforce gaps as determined by Workforce Gap Analysis	Completed	Task in progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Implement the clinical integration strategy work plan and enhanced care coordination and and communication tactics and strategies	Completed	Not started	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform a clinical integration 'needs assessment'.	amyvk	Templates	22_DY2Q3_CI_MDL91_PRES1_TEMPL_Meeting_Schedule_Clinical_Governance_Meeting_DY2Q3_8268.xlsx	LCHP Clinical Governance Committee Meeting Schedule DY2Q3	01/20/2017 02:00 PM
Develop a Clinical Integration strategy.	amyvk	Templates	22_DY2Q3_CI_MDL91_PRES2_TEMPL_Clinical_Governance_Training_Materials_Template_DY2Q3_8269.xls	LCHP Clinical Governance Training Materials Template DY2Q3	01/20/2017 02:06 PM

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

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.

Obtaining buy-in and support from clinicians and other key stakeholders, which in turn could impact DSRIP project success. To mitigate this risk, it will be important to engage key clinical staff, partners and other key stakeholders in the early stages of development. To the extent possible, a consensus approach will be taken in the implementation of these key tactics and strategies.

Funding of external consultant will be required. This will be included in the project management budget for consideration.

Funding for EHR interconnectivity is a barrier. Funding from CRFP was been requested but it was recently identified that request has not been approved. Clinical Information Sharing will need to rely on solutions that do not require capital. ITDAC committee is working on this plan.

There are competing workloads and priorities. A culture shift will be required to ensure success in this project. To mitigate this risk, we'll engage an external consultant (as funding permits) and the Director of PPS Partner & Patient Engagement to assist in this work. Continuous communication with administrative and clinical leadership with respect to the required prioritization will be required for this initiative to proceed.

With respect to inadequate or unprepared workforce, we will collaborate with neighboring PPSs in our region to strive for equitable access for hard-to-recruit positions among PPSs, collborate among projects for effective use of resources, redeployment and retraining strategies as indicated in Workforce Strategy Section.

Clinical Integration for the purposeof this effort is defined as coordination of care across a contiuum of services, settings and partners to optimize the care delivery system through interoperability, access, and patient and practitioner engagement.

Clinical integration is needed to facilitate the coordination of patient care across conditions, providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable, and patient-centered.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

In order to successfully achieve a workable level of clinical integration across such a large system, HIE (Health Information Exchange) capabilities are a requirement for each partner. This ties closely with other integration needs, and should be designed accordingly with connectivity infrastructure initiatives.

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Workforce Committee will be a key stakeholder in the success of this initiative, ensuring there are adequate staff trained to do this work. Clinical Performance Committee will take a lead role in this initiative to ensure effective measurement and tracking of progress towards clinical integration.

Clinical leadership will ensure practitioner engagement as a necessary ingredient for buy-in to the enhanced model of care. With practitioner engagement, there will be a powerful and effective impact on other members of the PPS network in order to complete the culture shift necessary for successful adaptation.

Finance prioritization will be required to support the PPS in engaging in this work.

Clinical Integration workplan will include a reference to the need to address cultural competency and health literacy for all patient referral processes utilizing navigation and care coordination across the care continuum. This will be done in a patient centered manner addressing the need for each individual patient.

An important enabler of Clinical Integration is EHR integration across the PPS. While the proposed HIE strategy will transport data from one system to another, for that data to be meaningful to the receiving clinician, individual partners will need to adopt a common/consistent clinical terminology and standardize their collection of clinical data. These decisions then need to be reflected in the design and setup of the individual partners' EHRs in order to improve the usefulness of data shared between and among partners.

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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
Executive Director, DSRIP	Susan van der Sommen,Bassett Medical Center (Lead Agency for LCHP--Leatherstocking Collaborative Health Partners)	Lead initiative; facilitate culture change
Senior Director, Care Coordination	Donna Anderson, Bassett Medical Center (Lead Agency for LCHP)	Expertise in care coordination and transitions; culture change; leading initiative
LCHP Operations Team	Wendy Kiuber, Swathi Gurjala, Tom Manion, Amy Van Kampen, Mallory (Mattson) Murphy, Michael Sweet, James Anderson MD, Elizabeth Reed, Bassett Medical Center (Lead Agency for LCHP)	Lead initiative; facilitate culture change
Director, PPS Partner & Patient Engagement	Kara Travis, Bassett Medical Center (Lead Agency for LCHP)	Education, organization, lead initiative
Chief Clinical Officer	Steve Heneghan, MD, Bassett Medical Center (Lead Agency for LCHP)	Lead initiative; facilitate culture change
Chief Operating Officer	Andrew Manzer (Lead Agency for LCHP)	Lead initiative; facilitate culture change
Executive Governance Body (EGB)	Co-Chairs-Carlton Rule, MD; Patricia Kennedy, Bassett Medical Center (Lead Agency for LCHP)	Oversight of Practitioner Engagement

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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		
Clinical Governance Committee	PPS	Lead initiative; facilitate culture change
All Partner types - Hospitals, Skilled Nursing Facilities, Home Care Entity, CBOs, etc.	Partners	Participation and collaboration of protocol development, use of best practices, etc.
Navigators and Care Coordinators	Link patients to healthcare services efficiently	Institutionalized care coordination and navigation
Training personnel	Ensure consistent training across providers	Deliver training programs to assure clinical competency per defined protocols
External Stakeholders		
Geisinger (IDS Consultant)	Consultant	Lead initiative; facilitate culture change; model best practices
Medicaid Beneficiaries and their families	Consumers of care	Membership on PAC, participate in focus groups and feedback on patient satisfcation

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IPQR Module 9.7 - IT Expectations

Instructions :

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

Clinical integration would not be possible without IT systems integration across the PPS, reflecting results of the assessments done within this workstream. LCHP members will need to share clinicial and non-clinical patient data and information in order to integrate care across the continuum of patient access. All partners will have access to information and reports based on their structures and roles in patient care.

Clinical information will be accessed via existing EMR systems and their associated data sharing capability (e.g., Epic CareLink). State-based information exchanges such as HIX-NY and SHIN-NY will be critical for practitioners to share information and be fully engaged in the care transformation process.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

A master project management tool will be utilized to monitor the progress of this initiative. The master document will consist of various subsets required for the success - for e.g., workforce development, EHR capabilities, and adoption of clinical integration strategies . Key performance indicators will be identified and monitored. These will include milestones for projects, identification of obstacles and resolutions of such, points of interdependencies with other LCHP (Leatherstocking Collaborative Health Partners) entities, etc.

IPQR Module 9.9 - IA Monitoring:

Instructions :

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Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

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

Leatherstocking Collaborative Health Partner's (LCHP) approach to implementation planning has been to engage partners in high level and detailed planning sessions. These sessions include developing common tasks for each project's requirements, with expected completion dates adjusted as needed by individual partners.

Committee-level project planning has been a highly collaborative effort among different projects, Finance, IT and Data Analytics, Workforce and Performance Reporting Committees; to identify overlapping resource needs, ensure effective use of resources/funds and achieve economies of scale. Project planning and execution workgroups have also involved affected stakeholders to ensure realistic goals and commitments. To assist this effort, tools and templates were developed to facilitate these workgroup sessions, then project plans were developed for review by interested stakeholdrers.

Throughout this effort, and continuing through subsequent detailed planning and execution, the DSRIP Operations Team has facilitated meetings, and has ensured continuity, objectivity and convergence. The Operations Team has also assisted in identifying areas of potential project overlap, such as staffing, to enable collaboration among projects and partners to reduce cost and achieve continuity and consistency of project operations.

A Project management tool for all projects will be used by the DSRIP Operations Team, to ensure tracking of tasks to complete project requirements/milestones/delivrables, assign start/end dates and resource responsibility for each task. This allows for resource leveling and tracking of task interdependencies, and also enables consistent collection of data for project progress reporting. The intention is for each organization to report on their own progress in a web-based type tool, and for this tool to also be used to collect artifacts as supporting documentation. The Project management tool will also be used to track tasks in the Organizational Section projects to ensure consistent reporting and data collection.

The Project management tool will be used to track Risks and Issues affecting project completion, ensuring each has an owner and documented results/mitigation.

The DSRIP Operations Team will prepare PPS-level status and performance reporting to EGB (Executive Governance Body for PPS)

DY1Q4 Update: Performance Logic software has been selected and implemented as the tool for project data collection and progress reporting. At this point in time it has been fully rolled out within PPS Project Administrative Team, with some limited use by other partners.

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

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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.

There is direct collaboration and engagement among projects, Finance, IT and Data Analytics, Workforce and Performance Reporting Committees; to identify overlapping resource needs, ensure effective use of resources/funds and achieve economies of scale. The Operations Team has also assisted in identifying areas of potential project overlap, such as staffing, to enable collaboration among projects and partners to reduce cost and achieve continuity and consistency of project operations and avoid duplication of costs/effort.

This collaborative effort will identify where IT supporting infrastructure needs exist, and to mitigate financial burden on individual partners where possible. Standardization of data collected and monitored will ensure effective and consistent patient care delivery and transformation as well as enable consistent outcomes reporting among partners. This will also identify where unique partner-specific needs exist to ensure adequate resources are planned for.

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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
Executive Director, DSRIP	Susan van der Sommen, Bassett Medical Center--Lead agency for LCHP--Leatherstocking Collaborative Health Partners	Lead initiative; oversee projects
Senior Director, Care Coordination	Donna Anderson, Bassett Medical Center-Lead Agency for LCHP	Expertise in care coordination and transitions; culture change; leading initiative
DSRIP Project Management Office	Bassett Medical Center, Lead Agency for LCHP	Lead initiative; facilitate culture change
Director, DSRIP Performance Metrics	Amy Van Kampen, Bassett Medical Center, Lead Agency for LCHP	Expertise in data management and reporting
Director, PPS Partner & Patient Engagement	Kara Travis, Bassett Medical Center-Lead Agency for LCHP	Education, organization, lead initiative
Network Director, DSRIP Operations	Tom Manion, Bassett Medical Center-Lead Agency for LCHP	Oversight of DSRIP Office operations for all projects
Director, LCHP Financial Management	Michael Sweet - Bassett Medical Center-Lead Agency for LCHP	Expertise in and oversight for finance and accounting
Chief Clinical Officer	Steven Heneghan, MD Bassett Medical Center-Lead Agency for LCHP	Lead initiative; facilitate culture change
Chief Operating Officer	Andrew Manzer - Bassett Medical Center-Lead Agency for LCHP	Lead initiative; facilitate culture change
Chief Financial Officer	Michael Taegeres, Bassett Medical Center-Lead Agency for LCHP	Lead initiative; facilitate culture change

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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		
LCHP Project Teams (10 teams for 11 projects)	Plan and implement project milestones, engage partners involved in planning and deliver on the requirements	Project Implementation Plan and execution; direct team towards progress of projects
LCHP Finance Committee	Develop mechanism for distribution of funds; achieve 90% value-based payments	Completion of financial sections of Implementation Plan; Funds Flow and Distribution Model; Build financial structure for PPS; plan to achieve 90% value-based payment; Execute the above
LCHP Clinical Performance Committee	Ensure meeting clinical quality standards	Engage in project team meetings to ensure clinical quality
IT and Data Analytics Committee	Ensure interoperability of EHR	Completion of IT and Performance Reporting sections of Implementation Plan; Engage in projects with stakeholders to accomplish plan, oversee technology infrastructure, and metric/reporting processes
LCHP PAC	Act as an advisory to the Executive Governance Body (EGB)	Ensure broad participation of partners in an advisory role; Assess project impact on the community
LCHP Operations Team	Coordinate, facilitate, guide and assist in implementation, communication, reporting, and administration of DSRIP-related activities	Liaison among projects, partners and State; Receive, interpret, and communicate information from State; Development of processes and tools to faciliate partner accountability; Provide LCHP leadership with program progress reporting; Evaluate usage of overlapping resources/funds/training/ expertise, etc., throughout the evolution and transformation of the DSRIP program
External Stakeholders		
None identified	None identified	None identified

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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.

IT and Data Analytics Committee (ITDAC) has been engaged in project planning to build the IT infrastructure required for achieving project requirements. IT infrastructure is needed in two areas - 1. Clinical Interoperability; 2. Reporting Metrics to State. LCHP will leverage the planned Medicaid Data Warehouse for collecting required data for reporting purposes. ITDAC is engaged in planning and executing interoperability strategy. ITDAC is also responsible for making sure their strategy includes confidentiality, compliance and security related to data sharing. Web-based performance dashboards will provide baseline performance data. LCHP will collect and incorporate into its regular performance monitoring qualitative feedback obtained from consumers and the community through the LCHP communication plan.

IPQR Module 10.6 - Performance Monitoring

Instructions :

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

Clinical Performance Committee, with project membership, is engaged in building the criteria for performance reporting as well as strategies to improve performance. IT and Data Analytics Committee (ITDAC) is also involved with planning a reporting infrastructure, while working closely with the Clinical Performance Committee. We will work with IT to define and develop clear expectation and rules for appropriate dissemination and collection of reporting data (performance, progress, actively engaged patients).

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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.

PAC (Project Advisory Committee) has a broad memebership, with not only Community based organizations, but also Medicaid Beneficiaries. PAC will oversee project planning and implementation and will play an advisory role to the Executive Governance Body (EGB). Learning Collaboratives and focus groups are planned to engage the community in DSRIP initiatives. LCHP Communication Plan will outline community engagement. Stakeholders from CBOs have been very involved with project application planning and implementation planning. Partner agreements have been sent to >20 CBOs, including regional ARCs, social services organizations, councils on alcoholism, substance abuse organizations, and centers of independence for developmentally disabled individuals. CBOs will be engaged in implementing and executing projects. For example, certain CBOs are "hot spots" for implementing projects such as Navigation (2.c.i) and PAM (2.d.i). Where circumstances permit, the LCHP PPS intends to include contributing CBOs in bonus and incentive payments; therefore execution of formal agency agreements will exist. Formalization of Funds Flow Model to include CBOs is essential to the success of projects, therefore it can be considered a risk.

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										
	DY1(Q1/Q2)($)	DY1(Q3/Q4)($)	DY2(Q1/Q2)($)	DY2(Q3/Q4)($)	DY3(Q1/Q2)($)	DY3(Q3/Q4)($)	DY4(Q1/Q2)($)	DY4(Q3/Q4)($)	DY5(Q1/Q2)($)	DY5(Q3/Q4($)	Total Spending($)
Retraining	125,000.00	125,000.00	325,000.00	325,000.00	437,500.00	437,500.00	250,000.00	250,000.00	112,500.00	112,500.00	2,500,000.00
Redeployment	12,500.00	12,500.00	32,500.00	32,500.00	43,750.00	43,750.00	25,000.00	25,000.00	11,250.00	11,250.00	250,000.00
New Hires	6,250.00	6,250.00	16,250.00	16,250.00	21,875.00	21,875.00	12,500.00	12,500.00	5,625.00	5,625.00	125,000.00
Other	12,500.00	12,500.00	32,500.00	32,500.00	43,750.00	43,750.00	25,000.00	25,000.00	11,250.00	11,250.00	250,000.00
Total Expenditures	**156,250.00**	**156,250.00**	**406,250.00**	**406,250.00**	**546,875.00**	**546,875.00**	**312,500.00**	**312,500.00**	**140,625.00**	**140,625.00**	**3,125,000.00**

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 & Complete	

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IPQR Module 11.2 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Re-establish a standing Workforce Steering Committee (including HR representatives, education department representatives, union representation and other subject matter experts) tasked with making implementation recommendations and assisting in carrying out the tasks laid out in the Implementation Plan	Completed	Complete; See Workforce Steering Committee Charter and minutes.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The Workforce Steering Committee will provide recommendations to the workforce consultant in order to establish work group for Health Literacy & Cultural Competency to include representatives from partner organizations with expertise in this realm	Completed	The Cultural Competency an Health Literacy Workgroup was formed, and met 5 times. It has been decided to transition these efforts to a larger, exsisting, workgroup "Disparity in Care and Diversity", in order to maximize and leverage DSRIP/PHIP efforts around Cultural Competency and Health Literacy.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. The workforce consultant, with assistance from PPS staff, will work to form the following Workforce work groups: Training work group, Compensation and Benefits work group and Gap Analysis work group (including project leads, and other appropriate subject matter experts and key stakeholders) tasked with advising, implementing and executing workforce related activities as laid out in the Implementation Plan	Completed	Workgroups have been formed and met during this quarter as follows: Training Workgroup: X 4 Gap Analysis: X 2 Compensation and Benefits: X2	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. The workforce consultant, will conduct a	Completed	The Initial Training By Project Analysis was completed this quarter and reviewed by the Training Workgroup, as well as	07/01/2015	06/29/2016	07/01/2015	06/29/2016	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
Project-by-Project Analysis to identify and map out the specific requirements of each DSRIP project (i.e., new services, workforce projections, turnover, training needs) through workshops, interviews and surveys with key stakeholders and project leads		the Workforce Steering Committee. The next steps will be to work with the project leads to further quantify and verify information.							
Task 5. Utilizing findings from project-by-project analysis, the workforce consultant and Workforce Steering Committee will conduct a Target State Workforce Needs Assessment to capture detailed information on the competencies and responsibilities of the roles required per project. This will be presented to project leads, for additional input, before finalization	Completed	In process. Awaiting completion of partner contracting process and additional clarification on job titles. Job title information is anticipated as Compensation and Benefits	07/01/2015	06/29/2016	07/01/2015	06/29/2016	06/30/2016	DY2 Q1	
Task 6. The Workforce Steering Committee will determine the 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., through an Organizational Impact Analysis facilitated by the workforce consultant	Completed	In process - reviewing project budgets for new hire impact.	09/30/2015	06/29/2016	09/30/2015	06/29/2016	06/30/2016	DY2 Q1	
Task 7. The Workforce Steering Committee will incorporate Capital Project Application determinations and adjust workforce impact as necessary	Completed	Not started	01/01/2016	06/29/2016	01/01/2016	06/29/2016	06/30/2016	DY2 Q1	
Task 8. The workforce consultant will consolidate findings in a Target State Staffing Strategy Analysis to develop a comprehensive view of the areas within the PPS that will need more, less, or different resources to support the DSRIP projects and ultimately assist in identifying staffing locations for review, feedback and comment from the Workforce Steering Committee	Completed	Not started	12/01/2015	09/30/2016	12/01/2015	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
Task 9. Based on data, finalize the Target Workforce State that defines a comprehensive view of project impacts across the PPS and identifies areas that require resource commitments	Completed	Not started	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 10. Obtain approval of target workfor state from PPS governing board	Completed	Not started	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
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.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Formalize a decision-making structure that defines how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off	Completed	Complete. See Workforce Committee charter	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Identify solutions for positions that are difficult to recruit, train or retrain	Completed	Dependent upon completion of Target State Staffing Strategy.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Generate a Workforce Transition Roadmap to consolidate results from the Current Workforce State, Target Workforce State and the Detailed Gap Analysis; outlining specific changes needed within the PPS, incorporating speed and scale projections that will identify clear timelines, a recruitment plan for new hires, retraining/re-deployment strategies, training timelines and the inclusion of a Communication and Engagement plan	Completed	Not yet started- Dependent on milestones 1-3.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Workforce transition roadmap (including timeline for the transition of the workforce from the current state to the future state) is approved by Executive Governance Body	Completed	Not yet started- Dependent on milestones 1-3.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
state assessment of workforce and projected future state.									
Task 1. Conduct a current state assessment of staff across the PPS and member organizations, in order to assess: - Skill-sets of jobs to be reduced/eliminated vs. skill-sets required for jobs to be created; - Staff/positions that may involve direct re-deployment (re-deployment needs assessment) vs. re-deployment through up-skilling and training; - Skills and talents currently available in PPS labor pool (through workforce project team or online tools such as Health Workforce New York)	Completed	Gap Analysis Committee met 2 times. The methods of Data Collection and reporting via Hwapps.org are being explored. Minutes from these meetings are available at Hwapps.org.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Ascertain alternative solutions for filling workforce gaps (joint employment/ sub-contracting with other PPS)	Completed	Not yet initiated. Gap Analysis is still in process.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Identify new hire needs by comparing current state assessment against target state workforce (defined in milestone above)	Completed	Not yet initiated. Gap Analysis is still in process.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Conduct a workforce budget analysis to establish revised WF budget for the projects over the duration of the DSRIP project	Completed	Date pushed back per NYSDOH revised timeline	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Finalize Detailed Gap Analysis findings and incorporate into Workforce Roadmap to articulate how (e.g., retraining, redeployment) and when (e.g., timing of redeployments) the transition of the workforce from the current state to the future state will occur	Completed	Gap Analysis initiated this quarter.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires,	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	07/01/2015	06/29/2016	07/01/2015	06/29/2016	06/30/2016	DY2 Q1	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
particularly focusing on full and partial placements.									
Task 1. Conduct a comprehensive PPS-wide analysis of job category/job title and examine: - variations on a regional level - variations on a facility-type level	Completed	Vendor quote to conduct a Compensation and Benefits Analysis has been secured, and is under review by the PPS management team.	07/01/2015	06/29/2016	07/01/2015	06/29/2016	06/30/2016	DY2 Q1	
Task 2. Utilizing the current and target state analyses performed in Milestones1 and 3, identify the origin and destination of staff that are being redeployed	Completed	Current and target state analysis initiated this quarter, but is not yet complete.	12/01/2015	06/29/2016	12/01/2015	06/29/2016	06/30/2016	DY2 Q1	
Task 3. Work with HR to gather compensation and benefits information for existing roles that will potentially be redeployed	Completed	See above on Compensation & Benefits Analysis	12/01/2015	06/29/2016	12/01/2015	06/29/2016	06/30/2016	DY2 Q1	
Task 4. Evaluate changes to compensation and benefits of affected staff	Completed	See above	12/01/2015	06/29/2016	12/01/2015	06/29/2016	06/30/2016	DY2 Q1	
Task 5. Work with labor representatives, HR representatives and a third party vendor, if necessary, to determine: - Impacts to partial placement staff and potential contingencies - Create and incorporate policies for impacted staff or staff who refuse retraining/re-deployment - Identify methods and processes for tracking fully and partially place retrained/redeployed staff	Completed	Information to address is not yet available	12/01/2015	06/29/2016	12/01/2015	06/29/2016	06/30/2016	DY2 Q1	
Task 6. Obtain final approval of compensation and benefit analysis from governing body	Completed	Information to address is not yet available	04/01/2016	06/29/2016	04/01/2016	06/29/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. The workforce training work group will identify target state training needs, by project and position (through PPS project summaries, project	Completed	Training by Project Analysis has been completed and reviewed by the Workgroups and the Workforce Steering Committee. The next step is to present this to the Project Leads for feedback and input.	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
lead interviews and surveys)									
Task 2. Determine PPS current training/retraining capacity (the workforce vendor will work with PPS partners to identify and evaluate training capacity through Hwapps, surveys, interview, etc.)	Completed	Hwapps.org Training Marketplace has been competed. The Workforce Vendor will conduct trainings for the PPS Partners and vendors in use of Hwapps to record training availability.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Identify analyze training/retraining findings, including: - gaps in training (including certificate and post-secondary) - programs and practices for increasing training capacity and collaboration within and outside of PPS region	Completed	In Process - the outcome is dependent upon the findings that have not yet been identified.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Engage with existing state-wide programs to explore opportunities to coordinate efforts (ex: SUNY RP²)	Completed	Workforce vendor serves as a liaison to SUNYRP2; the meetings are ongoing.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. The Training Work Group will provide a training strategy to the Workforce Steering Committee for review, to include: - Inputs from the Workforce Transition Roadmap and Gap Analysis to ensure all relevant health professionals are included - Training needs identifed in Step 1 (skill building, training for performance metrics, etc.) - A process and approach to training (e.g. volunatry vs. mandatory)	Completed	In Process. The Training Committee met 4 times. Training by Project summary has been completed and reviewed by the Training Committee and Workforce Steering Committee. It will be reviewed by Project Leads to further verify and quantify existing information.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Develop mechanism to measure training effectiveness in relation to established goals	Completed	In process - As training needs are identified and verified, a means to measure will be established.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Finalize detailed Training Plan, including: timing of trainings, delivery methods, and key messages required for training based on project needs. This includes consideration of geography,	Completed	Not started	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
language, level of education, training tools, and methods of delivery									

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
Define target workforce state (in line with DSRIP program's goals).	amyvk	Templates	22_DY2Q3_WF_MDL112_PRES1_TEMPL_Workforce_MeetingScheduleTemplate_DY2Q3_8115.xlsx	LCHP Workforce Meeting Schedule Template DY2Q3	01/19/2017 11:51 AM
Create a workforce transition roadmap for achieving defined target workforce state.	amyvk	Other	22_DY2Q3_WF_MDL112_PRES2_OTH_Workforce_6_Transition_Road_Map_DY2Q3_8117.pdf	LCHP Workforce Transition Roadmap DY2Q3	01/19/2017 11:53 AM
Perform detailed gap analysis between current state assessment of workforce and projected future state.	amyvk	Other	22_DY2Q3_WF_MDL112_PRES3_OTH_Workforce_7_Gap_Analysis_DY2Q3_8118.pdf	LCHP Workforce Gap Analysis DY2Q3	01/19/2017 11:54 AM
Develop training strategy.	amyvk	Templates	22_DY2Q3_WF_MDL112_PRES5_TEMPL_Workforce_TrainingSchedule_DY2Q3_8643.xlsx	LCHP Workforce Training Schedule DY2Q3	01/25/2017 01:01 PM
	amyvk	Other	22_DY2Q3_WF_MDL112_PRES5_OTH_Workforce_8_Training_Strategy_DY2Q3_8120.pdf	LCHP Workforce Training Strategy DY2Q3	01/19/2017 11:56 AM

Prescribed Milestones Narrative Text

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

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
particularly focusing on full and partial placements.	
Develop training strategy.	

Milestone Review Status

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

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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.

All other organizational workstreams have some level of interrdependency that must align with the workforce transformation plans, particularly in light of the fact that many workstreams (five in total) are required to develop a training strategy. The workforce workstream is constructing a training plan that incorporates the needs of all projects; thus, organizational workstream training needs must be incorporated into this overarching training plan to create cohesiveness and ensure integration.

The Workforce and the Governance workstream must have a well-defined relationship to establish appropriate reporting/approval procedures for making workforce decisions.

Another significant interdependency that exists is that of the workforce budget and the importance of directing funds to the providers in our network to support their training and redeployment needs, the connection between our PPS workforce committee and the financial workstreams is integral. To that end, we will ensure that the finance workstream has a member of workforce within the committee.

Workforce will need to be closely informed of the Physician Engagement workstream's ability to garner physician involvement and retention. This will impact the potential need to on-board new physician hires for project implementation if the project's needs cannot be met through the current physician population.

A responsibility of the Population Health Management workstream is to provide a PPS-wide bed reduction plan. The number of bed reductions will potentially have an affect on the number of worker reductions and placement of DSRIP-related positions.

The dependency on the IT workstream will be illustrated and discussed further in the "IT Expectations" section.

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

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

All other organizational workstreams have some level of interrdependency that must align with the workforce transformation plans, particularly in light of the fact that many workstreams (five in total) are required to develop a training strategy. The workforce workstream is constructing a training plan that incorporates the needs of all projects; thus, organizational workstream training needs must be incorporated into this overarching training plan to create cohesiveness and ensure integration.

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The Workforce and the Governance workstream must have a well-defined relationship to establish appropriate reporting/approval procedures for making workforce decisions.

Another significant interdependency that exists is that of the workforce budget and the importance of directing funds to the providers in our network to support their training and redeployment needs, the connection between our PPS workforce committee and the financial workstreams is integral. To that end, we will ensure that the finance workstream has a member of workforce within the committee.

Workforce will need to be closely informed of the Physician Engagement workstream's ability to garner physician involvement and retention. This will impact the potential need to on-board new physician hires for project implementation if the project's needs cannot be met through the current physician population.

A responsibility of the Population Health Management workstream is to provide a PPS-wide bed reduction plan. The number of bed reductions will potentially have an affect on the number of worker reductions and placement of DSRIP-related positions.

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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
DSRIP Executive Director	Sue van der Sommen, Bassett Health Network	Serves as liaison between the workforce committee and the LCHP (Leatherstocking Collaborative Health Partners) PPS Governance
Workforce Project Lead	Wendy Kiuber, Bassett Health Network Workforce lead	Dedicated Project Manager accountable for development of IP and execution of all workforce-related activities
Workforce Consultant	Health Workforce NY	Responsible for the coordination and execution of workforce activities and analyses, reporting directly to the WF Project Manager
Workforce Committee	Jennie Gliha, VP HR, AO Fox Zoe Aponte, Catskill Area Hospice Susan Cipolla, HR Director, Catholic Charities Richard Diodati, HR Director, Sitrin, Pam Levy, Director, Catskill Center for Independence George Seuss, CEO ARC of Delaware County Megan Staring, Asst. Director, Catskill Center for Independence Jennifer Montana, HR Community Memorial Hospital	A group of cross-functional resources (e.g., WF PM, HR, DSRIP lead, Union representative) responsible for overall direction, guidance and decisions related to the workforce transformation agenda
Workforce work groups	Training Workgroup: Rich Diodati, Sitrin Diane Parker, Bassett Gail Warchol, Mohawk Valley Community College Debra Gaige, Oneonta Job Corps; Comp & Benefits Workgroup: Denine Jacob, Bassett Jennifer Montana, Community Memorial Hospital Gap Analysis Workgroup: Melanie Craig, Bassett Alice Savino, Workforce Development Board	A group of PPS individuals responsible for executing or supporting the execution of key portions of the Implementation Plan activities
WF Training Vendor	Health Workforce NY	The workforce training vendor will assist in executing the training strategy to include creation of a detailed workplan and development of a content acquisition.
Labor Representation	Labor/Union Representation	Labor group(s) that can provide insights and expertise into likely

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		workforce impacts, staffing models, and key job categories that will require retraining, redeployment, or hiring
Workforce Project Chairs	Sara Albright, Bassett Healthcare Network VP HR Jennie Gliha, VP HR, AO Fox	Responsible for the oversight and approval of all workforce related activities

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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		
Jennie Gliha, VP HR, Susan Cipolla, HR Director, Catholic Charities, Richard Diodati, HR Director, Sitrin, Cynthia Sternard, HR Community Memorial Hospital	HR Leads	Support data collection of compensation and benefit information; current state workforce information and potential hiring needs
Diana Parker (BHN), Richard Diodati (Sitrin)	Training Leads	Provide oversight and input to development of training needs assessment, and subsequent training strategy and plan
David Haswell, Martha Sunkenberg , Lisa Betrus , Christa Serafin, Laurie Neander , Carlton Rule, Ann Hutchison, Bonnie Post , Stephanie Lao, Deanna Charles, Ann Hutchison, Bonnie Post, Stephanie Lao, Deanna Charles, Celeste Johns, Marietta Taylor, Joseph Sellers, Mike Kettle , Chris Kjolhede, Philip Heavner, Jean Schifano, Connie Jastremski, Marion Mossman, Roy Korn, Norine Hodges	DSRIP Project Chairs	Provide insights and information related sources and destinations of redeployed staff by project
Susan van der Sommen, DSRIP Executive Director	LCHP Operations Team	Oversight of Workforce Committees activities in relation to DSRIP requirements
IT and Data Analytics Committee	PPS IT	Facilitate IT capabilities in relation to training needs for PPS
External Stakeholders		
AHEC	Training Vendor	Technical training curriculum development; recruiting support
Kari Burke (CNY CC); Lenore Boris (CCN); Tracy Leonard (NCI); Lottie Jameson (AHI)	Workforce Leads from neighboring PPSs	Communicate best practices and resources
Central and Northern AHECs	Workforce Consultant	Coordination and execution of workforce activities and analyses
Heather Eichen	SUNY RP²	Facilitate post-secondary capacity for training needs; assist in achieving consistency of job titles across PPS boundaries

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IPQR Module 11.8 - IT Expectations

Instructions :

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

The success of the Workforce workstream will be measured by its ability to meet milestone target completion dates and develop an effective means of gathering number of redeployed, retrained, and hired staff and the workforce budget. Working in collaboration with the Performance Reporting team, the Workforce team will collect and report progress on a quarterly basis with respect to Domain 1 Process Measures.

The Health Workforce New York (HWNY) platform under construction by the AHECs is capable of serving as a data collection and reporting tool for workforce measures. AHEC will work with IT and Performance Reporting workstreams to identify and develop a data collection process for workforce. Additionally, the AHECs will work with MV PPS to provide training for staff with respect to accessing the HWNY reporting platform and the importance of workforce data collection/reporting. Workforce will also work with Progress Reporting to determine a process for reporting MV PPS partner workforce budget investments. The internal workforce team will monitor the progress of the implementation plan through regular meetings and work plan review.

IPQR Module 11.9 - Progress Reporting

Instructions :

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

The success of the Workforce workstream will be measured by its ability to meet milestone target completion dates and develop an effective means of gathering number of redeployed, retrained, and hired staff and the workforce budget. Working in collaboration with the Performance Reporting team, the Workforce team will collect and report progress on a quarterly basis with respect to Domain 1 Process Measures.

The Health Workforce New York (HWNY) platform under construction by the AHECs is capable of serving as a data collection and reporting tool for workforce measures. AHEC will work with IT and Performance Reporting workstreams to identify and develop a data collection process for workforce. Additionally, the AHECs will work with MV PPS to provide training for staff with respect to accessing the HWNY reporting platform and the importance of workforce data collection/reporting. Workforce will also work with Progress Reporting to determine a process for reporting MV PPS partner workforce budget investments. The internal workforce team will monitor the progress of the implementation plan through regular meetings and work plan review.

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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
amyvk	Other	22_DY2Q3_WF_MDL1110_OTH_Workforce_11.10_Staff_Impact_DY2Q3_8481.pdf	LCHP Staff Impact DY2Q3	01/24/2017 01:05 PM

Narrative Text :

No update due this quarter per IA guidance

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

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

Benchmarks	
Year	**Amount($)**
Total Cumulative Spending Commitment through Current DSRIP Year(DY2)	1,125,000.00

Funding Type	Workforce Spending Actuals		Cumulative Spending to Date (DY1-DY5)($)	Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)
	DY2(Q1/Q2)($)	DY2(Q3/Q4)($)		
Retraining	46,105.15	0.00	249,419.69	27.71%
Redeployment	1,000.00	0.00	1,000.00	1.11%
New Hires	127,462.52	0.00	234,437.30	520.97%
Other	243,397.33	0.00	541,571.33	601.75%
Total Expenditures	**417,965.00**	**0.00**	**1,026,428.32**	**91.24%**

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.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 11.12 - IA Monitoring:

Instructions :

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Project 2.a.ii – Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))

IPQR Module 2.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.

Risk:Participating providers in PPS meet NCQA 2014 Level 3.1 partner converting EMR during PCMH implementation period places high demands on staff resources and creates barriers for data reportingMitigation:Consultant support for partners/detailed plans for implementation and reporting needs/added staff resourcesRisk:Clinical Interoperability w/varying EHRsMitigation:EHR connectivity is not present across PPS. LCHP Ops Team will work w/partners as DSRIP projects rely on EHR systems & other technical platforms to track patient engagementRisk:Identify Physician champions & attain CCE (certified content expert) status due to limited frequency & high demand for NCQA training/examsMitigation:LCHP will use APCs in addition to MDs as championsRisk:Lack of RNs in workforce w/ambulatory experienceMitigation:A workforce impact consultant is engaged with LCHP to employ creative workforce strategies. The PPS will leverage Bassetts relationship with local colleges to create programs necessary to serve population. Utilizing expertise of the consultant, AHEC and the Collaborative Learning Committee, online and in-person training will be offered to retrain existing employees. Economies of scale will be implemented when training staff across the PPS. RNs will be hired without care coordination and other necessary experience. LCHP will work with AHEC on strategies to identify, attract and successfully recruit experienced RNs. All RN Care Managers will be trained with the intent to become certified Risk:Partner Engagement Mitigation:A non-safety net LCHP Partner has not been engaged in planning projects due to lack of designated resources to engage in planning and execution. LCHP Ops Team will reach out to partners who are deemed essential, and complete a funds flow model to better inform their involvement. Regular updates to partners through email, project and all partner meetings, and utilization of tools such as website, Constant Contact, survey tools and Health Workforce NY are some strategies used currently. The non-safety net provider sent representation to the PCMH kick off meeting in late July. All providers engaged in this project will work with the PCMH consultants on individualized plans to achieve NCQA recognition Risk:Negotiating contracts with MCOs for services not reimbursed/under-reimbursed Mitigation:To negotiate contracts with MCOs, there will be a need to combine efforts across LCHP PPS and with other PPSs to strengthen and consolidate the message and make patient care in DSRIP projects sustainable. NCQA recognition will be used to leverage MCOs when negotiating reimbursement Risk:Practitioner EngagementMitigation:LCHP has identified an overall risk of individual practitioners not being committed to the DSRIP activities. A comprehensive practitioner communication and engagement plan will be created by the Clinical Performance Committee to engage practitioners. This committee will have representation of different types of practitioners. LCHP will leverage existing gatherings of practitioners within partners such as Primary Care Council, Regional Medical Director Group and CLG as models for clinical integration and practitioner engagement in creating PPS-wide professional groups

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IPQR Module 2.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**
DY4,Q4	16,934

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	2,963	5,927	6,574	13,147
	Quarterly Update	3,933	8,622	0	0
	Percent(%) of Commitment	132.74%	145.47%	0.00%	0.00%
IA Approved	Quarterly Update	0	8,570	0	0
	Percent(%) of Commitment	0.00%	144.59%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (6,574) for 'DY2,Q3'

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 & Ongoing	

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IPQR Module 2.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 Ensure that all eligible participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	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 1. Hold kick-off meeting to communicate to the Partners' Medical Home Leadership Teams regarding the implementation planning specific to PCMH project		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Train all involved Partners and Medical Home Leadership Teams on PCMH concepts and models of care		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Perform Gap Analysis - current status vs requirements of NCQA		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Recognized Practices: Create a shared timeline - identify tasks that take more lead time to start with first, Phase the implementation, with each step building on the other		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Practices new to PCMH: Create a shared timeline - identify tasks that take more lead time (eg. access takes a lot of lead time), Phase the implementation		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Using the list of staffing resources identified for the project in the application phase, create a phased plan for adding staff to assist with the PCMH Transformation		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 7. Recruit and hire staff per staffing plan based on Phased Plan for 2015, 2016, 2017		Project		In Progress	06/01/2015	06/30/2017	06/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task		Project		Completed	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
8. Implement the Learning Collaborative for all DSRIP PCMH committed partners.										
Task 9. Develop inter-disciplinary PCMH governance structure for each partner		Project		Completed	05/15/2015	09/30/2015	05/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task 10. Develop a program to engage patients/families/caregivers in PCMH Implementation, Performance Review and Plan modification via various methods of feedback (eg-in the moment validation, patient focus groups, etc.)		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 11. Implement the 6 Key Components of the Standard Implementation Process: PCMH Transformation Access, Team-Based Care, Population Health, Care Management, Care Coordination, and Performance Measurement and Quality Improvement following a standard Plan, Act, Do implementation process.		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 12. Implement NCQA PCMH Recognition Process - Sign Contract and Business Associate Agreement, Submit application with Payment, Arrange Conference Call with NCQA.		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1a .Each Partner holds a PCMH kick off event for their primary care practices including providers and support staff to begin the practice transformation work.		Project		Completed	07/27/2015	12/31/2015	07/27/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Define role of champion in practice		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Identify physician champions - Phase 1 & 2, Complete NCQA PCMH content expert training, take exam		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Identify Advanced Practice Clinician (APC) champions		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Register for NCQA PCMH content expert training to develop		Project		In Progress	04/01/2015	12/31/2016	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
physician and APC champion										
Task 5. Create/Update Champion CV for evidence of content expertise		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	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 Care coordinators are identified for each primary care site.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify care coordinator staffing model for all involved partners including locations, phasing of hiring		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Identify current staffing availability		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Identify gaps - additional staff needed		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Create organization-specific standardized job descriptions for Care Coordinators		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Hire care coordinators (RN level)		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Train care coordinator staff for all involved partners including locations, phasing of hiring		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Develop Role descriptions that are site specific and include inter-location coordination responsibilities		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 8. Develop training material including orientation to assigned sites		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 9. Partner with interdisciplinary team comprised of IT, EMR, Clinicians, etc. to create information exchange workflow (eg.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Bassett PPS LLC (PPS ID:22)

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
EPIC CareEverywhere, Healthy Connections, RHIOs like HIXNY)										
Task 10. Add "Care everywhere, Care Link, etc " for partners to pilot		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 11. Map workflows once defined		Project		In Progress	12/31/2015	12/31/2016	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task 12. Educate providers and staff on the workflow		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure 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 direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS uses alerts and secure messaging functionality.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1. Obtain RHIO Attestation of connectivity		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. Report (e.g., from Business Intelligence or Meaningful Use team) to show evidence of active sharing HIE info - transaction info, e.g,. of public health registries - NYSIS, lab to DOH for infectious conditions, etc.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Obtain QE (Qualified Entity)participant agreements		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Identify use of alerts across PPS		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Identify Best Practice alerts required for PCMH NCQA level 3		Project		On Hold	04/01/2016	12/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Work with IT to build any required alerts that don't yet exist		Project		Completed	11/09/2015	09/30/2016	11/09/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7. Obtain evidence from IT for use of alerts and secure messaging		Project		On Hold	10/01/2016	12/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 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	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3

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Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		Completed	07/01/2015	12/31/2017	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
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	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Determine current status of Meaningful Use Stage 1/2 for each partner organization level		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Determine current PCMH stage of each partner EHR		Project		Completed	07/01/2015	12/29/2015	07/01/2015	12/29/2015	12/31/2015	DY1 Q3
Task 3. Identify gaps in Meaningful Use and PCMH stages and required build		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 4. Work with IT to build functionality that does not yet exist to meet MU and PCMH level 3 standard		Project		Completed	11/09/2015	12/31/2016	11/09/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Continue to monitor performance measures for meaningful use requirements		Project		Not Started	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
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.	DY3 Q4	Project	N/A	In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Identify and implement vendor for population health management (e.g., Phytel, collaboration with PHIP)		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	DY3 Q4	Project	N/A	In Progress	07/01/2015	12/31/2016	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.		Project		In Progress	07/01/2015	12/31/2016	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Project staff are trained on policies and procedures specific to		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

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evidence-based preventive and chronic disease management.										
Task 1. Share existing protocols and develop ones as appropriate		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Share existing protocols with new sites, for chronic conditions and preventive screenings, utilization measures and vulnurable populations for the PPS		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Perform gap analysis for what data needs are		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Define metrics for reports (already defined by NCQA)		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Create reports to measure outcomes		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6. Adjust workflows, etc. to meet desired outcomes		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 7. Create training-friendly documents - from the policies of procedures in the metric above		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 8. Identify the staff that needs this training		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Build any training tools needed - online, for e.g.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 10. Schedule training sessions, continuous for onboarding		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 11. Compile documented policies and procedures related to standardized treatment protocols in line with implementation of such for NCQA recognition.		Project		In Progress			10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	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 Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Protocols and processes for referral to appropriate services are in place.		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task 1. Define which preventive screenings to use (include state's defined codes, as appropriate per practice type, as a minimum--99381-99387, 99391-99397)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Create a workflow for screenings		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Train staff and providers on the workflow		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Create workflow for referrals, based on a positive finding including a follow up		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Train staff and providers on the workflow		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Generate reports on referral monitoring (tracking report)		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #9 Implement open access scheduling in all eligible primary care practices.	DY3 Q4	Project	N/A	In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all eligible PPS primary care sites.		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all eligible PPS primary care sites.		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task PPS monitors and decreases no-show rate by at least 15%.		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Identify scheduling standards as per NCQA requirements (1A Access During Office Hours)		Project		Completed	04/01/2015	12/18/2015	04/01/2015	12/18/2015	12/31/2015	DY1 Q3
Task 2. Determine the scheduling tool used (Scheduling tool IDX for Bassett, PPM, MedEnt for CMH)) (1A Access During Office Hours)		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Modify schedule (1A Access During Office Hours)		Project		Completed	04/01/2015	12/18/2015	04/01/2015	12/18/2015	12/31/2015	DY1 Q3
Task 4. Implement schedule (1A Access During Office Hours)		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task 5. Monitor schedule (1A Access During Office Hours)		Project		In Progress	11/09/2015	12/31/2017	11/09/2015	12/31/2017	12/31/2017	DY3 Q3
Task 6. Update marketing materials (brochures, websites etc) with updated hours (1A Access During Office Hours)		Project		Completed	09/30/2015	12/18/2015	09/30/2015	12/18/2015	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 7. Identify scheduling standards as per NCQA requirements (1B After Office Hours)		Project		Completed	04/01/2015	12/18/2015	04/01/2015	12/18/2015	12/31/2015	DY1 Q3
Task 8. Determine the scheduling tool used (Scheduling tool (IDX for Bassett, MedEd for CMH)) (1B After Office Hours)		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 9. Modify schedule (1B After Office Hours)		Project		Completed	04/01/2015	12/18/2015	04/01/2015	12/18/2015	12/31/2015	DY1 Q3
Task 10. Implement schedule (1B After Office Hours)		Project		Completed	04/01/2015	03/30/2016	04/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task 11. Monitor schedule (1B After Office Hours)		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 12. Update marketing materials (brochures, websites etc) with updated hours (1B After Office Hours)		Project		Completed	09/30/2015	12/18/2015	09/30/2015	12/18/2015	12/31/2015	DY1 Q3
Task 13. Create resources in place to see patients - staffing model		Project		On Hold	04/01/2015	12/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 14. Baseline the no-show rate for medicaid patients		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 15. Determine what is "periodic" for the PPS		Project		Completed	07/01/2015	12/18/2015	07/01/2015	12/18/2015	12/31/2015	DY1 Q3
Task 16. Monitor the change in rate		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 17. Make changes - to reduce the % of no show rate e.g., train navigators to follow-up with chronic no-shows		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure 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 direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	swathirg	Documentation/Certification	22_DY2Q3_PROJ2aii_MDL2aii3_PRES4_DOC_2aii_PCMH_4-2_CertifiedEHR_DY2Q3_8372.pdf	EHR vendor documentation. Documentation supporting the certification of the EHR system from a national certification entity for Metric 2.	01/23/2017 03:02 PM
	swathirg	Contracts and Agreements	22_DY2Q3_PROJ2aii_MDL2aii3_PRES4_CONTR_2aii_PCMH_4-1_RHIO_HIE_QE_Participant_Agreement_DY2Q3_8371.pdf	List/inventory of participation agreement with Qualified Entities as detailed in the project requirement for Metric 1	01/23/2017 03:00 PM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all eligible participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	One multi-site practice is preparing to submit their site specific applications following their corporate submission scoring. 3 other multi-site practices are compiling the necessary documentation for their corporate submissions in early 2017. 2 practices are compiling documentation for site specific submission in early 2017. 2 additional partners will begin their NCQA work in January 2017.
Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	Consultant Engagement with PCDC will be used for this requirement along with a list of Certified Content Experts (CCE's). The completion date is extended to 3/31/2017 as new partners have started their transformation as of January 2017.
Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	Extend metric 2 completion date to 3/31/17 in line with when practices are submitting their NCQA applications.
Ensure 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 direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Mertric 1-See attached documentation; Metric 2-See attached documentation
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.	Metric 1-Will use EHR MU for supporting documentation; Metric 2-Will use NCQA recognition documentation pulled from NCQA website as of 12/31/17.
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	No updates
Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	Extend completion date for task 10 to 3/31/18 in line with when all practices will have submitted for NCQA recognition. Also, plan to use policies/procedures/processes used for NCQA Standard 2D5-7-The practice Team. Added task 11 to compile polices and procedures in line with practices who are implementing such in line with NCQA recognition work. Metric 1-Plan to use PCDC and practice kick off documentation, Learning Collaborative topics, and NCQA PMCH 3E Factors-Implement Evidence-based Decision Support Metric 2-Care planning focused on evidence based preventive and chronic disease management is well underway.
Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	Provider network adjustments to be made in order to allow provider level documentation reporting to be most accurate for Metric 1.
Implement open access scheduling in all eligible primary care practices.	No updates

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass (with Exception) & Ongoing	The PPS has submitted documentation necessary to meet the minimum standards of the Validation Protocols; however, the PPS has not met the provider commitments for this

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
		milestone. Failure to meet the provider level commitment may result in the loss of an AV.
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	

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IPQR Module 2.a.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	Completed	Project level 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	

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

Instructions :

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Project 2.b.vii – Implementing the INTERACT project (inpatient transfer avoidance program for SNF)

IPQR Module 2.b.vii.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.

Challenge 1: Availability of current data on nursing home-to-hospital transfers to measure the effectiveness of the project. Although the Skilled Nursing Facilities (SNFs) are collecting this information from DY1, we have not been capturing this data before. Therefore we are unable to provide a baseline for DY0.
Mitigation: LCHP PPS will gather the data available from the beginning of DY1 and set up baseline for a time period in DY1 until we receive any communication otherwise.

Challenge 2: SNFs face high turn-over in their staff, which is a barrier to maintain an adequate level of competent staff to use the INTERACT tools and requires constant training.
Mitigation: For new staff, the INTERACT Champion will train staff on a continuous basis. For turn-over with INETRACT Champion itself, the SNFs are able to reach out to the contracted trainers to catch up on training to use INTERACT tools. Written implementation plans and logs are in the process of being created and maintained for such circumstances.

Challenge 3: Clinical Interoperability - Varying EHRs among partners present a challenge in interconnectivity. Although SNF EHRs are connected to HIEs, they are unable to send any information to it. The SNFs can only view information.
Mitigation: In our collaboration with other PPSs, we got in touch with Jeff Paul, the Project Manager for NY-RAH project, which has similar goals as this project as far as connectivity is concerned. Since they are further ahead in their project and have overcome challenges we are currently facing. We will consider their experience and approaches from their recent presentation.

Challenge 4: We maybe at a risk of not meeting our patient engagement target.
Mitigation: Although we are currently meeting our patient engagement target, there is a possibility of us not meeting it in the future quarters due to the sudden rise in our commitment. We are in the process of leveraging some mergers of SNF entities in our PPS to include them as well in this project.

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IPQR Module 2.b.vii.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	2,869

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	874	1,748	1,851	1,952
	Quarterly Update	1,012	1,214	0	0
	Percent(%) of Commitment	115.79%	69.45%	0.00%	0.00%
IA Approved	Quarterly Update	0	1,211	0	0
	Percent(%) of Commitment	0.00%	69.28%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (1,851) for 'DY2,Q3'

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 & Ongoing	

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

DSRIP Implementation Plan Project

Bassett PPS LLC (PPS ID:22)

IPQR Module 2.b.vii.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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	DY3 Q4	Project	N/A	In Progress	06/01/2015	12/31/2017	06/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task INTERACT principles implemented at each participating SNF.		Project		In Progress	06/01/2015	12/31/2017	06/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Nursing home to hospital transfers reduced.		Provider	Nursing Home	In Progress	08/01/2015	12/31/2017	08/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task INTERACT 3.0 Toolkit used at each SNF.		Provider	Nursing Home	In Progress	08/01/2015	12/31/2017	08/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Develop INTERACT budgets for participating partners		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify INTERACT staff		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Educate champion and staff on INTERACT principles		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Form INTERACT oversight/implementation team at PPS level		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 5. Integrate INTERACT principles as part of daily workflow		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 6. Identify current nursing home to hospital transfer rate		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7. Monitor nursing home to hospital transfer rate on a regular basis		Project		In Progress	04/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 8. Engage hospital representatives to determine process for evaluating admissions		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 9. Develop Implementation plan for each participating SNF		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 10. Identify data to be gathered for proof of INTERACT usage		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	DY2 Q4	Project	N/A	Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Bassett PPS LLC (PPS ID:22)

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 Facility champion identified for each SNF.		Provider	Nursing Home	Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1. Develop job description and requirements for INTERACT champion		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Identify INTERACT champion		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Train identified INTERACT champion in INTERACT Principles		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	DY2 Q4	Project	N/A	In Progress	09/01/2015	12/31/2016	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.		Project		In Progress	09/01/2015	12/31/2016	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Modify existing INTERACT pathways according to each participating SNF and utilize them		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Monitor care pathways and adjust as needed		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Educate identified SNF staff on care pathways		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Maintain training logs for each participating SNF		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #4 Educate all staff on care pathways and INTERACT principles.	DY3 Q4	Project	N/A	In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.		Provider	Nursing Home	In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Identify sources of INTERACT training tools		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Develop training material for identified SNF staff		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 3. Train identified SNF staff on care pathways and INTERACT principles		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 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
Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	DY2 Q4	Project	N/A	In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Evaluate current Advance Care Planning tools; validate usage is reflected in policies and procedures		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Examine tools against requirements of INTERACT's advance care planning program, adjust as needed		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #6 Create coaching program to facilitate and support implementation.	DY2 Q4	Project	N/A	In Progress	09/01/2015	12/31/2016	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT coaching program established at each SNF.		Provider	Nursing Home	In Progress	09/01/2015	12/31/2016	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify goals of coaching program, staff needs		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Incorporate INTERACT training programs and refreshers into staff orientation and periodic staff meeting agendas		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	DY2 Q4	Project	N/A	In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patients and families educated and involved in planning of care using INTERACT principles.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop patient/family education materials		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Include INTERACT education at Annual Care Conferences at each SNF		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Include INTERACT education material into admission materials provided to patient/family/caretakers		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	DY3 Q4	Project	N/A	Completed	07/01/2015	03/31/2018	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task EHR meets connectivity to RHIO's HIE and SHIN-NY		Provider	Safety Net Hospital	Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Bassett PPS LLC (PPS ID:22)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1. Confirm if current EHRs for participating SNFs are meaningful use certified		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Implement MU Stage 2 certification for SNFs whose EHR does not currently meet these requirements		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Obtain RHIO Attestation of connectivity		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Report (e.g., from Business Intelligence or Meaningful Use team) to show evidence of active sharing HIE info - transaction info, e.g,. of public health registries - NYSIS, lab to DOH for infectious conditions, etc.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Obtain QE (Qualified Entity)participant agreements		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	DY3 Q4	Project	N/A	In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Service and quality outcome measures are reported to all stakeholders.		Project		Not Started	04/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task 1. Ensure SNF representation in PPS quality committee		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task		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
2. Identify role of quality committee and their oversight/development of quality improvement plans										
Task 3. Reflect INTERACT quality improvement principles in overall quality improvement initiatives		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 4. Identify metrics to be used (include Attachment J metrics)		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 5. Identify how to measure; measure; monitor; adjust as needed		Project		In Progress	04/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 6. Identify/build reporting method		Project		In Progress	07/01/2016	12/31/2016	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Generate reports		Project		In Progress	07/01/2016	12/31/2017	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
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 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 1. Determine criteria and metrics for counting/tracking patient engagement--EHR data, encounter data, INTERACT tool usage, etc.		Project		Completed	07/01/2015	08/15/2015	07/01/2015	08/15/2015	09/30/2015	DY1 Q2
Task 2. Evaluate existing capability for EHR patient engagement tracking		Project		Completed	07/15/2015	08/31/2015	07/15/2015	08/31/2015	09/30/2015	DY1 Q2
Task 3. Identify technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Implement technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Identify workflow impact due to new technology, document new workflow		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Train staff on technology and workflow		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	swathirg	Contracts and Agreements	22_DY2Q3_PROJ2bvii_MDL2bvii3_PRES8_CONTR_2bvii_INTERACTinSNFs_M8_QEparticipantagreement_DY2Q3_9082.pdf	List of QE Participant Agreements	01/27/2017 12:38 PM
Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	swathirg	Documentation/Certification	22_DY2Q3_PROJ2bvii_MDL2bvii3_PRES2_DOC_2bvii_INTERACTinSNFs_M2_InteractChampionRoleDescription_DY2Q3_8817.pdf	PPS Interact Champion Role Description	01/26/2017 10:26 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	No updates, work in progress
Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	Participating SNFs have identified INTERACT Champions. See attached as supporting documentation providing job descriptions explaining the role of these champions.
Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	This milestone is complete. The deadline is pushed out to 3/31/2017 to gather supporting documentation as evidence of completion of this work.
Educate all staff on care pathways and INTERACT principles.	No updates; work in progress
Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	This milestone is complete. The deadline is pushed out to 3/31/2017 to gather supporting documentation as evidence of completion of this work.
Create coaching program to facilitate and support implementation.	This milestone is complete. The deadline is pushed out to 3/31/2017 to gather supporting documentation as evidence of completion of this work.
Educate patient and family/caretakers, to facilitate participation in planning of care.	This milestone is complete. The deadline is pushed out to 3/31/2017 to gather supporting documentation as evidence of completion of this work.
Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	Participating partners have participation agreements with Qualified Entities. Attached documentation consists of these agreements.
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	No updates; work in progress
Use EHRs and other technical platforms to track all patients engaged in the project.	No updates; work in progress

Milestone Review Status

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

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Milestone Review Status

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

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IPQR Module 2.b.vii.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	Completed	Project-level 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	

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Bassett PPS LLC (PPS ID:22)

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

Instructions :

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Bassett PPS LLC (PPS ID:22)

Project 2.b.viii – Hospital-Home Care Collaboration Solutions

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

Instructions :

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

Risk:Pt engagement Mitigation:Education for pts to engage in their healthcare to identify & address social determinants. Referral tracking & pt follow-up in CBOs will be strategies used Risk:Physical Space Mitigation: Identify other projects that may have available space, consider overlapping needs to consolidate needs, and identify highest demand areas to be located. Risk:Partner Engagement Mitigation:Some LCHP Partners not engaged in project planning d/t uncertainty of projects/lack of designated resources to engage in planning/execution. LCHP Ops Team to confirm partner involvement in projects & complete funds flow model to inform their involvement. Updates to partners via email, project/all partner meetings, and utilization of tools such as website, Constant Contact/survey tools/Health Workforce NY are some strategies Risk:IT Technology including EHR interoperability/sharing of PHI/IT infrastructure Mitigation:Pt tracking & provider communications is challenged by variability of technology across LCHP project partners. Resources to acquire new technology to achieve interoperability are substantial. LCHP ITDAC will focus on standardization, assistance in joining partners to RHIOs, and developing electronic interfaces for HIE Risk:Transition planning w/medical professionals Mitigation:Build relationships among health providers in service area. LCHPs Ops Team w/Clinical Performance Committee (CPO), Collaborative Learning Committee(CLC), and ITDAC will engage home care agencies to develop/enhance relationships w/hospitals in and around PPS, w/goal of creating standardized clinical protocols and rapid guidance in the moment Risk:Funding for staff/training Mitigation:Request/align resources. Shared staffing and "train the trainer" method to be used to increase efficiency and avoid duplication Risk:Identifying/recruiting expertise in rural area Mitigation:LCHP will use creative regional recruitment/retention strategies to attract practitioners/nursing staff while emphasizing use of telemedicine to benefit patient care. LCHP PPS has engaged AHEC, workforce consultant. A global approach to staffing needs across LCHP and a creative approach for recruitment in a rural setting will be key to successful recruitment/retention of necessary staff Risk:Re-branding funding Mitigation:Project team will work w/LCHP PPS to request/resource re-branding plan. Dedicated marketing staff will assist DSRIP w/marketing needs across the PPS Risk:Standardized Protocols Mitigation:Care providers have various ways of addressing pt needs. Standardizing protocols across PPS may be a challenge due to large number of care providers/locations. Project team will collaborate with other teams on efforts, approach and implementation Risk:Capital Funding Mitigation:Involve sources like Robert Wood Johnson Foundation, PHIP (Population Health Improvement Program) team to assist in finding other funding Risk:Lack of mobile application Mitigation:Selection of tools to include off-line usage capabilities and increase mobility of home care Risk: Practitioner Engagement Mitigation:Detailed plan will be created by CPO to engage practitioners in DSRIP activities. Committee will have representation of various practitioners. LCHP will leverage existing practitioner groups such as Primary Care Council, Regional Medical Director Group and Clinical Leadership Group as models for clinical integration and practitioner engagement Risk:Contract negotiations Mitigation:In order to negotiate contracts with MCOs, efforts across project teams within LCHP PPS and other PPSs will be combined to strengthen and consolidate the message and make patient care in DSRIP projects sustainable, esp for services not reimbursed/under-reimbursed

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IPQR Module 2.b.viii.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	786

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	142	283	307	330
	Quarterly Update	105	292	0	0
	Percent(%) of Commitment	73.94%	103.18%	0.00%	0.00%
IA Approved	Quarterly Update	0	292	0	0
	Percent(%) of Commitment	0.00%	103.18%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (307) for 'DY2,Q3'

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 & Ongoing	

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Delivery System Reform Incentive Payment Project

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Bassett PPS LLC (PPS ID:22)

IPQR Module 2.b.viii.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 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	DY3 Q2	Project	N/A	In Progress	06/01/2015	06/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for: - discharge planning - discharge facilitation - confirmation of home care services		Project		In Progress	06/01/2015	06/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Integrate Home Health Care services - possibly centralize for a single point of contact for rapid response - or, rapid referral to establish (all) services delivered in the home (home health, respiratory, DME, infusion, palliative care, hospice etc.)		Project		In Progress	10/01/2015	06/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 2. Identify roles needed for rapid response team and staffing plan to include medical director, nurse practitioner, clinical and non-clinical navigators, home care nurse(s), care coordinator/manager(s), clinical pharmacist, respiratory therapist, MSW, nutritionist, etc.		Project		Completed	06/01/2015	10/20/2015	06/01/2015	10/20/2015	12/31/2015	DY1 Q3
Task 3. Recruit and hire rapid response team-- clinical and non-clinical navigators, home care nurse(s), care coordinator/manager(s), clinical pharmacist, respiratory therapist, MSW, nutritionist, etc.		Project		In Progress	09/01/2015	06/30/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 4. Recruit Medical Director(explore: sharing this role) - expedite access for MD for orders, intervention, etc.		Project		On Hold	09/01/2015	12/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Recruit Rapid Response NP. Evaluate the option to re-purpose and/or recruit (1 per quadrant)		Project		In Progress	06/01/2015	06/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 6. Recruit Rapid Response Care Managers - re-deploy		Project		In Progress	09/01/2015	06/30/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2

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"discharge planner" or recruit; 24 / 7 on call										
Task 7. Recruit / hire RN Educator / Rapid Response Coordinator (home care)		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 8. Develop 24-hour access plan to "Rapid Response Care Coordination Center - to include coordination same day visit, establish primary care and CBO linkages, home care services, interactive telehealth consultations, etc.--a single point of access		Project		In Progress	06/01/2015	06/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 9. Train according to 24 hour access Rapid Response Care Coordination Center Plan		Project		In Progress	10/01/2016	12/30/2016	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 10. Implement 24 hour Rapid Response Care Coordination Center		Project		Not Started	01/17/2017	06/30/2017	01/17/2017	09/30/2017	09/30/2017	DY3 Q2
Task 11. Define Rapid Response care management workflows (referral procedure, protocols, PCMH communication etc.): ED to home, acute to home, acute to hospice and dispatch of clinical and supportive community resources		Project		In Progress	06/01/2015	06/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Staff trained on care model, specific to: - patient risks for readmission - evidence-based preventive medicine - chronic disease management		Provider	Home Care Facilities	In Progress	06/01/2015	12/31/2016	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Evidence-based guidelines for chronic-condition management implemented.		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Select INETERACT-like tools.		Project		Completed	06/01/2015	06/30/2015	06/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task 2. Obtain / distribute INTERACT-like tools to all home care agency participants		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Provide education on INTERACT-like tools to all home health, hospice, respiratory/ DME provider staff; and, to PCMH, ED and Case Management / Discharge Planning / Rapid Response staff		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Task 4. Identify additional training needs (beyond INTERACT-like tools)--address various patient care settings, chronic and acute conditions, missed patient populations, adjustment to plan, staff turnover, etc.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Adopt and Implement existing evidence-based chronic condition guidelines		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Determine individuals most at risk for ED, Acute Care Readmission - Design a risk stratification / screening tool that is: (1) evidence-based, and (2) derived from (actual) home health care acute hospitalization (OASIS) data		Project		In Progress	09/01/2016	12/31/2016	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Identify and develop existing evidence-based chronic condition guidelines		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	DY2 Q4	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.		Provider	Safety Net Hospital	In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Determine patient monitoring requirements needed to invoke INTERACT-like or rapid intervention protocols; define baseline and metrics to achieve reduction in hospital transfers for chronically ill patients.		Project		In Progress	09/01/2015	12/31/2016	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Define workflow for Care Manager & Rapid Response Team for chronically ill patients -- obtaining home care and coordination of care plan in lieu of ED visit or hospitalization--expand on INTERACT-like guidelines		Project		In Progress	09/01/2016	12/31/2016	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Identify evidence-based and technology (telehealth) supported chronic condition management stategies. Aligning with PCMH,		Project		On Hold	04/01/2016	12/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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establish education and plan to effectively and efficiently manage individuals with chronic and multiple comorbid conditions. Strategies tol address disease process education, behavioral health management, medication education / monitoring, dietary instruction, activities monitoring, advanced life planning, etc.										
Task 4. Build and implement evidence-based and technology (telehealth) supported chronic condition management stategies. Aligning with PCMH, establish education and plan to effectively and efficiently manage individuals with chronic and multiple comorbid conditions. Strategies tol address disease process education, behavioral health management, medication education / monitoring, dietary instruction, activities monitoring, advanced life planning, etc.		Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Concensus build: approval of pathway by collaborative experts		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop a health status dashboard and algorythm - include "health alerts" to address specific referral / services need to mitigate risk for ED or readmission		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Monitor performance of care pathways for effectiveness and efficiency, adjust as needed		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	DY2 Q4	Project	N/A	In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.		Provider	Home Care Facilities	In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Educate all staff involved in "rapid response" strategies using INTERACT-like principles.		Project		In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop staff training & competency program to educate on patient monitoring and management protocols		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Identify and educate multidisciplinary team (RT, RD, MSW, Clin Pharm, etc.) on techniques to effectively monitor and manage high risk patients		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5	DY2 Q4	Project	N/A	Completed	09/01/2015	12/28/2015	09/01/2015	12/28/2015	12/31/2015	DY1 Q3

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Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.										
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).		Project		Completed	09/01/2015	12/28/2015	09/01/2015	12/28/2015	12/31/2015	DY1 Q3
Task 1. Evaluate INTERACT-like and Palliative Care (Project 3.g.i) Advanced Care planning tools. In collaboration with 3.g.i. adopt standard (staff, provider, patient) education, documentation and implemention plan		Project		Completed	09/01/2015	12/28/2015	09/01/2015	12/28/2015	12/31/2015	DY1 Q3
Task 2. Identify metrics to monitor effectiveness, review results and adjust protocols / workflows, as necessary		Project		Completed	09/01/2015	12/28/2015	09/01/2015	12/28/2015	12/31/2015	DY1 Q3
Milestone #6 Create coaching program to facilitate and support implementation.	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 INTERACT-like coaching program has been established for all home care and Rapid Response Team staff.		Provider	Home Care Facilities	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop the INTERACT-like coaching program with a team of rapid response experts		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 2. Identify liaison to partner home care agencies and to the Rapid Response Team(s) to coach partners and patients: or, facilitate and oversight standardization of workflow, adjustments and progress		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	DY2 Q4	Project	N/A	In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patients and families educated and involved in planning of care using INTERACT-like principles.		Project		In Progress	05/01/2015	03/31/2017	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify methods to link patients and families with community resources and specialty services (e.g., pharmacists, diabetic educators)		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Identify educational guides / standardized resources to provide to patients / families to reinforce INTERACT-like		Project		Completed	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1

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principles										
Task 3. Create community education programming and/or support groups that are health condition-specific. Collaborate with other PPS partners to conduct educational forums		Project		In Progress	03/30/2016	03/31/2017	03/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	DY3 Q2	Project	N/A	In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 1. Develop integrated care coordination models that incorporate strategies to mitigate risk of deteriorating condition(s) and necessity for ED or acute care hospitalization. Models will address of medication management, palliative care, address underlying behavioral health concerns, health risk(s) and need for community supports		Project		In Progress	03/30/2016	09/30/2017	03/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task 2. To support integration, identify roles & recruit - to include Rapid Response NPs to deliver care/ services, as necessary, either remotely or direct in-person to homebound patients		Project		In Progress	03/30/2016	06/30/2017	03/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task 3. Develop interactive telehealth methods to connect patient/family to clinical experts eg. (1.) pharmacist to address poly-pharmacy, medication duplication, medication reconciliation and medication education; (2) MSW to address behavioral health and community supports; (3.) RD to address nutritional issues, etc.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Explore further design of hi-risk patient interventions - to include rapid response collaboration with EMS - or, administration of medications in the home, stabilization and avoid transport pt to ED; MD/ NP home or remote visit(s); home care interventions, direct and remote visits, etc,		Project		In Progress	09/30/2016	06/30/2017	09/30/2016	06/30/2017	06/30/2017	DY3 Q1
Task 5. Engage in appropriate contracts with entities within PPS and cross PPS to manage clinical information (e.g.-patient is seen at a non LCHP PPS site for care, the expectation to share this information back to LCHP providers is present).		Project		In Progress	03/30/2016	09/30/2017	03/30/2016	09/30/2017	09/30/2017	DY3 Q2

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Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	DY3 Q2	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.		Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Project partners evaluate (minimum three interactive video telehealth devices) and select technology most suited to attain interoperability and project goals		Project		Completed	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1
Task 2. Select telehealth devices, peripheral equipment and negotate lease with selected vendor		Project		In Progress	05/01/2015	12/31/2016	05/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 3. Recruit telehealth RN project leader with responsibility for program implementation across care settings to include protocol / workflow development, provider education and outcomes monitoring / reporting		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Develop a project hub, or expand on existing / mature telehealth program in the rural region. Add interactive video with secure connectivity (PCs / laptops) across care settings (PCMH, home care) to enable remote interactive connection w/ patients for routine monitoring as well as provision of "face-to-face" specialty services (RPh, RT, RD, MSW) to monitor and manage care		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Develop care protocols to enhance patient - specialty clinical providers - home care - and, physician collaborations		Project		In Progress	03/01/2016	12/31/2016	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Establish interoperability between IT and telehealth devices		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	DY3 Q2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Identify existing electronic health record interoperability		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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capability										
Task 2. Identify electronic health record interoperability needs to meet defined goals and ensure patient care across the network		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Identify technology that needs to be added to meet interoperability needs.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 4. Acquire and implement new technology/software as identified and needed.		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 5. Identify workflow impact due to new technology, to address patient safety and operational efficiencies; document new workflow		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Train staff on new technology and workflow		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	DY3 Q2	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
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	03/01/2016	09/30/2017	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Service and quality outcome measures are reported to all stakeholders.		Project		In Progress	03/01/2016	09/30/2017	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 1. Evaluate current EMR reporting capabilities and determine additional software/ Business Analytics tool need to collect and monitor information in real time		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify and appoint representative(s) from this Project to the Clinical Performance Committee		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Task 3. Identify quality improvement goals and tools for all partners in project 2.b.viii that are consistent with desired and expected clinical and cost outcomes, particularly addressing the rural healthcare setting Overall, to impact policy; incentivize consumers to participate in their care; align a value-based payment with stated goals; and, to develop system-wide and enduring provider behavior expectations		Project		In Progress	03/01/2016	12/31/2016	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 4. Measure, trend and review quality improvement progress		Project		In Progress	03/01/2016	12/31/2016	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 5. Identify and implement root cause analysis methodology for metrics not achieved: Conduct concurrent review of patients (records) sent to ED or admitted to acute care - (1.) Verify best practices implemented; (2.) Avoidable? …and, based upon result(s), targeted review & adjustment to education, workflow and interventions, as necessary		Project		In Progress	06/01/2016	09/30/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Provide each project partner with metrics, targets and expected outcomes		Project		Completed	01/01/2016	03/01/2016	01/01/2016	03/01/2016	03/31/2016	DY1 Q4
Task 7. Referencing organization-level and project-level plans of action, project partner(s) monitor progress and, per established timelines, provide report to PPS		Project		In Progress	03/01/2016	12/31/2016	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8. Review (Attachment J) project results, adjust workflow and methods to achieve desired outcomes - avoidable ED and hospitalization -		Project		In Progress	03/01/2016	12/31/2016	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 9. Conduct root cause analyses of any result(s) not attained and implement corrective action plan - may include re-education, re-design of workflow(s), adjustment of partner action plan, provider engagement, etc.		Project		In Progress	03/01/2016	09/30/2017	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #12 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		Project		Completed	07/01/2015	08/15/2015	07/01/2015	08/15/2015	09/30/2015	DY1 Q2

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1. Determine criteria and metrics for counting/tracking patient engagement										
Task 2. Evaluate existing capability for tracking patient engagement		Project		Completed	08/18/2015	08/30/2015	08/18/2015	08/30/2015	09/30/2015	DY1 Q2
Task 3. Identify technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Implement technology enhancements/upgrades needed to count/track patient engagement		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Identify workflow impact due to new technology; and, establish, as necessary, new workflow		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Train staff on new technology and workflow		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	Change latest possible completion date to 9/30/17 in line with DOH latest possible completion date. Work flows for the various phases of transitions of care have been developed. This will be accompanied by a narrative outlining the intent of the vision.
Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	Will produce training document with inventory of training materials DY2Q4.
Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Metric 1 - Care pathways are in development by chronic condition. Metric 2 - Will use visio diagram and training materials developed in DY2Q4.
Educate all staff on care pathways and INTERACT-like principles.	
Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Create coaching program to facilitate and support implementation.	Lead home care agency has employed a lead rapid response RN to roll out training to each home care agency. The champion at each home care agency can call upon the lead rapid response RN for assistance, guidance and coaching as needed. It is the champion's responsibility to in turn train the necessary staff at their agency.
Educate patient and family/caretakers, to facilitate participation in planning of care.	
Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	We will use the visio work flow document which outlines the method and all relevant services and a narrative.
Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	Pushing tasks 2 and 5 to 9/30/17 in line with DOH completion date. Due to capital funding not being granted, this has complicated the vision to expand the telehealth program; therefore, the group needs more time to explore possible funding options and reconvene their focus.
Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	Extended completion dates for tasks 4, 5 and 6 to 9/30/17 in line with the DOH completion date. PPS conducted an IT survey of all partner organizations to determine if they are a part of a RHIO and if so, which one.
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Metric 1 - We will produce a list of Clinical Governance Committee members. Metric 2 - Extending tasks 3 and 4 to 9/30/17 in line with DOH completion date. There is a Clinical Governance Committee in place. In early 2017, PPS will align the INTERACT-SNF quality metric with the Hospital Home Care Collaboration metric to ensure standardized review at a local level and up to the clinical governance committee. Metric 3 - Extending tasks 7 and 8 to 9/30/17 in line with the DOH completion date and to allow time for home care agencies to have sustainable and solid processes in place for quality measurement and action planning. Metric 4 - We are producing a narrative describing the case review process.
Use EHRs and other technical platforms to track all patients engaged in the project.	A work group will be created to capture screen shots, as required by 5 clinical projects.

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 & Complete	
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	

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Bassett PPS LLC (PPS ID:22)

IPQR Module 2.b.viii.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	Completed	Projel level 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	

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

Instructions :

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Project 2.c.i – Development of community-based health navigation services

IPQR Module 2.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.

Risk:Non-Clinical ResourcesMitigation:Transportation, housing, food, etc will be relied upon for success.Social needs identified with participants & linked appropriately.Where demand for services is greater than what exists, PPS to assist CBOs to leverage non-clinical resources.(e.g.-transportation contracts across PPS to increase/expand services as identified)Risk:SpaceMitigation:New/repurposing space presents challenges in terms of cost. For efficiency, LCHP to combine projects 2.c.i. & 2.d.i. for navigators/support staff & deliver related services in shared spaceRisk:Rural geographic areaMitigation:Embed navigators in CBOs in high traffic areas/hotspots w/consideration that they may not always be available/accessible to patient. Work with participants to stay connected Risk:FundingMitigation:Involve sources like Robert Wood Johnson Foundation, PHIP (Population Health Improvement Program) team to assist in finding other funding sources for needed resources to be successful.Risk:Staff recruitment/retentionMitigation:Staffing poses challenge in rural area. Project committee will identify community leaders for assistance in recruiting former Medicaid consumers, who could be trained to fill positions for CBOs in their counties.Recruitment strategy would enhance the representativeness/diversity of LCHP workforce.LCHP will also avail of career fairs, external websites, CBOs and schools to advertise position openings.A workforce impact consultant, AHEC, will work closely with LCHPs Collaborative Learning Committee (CLC) & partners to employ creative workforce strategies. Utilizing expertise of workforce impact consultant, AHEC & CLC, online & in-person training will be offered to train/retrain employees. LCHP to leverage AHECs cross-PPS job opportunitiesRisk:Clinical ResourcesMitigation:Navigation is dependent on availability of clinical resources such as PCPs, Behavioral Health, etc. providers to accept/see patients in timeframe needed.Collaboration across projects especially with care coordinationMitigation:Low level of computer literacy among target population will be mitigated via simplified user interfaces/systemsRisk:Negotiate MCO contractsMitigation:Combine efforts across project teams in/across PPSs to negotiate MCO contracts esp for non-reimbursed/under-reimbursed services to strengthen/consolidate message and make pt care in DSRIP projects sustainable. Risk:Practitioner EngagementMitigation:Practitioners are not committed to the DSRIP activities.To address Comprehensive practitioner communication/engagement plan to be created by the Clinical Performance Committee (CPO) to engage practitioners in DSRIP activitiesRisk:Clinical InteroperabilityMitigation: To track actively engaged patients, an evaluation of IT reporting capability will be needed. ITDAC will assist partners with this activity.Patient registries will be required to track target patients and their care in the service area. Universal EHR connectivity is not present across service area providersRisk:Patient engagement Mitigation: Care coordinators, patient navigators, case managers, and health educators will be critical team members at CBO sites.Referral tracking and patient follow-up will be part of the ongoing strategies used to engage ptsRisk:Partner EngagementMitigation:Some LCHP Partners have not been engaged in planning projects due to ambiguity in funds flow, uncertainty of contribution to project requirements, lack of designated resources to engage in planning and execution, etc. LCHP Operations Team to confirm partner involvement, reach out to partners who are deemed essential, & complete a funds flow model to inform involvement.Regular updates to partners through email, project and all partner meetings, and utilization of tools such as website, Constant Contact, survey tools, Health Workforce NY, etc. are some strategies used currently

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	9,164

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	687	1,374	1,833	3,665
	Quarterly Update	70	907	0	0
	Percent(%) of Commitment	10.19%	66.01%	0.00%	0.00%
IA Approved	Quarterly Update	0	902	0	0
	Percent(%) of Commitment	0.00%	65.65%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (1,833) for 'DY2,Q3'

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 & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Community-based health navigation services established.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1. Define Navigation Services and develop workflows		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Identify existing navigation job descriptions across PPS and develop standarized roles and duties.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Define job standards (roles based) and tasks associated with role.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Create contract to existing health home contracts;		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Seek out community based office space to accommodate Navigation projects		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Resource guide completed, detailing medical/behavioral/social community resources and care protocols developed by program oversight committee.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1. Gather resource information, including collaboration with other resources such as 211		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Discuss Netsmart capability to accommodate resource		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
database										
Task 3. Discuss marketing of resource database		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Discuss making the resource database available on the DSRIP website and placement at resource locations		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	DY2 Q4	Project	N/A	Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Navigators recruited by residents in the targeted area, where possible.		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Identify existing navigation resources available to determine gaps. Based on inventory of navigation resources, develop plan to ensure sufficient coverage of targetted populations.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Contracting CBO's will post job openings internally and externally with representation across PPS		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Develop roles based training curriculum that is standardized. Leverage agencies across PPS for shared resources.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Recruit, hire, and train Navigators		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type.	DY2 Q4	Project	N/A	Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Navigator placement implemented based upon opportunity assessment.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Telephonic and web-based health navigator services implemented by type.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 1. Identify existing resources to determine gaps and opportunities for navigator placement.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop plan to address needs		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Create list of community hot spots		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Utilize "hotspot" list to determine navigator placement		Project		Completed	09/01/2015	12/31/2015	09/01/2015	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 5. Identify existing telephonic and web-based health navigations services to determine gaps and opportunities		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6. Develop strategic plan to incorporate/expand telephonic and web-based resources		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 7. Develop process and procedure for telephonic and web-based services, using existing technology		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing 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
Task Navigators have partnerships with transportation, housing, and other social services benefitting target population.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 1. Dispatch community educators to develop referral procedures with CBO's and Care Managers/Coordinators		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	DY2 Q4	Project	N/A	Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Case loads and discharge processes established for health navigators following patients longitudinally.		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 1. Define standard caseloads appropriate to navigator role(s) with consideration given to case complexity/need.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop policies and procedure		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #7 Market the availability of community-based navigation services.	DY2 Q4	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Health navigator personnel and services marketed within designated communities.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1, Using Community Needs Assessment, identify services to address identifed unmet needs, develop marketing plan in conjunction with the markerting department accordingly (including identification of educational needs for service providers and other resources)		Project		In Progress	01/01/2016	12/31/2016	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 2. Develop resource guide of non-clinical services and provide it to navigators by coordinating services known by community educators, outreach specialists, navigators, and others into one central repository.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Develop comprehensive marketing plan		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Determine criteria and metrics for counting/tracking patient engagement--EHR data, encounter data, INTERACT tool usage, etc.		Project		Completed	07/01/2015	08/15/2015	07/01/2015	08/15/2015	09/30/2015	DY1 Q2
Task 2. Evaluate existing capability for EHR patient engagement tracking		Project		Completed	08/15/2015	08/30/2015	08/15/2015	08/30/2015	09/30/2015	DY1 Q2
Task 3. Identify technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Implement technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Identify workflow impact due to new technology, document new workflow		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Train staff on technology and workflow		Project		In Progress	01/01/2017	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
Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services	swathirg	Report(s)	22_DY2Q3_PROJ2ci_MDL2ci3_PRES2_RPT_2ci_Navigation_CommunityResourcesGuide_DY2Q3_8387.pdf	Completed resource guide which details medical/behavioral/social community resources	01/24/2017 08:23 AM

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Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	
Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	See the supporting documentation attached.
Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	
Resource appropriately for the community navigators, evaluating placement and service type.	
Provide community navigators with access to non-clinical resources, such as transportation and housing services.	No updates
Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	
Market the availability of community-based navigation services.	The approach to marketing has shifted to education of the navigation program for various provider types starting with community based organizations and now expanding to hospitals, primary care practitioners, clinical care managers, Patient Access staff and the like. Although it will be important to market the resource guide, this requirement is focused on the marketing of the navigation program.
Use EHRs and other technical platforms to track all patients engaged in the project.	No updates

Milestone Review Status

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

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Milestone Review Status

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

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone MidPoint Assessment	Completed	Project level 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	

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

Instructions :

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

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

Instructions :

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

Risk:Patient EngagementMitigation:A key challenge will be to engage a culturally diverse population that does not usually seek care at the right time/place/location.Locating these individuals is a challenge.PPS engagement with AHEC will assist w/language needs/training materials appropriate to target populationsRisk:Funding Mitigation:Funding for staffing is limited.Consolidation of staff resources across projects like 2ci/2di will exist.Contracts among parnters to share staff will lower costsRisk:FundingMitigation:Insignia will contract with state on behalf of all PPSs to provide training on the PAM toolRisk:Practitioner EngagementMitigation:Practitioners are not yet committed to DSRIP goals. Comprehensive practitioner communication/engagement plan to be created by Clinical Performance Committee to engage practitioners in the DSRIP initiatives.LCHP will also leverage existing gatherings of practitioners within partners to create PPS-wide professional groupsRisk:Transportation Mitigation:Integrating diverse/segmented programs for critically important services such as transportation will be a challenge.Navigators will have timely access to these resources, will collect information on new resources and report this information back to LCHP.Leveraging PHIP with expanding 211 resource will be ideal. Transportation services are not as available as demand for them. CBOs will work with each other and w/transportation agencies to increase/expand services to serve patient populationsRisk:Varying to no IT systemsMitigation:Lack of a common IT platform can limit effectiveness of program.Integration of PAM assessment within Care Management system will aid in consistency of system and increase efficiencies by only having to use one system.Limited access to PCs and internet within population can pose a challenge.Leveraging libraries and other public access sites in the field may assist.Paper copies of screening/assessments can be loaded into a computerized system when availableRisk:Staff RecruitmentMitigation:It is important to engage representatives from service areas CBOs, LCHP Committees and beneficiaries from hot spot locations to strategize on ways to recruit target population.LCHP will explore use of community champions to distribute information regarding available services to area food pantries, religious organizations and other agencies that offer services to those facing financial hardships and to network with community residents to raise awareness of available servicesRisk:Contracts with insurance companiesMitigation:Sharing of patient registries to connect with UI/LU/NU will be essential to success DSRIP.CBOs are committed to working with recipients and insurance companies to connect patients to clinical service providersRisk:Contract negotiation with MCOsMitigation:In order to negotiate contracts with MCOs, there is a need to combine efforts across project teams within LCHP PPS and across PPSs to strengthen and consolidate message and make patient care in DSRIP projects Risk:Partner EngagementMitigation:Some LCHP Partners, who are deemed essential, have not been engaged in planning projects due to ambiguity in funds flow, uncertainty of contribution to project requirements, lack of designated resources to engage in planning and execution, etc. LCHP Operations Team will confirm current partner involvement in projects, reach out to partners who are deemed essential, and complete a funds flow model to better inform their involvement. Regular updates to partners through email, project and all partner meetings, and utilization of tools such as website, Constant Contact, survey tools, Health Workforce NY, etc. are some strategies

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IPQR Module 2.d.i.2 - Patient Engagement Speed

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	6,518

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	489	978	1,304	2,607
	Quarterly Update	66	555	0	0
	Percent(%) of Commitment	13.50%	56.75%	0.00%	0.00%
IA Approved	Quarterly Update	0	555	0	0
	Percent(%) of Commitment	0.00%	56.75%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (1,304) for 'DY2,Q3'

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 & Ongoing	

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

DSRIP Implementation Plan Project

Bassett PPS LLC (PPS ID:22)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	DY3 Q2	Project	N/A	In Progress	06/01/2015	12/31/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.		Project		In Progress	06/01/2015	12/31/2016	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Draft Intake Agency Contract		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Identify Phase I Agency Hot Spots to Pilot		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Identify Phase II Agency Hot Spots		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Engage Phase II agencies and hot spots		Project		In Progress	10/01/2016	12/31/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patient Activation Measure(R) (PAM(R)) training team established.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify trainer (Insignia)		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Identify staff to train		Project		Completed	04/01/2015	08/01/2015	04/01/2015	08/01/2015	09/30/2015	DY1 Q2
Task 3. Conduct training		Project		Completed	07/01/2015	08/30/2015	07/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task 4. Develop training curriculum for train the trainer.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Roll out training to Phase II agencies		Project		In Progress	03/31/2016	03/31/2017	03/31/2016	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
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	DY2 Q4	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create list of Phase I and Phase II hot spots - Herkimer, Otsego and Schoharie		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop referral/intake contracts with CBO's to perform outreach at hot spot locations		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	DY2 Q4	Project	N/A	In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop subcommittee to develop survey tool		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task "2. Brainstorm with committee how to best meet this measure, based on a Community Needs Assessment. Based on brainstorming, develop a community engagement plan. Develop survey tool (barriers to healthcare, what do you need that you are lacking, etc.)"		Project		In Progress	03/31/2016	12/31/2016	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	DY3 Q2	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop training schedule		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Implement PAM Assessment and CFA		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect	DY2 Q4	Project	N/A	In Progress	09/21/2015	12/31/2016	09/21/2015	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
beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.		Project		In Progress	09/21/2015	12/31/2016	09/21/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Contracting with MCO's for information exchange across PPS (Fidelis, CDPHP, Excelllus) to obtain patient lists for NU and LU		Project		On Hold	01/01/2016	12/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Develop process and procedure to reconnect patients to their PCP's		Project		In Progress	09/21/2015	12/31/2016	09/21/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	DY3 Q2	Project	N/A	In Progress	10/01/2015	06/30/2018	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).		Project		In Progress	10/01/2015	06/30/2018	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Develop cohort methodology and intervals as defined by state (? Salient data)		Project		In Progress	10/01/2015	06/30/2018	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Review cohort data and communicate individuals to reassess using PAM to agencies		Project		Not Started			02/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #8 Include beneficiaries in development team to promote preventive	DY2 Q4	Project	N/A	In Progress	01/01/2016	12/31/2016	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
care.										
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Recruit beneficiaries to Committee by use of the survey		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	DY3 Q2	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
- Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement										
Task 1. Develop PAM reports		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Run PAM reports for annual reports		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Run annual PAM reports according to state methodology and submit annually to DOH		Project		Not Started			01/17/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	DY3 Q2	Project	N/A	In Progress	06/30/2016	06/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Task Volume of non-emergent visits for UI, NU, and LU populations increased.		Project		In Progress	06/30/2016	06/30/2017	06/30/2016	06/30/2017	06/30/2017	DY3 Q1
Task 1. Develop baseline of UI, NU, LU		Project		In Progress	06/30/2016	12/31/2016	06/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop relationships with primary care, behavioral and dental providers to increase the volume of non-emergent visits.		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Provide support to patients where possible to receive preventitive services (encouraging the patient and PCP relationship)		Project		In Progress	10/01/2016	06/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	DY3 Q2	Project	N/A	In Progress	04/01/2015	06/30/2018	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Community navigators identified and contracted.		Provider	PAM(R) Providers	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.		Provider	PAM(R) Providers	In Progress	04/01/2015	06/30/2018	04/01/2015	09/30/2017	09/30/2017	DY3 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Connect with Health Insurance Navigator Services, collaborate with other resources such as 211--First Call for Help		Project		Completed	03/28/2016	06/30/2016	03/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Invite Health Insurance Navigators to sit on committee		Project		Completed	03/28/2016	06/30/2016	03/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Have Navigators trained in Health Insurance enrollment		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop master list of navigators trained in health insurance enrollment to add to resource guide.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Develop inventory of additional training needs for navigators		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Collect written training materials and log such training.		Project		In Progress	10/01/2016	06/30/2018	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 7. Finalize inventory of navigators trained in health insurance connectivity		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	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 for customer service complaints and appeals developed.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create a greviance policy for providers and participants		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	DY2 Q4	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).		Provider	PAM(R) Providers	In Progress	08/20/2015	03/31/2017	08/20/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Conduct PAM training using external consultant (Insignia)		Project		Completed	06/01/2015	08/30/2015	06/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task 2. Develop workflow, process and procedure		Project		Completed	08/20/2015	06/30/2016	08/20/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Train navigators in PAM		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive	DY3 Q2	Project	N/A	Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
healthcare services and resources.										
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.		Provider	PAM(R) Providers	Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 1. Create list of hot spots - Herkimer, Otsego and Schoharie		Project		Completed	06/01/2015	12/30/2015	06/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task 2. Develop workflow, process and procedure		Project		Completed	08/20/2015	06/30/2016	08/20/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Develop referral/intake form		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	DY3 Q2	Project	N/A	In Progress	04/01/2015	06/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Navigators educated about insurance options and healthcare resources available to populations in this project.		Project		In Progress	04/01/2015	06/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Identify existing navigator resources to determine additional needs.		Project		Completed	04/01/2015	12/30/2015	04/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task 2. Train/Certify Navigator to enroll through the NYS of Health Marketplace		Project		In Progress	11/02/2015	06/30/2017	11/02/2015	09/30/2017	09/30/2017	DY3 Q2
Task 3. Utilize Navigators already trained (Bassett Health Insurance Navigators, Partnering Agency Navigators)		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	DY3 Q2	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Timely access for navigator when connecting members to services.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop relationships with primary care, behavioral and dental providers.		Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Add PCP to committee roster		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Develop procedure for navigator and primary care office to connect individuals to services.		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Perform population health management by actively using EHRs	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
and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Work with Health Home vendor (Netsmart) to build out Care Manager to accommodate DSRIP needs		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Determine criteria and metrics for counting/tracking patient engagement--EHR data, encounter data, INTERACT tool usage, etc.		Project		Completed	07/01/2015	08/15/2015	07/01/2015	08/15/2015	09/30/2015	DY1 Q2
Task 3. Evaluate existing capability for EHR patient engagement tracking		Project		Completed	08/15/2015	08/30/2015	08/15/2015	08/30/2015	09/30/2015	DY1 Q2
Task 4. Identify technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 5. Implement technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 6. Identify workflow impact due to new technology, document new workflow		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7. Train staff on technology and workflow		Project		In Progress	01/01/2017	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
Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that	Amended and re-stated contracts have been submitted and new agencies have started to contract. Changed expected completion date for task 4 to 9/30/17 in line with DOH latest possible completion date to allow more agencies to be contracted with.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
engagement is sufficient and appropriate.	
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Phase II agencies have been conducted PAM assessments more consistently. Names and roles of staff trained in PAM are being reviewed and will be submitted with DY2Q4 report along with PAM training materials.
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Hot spots have been identified and additional agencies have started to contract to expand the outreach work.
Survey the targeted population about healthcare needs in the PPS' region.	Extend this requirement to 3/31/17 in line with the latest possible completion date according to DOH. Lead Community Navigation agency is in the process of securing tablets to conduct survey.
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Agencies and their respective staff have been trained on how to conduct PAM assessments and were most recently offered CFA training via Insignia.
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	Extend task 2 completion date to 3/31/17 as PPS's are not in a position to contract with Managed Care Organizations (MCO's). The Primary Care Practitioners in LCHP area are primarily hospital physician employed. Hospitals are contracted with various MCO's and when they receive a list of patients who are NU and LU, they can work with the lead Community Navigation agency to conduct outreach.
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	PAM reports have been pulled for Measurement Year 1 and Measurement Year 2. PPSs received communication from State on the non-utilizer, low utilizer, and uninsured cohort methodology; therefore, the completion date for the milestone has been pushed to 9/30/2017 which is in line with the prescribed due date.
Include beneficiaries in development team to promote preventive care.	Extend completion date to 3/31/17 in line with DOH latest possible completion date as efforts thus far to recruit patient members.
Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline	PAM reports have been pulled for Measurement Year 1 and Measurement Year 2. PPSs received communication from State on the non-utilizer, low utilizer, and uninsured cohort methodology; therefore, the completion date for the milestone has been pushed to 9/30/2017 which is in line with the prescribed due date.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Extend completion date to 9/30/17, which is the latest possible completion date in line with DOH latest expected completion date. A dashboard is in the process of being built for the lead agency to review, monitor and act on UI, NU and LU recipients who utilize the ED for non-emergency visits.
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Move expected completion date to 9/30/17, which is in line with DOH expected completion date. Initial agencies are trained in connectivity to healthcare; however, the PPS continues to contract with additional CBO's. Task 6 was changed from 6/30/18 to 9/30/17.
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	In the absence of the DOH developing a grievance procedure for Medicaid Health Home, which was to also be used for project 2di-PAM, the PPS will adopt its own procedure that has been reviewed by the Steering Committee.
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Intend to provide list of navigators trained and training materials from Insignia as well as training checklist for train the trainer sessions.
Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Extend completion date to 9/30/17 in line with DOH latest possible completion date.
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	The Community Navigation Program Manager has been meeting with primary care practices in addition to hospitals to foster relationships that will support connecting patients with PCP's.
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Intend to use Care Everywhere screenshots, which care management agencies have access to.

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Midpoint Assessment	Completed	Project level narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone CG-CAHPS Survey Results submission	Completed	CG-CAHPS Survey results	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone PAM Data Submission Template	Completed	PAM Data using DOH required template; includes measurement year 1 and 2 in same file			12/31/2016	12/31/2016	12/31/2016	DY2 Q3

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
PAM Data Submission Template	swathirg	PAM Documentation	22_DY2Q3_PROJ2di_MDL2di4_PPS1675_PAM_4_Example_Data_File_MY_1_MY2_8709.xlsx	MY1 and MY 2 data in Excel file	01/25/2017 04:10 PM
	swathirg	PAM Documentation	22_DY2Q3_PROJ2di_MDL2di4_PPS1675_PAM_4_Example_Data_File_MY2_8708.csv	MY2 PAM Data in CSV file	01/25/2017 04:09 PM
	swathirg	PAM Documentation	22_DY2Q3_PROJ2di_MDL2di4_PPS1675_PAM_4_Example_Data_File_MY1_8707.csv	MY1 PAM Data in CSV file	01/25/2017 04:08 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Midpoint Assessment	
CG-CAHPS Survey Results submission	
PAM Data Submission Template	See attached

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IPQR Module 2.d.i.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.

Challenge 1: Bi-directionally shared records.
Mitigation: Education about HIPAA laws and distinction between psychotherapy and progress notes.

Challenge 2: Historical separation (i.e. "siloing") between intra-organization departments.
Mitigation: Continued shared meetings and dialogue, hiring Medical and Administrative Directors to help shift the culture towards one more accepting of integration of behavioral and physical healthcare.

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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**
DY3,Q4	8,456

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,481	2,963	3,383	6,765
	Quarterly Update	2,551	5,591	0	0
	Percent(%) of Commitment	172.25%	188.69%	0.00%	0.00%
IA Approved	Quarterly Update	0	5,575	0	0
	Percent(%) of Commitment	0.00%	188.15%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (3,383) for 'DY2,Q3'

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 & Ongoing	

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

Models Selected		
Model 1	Model 2	Model 3

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify existing co-location models within and outside the PPS to serve PPS population			Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 2. Identify primary care practices who are potential for co-locating (and who are Level 3 certified/in process of being certified by DY3); include mental health clinics for mental health screening or co-locating mental health practices			Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Develop a readiness/interest survey for identified primary care practices and mental health sites, and the behavioral health services that can be integrated			Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Identify site prospects and negotiate agreements with interested primary care practices and mental health sites, to determine co-location services and			Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
other arrangements											
Task 5. Research regulations to ensure behavioral health services can be provided/billed within primary care practice sites; identify where waivers are needed			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 6. Develop staffing model (including recruitment and retention) for co-located behavioral health services			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 7. Recruit behavioral health staff for co-location sites; monitor staffing and adjust as needed			Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 8. Design and develop warm handoff processes, including technical solutions			Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify stakeholders and subject matter experts (SMEs) to participate in standards of care development (include education on DSRIP initiative for primary care providers)			Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. Meet with primary care providers to determine what works best for them			Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Identify existing models of care within the PPS (to leverage them)			Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Meet with stakeholders/SMEs to develop an implementation plan for the desired evidence-based approach			Project		Completed	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	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 5. Identify existing evidence-based standards of care and models			Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Meet with stakeholders/SMEs to develop an implementation plan for the desired evidence-based approach			Project		In Progress	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Select a standard evidence-based protocol (including med mgmt and care engt) for all Partners to use; reflect ambulatory detox referral protocols where appropriate			Project		In Progress	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Identify metrics to monitor effectiveness of protocol			Project		In Progress	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Each Partner customized implementation plan for the desired evidence-based approach			Project		In Progress	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Monitor protocol implementation, adjust as needed, to achieve desired outcomes			Project		In Progress	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 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	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Screenings are documented in Electronic Health Record.			Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 1. Identify screeners in identified sites for co-location			Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Train trainers at selected sites on SBIRT and availability of ambulatory detox and hospice programs			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Train screeners at all sites/providers on PHQ and availability of ambulatory detox and hospice programs			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Identify tools (EHR, etc.) to track screening data			Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Identify screening frequency, identify customized screenings for special patient populations			Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 6. Develop/update procedures related to conducting preventive care screenings			Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 7. Examine EHR for SBIRT screening documentation current capability			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 8. Identify SBIRT screening requirements			Project		In Progress	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 9. Identify technology additions/updates needed to accommodate SBIRT screenings (includes hardware such as Tablets)			Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 10. Examine EHR for PHQ screening documentation current capability			Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 11. Identify PHQ screening requirements			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 12. Identify technology additions/updates needed to accommodate PHQ screenings (includes hardware such as Tablets)			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 13. Develop/update method to identify patients eligible for screenings (e.g., reports to filter for patients meeting criteria that indicates need for screening; flag chart if needed)			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task			Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 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
14. Develop reporting tools and report results											
Task 15. Identify criteria for "positive screening", alert provider (nurse/Care Coordinator and Patient Navigator) (develop an alert mechanism); identify criteria for ""warm transfer"" to begin withdrawal treatment Is Health-home referral 'warm hand-off'?			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 16. Define "warm transfer" process based on location; define process accordingly			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 17. Define communication/ technology to achieve "warm transfer"			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 18. Case Manager reaches out and sets up appointments, works with Care Navigators if available, assists with breaking down barriers such as lack of patient transportation			Project		In Progress	06/01/2016	03/31/2018	06/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 19. Partner develops a referral tracking process to monitor follow-up activity and consult notes returned to Partner; if not followed-up on, Partner develops a process to reach out to service provider and patient as needed, referring to Navigator services if available			Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2A. Train trainers at selected sites on SBIRT and available referral resources			Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 3A. Train screeners at all sites/providers on PHQ and availabile referral resources			Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	In Progress	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 records.			Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS identifies targeted patients and is able to track			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
actively engaged patients for project milestone reporting.											
Task 1. Survey Partners to determine current capability of integrating medical and behavioral health records			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. For Partners with potential capability to integrate medical and behavioral health records, identify where systems need to be enhanced to adequately integrate			Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Determine criteria and metrics for counting/tracking patient engagement			Project		Completed	07/01/2015	08/15/2015	07/01/2015	08/15/2015	09/30/2015	DY1 Q2
Task 4. Evaluate existing capability for EHR patient engagement tracking			Project		Completed	08/15/2015	08/31/2015	08/15/2015	08/31/2015	09/30/2015	DY1 Q2
Task 5. Identify technology enhancements/upgrades needed to count/track patient engagement			Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 6. Implement technology enhancements/upgrades needed to count/track patient engagement			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 7. Identify workflow impact due to new technology, document new workflow			Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8. Train staff on technology and workflow			Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY3 Q4	Model 2	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	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	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 1. Identify existing co-location models within and outside the PPS to serve PPS population			Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify primary care practices who are potential for			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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DSRIP Implementation Plan Project

Bassett PPS LLC (PPS ID:22)

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
co-locating; include mental health clinics for mental health screening or co-locating mental health practices											
Task 3. Develop a readiness/interest survey for identified primary care practices and mental health sites, and the behavioral health services that can be integrated			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Negotiate agreements with interested primary care practices and mental health sites, to determine co-location services and other arrangements			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Research regulations to ensure primary care services can be provided/billed within mental health practice sites			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Develop staffing model (including recruitment and retention) for co-located primary care services			Project		In Progress	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 7. Recruit primary care health staff for co-location sites; monitor staffing and adjust as needed			Project		In Progress	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 2a. Identify MH/CD practices who are potential for co-locating for preventative health screening			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 3a. Develop a readiness/interest survey for MH/CD practices related to preventative health services that can be integrated			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4a. Negotiate agreements with interested primary care practices and MH/CD sites, to determine co-location services and other arrangements			Project		In Progress	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 5a. Research regulations to ensure primary care services can be provided/billed within MH/CD practice sites			Project		In Progress	07/01/2016	03/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task			Project		In Progress	07/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Regularly scheduled formal meetings are held to develop collaborative care practices.											
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify stakeholders and subject matter experts (SMEs) to participate in standards of care development (include education on DSRIP initiative for primary care providers)			Project		In Progress	07/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Meet with primary care providers to determine what works best for them			Project		In Progress	07/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Identify existing models of care within the PPS (to leverage them)			Project		In Progress	07/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Meet with stakeholders/SMEs to develop an implementation plan for the desired evidence-based approach			Project		In Progress	07/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Identify existing evidence-based standards of care and models			Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Meet with stakeholders/SMEs to develop an implementation plan for the desired evidence-based approach			Project		In Progress	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Select a standard evidence-based protocol (including med mgmt and care engt) for all Partners to use; reflect ambulatory detox referral protocols where appropriate			Project		In Progress	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Identify metrics to monitor effectiveness of protocol			Project		In Progress	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Each Partner customized implementation plan for the desired evidence-based approach			Project		In Progress	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task			Project		In Progress	12/31/2016	03/31/2017	12/31/2016	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
10. Monitor protocol implementation, adjust as needed, to achieve desired outcomes											
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY3 Q4	Model 2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Screenings are documented in Electronic Health Record.			Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health).			Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Mental Health	In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify screeners in identified sites for co-location			Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 2. Train trainers at selected sites on SBIRT and availability of ambulatory detox and hospice programs			Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 3. Train screeners at all sites/providers on PHQ and availability of ambulatory detox and hospice programs			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Identify tools (EHR, etc.) to track screening data			Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 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
Task 5. Identify screening frequency, identify customized screenings for special patient populations			Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 6. Develop/update procedures related to conducting preventive care screenings			Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 7. Examine EHR for SBIRT screening documentation current capability			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Identify SBIRT screening requirements			Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 9. Identify technology additions/updates needed to accommodate SBIRT screenings (includes hardware such as Tablets)			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Examine EHR for PHQ screening documentation current capability			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Identify PHQ screening requirements			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 12. Identify technology additions/updates needed to accommodate PHQ screenings (includes hardware such as Tablets)			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 13. Develop/update method to identify patients eligible for screenings (e.g., reports to filter for patients meeting criteria that indicates need for screening; flag chart if needed)			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 14. Develop reporting tools and report results			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 15. Identify criteria for ""positive screening"", alert provider (nurse/Care Coordinator and Patient Navigator) (develop an alert mechanism); identify criteria for ""warm transfer"" to begin withdrawal treatment Is Health-home referral 'warm hand-off'?			Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 16. Define "warm transfer" process based on location;			Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2017	12/31/2017	DY3 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
define process accordingly											
Task 17. Define communication/technology to achieve "warm transfer"			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 18. Case Manager reaches out and sets up appointments, works with Care Navigators if available, assists with breaking down barriers such as lack of patient transportation			Project		In Progress	06/01/2016	03/31/2018	06/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 19. Partner develops a referral tracking process to monitor follow-up activity and consult notes returned to Partner; if not followed-up on, Partner develops a process to reach out to service provider and patient as needed, referring to Navigator services if available			Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3a. Train screeners at selected sites/providers on PHQ and availability of mental health services			Project		In Progress	04/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
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 records.			Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Survey Partners to determine current capability of integrating medical and behavioral health records			Project		In Progress	09/01/2015	12/31/2016	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. For Partners with potential capability to integrate medical and behavioral health records, identify where systems need to be enhanced to adequately integrate			Project		In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Determine criteria and metrics for counting/tracking patient engagement			Project		Completed	07/01/2015	08/15/2015	07/01/2015	08/15/2015	09/30/2015	DY1 Q2
Task			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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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
4. Evaluate existing capability for EHR patient engagement tracking											
Task 5. Identify technology enhancements/upgrades needed to count/track patient engagement			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Implement technology enhancements/upgrades needed to count/track patient engagement			Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 7. Identify workflow impact due to new technology, document new workflow			Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 8. Train staff on technology and workflow			Project		Not Started	01/01/2017	03/31/2017	01/01/2017	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 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process 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			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
IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.											
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 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 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

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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
Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	Tasks 1-4 Pushing out Completion date due to continued work for partners to ingrate model 1. Pushing out this date will not affect Milestone Completion date of 3/31/17
Conduct preventive care screenings, including physical and behavioral health screenings.	Pushing out completion date of task due to 12/31/17 due to continued work for partners to integrate for model 2. Pushing out this date will not affect Milestone Completion date of 3/31/18.
Use EHRs or other technical platforms to track all patients engaged in this project.	Task 1 & 2: Moving completion date from 12/31/16 to 3/31/17. We are currently working with Partners to determine capability of integrating medical and behavioral health records. This will not affect Milestone completion date of 3/31/17
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.	

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Milestone Review Status

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

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone MidPoint Assessment	Completed	Project Level 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	

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

Instructions :

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Project 3.a.iv – Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs

IPQR Module 3.a.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.

Challenge 1: Engaging providers to provider Medication-Assisted Treatment, or MAT.
Mitigation: providing expert training and on-going support (e.g., Extension for Community Healthcare Outcomes, or ECHO) to providers who may interested in providing these services. The PPS lead has hired an addictionologist to support providers with more extreme cases and to initiate care for these patients with plans to transfer them back to primary care when treatment has stabilized.

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IPQR Module 3.a.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	4,243

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	50	100	175	350
	Quarterly Update	225	357	0	0
	Percent(%) of Commitment	450.00%	357.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	357	0	0
	Percent(%) of Commitment	0.00%	357.00%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (175) for 'DY2,Q3'

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 & Ongoing	

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IPQR Module 3.a.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 community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	DY4 Q4	Project	N/A	In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services.		Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Determine needs utilizing committee brainstorming and review of Community Needs Assessment		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform current state assessment re existing programs/scope		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Assess potential sites for ability to develop full program scope		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. For sites willing/able to expand or develop programs, identify sites where addictionologists are needed within the program at clinics		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Reach out to Finger Lakes PPS and any other PPS who chose Ambulatory detox project for guidance on program development		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Adopt policies and protocols to support diagnoses and referrals by and to PCPs, including education		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 7. Engage primary care sites to adopt protocols for withdrawal management		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8. Leverage Care Navigators to work with patients to support program follow-ups		Project		Not Started	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone #2 Establish referral relationships between community treatment	DY4 Q4	Project	N/A	In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Bassett PPS LLC (PPS ID:22)

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
programs and inpatient detoxification services with development of referral protocols.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Hospital	In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Mental Health	In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Substance Abuse	In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment programs as well as between community treatment programs and inpatient detoxification facilities.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Identify existing community treatment programs inpatient detoxification service providers		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 2. Identify leader for collaboration program		Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task 3. Establish group membership and charter, meeting schedule and agenda		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. See #1 re adopt policies and protocols to support diagnoses and referrals by and to PCPs, including education; reflect referrals to Behavioral Health in protocols		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 5. Establish an integrated model for PCPs to refer patients		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3

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Bassett PPS LLC (PPS ID:22)

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
6. Collaborate on developing referral protocols per Medicaid reimbursement guidelines										
Task 7. Identify existing referral patterns from inpatient, ED, and community based organizations (department of mental health and LEAF) to ambulatory detox programs.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 8. Develop work flows for referral process.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 9. Working with collaborating partners, determine opportunities to transition detox treatment from "ED to inpatient" to "ED to outpatient" detox.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 10. Provide education on ambulatory detox options and pathways to community agencies (e.g.-law enforcement, ED providers, and first responders)		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 11. Develop ED discharge plan that includes ambulatory detox referral where appropriate and warm hand off when possible.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 12. Develop written agreements amongst collaborating partners where appropriate.		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.	DY2 Q4	Project	N/A	Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS has designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1. Create job description for Project Medical Director/Addictionologist (include input from Physician Recruiters within the PPS as well as subject matter experts		Project		Completed	09/01/2015	10/31/2015	09/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task 2. Recruit addictionologist		Project		Completed	09/01/2015	06/23/2016	09/01/2015	06/23/2016	06/30/2016	DY2 Q1
Task 3. Contract for addictionologist services while recruitment of full time provider is occurring		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
4. Recruit candidates and hire successful candidate as Medical Director										
Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	DY4 Q4	Project	N/A	Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Hospital	Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Mental Health	Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.		Provider	Substance Abuse	Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1. Identify existing candidates (including addictionologists) and incentive package		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Identify roles to support providers (e.g., Care Coordinator to handle referrals, Navigators)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Bassett PPS LLC (PPS ID:22)

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
3. Enter into agreements with interested providers meeting criteria										
Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	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 Coordinated evidence-based care protocols are in place for community withdrawal management services.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Staff are trained on community-based withdrawal management protocols and care coordination procedures.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Research for existing evidence-based protocols, agree to and adopt guidelines that best meet program requirements for medication-assisted treatments; reflect referrals to Behavioral Health in protocols		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. Structure training program (trainee targets, (e.g., Nurses, Recovery Coaches), expected outcomes), conduct training, measure competency; reflect Behavioral Health in training content		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Hire/contract trainer, they develop training program based on identified care management protocols (collaborate with other PPSs or others demonstrating success, e.g., CASA at Columbia University); reflect Behavioral Health in training content		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Conduct Training		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop care management services within the SUD treatment program.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Coordinated evidence-based care protocols are in place for care management services within SUD treatment program.		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Staff are trained to provide care management services within SUD treatment program.		Project		In Progress	01/01/2016	03/31/2019	01/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 1. Collaborate with Health Home to identify Care Managers and Recovery Coaches needing trained in addiction care		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 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
management to ensure this expertise is available within Health Home; reflect Behavioral Health in training content										
Task 2. Research for existing evidence-based protocols, agree to and adopt guidelines that best meet program requirements for care management services within SUD treatment programs		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 3. Hire/contract trainer, they develop training program based on identified care management protocols (collaborate with other PPSs or others demonstrating success, e.g., CASA at Columbia University); reflect Behavioral Health in training content		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Structure training program (trainee targets, (e.g., Nurses, Recovery Coaches), expected outcomes), conduct training, measure competency; reflect Behavioral Health in training content		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Conduct Training		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone #7 Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	DY4 Q4	Project	N/A	In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has engaged MCO to develop protocols for coordination of services under this project.		Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 1. Identify potential MCOs with which to form agreements (e.g., Excellus, CDPHP, Value Options)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Negotiate efficient and immediate access to services, within service coverage negotiations		Project		In Progress	01/01/2016	03/31/2019	01/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone #8 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 1. Determine criteria and metrics for counting/tracking patient engagement		Project		Completed	07/01/2015	08/15/2015	07/01/2015	08/15/2015	09/30/2015	DY1 Q2
Task		Project		Completed	07/15/2015	08/31/2015	07/15/2015	08/31/2015	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
2. Evaluate existing capability for EHR patient engagement tracking										
Task 3. Identify technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Implement technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Identify workflow impact due to new technology, document new workflow		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Train staff on technology and workflow		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	swathirg	Rosters	22_DY2Q3_PROJ3aiv_MDL3aiv3_PRES4_ROST_3aiv_WithdrawalMgmt_M4_ApprovedProvidersforMedMgmt_DY2Q3__8714.pdf	Milestone 4 - Approved providers for Medication Management	01/25/2017 04:42 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	No updates
Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	No updates
Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	LCHP PPS has established relationships with Conifer Park who provides inpatient detoxification treatment services, as well as relationships with Otsego, Delaware and Schoharie Chemical Dependency Clinics to provide withdrawal management services to our target population. Bassett Medical Center is providing M.A.T. services to our target populations in conjunction with UMASS who has been training and providing guidance for this new program.
Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	LCHP PPS has partnered and contracted with UMASS to provide a two part training for M.A.T. and ongoing mentor ship and ECHO support from 1/1/17-12/31/17. UMASS will provide evidence-based protocols and guidelines to meet our program requirements.
Develop care management services within the SUD treatment program.	UMASS has provided a two-part training for M.A.T. on 10/5/16 & 11/30/16. We have an estimation of 10 providers within our PPS that currently have their "x" license with about 20-25 more providers currently pursing their "x" license throughout our PPS.
Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Use EHRs or other technical platforms to track all patients engaged in this project.	Bassett Medical Center has determined criteria for counting/tracking actively engaged patients automatically through their business intelligence tool Qlikview. This is an automated process in which a live accurate report can be run at any time.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Complete	
Milestone #4	Pass (with Exception) & Ongoing	The PPS has submitted documentation necessary to meet the minimum standards of the Validation Protocols; however, the PPS has not met the provider commitments for this milestone. Failure to meet the provider level commitment may result in the loss of an AV.
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	

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

Instructions :

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

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	Completed	Project level 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	

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Bassett PPS LLC (PPS ID:22)

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

Instructions :

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Project 3.d.iii – Implementation of evidence-based medicine guidelines for asthma management

IPQR Module 3.d.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

Challenge 1: No Regional Asthma coalition identified
Mitigation: For our 5-county area, no regional asthma coalition was identified. Therefore meeting the milestone specifically to join an asthma coalition is not possible.

Challenge 2: Recruitment of clinical and non-clinical staff
Mitigation: LCHP will use creative regional recruitment and retention strategies, such as incentives, telemedicine for patient/provider access to attract providers, engaging a workforce impact consultant like AHEC, LCHP's Collaborative Learning Committee and partners. The PPS will leverage Bassett's relationship with local colleges, as well as nationally recognized universities, to create programs necessary to serve the population

Challenge 3: Patient engagement
Mitigation: Care coordinators, patient navigators, case managers, and health educators will be critical team members at community- based provider sites. These staff will engage patients in care, facilitate implementation of asthma action plans, and champion patient self-management for better asthma control. Referral tracking and patient follow-up will be part of the ongoing strategies used to engage and re-engage patients in care

Challenge 4: Practitioner Engagement
Mitigation: A comprehensive practitioner communication and engagement plan will be created by the Clinical Performance Committee to engage practitioners in the initiatives under DSRIP Program. This committee will have representation of different types of practitioners. LCHP will also leverage existing gatherings of practitioners within partners such as Grand Rounds, Primary Care Council, Regional Medical Director Group and Clinical Leadership Group as models for clinical integration and practitioner engagement in creating PPS-wide professional groups

Challenge 5: Partner Engagement
Mitigation: Some essential LCHP Partners are not engaged in planning projects due to ambiguity in funds flow, contribution to project requirements, lack of designated resources to engage in planning and execution, etc. LCHP Operations Team will confirm current partner involvement in projects, reach out to partners who are deemed essential, and complete a funds flow model to better inform their involvement. LCHP will regularly update partners through by using various tools

Challenge 6: Clinical Interoperability - varying EHRs among partners present a challenge in interconnectivity. Additionally, involving new partners with varied EHRs later on in the process will add risk for clinically interoperability in the required timeline
Mitigation: Patient registries will be required to track target patients and their care in the service area. Universal EHR connectivity is not present across service area providers. LCHP Operations Team will collaborate with partners since several proposed DSRIP projects will also rely on EHR systems and other technical platforms to track patient engagement. To address addition of new partners later on, LCHP Operations Team will

confirm current partner involvement in this project, reach out to partners who are deemed essential, and complete a funds flow model to comfort partners on their participation

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IPQR Module 3.d.iii.2 - Patient Engagement Speed

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	2,944

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	516	1,031	1,252	1,473
	Quarterly Update	200	1,438	0	0
	Percent(%) of Commitment	38.76%	139.48%	0.00%	0.00%
IA Approved	Quarterly Update	0	1,436	0	0
	Percent(%) of Commitment	0.00%	139.28%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (1,252) for 'DY2,Q3'

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 & Ongoing	

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IPQR Module 3.d.iii.3 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	DY4 Q4	Project	N/A	In Progress	04/01/2015	12/31/2016	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has agreements from participating providers and community programs to support a evidence-based asthma management guidelines.		Project		In Progress	09/01/2015	12/31/2016	09/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	12/31/2016	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	12/31/2016	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 1. Identify clinicians to participate in program, execute program agreements		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Distribute NHLBI guidelines to participants and partners/collaborators, and other identified participants		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Customize pathways to reflect specific EHR functionality; reflect best practices demonstration projects		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 4. Provide patient education materials to support guidelines adherence		Project		In Progress	09/01/2015	12/31/2016	09/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 5. Partner with interdisciplinary team comprised of IT, EMR, Clinicians, etc. to create information exchange workflow (eg. EPIC CareEverywhere, Healthy Connections, RHIOs like HIXNY)		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Bassett PPS LLC (PPS ID:22)

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
6. Add "Care everywhere, Care Link, etc " for partners to pilot										
Task 7. Map workflows once defined		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 8. Educate providers and staff on the workflow		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	DY4 Q4	Project	N/A	In Progress	04/01/2015	12/31/2018	04/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task Agreements with asthma specialists and asthma educators are established.		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability		Project		In Progress	10/01/2015	12/31/2018	10/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task 1. Identify specialists meeting this criteria, with whom we would establish an agreement		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Enter into agreements with selected specialists		Project		In Progress	12/31/2015	12/31/2016	12/31/2015	12/31/2018	12/31/2018	DY4 Q3
Task 3. Describe referral process algorithm		Project		In Progress	12/31/2015	12/31/2016	12/31/2015	12/31/2018	12/31/2018	DY4 Q3
Task 4. Obtain RHIO Attestation of connectivity		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Report (e.g., from Business Intelligence or Meaningful Use		Project		On Hold	04/01/2016	12/31/2016	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
team) to show evidence of active sharing HIE info - transaction info, e.g,. of public health registries - NYSIS, lab to DOH for infectious conditions, etc.										
Task 6. Obtain QE (Qualified Entity)participant agreements		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7. Identify selection criteria and targeted patients who are candidates for telemedicine services		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 8. Identify sites for telemedicine use; Refer to sites with already existing telemedicine		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. As applicable, identify/select telemedicine vendor; acquire technology; coordinate technology with Bassett's to ensure compatibility		Project		In Progress	01/01/2016	12/31/2018	01/01/2016	12/31/2018	12/31/2018	DY4 Q3
Task 10. Implement Telemedicine and plan for long term sustainability		Project		In Progress	09/01/2016	12/31/2018	09/01/2016	12/31/2018	12/31/2018	DY4 Q3
Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	DY2 Q4	Project	N/A	In Progress	04/01/2015	12/31/2016	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating providers receive training in evidence-based asthma management.		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify primary care providers to be educated		Project		Completed	09/01/2015	10/01/2015	09/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task 2. Educate on guidelines with grand rounds, other Rounds; includes staff education		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Reinforce guidelines with grand rounds, other Rounds; includes staff education		Project		In Progress	09/01/2016	12/31/2016	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Establish distance-learning mechanism to deliver education, track participants (Meaing: Webinar or archived grand rounds)		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	DY4 Q4	Project	N/A	In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care		Project		In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
managers, PCPs, and specialty providers.										
Task 1. Identify existing Medicaid Managed Care organizations having asthma coverage (some arrangements in place, some to be added)		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Identify participating health home care managers, PCPs, and specialty providers.		Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 3. Establish agreements with MCOs that address asthma coverage		Project		In Progress	10/01/2016	03/31/2019	10/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone #5 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 1. Determine criteria and metrics for counting/tracking patient engagement--EHR data, encounter data, INTERACT tool usage, etc.		Project		Completed	07/01/2015	08/15/2015	07/01/2015	08/15/2015	09/30/2015	DY1 Q2
Task 2. Evaluate existing capability for EHR patient engagement tracking		Project		Completed	07/15/2015	08/31/2015	07/15/2015	08/31/2015	09/30/2015	DY1 Q2
Task 3. Identify technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Implement technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Identify workflow impact due to new technology, document new workflow		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Train staff on technology and workflow		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	The milestone has been pushed out to 3/31/2019 to reflect the State due date and provide time to partners to form agreements.
Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	All current participating partners have Qualifying Entity (QE) participant agreement in place with a RHIO. Any new possible partners will be required to have this agreement. PPS is exploring engaging asthma educators in their workflows.
Deliver educational activities addressing asthma management to participating primary care providers.	Pushed out the due date to 3/31/17 to give time to partners to complete reinforcement of asthma education to their providers
Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	No updates
Use EHRs or other technical platforms to track all patients engaged in this project.	No updates

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	

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IPQR Module 3.d.iii.4 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone MidPoint Assessment	Completed	Project Level 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	

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

Instructions :

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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.

Challenge 1: Managing the fear that primary care providers' volumes would decrease due to adding longer visit types into their scheduling structure.
Mitigation: The project has created a phased approach with three phases (pilot phase, phase 1 & 2) to ensure the shift is gradual and not all providers/partners are affected by the change of having longer visits. Each partner is slowing ramping up their trained providers who are willing and able to see patients for palliative care visits.

Challenge 2: The state's definition for Actively Engaged Patients limits the project to only primary care providers, and does not incentivize our Community Based Organizations to partake in the project.
Mitigation: CBOs and PCPs are currently having ongoing discussions and negotiations to achieve the goals of this project by providing palliative care services to patients regardless of the limitations of the state's definition.

Challenge 3: Although all partners have adopted the use of the Medical Orders for Life-Sustaining Treatment (MOLST) form, there is no universal location for everyone to access the most up to date document.
Mitigation: Each partner is looking into whether or not the MOLST can be uploaded into the RHIOs

Challenge 4: Costs, provider and trainers time.
Mitigation: We have bundled goals of care, symptom management into one training that we hosted on a Saturday morning. This training provided Continuing Medical Education (CME) credits for those who attended. The lead agency recruited a palliative care provider (Nurse Practitioner) who ended up withdrawing his acceptance of employment. This result has delayed furthering the Palliative Care Program Training. Alternate training resources are currently being reviewed at the partner level.

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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**
DY4,Q4	2,753

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	413	826	1,239	1,652
	Quarterly Update	3	5	0	0
	Percent(%) of Commitment	0.73%	0.61%	0.00%	0.00%
IA Approved	Quarterly Update	0	5	0	0
	Percent(%) of Commitment	0.00%	0.61%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (1,239) for 'DY2,Q3'

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 & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	DY3 Q4	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those eligible PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify NCQA level 1 2011 PCMH certified *PCP / PCMHs in Region. Select at least one per quadrant to participate in pilot		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Select at least one practice in each quadrant to participate in pilot.		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3 Conduct and evaluate the pilot		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Select practices to integrate Palliative Care services into PCP practices based on results of pilots in quadrants		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. All sites inegrating Palliaitve Care services into their practices will achieve NCQA of at least the level 1 of 2014 PCMH recognition. The Patient Centered Medical Home Project is aiming to achieve level 3 NCQA 2014 standards at all participating sites by 12/31/17.		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	DY2 Q4	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	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
The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.										
Task 1. Inventory existing staffing resources to conduct pilot program		Project		Completed	08/01/2015	09/01/2015	08/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task 2. Create collaborative agreements with identified partners; and, add new, as needed		Project		In Progress	06/01/2015	12/31/2016	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Expand existing palliative care agreements to identify and include (new) community partners - eg. disabled community - and, as circumstances warrant, continue to identify additional partners		Project		In Progress	01/01/2016	12/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. With consideration to re-allocation of existing personnel, recruit and orient staff required to successfully launch PC program - to include a staff educator		Project		In Progress	01/01/2016	12/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Assess current status of, and need for additional, Palliative Care certified staff credentialing		Project		Completed	08/01/2015	09/01/2015	08/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task 6. Apply for and attain certification for provider/practitioner staff-identified areas / personnel		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	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	09/01/2015	03/31/2017	09/01/2015	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	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Leverage existing Palliative Care standards among partners to adopt service and eligibility standards - including adoption of MOLST, at all identified practice locations, for all Palliative Care patients		Project		Completed	09/01/2015	10/21/2015	09/01/2015	10/21/2015	12/31/2015	DY1 Q3
Task 2. Those providing Palliative Care Services will guide the use of the best tools to use to standardize approach. The pilot program		Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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will yield best use of tools across PPS region to best meet the needs of patients and care providers.										
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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Referencing evidence-based guidelines, design a program to educate PCPs and NPs		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Educate pilot group of PCPs and NPs to regional practices		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Develop and provide staff educational program(s) for all selected practice locations -- disseminate palliative care clinical guidelines		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Visit and seek consultative advice form an established PC program directed at care of the developmentally disabled and other under-served populations: Center for Hospice and Palliative Care and Aspire of WNY, Buffalo NY		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Include Developmental Disability providers and community partners in training and awareness programs		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify gaps in coverage for Palliative Care services to determine which MCO's to develop agreements with and communicate gaps/barriers to LCHP PPS.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Policy and Payment Shift: Negotiate agreements by leveraging the existing Hospice toolkit to develop palliative care coverage or, expansion of Home Care / Hospice benefit to include a specific palliative care benefit that includes telehealth and carves out specific needs of the underserved populations		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
(e.g.-disabled and LTC)										
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 1. Determine criteria and metrics for counting/ tracking patient engagement-- EHR data, encounter data, INTERACT tool usage, etc.		Project		Completed	07/01/2015	08/15/2015	07/01/2015	08/15/2015	09/30/2015	DY1 Q2
Task 2. Evaluate existing capability for EHR patient engagement tracking		Project		Completed	08/15/2015	08/30/2015	08/15/2015	08/30/2015	09/30/2015	DY1 Q2
Task 3. Identify technology enhancements/upgrades needed to count/track patient engagement		Project		Completed	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Implement technology enhancements/upgrades needed to count/track patient engagement		Project		In Progress	10/01/2015	12/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Identify workflow impact due to technology enhancements. Document new workflow.		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Train staff on technology and workflow		Project		Not Started	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

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.	No updates
Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	LCHP is consulting with Care Compass PPS to replicate their Palliative Care fee schedule to engage Palliative Care and hospice agencies and provide eMOLST and IPOS surveys for patients to be shared with PCP's.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	Clinical and technical training for providers and staff have been adopted from the Center to Advance Palliative Care (CAPC) website and Bassett's Palliative Care Work Group and Staff Education department. Documentation of this will be prepared by 3/31/17.
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Care Managers, nurses and PCPs at regional clinics have been selected to participate in this program. Training dates are being set for DY2Q4.
Engage with Medicaid Managed Care to address coverage of services.	No updates
Use EHRs or other IT platforms to track all patients engaged in this project.	No updates

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	

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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	Completed	Project level 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	

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

Instructions :

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Project 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems

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

Instructions :

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

Significant Project Milestones
- Expand implementation of "collaborative care" in primary care settings, for adults and children.
- Develop models for integrated prevention interventions.

Challenge 1: Engagement from partners to provide training across our five County PPS
Mitigation: Creating a funds flow model that will incentivize partners to engaged in providing training opportunities throughout our five county PPS

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Bassett PPS LLC (PPS ID:22)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 1-Participate in MEB health promotion and MEB disorder prevention partnerships.	Completed	Participate in MEB health promotion and MEB disorder prevention partnerships.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1. Connect with Community Based Organizations to identify MEB services and programs currently available; identify partnership opportunities within the PPS by identifying who the Counties connect to (use survey tool to obtain information)	Completed	Connect with County Directors to identify MEB services and programs currently available; identify partnership opportunities within the PPS by identifying who the Counties connect to (use survey tool to obtain information)	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify participation criteria, structure, purpose (including rationale, assets, challenges, goals, objectives, baseline data for tracking, specific issues to be addressed, interventions to be implemented to address issues); also include projects selected from State's list of options	Completed	Announcement to community partners on intention to take action on this project and invitation for regional alliance	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Invite and clarify roles of community partners, Local Health Departments, and Local Government Units to strengthen MEB infrastructure; reflect areas that need strengthening per Community Need Assessments obtained from community partners/other stakeholders	Completed	Invite and clarify roles of community partners, Local Health Departments, and Local Government Units to strengthen MEB infrastructure; reflect areas that need strengthening per Community Need Assessments obtained from community partners/other stakeholders	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Invite prospective partners to collaborate on overseeing MEB health promotion activities; Identify key representatives from multi-system governmental agencies, health care and community based organizations, schools, etc., to serve on an inter-agency team to address the specific MEB issues in the community that includes an approach balancing promotion, prevention,	Completed	Invite prospective partners to collaborate on overseeing MEB health promotion activities; Identify key representatives from multi-system governmental agencies, health care and community based organizations, schools, etc., to serve on an inter-agency team to address the specific MEB issues in the community that includes an approach balancing promotion, prevention, treatment and maintenance	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
treatment and maintenance								
Task 5. Using data from community needs assessment and engagement with community partners, identify specific MEB issues to be addressed; perform a gap analysis to identify where existing programs need to be expanded or where new programs are needed	Completed	Using data from community needs assessment and engagement with community partners, identify specific MEB issues to be addressed; perform a gap analysis to identify where existing programs need to be expanded or where new programs are needed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 6. Establish partnership arrangements	Completed	Number of organizations that enter into formal inter/intra organizational agreement to develop and implement interventions to support MEB efforts that balance promotion, prevention, treatment and maintenance	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone 2-Expand efforts with DOH, OMH and OASAS to implement 'Collaborative Care in primary care settings throughout NYS, for adults and children.	In Progress	Expand efforts with DOH, OMH and OASAS to implement 'Collaborative Care in primary care settings throughout NYS, for adults and children.	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Identify primary care partners willing to participate in adult and youth screenings beyond those identified in project 3.a.i--Integration of Behavioral Health and Primary Care	Completed	Number of screenings by primary care providers and the % of total # patients this represents; number of positive screenings that result in a referral; number of referrals	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. Identify opportunities to work with adults,youth and parents of children/younger populations in various settings, e.g., Head Start, parent programs, AARP, Senior Groups, service organizations, non-traditional settings.	Completed	Identify opportunities to work with adults,youth and parents of children/younger populations in various settings, e.g., Head Start, parent programs, AARP, Senior Groups, service organizations, non-traditional settings.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Identify opportuities for adult and child telemedicine.	Completed	Identify opportuities for adult and child telemedicine.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Identify schools willing to participate in screenings	In Progress	Identify schools willing to participate in screenings	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Identify collaboration opportunities with school-based health clinics for collaborative care models	In Progress	Identify collaboration opportunities with school-based health clinics for collaborative care models	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Train-the-trainer for children/youth and adults settings on SBIRT screening interventions (train on OASAS methods)	In Progress	Train-the-trainer for children/youth and adults settings on SBIRT screening interventions (train on OASAS methods)	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task	In Progress	Integrate performance-based early recognition screening program for	04/01/2016	03/31/2017	04/01/2016	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
7. Integrate performance-based early recognition screening program for adults and children (e.g., de-stigmatizing through early identification)		adults and children (e.g., de-stigmatizing through early identification)						
Task 8. Develop methods and data sources to track patient progress and make improvements as needed (per project 3.a.i--Behavioral Health/Primary Care Integration)	In Progress	Develop methods and data sources to track patient progress and make improvements as needed (per project 3.a.i--Behavioral Health/Primary Care Integration)	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Identify screening/ assessment tools that are evidenced based	In Progress	Identify screening/ assessment tools that are evidenced based	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 10. Train collaborative partners in evidenced based screening/assessment tools	In Progress	Train collaborative partners in evidenced based screening/assessment tools	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Monitor interventions, track progress, and make improvements as needed	In Progress	Identification of data set and baseline data for tracking implementation progress	04/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone 3-Provide cultural and linguistic training to providers on MEB health promotion, prevention and treatment.	Completed	Provide cultural and linguistic training to providers on MEB health promotion, prevention and treatment.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1. Update/analyze Community Needs Assessment to assess level of cultural and linguisic needs, and understand community and provider characteristics, including an understanding of MEB promotion	Completed	Update/analyze Community Needs Assessment to assess level of cultural and linguisic needs, and understand community and provider characteristics, including an understanding of MEB promotion	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Conduct an assessment of providers' cultural competency, including an understanding of community culture, comfort working with diverse segments, proficiency in treating community members, and participation in cultural competency training	Completed	Use validated surveys where possible to assess cultural competency	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Identify currently available cultural and linguistic services	Completed	Identify currently available cultural and linguistic services	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Perform a gap analysis between cultural/linguistic service needs and available	Completed	Perform a gap analysis between cultural/linguistic service needs and available services; identify training program(s) to fill the gap	01/01/2016	12/31/2016	01/01/2016	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
services; identify training program(s) to fill the gap								
Task 5. Identify individuals who can train on cultural/linguistic programs (e.g., recruit from college campuses)	Completed	Identify individuals who can train on cultural/linguistic programs (e.g., recruit from college campuses)	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Identify cultural and linguistic training needs (e.g., farming/NYCAHM/Cornell Cooperative Extension, Amish, impoverished, disabled, religious)	Completed	Identify cultural and linguistic training needs (e.g., farming/NYCAHM/Cornell Cooperative Extension, Amish, impoverished, disabled, religious)	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7. Develop targeted cultural training on MEB health promotion, prevention, treatment	Completed	Develop targeted cultural training on MEB health promotion, prevention, treatment	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8. Train providers on cultural and linguistic approach to ensure services are provided in a culturally and linguistically appropriate manner	Completed	Number of organizations conducting a specific behavioral health promotion or disorder prevention cultural competency training; number of participants who completed a specific training; number of participants who gained knowledge and/or skills from a specific training via a post-test	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone 4-Identify model prevention interventions and lessons in integrating prevention and treatment.	In Progress	Identify model prevention interventions and lessons in integrating prevention and treatment.	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify evidenced-based models for intregrated prevention, develop method and treatment approach to tie them all together	Completed	Identify evidenced-based models for intregrated prevention, develop method and treatment approach to tie them all together	09/01/2016	12/31/2016	09/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. Collect resources to support the model (e.g., evidence-based practices and interventions delivered)	Completed	Collect resources to support the model (e.g., evidence-based practices and interventions delivered)	09/01/2016	12/31/2016	09/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Identify and deliver training programs for adults,children and youth to enhance protected factors.	Not Started	Identify and deliver training programs for adults,children and youth to enhance protected factors.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 4. Identify and deliver curricula to members of partnership on MEB health promotion, prevention, and treatment, using the Institute of Medicine Intervention Spectrum framework	Not Started	Identify and deliver curricula to members of partnership on MEB health promotion, prevention, and treatment, using the Institute of Medicine Intervention Spectrum framework	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 5-Identify opportunities to collaborate on efficiencies in care delivery.	In Progress	Identify opportunities to collaborate on efficiencies in care delivery.	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Analyze service providers and patient populations (in collaboration with Health Home), to identify ways to reduce duplication, improve efficiencies, share services, co-locate, merge services	Completed	Analyze service providers and patient populations (in collaboration with Health Home), to identify ways to reduce duplication, improve efficiencies, share services, co-locate, merge services	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. Develop service agreements and MOUs to implement reductions/efficiencies where negotiated	Not Started	Develop service agreements and MOUs to implement reductions/efficiencies where negotiated	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Milestone 6-Identify population MHSA needs and methods to measure outcomes.	In Progress	Identify population MHSA needs and methods to measure outcomes.	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Engage PHIP to source data, analyze it, establish a baseline of behavioral health needs in the region; examine results against baseline; adjust approach as needed	Completed	Engage PHIP to source data, analyze it, establish a baseline of behavioral health needs in the region; examine results against baseline; adjust approach as needed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Identify barriers to success of existing and potential programs	Completed	Identify barriers to success of existing and potential programs	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Conduct root cause analysis on reasons for existing barriers (e.g., high no-show rate may be due to lack of transportation)	Completed	Conduct root cause analysis on reasons for existing barriers (e.g., high no-show rate may be due to lack of transportation)	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Educate primary and acute care providers (and others) to incorporate MHSA protocols and practices on policies/programs (e.g., discharge protocols to reflect recognition of MHSA conditions)	Completed	Educate primary and acute care providers (and others) to incorporate MHSA protocols and practices on policies/programs (e.g., discharge protocols to reflect recognition of MHSA conditions)	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Identify methods to monitor and adjust practices and collaboration as needed to continually improve communications and outcomes	Not Started	Number of referrals; number of patients engaged in treatment	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone 7-Share data and information with providers on MEB health promotion and MEB disorder prevention and treatment.	Completed	Share data and information with providers on MEB health promotion and MEB disorder prevention and treatment.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task	Completed	Develop communication plan to include tasks, methods (e.g., NY-211,	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1. Develop communication plan to include tasks, methods (e.g., NY-211, phone calls, hot lines/MCAT/warmline, NY-Connect, county coordinating councils/agencies), expected results		phone calls, hot lines/MCAT/warmline, NY-Connect, county coordinating councils/agencies), expected results						
Task 2. Develop a communication mechanism among providers re patient services, treatments (primary care, agencies, behavioral health, substance abuse treatment facilities, Health Homes, etc.)	Completed	Develop a communication mechanism among providers re patient services, treatments (primary care, agencies, behavioral health, substance abuse treatment facilities, Health Homes, etc.)	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Collaborate with local health departments and local government units (LGUs), providers, payers (Insurance companies) to identify data sources that can be used to share information on MEB issues within the community	Completed	"Assess the feasibility of incorporating and sharing data on standard measures recommended by the Institute of Medicine committee for eight social and behavioral domains: educational attainment – financial resource strain – stress depression – physical activity social isolation – intimate partner violence (for women of reproductive age) neighborhood median-household income"	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone MidPoint Assessment	Completed	Project-level 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
1-Participate in MEB health promotion and MEB disorder prevention partnerships.	
2-Expand efforts with DOH, OMH and OASAS to implement 'Collaborative Care in primary care settings throughout NYS, for adults and children.	
3-Provide cultural and linguistic training to providers on MEB health promotion, prevention and treatment.	A Cultural Competency Educational Night was held on November 30, 2016. LCHP invited all partners to attend. Topics and Learning Objectives are stated below. Supporting Documentation of attendance sheet is in Implementation fold to be submitted to MAPP> Cultural Competency for LGBTQ Patient Population Learning Objective: The learner will be able to describe the unique aspects of the transgender patient care experience; be able to adapt nuances in communication and

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
	tailoring practice to transgender patient preferences. Overcoming Disparities for Opioid Addicted Patients Learning Objectives: The learner will be able to recall a variety of challenges caregivers face while caring for opioid addicted patients and use the tools provided to bridge the gap in disparities related to addiction medicine Eldercare Disparities Learning Objectives: The learner will be able to recognize the importance of the various agencies that assist providers in caring for the elderly, as well as proactively demonstrate potential challenges upon discharge. Dinner & Keynote Presentation on Opioid Addicted Patient Population Learning Objectives: The learner will receive an overview of the science of addictionology and identify the patient trends that impact practice and create disparities in care. Panel Discussion: Providers & Caregivers as the Minority - Reverse Disparities of Care Learning Objective: The learner will be able to describe situations and potential consequences of reverse discrimination in the healthcare setting. A PPS Assessment was performed by a CCHL Strengths survey that was administered to Fox Medical Staff in March 2016 to assess provider competency. A Gap Analysis completed through CCHL Committee through Community Needs Assessment completed by PHIP Mohawk Valley, A survey was sent to all LCHP partners for analysis of what is needed in our communities regarding suicide prevention, Naloxone Training, and Mental Health First. Five different training relating to these three community needs have been offered to our 5 communities. Training included are: Naloxone Training, Mental Health First Aid, Applied Suicide Intervention Skills Training(ASIST), Safe Tell, Ask, Listen and Keep Save(SafeTALK), Question, Persuade and Refer(QPR) Gatekeeper Training for Suicide Prevention.
4-Identify model prevention interventions and lessons in integrating prevention and treatment.	
5-Identify opportunities to collaborate on efficiencies in care delivery.	
6-Identify population MHSA needs and methods to measure outcomes.	
7-Share data and information with providers on MEB health promotion and MEB disorder prevention and treatment.	Our PPS partner LEAF, has created an on-line repository called Recovery Seek, which allows patients to put in their home address to determine which services are available and in what proximity to their home. A calendar of trainings available has been created to help support providers with MEB Health promotion and MEB disorder prevention and treatment. This information is shared across all partner agencies for training opportunities for staff and community knowledge. Our PPS will be providing funding for 12-15 trainings throughout the 2017 Calendar year.
MidPoint Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	The IA has marked Project 4.a.ii Milestones 3 and 7 as complete.

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IPQR Module 4.a.iii.3 - IA Monitoring

Instructions :

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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.

Significant Project Milestones

- Ongoing—train health care providers to ask the 5 As (Ask, Assess, Advise, Assist, and Arrange), and track follow-ups/results
- Pursue reimbursement for Smoking Cessation counseling by all provider types

Challenge 1: Achieving smoker buy-in and monitoring compliance with policies.
Mitigation: Develop a method to obtain good baseline data on number of current smokers in target population, track success in smoking cessation efforts, correlate success rates with techniques used, and flag individuals who quit and then start smoking again.

Challenge 2: Risk to revenue for performing non-covered/non-reimbursed services; negotiating contracts with Medicaid MCOs is needed since many services are not reimbursed/under-reimbursed.
Mitigation: Allow uniform, universal coverage; to negotiate contracts with MCOs, need to combine efforts across project teams within the PPS and across PPSs to strengthen/consolidate the message & sustain patient care in DSRIP projects.

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 1-Adopt tobacco-free outdoor policies that support and enforce tobacco-free grounds throughout the PPS	In Progress	65% of identified targets have adopted tobacco-free outdoor policies	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Develop and adopt policies that support and enforce tobacco-free grounds throughout the PPS, including community-based sites and review and update a summary of current intitutional policies regarding tobacco-free environment (one-time)	In Progress	1. Develop and adopt policies that support and enforce tobacco-free grounds throughout the PPS, including community-based sites and review and update a summary of current intitutional policies regarding tobacco-free environment (one-time)	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 2. Review and update a summary of current institutional policies regarding tobacco-free environment (one-time)	In Progress	2. Review and update a summary of current institutional policies regarding tobacco-free environment (one-time)	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 3. Identify no-smoking signage and encourage education and collaboration (especially with facilities violating policy)	In Progress	3. Identify no-smoking signage and encourage education and collaboration (especially with facilities violating policy)	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 4. Establish connections with other organizations having related policies, support their success and strengthing those with less success	In Progress	4. Establish connections with other organizations having related policies, support their success and strengthing those with less success	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 5. Recognize organizations going smoke-free outdoors to incent others (ongoing)	In Progress	5. Recognize organizations going smoke-free outdoors to incent others (ongoing)	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone 2-Develop and implement a policy to ensure screening and treatment of tobacco dependency following the US Public Health Service Guidelines.	In Progress	Follow-up schedule showing a minimum number of health service partners have been trained on guidelines	04/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 1. Implement or adapt an existing EHR that captures and promotes screening and treatment at every encounter (outpatient and inpatient) and	Completed	1. Implement or adapt an existing EHR that captures and promotes screening and treatment at every encounter (outpatient and inpatient) and links to resources such as reference documents for drug interactions	10/01/2016	09/30/2017	10/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Bassett PPS LLC (PPS ID:22)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
links to resources such as reference documents for drug interactions								
Task 2. Develop and use routine schedule performance measures for monitoring tobacco use screening and treatment	In Progress	2. Develop and use routine schedule performance measures for monitoring tobacco use screening and treatment	10/01/2016	12/31/2017	10/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 3. Implement or adapt workflow to optimize delivery of tobacco use screening and treatment	In Progress	3. Implement or adapt workflow to optimize delivery of tobacco use screening and treatment	10/01/2016	12/31/2017	10/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 4. Follow up in 6 months to observe provision of counseling and optimal pharmacotherapy (as appropriate) at every visit, suggest adjustments as needed (e.g., further training)	In Progress	4. Follow up in 6 months to observe provision of counseling and optimal pharmacotherapy (as appropriate) at every visit, suggest adjustments as needed (e.g., further training)	04/01/2016	12/31/2016	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 5. Establish an annual check-in program to ensure continued guideline adherence and address related issues	In Progress	5. Establish an annual check-in program to ensure continued guideline adherence and address related issues	10/01/2016	12/31/2017	10/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone 3-Use electronic medical records to prompt providers to complete 5 A's (Ask, Assess, Advise, Assist, and Arrange).	In Progress	% of patients asked the 5 A's (where EMR) or chart audit (where no EMR)	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 1. Identify partners having an electronic medical record; identify technology enhancements/upgrades needed to count/track patient engagement	Completed	1. Identify partners having an electronic medical record; identify technology enhancements/upgrades needed to count/track patient engagement	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 2. Create an EHR template for documenting the 5 A's	Completed	2. Create an EHR template for documenting the 5 A's	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. For partners with an EMR, identify current capability to prompt providers to complete 5 A's	In Progress	3. For partners with an EMR, identify current capability to prompt providers to complete 5 A's	01/01/2016	12/31/2016	01/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 4. Identify where EMRs need to add in provider prompts to complete 5 A's, or to accomplish the goal another way if there is no EMR or if EMR cannot be enhanced (e.g., manually with forms)	On Hold	4. Identify where EMRs need to add in provider prompts to complete 5 A's, or to accomplish the goal another way if there is no EMR or if EMR cannot be enhanced (e.g., manually with forms)	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Institute for all health care team members	In Progress	5. Institute for all health care team members routine tobacco use screening and treatment training that covers the 5 A's and	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1

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Bassett PPS LLC (PPS ID:22)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
routine tobacco use screening and treatment training that covers the 5 A's and recommendation to NYS Quit Line		recommendation to NYS Quit Line						
Milestone 4-Facilitate referrals to the NYS Smokers' Quit line.	In Progress	Contact NYS Smokers' Quitline to enroll in secure site access.	03/31/2016	12/31/2017	03/31/2016	12/31/2017	12/31/2017	DY3 Q3
Task 1. Identify a variety of communication forums in which to promote the quit line	In Progress	1. Identify a variety of communication forums in which to promote the quit line	03/31/2016	12/31/2017	03/31/2016	12/31/2017	12/31/2017	DY3 Q3
Task 2. Identify a variety of social groups to target in promoting the Quit Line	In Progress	Identify a variety of social groups to target in promoting the Quit Line	03/31/2016	12/31/2017	03/31/2016	12/31/2017	12/31/2017	DY3 Q3
Task 3. Refer patients to NYS Smokers' Quit line as follow up to on-site counseling and pharmacotheraphy evaluation with bi-directional communication so providers receive feedback from referrals	Not Started	Refer patients to NYS Smokers' Quit line as follow up to on-site counseling and pharmacotheraphy evaluation with bi-directional communication so providers receive feedback from referrals	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone 5-Increase Medicaid and other health plan coverage of tobacco dependence treatment counseling and medications.	In Progress	Contact with MCOs and top 10 insurers in NYS (re top #s of enrolees)	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 1. Collaborate with other DSRIP projects within the PPS and with other PPS's to identify MCO/payers to target for advocacy efforts	In Progress	1. Collaborate with other DSRIP projects within the PPS and with other PPS's to identify MCO/payers to target for advocacy efforts	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 2. Advocate for tobacco use to be covered under mental health in addition to medical coverage	In Progress	2. Advocate for tobacco use to be covered under mental health in addition to medical coverage	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 3. Identify ACA opportunities for coverage, collaborate with professional organizations working on tobacco cessation (statewide, national). Collaborate with participating health plans to identify value based methods for reimbursement for tobacco dependence treatment	In Progress	3. Identify ACA opportunities for coverage, collaborate with professional organizations working on tobacco cessation (statewide, national). Collaborate with participating health plans to identify value based methods for reimbursement for tobacco dependence treatment	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone 6-Promote smoking cessation benefits among Medicaid providers.	In Progress	# of people trained in benefits available; measure billing/reimbursement outcomes (to monitor for increases in funding/reimbursement)	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 1. Identify Medicaid provider targets for orientation	In Progress	1. Identify Medicaid provider targets for orientation and promotion of smoking cessation benefits/reimbursements (e.g., billing offices)	01/01/2016	01/31/2017	01/01/2016	01/31/2017	03/31/2017	DY2 Q4

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and promotion of smoking cessation benefits/reimbursements (e.g., billing offices)								
Task 2. Incorporate provider training in tobacco dependence treatment into hospital priviledge requirements and conduct biennial review of progress	In Progress	2. Incorporate provider training in tobacco dependence treatment into hospital priviledge requirements and conduct biennial review of progress	06/30/2016	06/30/2017	06/30/2016	06/30/2017	06/30/2017	DY3 Q1
Task 3. Educate billing departments on billing/coding methods for reimbursement on smoking cessation practices	In Progress	3. Educate billing departments on billing/coding methods for reimbursement on smoking cessation practices	03/01/2016	12/31/2017	03/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone 7-Create universal, consistent health insurance benefits for prescription and over-the-counter cessation medications.	In Progress	"1. # payers covering medications 2. develop position statement re universal health benefits (e.g., coverage for nicotine gum for 6 months)"	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 1. Identify MCO/payers to target for advocacy efforts; collaborate with other PPS's for advocacy efforts	In Progress	1. Identify MCO/payers to target for advocacy efforts; collaborate with other PPS's for advocacy efforts	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 2. Identify inconsistent management of various Medicaid products in the Managed Medicaid environment (including mental health), to identify opportunities for consistency in billing and reimbursement	In Progress	2. Identify inconsistent management of various Medicaid products in the Managed Medicaid environment (including mental health), to identify opportunities for consistency in billing and reimbursement	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 3. Identify opportunities for thought leadership (e.g., articles in newsletters and publications)	In Progress	3. Identify opportunities for thought leadership (e.g., articles in newsletters and publications)	06/01/2016	12/31/2017	06/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone 8-Promote cessation counseling among all smokers, including people with disabilities.	In Progress	Count the number of tobacco cessation promotion events within the PPS geography	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 1. Ensure US Public Health Services Guidelines for Treating Tobacco Use are followed throughout the community, by providers serving people with disabilities (and their employees)	In Progress	1. Ensure US Public Health Services Guidelines for Treating Tobacco Use are followed throughout the community, by providers serving people with disabilities (and their employees)	06/01/2016	07/31/2017	06/01/2016	07/31/2017	09/30/2017	DY3 Q2
Task 2. Develop feedback reports using quality measures for screening and treatment (including CPT to II codes) to providers/clinics using the EHR	In Progress	2. Develop feedback reports using quality measures for screening and treatment (including CPT to II codes) to providers/clinics using the EHR	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 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
Task 3. Identify referral resources that advocates can use when referring their peers; identify/update tobacco cessation materials for distribution to patients	In Progress	3. Identify referral resources that advocates can use when referring their peers; identify/update tobacco cessation materials for distribution to patients	01/31/2016	12/31/2017	01/31/2016	12/31/2017	12/31/2017	DY3 Q3
Task 4. Promote national stop-smoking events, nationally, regionally, and across the PPS footprint	In Progress	4. Promote national stop-smoking events, nationally, regionally, and across the PPS footprint	03/31/2016	12/31/2017	03/31/2016	12/31/2017	12/31/2017	DY3 Q3
Task 5. Leverage social media components to events and cessation program awareness	In Progress	5. Leverage social media components to events and cessation program awareness	03/31/2016	12/31/2017	03/31/2016	12/31/2017	12/31/2017	DY3 Q3
Task 6. Adopt a buddy program to support smoking cessation efforts	In Progress	6. Adopt a buddy program to support smoking cessation efforts	09/30/2016	12/31/2017	09/30/2016	12/31/2017	12/31/2017	DY3 Q3
Task 7. Identify opportunities to embed smoking cessation into other programs (e.g, healthy bodies). Institute a PPS-wide policy that ensures tobacco status is queried and documented and that decision-support for treatment is embedded in each encounter.	In Progress	7. Identify opportunities to embed smoking cessation into other programs (e.g, healthy bodies). Institute a PPS-wide policy that ensures tobacco status is queried and documented and that decision-support for treatment is embedded in each encounter.	06/30/2016	12/31/2017	06/30/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone MidPoint Assessment	Completed	Project level 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
1-Adopt tobacco-free outdoor policies that support and enforce tobacco-free grounds throughout the PPS	
2-Develop and implement a policy to ensure screening and treatment of tobacco dependency following the US Public Health Service Guidelines.	

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
3-Use electronic medical records to prompt providers to complete 5 A's (Ask, Assess, Advise, Assist, and Arrange).	
4-Facilitate referrals to the NYS Smokers' Quit line.	
5-Increase Medicaid and other health plan coverage of tobacco dependence treatment counseling and medications.	
6-Promote smoking cessation benefits among Medicaid providers.	
7-Create universal, consistent health insurance benefits for prescription and over-the-counter cessation medications.	
8-Promote cessation counseling among all smokers, including people with disabilities.	
MidPoint Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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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 'Bassett PPS LLC ', 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:	MARY IMOGENE BASSETT HSP
Secondary Lead PPS Provider:	
Lead Representative:	Michael Tengeres
Submission Date:	03/14/2017 08:04 AM

Comments:

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Bassett PPS LLC (PPS ID:22)

Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY2, Q3	Adjudicated	Michael Tengeres	sacolema	03/31/2017 12:37 PM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The DY2, Q3 Quarterly Reports have been adjudicated.	sacolema	03/31/2017 12:37 PM
Returned	The DY2, Q3 Quarterly Report is returned for remediation. Please see the remediation checklist highlighting all items requiring your attention in the MAPP portal. PPS remediation responses are due by March 17, 2017	sacolema	03/03/2017 04:37 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.ii	IPQR Module 2.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.ii.2 - Patient Engagement Speed	Completed
	IPQR Module 2.a.ii.3 - Prescribed Milestones	Completed
	IPQR Module 2.a.ii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.a.ii.5 - IA Monitoring	
2.b.vii	IPQR Module 2.b.vii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.vii.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.vii.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.vii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.vii.5 - IA Monitoring	
2.b.viii	IPQR Module 2.b.viii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.viii.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.viii.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.viii.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.viii.5 - IA Monitoring	
2.c.i	IPQR Module 2.c.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.c.i.2 - Patient Engagement Speed	Completed
	IPQR Module 2.c.i.3 - Prescribed Milestones	Completed
	IPQR Module 2.c.i.4 - PPS Defined Milestones	Completed
	IPQR Module 2.c.i.5 - IA Monitoring	
2.d.i	IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.d.i.2 - Patient Engagement Speed	Completed
	IPQR Module 2.d.i.3 - Prescribed Milestones	Completed
	IPQR Module 2.d.i.4 - PPS Defined Milestones	Completed
	IPQR Module 2.d.i.5 - IA Monitoring	
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

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

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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 & Ongoing	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete	
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	

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Section	Module Name / Milestone #	Review Status	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Pass & Ongoing	
	Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Pass & Ongoing	
	Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Pass & Ongoing	
	Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Complete	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Complete	
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Complete	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Complete	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Ongoing	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Complete	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Ongoing	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Ongoing	
Section 08	Module 8.1 - Prescribed Milestones		

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Section	Module Name / Milestone #	Review Status	
	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 & Complete	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Complete	
Section 11	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete	
	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Ongoing	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Ongoing	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Ongoing	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Complete	
	Milestone #5 Develop training strategy.	Pass & Complete	
	Module 11.10 - Staff Impact	Pass & Ongoing	
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
2.a.ii	Module 2.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.a.ii.3 - Prescribed Milestones		
	Milestone #1 Ensure that all eligible participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	Pass & Ongoing	
	Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	Pass & Ongoing	
	Milestone #4 Ensure 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 direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass (with Exception) & Ongoing	IA
	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 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	Pass & Ongoing	
	Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	Pass & Ongoing	
	Milestone #9 Implement open access scheduling in all eligible primary care practices.	Pass & Ongoing	
2.b.vii	Module 2.b.vii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.vii.3 - Prescribed Milestones		
	Milestone #1 Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	Pass & Ongoing	
	Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	Pass & Complete	
	Milestone #3 Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Pass & Ongoing	
	Milestone #4 Educate all staff on care pathways and INTERACT principles.	Pass & Ongoing	
	Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Pass & Ongoing	
	Milestone #6 Create coaching program to facilitate and support implementation.	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Pass & Ongoing	
	Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	Pass & Complete	
	Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Pass & Ongoing	
	Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.b.viii	Module 2.b.viii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.viii.3 - Prescribed Milestones		
	Milestone #1 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	Pass & Ongoing	
	Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	Pass & Ongoing	
	Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Pass & Ongoing	
	Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	Pass & Ongoing	
	Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Pass & Complete	
	Milestone #6 Create coaching program to facilitate and support implementation.	Pass & Ongoing	
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Pass & Ongoing	
	Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	Pass & Ongoing	
	Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	Pass & Ongoing	
	Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	Pass & Ongoing	
	Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Pass & Ongoing	
	Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.c.i	Module 2.c.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.c.i.3 - Prescribed Milestones		
	Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	Pass & Complete	
	Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	Pass & Complete	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	Pass & Complete	
	Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type.	Pass & Complete	
	Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing services.	Pass & Ongoing	
	Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	Pass & Complete	
	Milestone #7 Market the availability of community-based navigation services.	Pass & Ongoing	
	Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.d.i	Module 2.d.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.d.i.3 - Prescribed Milestones		
	Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Pass & Ongoing	
	Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Pass & Ongoing	
	Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Pass & Ongoing	
	Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Pass & Ongoing	
	Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Pass & Ongoing	
	Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	Pass & Ongoing	
	Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Pass & Ongoing	
	Milestone #8 Include beneficiaries in development team to promote preventive care.	Pass & Ongoing	
	Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.	Pass & Ongoing	

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	• If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.		
	Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Pass & Ongoing	
	Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Pass & Ongoing	
	Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Pass & Ongoing	
	Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Pass & Ongoing	
	Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Pass & Ongoing	
	Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Pass & Ongoing	
	Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Pass & Ongoing	
	Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Pass & 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	

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Project ID	Module Name / Milestone #	Review Status	
	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	
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.a.iv	Module 3.a.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.iv.3 - Prescribed Milestones		
	Milestone #1 Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	Pass & Ongoing	
	Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	Pass & Ongoing	
	Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.	Pass & Complete	
	Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	Pass (with Exception) & Ongoing	IA
	Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	Pass & Ongoing	
	Milestone #6 Develop care management services within the SUD treatment program.	Pass & Ongoing	
	Milestone #7 Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
3.d.iii	Module 3.d.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.d.iii.3 - Prescribed Milestones		
	Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	Pass & Ongoing	
	Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	Pass & Ongoing	
	Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	Pass & Ongoing	
	Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	Pass & Ongoing	
	Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	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	
4.a.iii	Module 4.a.iii.2 - PPS Defined Milestones	Pass & Ongoing	
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing	

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Providers Participating in Projects

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

Provider Category		Project 2.a.ii		Project 2.b.vii		Project 2.b.viii		Project 2.c.i		Project 2.d.i		Project 3.a.i		Project 3.a.iv		Project 3.d.iii		Project 3.g.i		Project 4.a.iii		Project 4.b.i	
		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed	
Practitioner - Primary Care Provider (PCP)	Total	220	190	0	-	0	-	0	-	0	-	223	165	172	153	221	165	208	153	224	-	177	-
	Safety Net	22	15	0	-	0	12	0	12	0	12	25	12	15	12	22	12	22	12	25	-	15	-
Practitioner - Non-Primary Care Provider (PCP)	Total	0	-	0	-	0	-	0	-	0	-	0	440	512	434	635	436	0	429	652	-	531	-
	Safety Net	0	-	0	-	0	9	0	16	0	15	0	12	11	10	11	9	0	8	11	-	24	-
Hospital	Total	0	-	3	-	6	-	2	-	2	-	0	-	1	4	5	-	3	-	4	-	4	-
	Safety Net	0	-	3	3	5	5	2	-	2	4	0	-	1	5	5	-	3	-	4	-	4	-
Clinic	Total	0	2	0	-	8	-	4	-	4	-	5	2	1	3	6	0	3	1	5	-	5	-
	Safety Net	0	1	0	-	7	-	4	3	4	4	5	2	1	3	6	0	3	0	4	-	5	-
Case Management / Health Home	Total	0	-	0	-	3	-	5	-	5	-	4	-	3	2	1	0	2	-	6	-	3	-
	Safety Net	0	-	0	-	1	-	3	1	3	-	3	-	2	1	1	0	1	-	3	-	3	-
Mental Health	Total	0	-	0	-	0	-	2	-	2	-	36	22	34	20	0	-	0	-	43	-	33	-
	Safety Net	0	-	0	-	0	1	2	2	2	-	5	5	5	3	0	-	0	-	7	-	4	-
Substance Abuse	Total	0	-	0	-	0	-	1	-	1	-	3	2	5	3	0	-	0	-	3	-	3	-
	Safety Net	0	-	0	-	0	0	1	0	1	-	3	2	5	3	0	-	0	-	3	-	3	-
Nursing Home	Total	0	-	11	-	1	-	0	-	0	-	1	-	0	-	1	-	1	-	0	-	0	-
	Safety Net	0	-	11	7	1	2	0	-	0	-	1	-	0	-	1	-	1	-	0	-	0	-
Pharmacy	Total	0	-	0	-	2	-	1	-	1	-	1	-	0	0	1	0	1	-	0	-	2	-
	Safety Net	0	-	0	-	1	0	1	0	1	0	0	-	0	0	0	0	0	-	0	-	2	-
Hospice	Total	0	-	0	-	2	-	0	-	0	-	0	-	0	-	0	-	3	2	0	-	0	-

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Provider Category		Project 2.a.ii		Project 2.b.vii		Project 2.b.viii		Project 2.c.i		Project 2.d.i		Project 3.a.i		Project 3.a.iv		Project 3.d.iii		Project 3.g.i		Project 4.a.iii		Project 4.b.i	
		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed	
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	0	0	-	0	-
Community Based Organizations	Total	0	-	0	-	2	-	8	-	8	-	6	4	8	2	0	0	1	2	17	-	3	-
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
All Other	Total	0	-	0	-	7	-	1	-	1	-	1	165	5	151	0	160	0	152	5	-	0	-
	Safety Net	0	-	0	-	4	19	1	25	1	23	1	21	5	16	0	17	0	16	1	-	0	-
Uncategorized	Total	0	-	0	-	0	-	0	-	0	-	0	-	3	-	0	-	0	-	1	-	0	-
	Safety Net	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	-
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-

Additional Project Scale Commitments

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

Project Scale Category	Project	Selected	Committed
Home Care Facilities	2.b.viii	0	3
Community-based navigators participating in project	2.c.i	0	70
PAM(R) Providers	2.d.i	0	27

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.ii	2.b.vii	2.b.viii	2.c.i	2.d.i	3.a.i	3.a.iv	3.d.iii	3.g.i	4.a.iii	4.b.i
Dier John G Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Breslow Roger Arnold Md	Practitioner - Primary Care Provider (PCP)											
Anderson Gunnar H Jr Md	Practitioner - Primary Care Provider (PCP)											
Malpeso James V Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.ii**	**2.b.vii**	**2.b.viii**	**2.c.i**	**2.d.i**	**3.a.i**	**3.a.iv**	**3.d.iii**	**3.g.i**	**4.a.iii**	**4.b.i**
Bennett Peter Holt Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Matsuo Yoshiro Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Delorme Robert Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Dhabhar Pourushasp Jamshed Md	Practitioner - Primary Care Provider (PCP)											
Rushville Health Center Inc	Practitioner - Primary Care Provider (PCP)						✓				✓	
Leinhart August John Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Tannenbaum Jordan M Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Mills Robert Curtis Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Buschatzke Richard Michael Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Lone Riaz Ahmad Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Frederick James E Md	Practitioner - Primary Care Provider (PCP)											
Egal Dirie Mohamed Hagi Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Friedell Benjamin N Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Evanczyk Bryan S	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Fuchs William D Md	Practitioner - Primary Care Provider (PCP)											
Walker James Wilson Jr Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Sloan Jerry Bryan Md	Practitioner - Primary Care Provider (PCP)											
Goodman Daniel C Md	Practitioner - Primary Care Provider (PCP)											
Buch Deepak D Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	✓
Holmes Thomas R Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Holmes Grace D Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Eadline Stephen David Md	Practitioner - Primary Care Provider (PCP)											
Haswell David P Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Steward Gary Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Friedman David Richard Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Haas Douglas L Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	✓
Luz Joseph Michael Md Pc	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Norton Roger W Md	Practitioner - Primary Care Provider (PCP)											
Dalton James Timothy Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Cannon Douglas Hamilton Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Hughes Joseph Matthew Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.ii**	**2.b.vii**	**2.b.viii**	**2.c.i**	**2.d.i**	**3.a.i**	**3.a.iv**	**3.d.iii**	**3.g.i**	**4.a.iii**	**4.b.i**
Korn Roy Joseph Jr Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kozak Alan J Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Sellers Joseph R Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Palumbo Deanna Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Beechy Carol K Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Sacchi Victor A Jr Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kuzminski Antoinette Mendlow	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Levenstein Michael Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Hunt Wade Thomas Jr Md	Practitioner - Primary Care Provider (PCP)											
Lafont Timothy Harold Md	Practitioner - Primary Care Provider (PCP)											
Harrison Aaron Ira Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Bitran Joyce Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Lalor John H Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Tirrell Paul C Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Lacava James E Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Hall Brian William	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kozak Cyril Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Alinea Christopher M Md	Practitioner - Primary Care Provider (PCP)											
Lagrant Steven H Md	Practitioner - Primary Care Provider (PCP)											
Brownstein Lance J Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kjolhede Chris Larson Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Gadomski Ann Marie Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Jock Dana Edward Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Fiore Susan	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Landry Gerald Albert Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Ali Shehzad	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kapur Rani Do	Practitioner - Primary Care Provider (PCP)											
Mooney Lisa K Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Strasser Stephen P Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Taylor Kerri Anne Do	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Tangel Colette T Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓

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Wolf-Gould Christophe	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Wolf-Gould Carolyn	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Grace Amy L Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Rule Carlton	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Brane Monica Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Garfield Robert J Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Bachman Barbara Casler	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Gomez-Di Cesare Caroline M Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Pizarro Emerita A	Practitioner - Primary Care Provider (PCP)											
Keo Naron Im Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Padmanabhan Melanie Ann Rn	Practitioner - Primary Care Provider (PCP)											
Camargo Maria Jose F Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Gaitan Alberto Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Emerson Susan G Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Le Thang Quoc Md	Practitioner - Primary Care Provider (PCP)											
Lindberg Susan B	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	✓
Adamson Dale B Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Macri Charlene Josie	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	✓
Burton Chester Do	Practitioner - Primary Care Provider (PCP)											
Hyman L Charles Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Nocella Richard A	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	✓
Delong Douglas M Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Horth Daniel J Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Cohen Scott Allen Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Riley Kenneth David Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
John Thomas Md	Practitioner - Primary Care Provider (PCP)											
Ward James Singleton Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Zhou Peipei Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Burton Joyce Boccier Do	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Atkins Frederic Philip Pa	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Ohanlon Patrick Nagle Pa	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓

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Rounds Karen Washburn	Practitioner - Primary Care Provider (PCP)											
John Rekha Anne Md	Practitioner - Primary Care Provider (PCP)											
Ketzak Marjorie Eve Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Larson Ellen M Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Lee Debora Susan Do	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Davies Wait Brenda Jo Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Stein Susan	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Ramiza Katherine Marie	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Beaudet Beth A	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Adams Karen L	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Syke Richard E Jr	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Mcguire Nancy Ellen	Practitioner - Primary Care Provider (PCP)											
Blasco Elizabeth Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Mccann Sonja Nielsen	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Schmitt Mary G	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Pracher Laurie Jo	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Dooley B Berenice	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Cook Nancy Codd	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Rys Gregory Paul	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Gabriel Karen L	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Sunkara Maruthi M Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Yoshino Mary F	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Liu David Da Wei Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Casanova Bonnie Mae	Practitioner - Primary Care Provider (PCP)											
Chambrone Michelle L	Practitioner - Primary Care Provider (PCP)											
Spielman Connie L	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Vernold Julie Beth	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Dunn Nicole A	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Hunsiker Celesta M Md	Practitioner - Primary Care Provider (PCP)											
Valencia Mauricio Md	Practitioner - Primary Care Provider (PCP)											
Davis Kathleen M	Practitioner - Primary Care Provider (PCP)											

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Eckel Rebecca Reeves Md	Practitioner - Primary Care Provider (PCP)											
Mccabe Rosemary Do	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Simon Julius Henry Md	Practitioner - Primary Care Provider (PCP)											
Townsend Alison	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Dorr John C Np	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kore Michael A Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Butt Khalid Rashid Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Warnakulasuriya Manuja P Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Laws Harry F Ii Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Markwardt George L	Practitioner - Primary Care Provider (PCP)											
Churchill Todd Thomas	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Heavner Philip Addison Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Huffman Susan D Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Paparella Mary Janet Np	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kelchlin Ann Np	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Nguyen Michael	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Islam Fatema T-Z Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Novak John Stephen Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Foster Elizabeth Jean Np	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Keyser Kirsten O Rpa	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Nelson Sunny N Thompson Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Smith Corinne Bresee	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Doyle Robin M Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Meyers Jennifer Laundy Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Groff Jeannine A Rpa	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Niranjan Marino Selvarajah Md	Practitioner - Primary Care Provider (PCP)											
Mccrea Karen L	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Quarty Tanya Jean	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Bykovich Svetlana	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Nelson Yvonne	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Lukose Linda Mary	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓

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Cariaso Jerome Abellana Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Miller Jessica Dawn Np	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Njoku Godwin	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Dye Denise Marie	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kaplan Fred M	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Wright Darah	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
O'Donnell Christy Ann	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Wright Rose	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Greggo Jennifer	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Polen Denine Lynn	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Fredette William	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Jeannot Pierrot	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Schue Shirley	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Demott Kenneth Edward	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Rio Taryn Wiley	Practitioner - Primary Care Provider (PCP)											
Joseph Ashly	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Mckay Erin	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Wicksell Nicole Rae	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Parent Colleen E Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Kapkov Denis Valentin	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Hoffman Mary Ellen	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Jessica M Kast	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Ferguson Crystal	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Bruno Nicole	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Jones Cynthia	Practitioner - Primary Care Provider (PCP)						✓				✓	
Wassel William	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Stornelli Kathleen M	Practitioner - Primary Care Provider (PCP)											
Chan-House Mew Kwan	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
O'Reilly Jennifer	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Mccue William Martin	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Cemer Adnan	Practitioner - Primary Care Provider (PCP)											

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Topham Rebecca Repovsch	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Gayfield Ryan	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Champagne Lynette H Np	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Stephanie Noyes	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Gorski Michelle L	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	✓
Syed Mohsin M	Practitioner - Primary Care Provider (PCP)											
York Daria Np	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Baker Crystal	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Ischia Beverly G	Practitioner - Primary Care Provider (PCP)											
Rivenburgh Tiffany Autumn	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Marshall Cindy Fnp	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Burns Kristin	Practitioner - Primary Care Provider (PCP)						✓				✓	
Grant Kate A	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Ginovsky Amanda Beth Fnp	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Hellenthal Laura Michelle	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Knapp Shannon Lee	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Knicklebine Lindsey Mae	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Sommers Denise Michele Fnp	Practitioner - Primary Care Provider (PCP)								✓			
Reese Phoebe Whitman Fisher	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Pangilinan Donna Michelle Tapalla	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Lloyd Alyssia	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Hope David	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Wilson Elizabeth A	Practitioner - Primary Care Provider (PCP)											
Graham Fnp Courtney Anslow	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Patta Annie	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Lariscy David	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Simpkins Gilbert Charles	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Shen Daniel	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Quereshy Fariha Fnp	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Al-Waili Noori Siraj Dawood	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Miller Eileen M	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓

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Caserta Laura	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Holbert Tammy Lee	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Mcdermott Laura L Fnp	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Chaudhary Shawn Ahmad	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Cherrone Rochelle	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Strong Mary	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Smith Martha	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Maddalone Valerie	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Rogers Jennifer Marie	Practitioner - Primary Care Provider (PCP)	✓					✓		✓		✓	
Grant Norie	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Gilchrist Lindsey	Practitioner - Primary Care Provider (PCP)										✓	
Weinstock Judy	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Altman Christine L	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Scott Elisa	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Vail Lorrie L	Practitioner - Primary Care Provider (PCP)											
Caruso Karen M	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kite Jennifer	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Gupta Neha	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Williams Alicia	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Jones Tara	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Mumbulo Fawn	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Coon Casey	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Briggs Lia	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Garcia Zurbriggen Andrea	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Weaver Daniel	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Penrose Ann	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Marlo Hunter	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kannekanti Naveen Kumar	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Scanlon Katie Elizabeth	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Wright Brandi Lynn	Practitioner - Primary Care Provider (PCP)											
Manu Devarajan Jyothish	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓

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Dunn Christine	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Saleem Sheikh	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Scandura Margaret	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Doro Kristienna Martin	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Turick-Gibson Theresa E	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Newman David E Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Zlatanski Todor	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Digman Grace	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Kutalek Fnp Michelle A	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Ciccarello Gail P	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	
Birmingham Kelley	Practitioner - Primary Care Provider (PCP)	✓					✓		✓	✓	✓	
Nazir Tabasum	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓	✓	✓
Fagan James M Pc Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Dangman Barbara C Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Spooner Eric W Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Shamoun Jack Elie Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Decarlo Robert L Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Kreps Edward Michael Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Quereshy Mahmood A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lee Joong Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Vilkhu Sarbjit Singh Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Kruger Paul S Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Miller Nelson L Md	Practitioner - Non-Primary Care Provider (PCP)											✓
Samudrala Baburao N Md	Practitioner - Non-Primary Care Provider (PCP)											
Tung Robert Y Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Goldman Jeffrey A Phd	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Silk Paul R Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Peters James Campbell Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Brasitus Thomas A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Wakeman Gary R	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Priem Edward Louis Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Mcchesney James D Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Gambitta Patricia A Phd	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hendrick William Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Lee Edward Byung Md	Practitioner - Non-Primary Care Provider (PCP)											
Bottros Isis W Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sweet John Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Samad Naeem Md	Practitioner - Non-Primary Care Provider (PCP)											
Eames Frederick Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Patterson Norman W Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Cohen Jerome Craig Md Pc	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sastic Jonathan William Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sastic Lois Morgan Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Phelps Carlton Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Falco Gennaro A Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Parikh Shirish Jayant Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Gill Tarig N Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Kratzer Joseph Harold Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sherman Warren Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bauer Michael A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chu David Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Czajka Ellen M Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Knight Reginald Q Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Davies John A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Trociuk Michael W Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bernett Timothy M Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Germain Patrick Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Wagle William Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Johns Celeste A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Simmons Steven Trotter Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Harte Francis A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Carlson Raymond J Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	

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Hutchings James Curtis Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cowen Edwin Alan Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Bahlatzis Michael Dpm	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Aploks Bruno Ivar Md	Practitioner - Non-Primary Care Provider (PCP)											
Babb Terrence E Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Campito Mitchel A Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Ullman David A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Harris Alan D Md	Practitioner - Non-Primary Care Provider (PCP)											
Krasniak Carl Leon Md	Practitioner - Non-Primary Care Provider (PCP)											
Daly Bruce M Dpm	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Smiley Allan M Md	Practitioner - Non-Primary Care Provider (PCP)											
Deringer Paul M Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Dietz Patrick Allan Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bordley James 4th Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Barnowsky Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Arquin Peter L Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Merrell Nancy Beth Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Rauscher Lionel A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
May John Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Raddatz Donald A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Groff Gerald D Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Harris Bruce S Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Richman Jonathan Asa Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Villarini Mario A Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Weil Henry F C Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Rosa Ute Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cunningham Kevin P Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Trimble Richard J Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Moglia Robert Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hodgman Michael J Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Asaju Sunday Olanrewaju	Practitioner - Non-Primary Care Provider (PCP)											

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Gahan Sheila L Np	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Arastu Jameel Husain Md	Practitioner - Non-Primary Care Provider (PCP)											
Iqbal Muhammad Zafar Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Doynow Donald M Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lachance Michael Paul Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Budin Michael M Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Heysler Rebecca A Np	Practitioner - Non-Primary Care Provider (PCP)											✓
Muok Joseph Nyakwamba Md	Practitioner - Non-Primary Care Provider (PCP)											
Potluri Sudhir Choudary Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Kramer Bruce Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sosnow Peter Lewis Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Heneghan Steven J Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bolstad Lynne P	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Oliva Laurajean	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Huntsman W Thomas Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ryan M Bernadette Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kilty Laura Anne Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cesare James F Md	Practitioner - Non-Primary Care Provider (PCP)											
Irizarry Mildred T	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cummings Gregory Howard Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Edmonds Lee Charles Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ahmed Ibrahim Mohamed	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Anderson Joy E Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Costa John G Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Gencarelli Peter James Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Reilly Michael J Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Fuertes Caridad E Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Anania James Carmelo Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Leon John Andrew Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Tom Vivian Md	Practitioner - Non-Primary Care Provider (PCP)											
Brown Kevin R Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Vinh Phuong Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Dreiner Ute H Md	Practitioner - Non-Primary Care Provider (PCP)											
Jackson James	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chu Alan L Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
James Errol Augustus T Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Zacharewicz Dana Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Mozumdar Shaymal Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hoover Eric Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Weber David Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kelley John Michael Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Gallagher Thomas William	Practitioner - Non-Primary Care Provider (PCP)											
Price Suzanne W Pt	Practitioner - Non-Primary Care Provider (PCP)											
Ratliff Christopher Derek Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
La Budde Jackson Kemper Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Harris Brian E Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cheltenham Richard Christophe	Practitioner - Non-Primary Care Provider (PCP)											
Wuest Maureen Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Dutkowsky Joseph P Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Gardner Andrew A	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Haynes Neil D	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Ungeheuer Robert G	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Resnick Steven David Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Wright Laurie Grace	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Siskin Gary P Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Ribons Lisa Ann Do	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Reis Andrew C Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Laifer Lawrence I Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Fischer Elvira Csw	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sabella Janine L Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Diaz Michael Ray Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Razia Sultana Md	Practitioner - Non-Primary Care Provider (PCP)											

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Baumkirchner Irene	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Velvis Harmannus Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Herr Allen Michael Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Nehrbauer Nicholas J Jr	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Scialdone Claude Joseph Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Zehr Cynthia A	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Fanion David Allen Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Tinger Alfred Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Richtsmeier William J Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ayres John B Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bedell Janice Amelia Md	Practitioner - Non-Primary Care Provider (PCP)											
Homonoff Mark C Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mooney Eric K Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
O'Shea Laura Ann Cnm	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lapinsky Anthony S	Practitioner - Non-Primary Care Provider (PCP)											
Kamenir Steven A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Steinberg Paul	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Schaeffer Charles S Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Deyulio James A Dds	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Rosemary Ann Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mcginnis Karen	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Stalter Janice	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Leon Irais S Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Breiten Carolyn	Practitioner - Non-Primary Care Provider (PCP)											
Raymond John F Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Jones Connie Lee	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Emami Reza Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Rosen Raquel Maricel Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Choudhry Ghulam Abbas Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bigger Mary Ann Musselman	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mozloom Joanne Palumbo	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Miller Michael T Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Greenberg Jonathan A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Reed-Esper Sarah Nicole	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Babowicz Debra P Pa	Practitioner - Non-Primary Care Provider (PCP)											
Georgeson Diane Mary	Practitioner - Non-Primary Care Provider (PCP)											
Russo Paul Donald	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Moretz Joseph Alfred Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Funk Deborah Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ashley Christopher Charles Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Roberts Lisa Anne Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sastry Simha R Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Boulos Maria Theresa Bajas Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Zisman Lawrence Seth Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Dziok Karen Csw	Practitioner - Non-Primary Care Provider (PCP)										✓	
Greenberg Judith	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Elfar Abdul Maguid F Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kaufman Theodor Irving Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Johnson-Ploutz Shari J Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Leonardo James M Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Robinson Dean Matthew	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sentochnik Deborah Elizabeth	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Stoy Joann M Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mirza Aamer Md	Practitioner - Non-Primary Care Provider (PCP)											
Ko Edwin	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Davenport Samantha	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Brooks Stanley H Jr Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Reles Cynthia Joan Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Demulder Suzanne Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Perry Barbara J H Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Frevele Georgia Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Geci-Black Michael	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Kerr David M Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Frevele Gregory C Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Nevins David Anthony Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lippitt Craig Douglas Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Franck Patrick Arthur Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lott David M Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Johannesen Jennie M Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Jackowski Stephen John Rpa	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Reynolds Patricia M Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Nicholson William Scott Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Farnan Kelly Beth	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Davidson Mark Robert Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Quinn Brian J Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Verma Sunjay Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hills Day Flower Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mandato Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Lecates William Wallace Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bravin Eric Neil Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Borgstrom David C Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Dugan David Martin Dds	Practitioner - Non-Primary Care Provider (PCP)											
Mcgoldrick Raymond J Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Rowley John D Rpac	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lott Ralph William Od	Practitioner - Non-Primary Care Provider (PCP)											
Garten Lore L Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Pauze Denis Robert	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Binkley Dale Lamar Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hayden Siobhan F Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cring Matthew Aaron Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hoskins Samuel G Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Herrick Denise Michelle	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
King Frank John Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Bowker Janice Catherine	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Perry Elizabeth K	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Miller Jonathan Lee	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Jacob Patricia Ann	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mccann Robert W	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sullivan Shannon Pt	Practitioner - Non-Primary Care Provider (PCP)											
Suna Carla Joyce	Practitioner - Non-Primary Care Provider (PCP)											✓
Jones Blaine	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Blackburn Carol Buchholz	Practitioner - Non-Primary Care Provider (PCP)										✓	
Flick Karen C	Practitioner - Non-Primary Care Provider (PCP)											
Sliviak Mary Katherine	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Smith Richard Edward Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Carpenter Diane	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chank Shelly M	Practitioner - Non-Primary Care Provider (PCP)											✓
Deblois Barbara M	Practitioner - Non-Primary Care Provider (PCP)											
Metott Mary	Practitioner - Non-Primary Care Provider (PCP)											
Scalise Diane	Practitioner - Non-Primary Care Provider (PCP)											
Pal Surinder Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Moen Nancy J Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Wilcox Tobin E	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
D'Accurzio Michael A Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Jones Matthew William R Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Van Der Riet Peter Nicholaas	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kramer Frank Vincent Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Friedman Shep J Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Feldman Sharon	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Feik Kimberly B Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Handy Luke Anthony Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Melnick Benedetta M	Practitioner - Non-Primary Care Provider (PCP)										✓	
Murray Jeffrey Randall Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lu Ping Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	

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Cooper Shelby Scott Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Snyder Bonnie L Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Thomson-Chmielewski Anne J	Practitioner - Non-Primary Care Provider (PCP)											
Gargiulo Nicholas Joseph Iii	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Secord Sean E Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Englander Meridith J Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Scalise Maria Cristina S	Practitioner - Non-Primary Care Provider (PCP)											
Israel David Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Clausi Robert Lambert	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Edwards Annette	Practitioner - Non-Primary Care Provider (PCP)										✓	
Treadwell Nanette D Rpa	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Bischof Edward F Jr. Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Benjamin Anthony P Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Weaver James R Jr Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bennett Richard Alan Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Gesualdo Maria B Do	Practitioner - Non-Primary Care Provider (PCP)											
Mebust Kai Hans Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Norris Deborah L	Practitioner - Non-Primary Care Provider (PCP)											
Rockwell Patrick M	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Ostovar Komron Amin Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mirtchev Krassimir E Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Zygawski Marcin Marek Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Markowitz David Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sullivan John Patrick Md	Practitioner - Non-Primary Care Provider (PCP)											
Redd Elizabeth Elaine Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Brown Richard Joseph Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Moore John T Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Fluke-Agostino Karen M Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kelley Karen A	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hearn Shelly L	Practitioner - Non-Primary Care Provider (PCP)											
Freeth Amy Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Abara Chinedu Emmanuel Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Spencer Matthew William T Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Knight Eric C Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ross Julia	Practitioner - Non-Primary Care Provider (PCP)											
Riesenfeld Erik P Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hall Sheila A	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Butz Diane M Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cunningham Jill A	Practitioner - Non-Primary Care Provider (PCP)											
Lambers Anouk R Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kruse James A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Clark Vivian Louise Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Amato Richard J Pa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Alvi Nisar Ahmed Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Freund Norman Gunther Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Menzies Dhananjai J Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Nowakowski Maciej M Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
George Gandev Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Saito Naoyuki Gregory Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bravin Marina Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Griger David Todd	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Millson Joanne Louise Np	Practitioner - Non-Primary Care Provider (PCP)											
Fisk John M	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Greenblatt Diane Rpa	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Kendrick Timothy E Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Ernits Martin Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Mclaughlin Kelly M Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Jones Linda Susan Np	Practitioner - Non-Primary Care Provider (PCP)											
Raymond Pascale Gebrail Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Schklair Peter Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Mcnulty Patrick H Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Zoltick Jerel Mark Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Neff Angelika T Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Amankwah Kwaku A Md	Practitioner - Non-Primary Care Provider (PCP)											
Hellwitz Frederic Jon Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Schuster Michael Edward	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Lawlor Pamela J	Practitioner - Non-Primary Care Provider (PCP)											✓
Pliscofsky Gail	Practitioner - Non-Primary Care Provider (PCP)											✓
Ramasamy Muthu Manickam Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hassan Sameth	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Woytach Kristen O Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hovak Michal Elizabeth Np	Practitioner - Non-Primary Care Provider (PCP)											
Gaynor Patricia Np	Practitioner - Non-Primary Care Provider (PCP)											
Raffo O Scott Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Thomas James Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
De Jong Kathleen	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kapes Jodi	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ciccateri Ruth A	Practitioner - Non-Primary Care Provider (PCP)											✓
Champlin Jessie M Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Rooney Lisa M Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kamal Kamaleldin Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Gould Nathaniel Stuart Md	Practitioner - Non-Primary Care Provider (PCP)											
Dave Ritu Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Skurpski Sheila	Practitioner - Non-Primary Care Provider (PCP)											
Pauze Daniel K Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Croft Jonathan Daniel Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Pizza Hannah Marie Rn	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Langsfeld Alexis P Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Neubert Carissa A Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Eckel James Andrew Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chopra Rupal Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Mekala Bhavani P Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hodgdon Gretchen A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Shetty Sameer Bhujanga Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hodgdon Travis Michael	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mcelligott Victoria	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Coleby Sylvia	Practitioner - Non-Primary Care Provider (PCP)										✓	
Patrick Frank C Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mark Emil Winther	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mercedes R Armstrong Np	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Spivak Carl James	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sternberg Richard Joel	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Wiles Kristin	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Yarusso Irene C	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Zigrosser Kenneth E Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Longhi James Joseph	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Brightsen Anne	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Zoltick Amy	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Abramson Gayle L	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Zullo Carolyn	Practitioner - Non-Primary Care Provider (PCP)											
Zimmer Paula Stewart	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Whiteside Beth	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Terry Malene	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Schaeffer Steven	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kinkade Kevin Grant Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Barber Frank William Jr Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Goldiner Lev	Practitioner - Non-Primary Care Provider (PCP)											
Baruah Monideepa	Practitioner - Non-Primary Care Provider (PCP)											
Whiteside Michael	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
John Loh Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Shamoun Karen Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Pelcer Michael J Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bermejo Carlos Enrique	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Oceguera Stephanie Strauss	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Marsch Tammey	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lucas Jennifer Joy Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Wellenstein Renee	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Darjany Rebecca	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Levy Victor	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chiang Christina	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Schreiber Daniel	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Baker Carolyn Marie Rpa-C	Practitioner - Non-Primary Care Provider (PCP)											
Feier Nikolaus Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bauman Monica	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Russin John	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Dickinson Daniel	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Graham Stephen	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Vanegas Myriam Fabiola Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Fantauzzi John Patrick Md	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Riccio Alexandra	Practitioner - Non-Primary Care Provider (PCP)											✓
Rafalski Marie Zofia	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Patel Anush V Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Jeffres Candace L	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Avery Amanda	Practitioner - Non-Primary Care Provider (PCP)										✓	
Henson Craig	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Razinia Sali	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hellenthal Nicholas John	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Haenel Allison	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Heidi Roloson Rpac	Practitioner - Non-Primary Care Provider (PCP)											
Dayal Davis Raja	Practitioner - Non-Primary Care Provider (PCP)											
Tuttle Brie D Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Leonardo Kathleen Dorrian	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
White Brian Francis	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Siebuhr Karl Frank	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mcnulty Michael	Practitioner - Non-Primary Care Provider (PCP)											

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Monzon Jose Raul	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Pelcer Tamie	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mccarty-Voulo Christine Ann	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Casanova Olort	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
O'Mara Bridget	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Edmunds Anne-Marie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Kennedy Patricia A	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Usher Leah Anne	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Trifa Diana I	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Tatli Yusuf Ziya	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Barcomb Timothy F	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Desantis Emily	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Yu David	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Ives Jillian Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Arnett John Hanna	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Koduru Sunaina	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Keever Linda M Kearney Np	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Kathleen Amy Henderson	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Olearczyk Beth Marie	Practitioner - Non-Primary Care Provider (PCP)											
Sikder Manzurul A	Practitioner - Non-Primary Care Provider (PCP)											
Wightman Christa Marie	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Iseman Elizabeth Dinnel	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hyman Ofra	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Evelyn Marie Flannery	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Nolan John Joseph	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Mark Vincent Vanlaeys	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Elizabeth Ann Mcconkey	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Flynn David	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Knight William	Practitioner - Non-Primary Care Provider (PCP)											
Colon Michael	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Charles P Stefan	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Parkhurst Randy	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Matheson Michelle Maria	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Calore Briana	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Dehorn Kathleen	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Dehorn Stephen	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Crystal Lee Macclintock	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Britt Melissa A Anp	Practitioner - Non-Primary Care Provider (PCP)											
Parish Amy	Practitioner - Non-Primary Care Provider (PCP)											
Lassiter Tally	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Wittstein Jocelyn	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bleszcz Mary	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Czarnecki Stanley John	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Piscopo Anne	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Silvernail Murphy Angela	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Luke Kristin	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Allen Kang Myung	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Joswick David	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Pawlowski Anne	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bernard David	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ruocco Martin James	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Huang Jibiao	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Litvinenko Dmitriy	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Kennedy Byron S	Practitioner - Non-Primary Care Provider (PCP)											
Khan Abdullah	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Mary M Michael	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Gildenblatt Daryl	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Scialdone Elizabeth M	Practitioner - Non-Primary Care Provider (PCP)											
Keating Lawrence	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Cousins Joseph	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Ganguly Joya	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Makhijani Sumeet	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Johnson Emily	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Wallace Matthew Seymour	Practitioner - Non-Primary Care Provider (PCP)											
Tenn Madeline Bozena	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Scott James Augustine	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Richman Ryan William Howard	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Anderson Lori	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Grandrimo Danielle	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ross Hugh Alsworth	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Loomis Pa Kari	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Preventive Diagnostics Inc	Practitioner - Non-Primary Care Provider (PCP)											
Lopinto Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Phoenix Jennifer	Practitioner - Non-Primary Care Provider (PCP)											✓
Bennett Michael Robert	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Katz Daniel H Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hammond Jennifer	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Laveaux Kathleen	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mayorga Maria Alicia	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bertino Christoper J Rpa-C	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Dirig Julie Ann	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Canary Marcy	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Nath Sandy	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Meagher Pa Keri Elizabeth	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hillary Marie Holden	Practitioner - Non-Primary Care Provider (PCP)											
Quitel Lodze Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
O'Brien James P Rpa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Fields Jennifer L	Practitioner - Non-Primary Care Provider (PCP)											✓
Wintle Catherine Ann	Practitioner - Non-Primary Care Provider (PCP)											✓
Murawski Julie Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Williams Marguerite H	Practitioner - Non-Primary Care Provider (PCP)											✓
Kee Elaine F	Practitioner - Non-Primary Care Provider (PCP)											✓
Burns Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)											✓

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Provider Name	**Provider Category**	**2.a.ii**	**2.b.vii**	**2.b.viii**	**2.c.i**	**2.d.i**	**3.a.i**	**3.a.iv**	**3.d.iii**	**3.g.i**	**4.a.iii**	**4.b.i**
Singh Sukhraj	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Whyte Donna M Fnp	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Antonevich Ivan	Practitioner - Non-Primary Care Provider (PCP)											
Saleh Bilal Ahmad M	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Wagner Kristin Lee	Practitioner - Non-Primary Care Provider (PCP)											
Greene Kenneth	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Oceguera Luis	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Antonevich Tatyana	Practitioner - Non-Primary Care Provider (PCP)											
Pastena Gaetano Thomas	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Wells Catherine	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Swan Robert	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Nakkala Kiran	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Marchland Maurice E	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Rahman Sheeba	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Brennan Christopher Michael	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hughes Meghan Bracey Fnp	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Berry Brian Matthew	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Gallagher Fnp Maureen Joan	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Aruchamy Senthil Kumar	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mazumder Mohammed	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Page Sura	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Brennan Megan	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chikoti Shailaja	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Salvaggio Heather	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chanana Charu	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sawyer Donald Lee Ii	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bordy Lana	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Krone Christophe	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Siddiqui Budder	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Sharp Sariya Anne	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Brown David C Iii	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Whitaker Timothy	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Stein Julie Ann	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ignatovskyy Vitaliy	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Laurel P Jessup Cnm	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Festa Rpa-C Javier F	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Traver Raymond E	Practitioner - Non-Primary Care Provider (PCP)											
Hansel Tracey Elizabeth Beard	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Carollo Amy	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Morano Whnp Kristen A	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Knight Danielle Denise	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Toczko Gregory P	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kallash Mahmoud	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Huston Jason Michael	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Waskiewicz Sarah A	Practitioner - Non-Primary Care Provider (PCP)											
Milewicz Rpa-C Richard K	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Callan Aileen	Practitioner - Non-Primary Care Provider (PCP)											
Stafford John David	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Campola David N	Practitioner - Non-Primary Care Provider (PCP)											
Shaw Colleen Margaret	Practitioner - Non-Primary Care Provider (PCP)											✓
Galusha Jill Brisbin	Practitioner - Non-Primary Care Provider (PCP)											✓
Frasier Kasandra C	Practitioner - Non-Primary Care Provider (PCP)											✓
Petith-Paulsen Joan M	Practitioner - Non-Primary Care Provider (PCP)											✓
Chapple Crystal B	Practitioner - Non-Primary Care Provider (PCP)											
Jogu Prasad	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Huston Zachary S	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Martin Fnp Mary M	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mohit Gupta Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Schwab Marjorie	Practitioner - Non-Primary Care Provider (PCP)											✓
Hubbard Fnp Jenna L	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hill Adam A	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mangalmurti Sandeep Shrihari	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Dunham Gordon B	Practitioner - Non-Primary Care Provider (PCP)										✓	
Anderson Harol Lyle Iii	Practitioner - Non-Primary Care Provider (PCP)										✓	
Olivieri William Peter	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Rodgers Betsey	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Weinstock Jed	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mcvean Mary	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Jones Timothy Joseph	Practitioner - Non-Primary Care Provider (PCP)										✓	
Dischiavo Michele Conte	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mcpherson Joanne Grieco	Practitioner - Non-Primary Care Provider (PCP)											
Abraham Lora Ann	Practitioner - Non-Primary Care Provider (PCP)										✓	
Syke Maria	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Podzimek Jana	Practitioner - Non-Primary Care Provider (PCP)											
Jean Geraldine Marie	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Carpenter Leah	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Geiger Pa Melanie L	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Gulliver Rpa Heather M	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chepurnaya Iryna	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Contrastan Pa-C Amber P	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Walther Jennifer	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	✓
Khmelnytskyy Pa Alesia	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Jones Christina Renee	Practitioner - Non-Primary Care Provider (PCP)											
Collins Kevin P	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Juyia Rushad Farhad	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ostrander Brinn Spencer	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Carlson Julie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lagace Richard Edward	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Daniel Subashini	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Geary Sean Patrick	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bui Charles T	Practitioner - Non-Primary Care Provider (PCP)											
Kinley Pa-C Karen C	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kibiuk Cynthia Vrany	Practitioner - Non-Primary Care Provider (PCP)											

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Morkevicius Matas	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Ferguson Wendy Lorraine	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lavare Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Roberts Danielle	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Methuku Nanda	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Wilson Allison Marie	Practitioner - Non-Primary Care Provider (PCP)											
Brar Sonia	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Lawrence Cnm Paula R	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Baldanza Lori C	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Berlin Richard M	Practitioner - Non-Primary Care Provider (PCP)											
Davies Pa-C Barbara A	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Downs Pa-C Philip E	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Jordan Katie	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Oppong-Antwi Sylvia Genoveva	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Gardner Amy	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Hornyak Mark	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Arnold Richard	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Reichard Hannah Norine	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Luma Nasa-Tate	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Auringer David	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Korytko Timothy	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Alvi Madiha	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ahmed Saeed	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lundi Ricardo	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Punzalan Cecile Marie	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Shrestha Pa-C Anup	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Youssef James	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Barry Ashley Elizabeth	Practitioner - Non-Primary Care Provider (PCP)										✓	
Florian Michele R	Practitioner - Non-Primary Care Provider (PCP)											
Sastry Ashwani	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Dekeyser Evelyn	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Hutter Randolph	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Milcevic Martina	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Nagel Theodore	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cunningham Lauren	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Oyetuga Carlene	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Narins Joseph Paul	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Berko Avraham	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mayer Margaret	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Dorritie Shelley	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Strine Kelly	Practitioner - Non-Primary Care Provider (PCP)											
Francisco Peter Santiago	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sandoval Linares Otto	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mackinnon Justin	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Amendolare Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Syed Sofia	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Didas Pa-C Colleen M	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Miller Allison Grace	Practitioner - Non-Primary Care Provider (PCP)											
Lone Nazir	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Patel Anish	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chinnasamy Ramya	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Scott James	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Telisky Ashley	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Hinman Elisha Lynn	Practitioner - Non-Primary Care Provider (PCP)										✓	
Schieber Byron Edward Dpm	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Harris Judy Ann	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Schuyler Dana L	Practitioner - Non-Primary Care Provider (PCP)										✓	
Price Chrystal	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kumar Prasanna	Practitioner - Non-Primary Care Provider (PCP)											
Wandelt Melissa Ann	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Dempsey Pa-C Jason S	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Latina Marcelino Dellopac	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	

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Willett Irene Zasa	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Kleinmaier Matthew Charles	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Bello Ismaila	Practitioner - Non-Primary Care Provider (PCP)											
Mahler Jason B	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Abdallah Bilgees	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Grant Bridget Marie	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Thirukonda Venu	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Peplinski Scott	Practitioner - Non-Primary Care Provider (PCP)											
O'Connor Catherine	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Reeder Pa-C Sara L	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cassano Stefanie L	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Victor Pa-C Shanamae A	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Jones Kasi J	Practitioner - Non-Primary Care Provider (PCP)											
Avery Pa-C Stacie R	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Delaney Pa-C Mallory N	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Conley Jeffrey Ryan	Practitioner - Non-Primary Care Provider (PCP)											
Merrill Stefan A	Practitioner - Non-Primary Care Provider (PCP)											
Obeng Mabel K	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Cohen Jennifer	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Britton Lewis William Iv	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Leblanc Kerri	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Beurki Beukian Sarine	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Reagan Brian Francis	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Pinto Dorcas Boahema	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Shannon Ii Larry	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Outman Theresa Lynn	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Goldberger David Jason	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Lofrumento Linda L	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Guse Lauren Marie	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Wisniewski Kimberly Marie	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Zukas Robert	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	

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Chapman Md,Timothy D	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Peace Kristen	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Wehner Crna,Gary	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Borowski Crna,Carroll	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Burgess, Joshua	Practitioner - Non-Primary Care Provider (PCP)										✓	
Daniel Carl Frankthomas	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Tobias Jenna Elizabeth	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mccaffrey Crna,Kevin	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Stanton Christina Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Lesko Crna,Christopher	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cooros, James, Rpa	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Oestman Crna,Fred E	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mills Lcsw,Ann Marie	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cahoone Elena	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Shreck Sydney Leigh	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Pradhan Amit	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Barlow Brian	Practitioner - Non-Primary Care Provider (PCP)							✓			✓	✓
Olmstead Kelsey E	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Schmitt Crna,Lester	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sher Syed	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Wade Crna,Kimberly M	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Botelho Rpa-C,Kenneth	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Gyukeri Jr Crna,Edward G	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Cullen Lcsw-R,Thomas	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Webster Fnp Bethany M	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Pieper Crna,Edward L	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Harmon Crna,Mark E	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Venugopal Sushma	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Burghardt Candace Hillary	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sciortino David F Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Sedlacek Pa-C,Rhonda Leann	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	

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Vivona Fnp,Jack J	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Rajapakse Ridhmi	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Desir Woodley	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chen Mengxi	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Seetha Rammohan Harish Raj	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Perry Lcsw,Angela M	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Nee Leesia	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Fiscarelli Crna,Karen A.	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Leyh Brian	Practitioner - Non-Primary Care Provider (PCP)							✓	✓			
Fazekas, Laurie	Practitioner - Non-Primary Care Provider (PCP)										✓	
Hopper Crna,John M	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Thursz-Rivest Erica Todo	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Aldaas Eyad	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Burkell Sarah M	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chou Hui-Tzu	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Weaver Pa Jennifer	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Tan-Tam Clara	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Ethington Marcella Lee	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Pedersen Pa Justin Glenin	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mclaughlin Thomas Paul Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Janice, Bedell	Practitioner - Non-Primary Care Provider (PCP)											
Weber Laura	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Gabriel Baldwin Ricky A	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Horth Elletta Edna	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Chen Yu	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Finkle Lcsw,Mary	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Seigers Pa,Celia C	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Hoyt, Christina	Practitioner - Non-Primary Care Provider (PCP)										✓	
Kern Crna,Nancy E	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Carr, Bonnie	Practitioner - Non-Primary Care Provider (PCP)										✓	
Ritz Crna,Cynthia	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓

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Michael, Kiger	Practitioner - Non-Primary Care Provider (PCP)											
Yoo Jungsik	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Abdul-Wadud Bashir	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Griffiths Andrew Dean	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Burrell Keisha Kay	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Lee Fnp Betty	Practitioner - Non-Primary Care Provider (PCP)								✓		✓	
Brien Crna,Michael D	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Otis Patricia	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Franck Walter A Md	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Mccarthy Robert	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Akhtar Anita	Practitioner - Non-Primary Care Provider (PCP)							✓	✓		✓	✓
Seton Health System	Hospital											✓
Community Memorial Hospital	Hospital			✓					✓		✓	
O'Connor Hospital	Hospital			✓								
Little Falls Hospital	Hospital		✓	✓	✓	✓			✓	✓	✓	✓
Mary Imogene Bassett Hospital	Hospital		✓	✓	✓	✓		✓	✓	✓	✓	✓
Cobleskill Regional Hospital	Hospital								✓			✓
Aurelia Osborn Fox Mem Hosp	Hospital		✓	✓					✓	✓	✓	
Tri Town Regional Healthcare	Hospital			✓								
Sitrin Medical Rehab Ctr	Clinic											
Seton Health System	Clinic											✓
Com Hlth Ctr Of Smh & Nlh Inc	Clinic			✓								
Chenango Cty Dept Of Pub Hlth	Clinic											
Planned Pthd Mohawk Hudson	Clinic				✓	✓						✓
Community Health Center	Clinic								✓			
Herkimer Cty Phns	Clinic											
Planned Prthd So Central Ny	Clinic				✓	✓						
Community Memorial Hospital	Clinic			✓			✓		✓		✓	
O'Connor Hospital	Clinic			✓								
Little Falls Hospital	Clinic			✓	✓	✓	✓		✓	✓	✓	✓
Mary Imogene Bassett Hospital	Clinic			✓	✓	✓	✓	✓	✓	✓	✓	✓

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Cobleskill Regional Hospital	Clinic								✓			✓
Aurelia Osborn Fox Mem Hosp	Clinic			✓			✓		✓	✓	✓	
Tri Town Regional Healthcare	Clinic			✓								
Herkimer County Phns	Clinic											
Rushville Health Center Inc	Clinic						✓					
United Cerebral Palsy And Handicapp	Clinic										✓	
Springbrook Ny Inc	Clinic			✓								
Mental Health Association In	Case Management / Health Home										✓	✓
Omrdd/Upstate Hm For Child Co	Case Management / Health Home											
Ucp Utica Mh	Case Management / Health Home										✓	
Pathfinder Village	Case Management / Health Home			✓								
Omrdd/Upstate Hm For Children	Case Management / Health Home											
Omrdd/Delaware Co Nysarc-Br	Case Management / Health Home											
Omrdd/Chenango Arc	Case Management / Health Home											
Southern Tier Aids Program Ai	Case Management / Health Home				✓	✓						
Catholic Charities/Albany Ai	Case Management / Health Home				✓	✓	✓	✓			✓	
Rehabilitation Supp Svcs C	Case Management / Health Home				✓	✓	✓					
Resource Ctr Indep Liv Mh	Case Management / Health Home				✓	✓						
Chenango County Mh	Case Management / Health Home											
Otsego County Comm Srv Mh	Case Management / Health Home						✓	✓			✓	✓
Oneida County Hlth Dept	Case Management / Health Home											
Mary Imogene Bassett Hospital	Case Management / Health Home			✓	✓	✓	✓	✓	✓	✓	✓	✓
United Cerebral Palsy And Handicapp	Case Management / Health Home										✓	
L Woerner Inc	Case Management / Health Home			✓						✓		
Cnyhhn Inc	Case Management / Health Home											
Mcelligott Victoria	Mental Health						✓	✓			✓	✓
Coleby Sylvia	Mental Health										✓	
Wiles Kristin	Mental Health						✓	✓			✓	✓
Brightsen Anne	Mental Health						✓	✓			✓	✓
Terry Malene	Mental Health						✓	✓			✓	✓
Kapes Jodi	Mental Health						✓	✓			✓	✓

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De Jong Kathleen	Mental Health						✓	✓			✓	✓
Mental Health Association In	Mental Health										✓	✓
Brown Richard Joseph Md	Mental Health						✓	✓			✓	✓
Bennett Richard Alan Md	Mental Health						✓	✓			✓	✓
Melnick Benedetta M	Mental Health										✓	
Blackburn Carol Buchholz	Mental Health										✓	
Herrick Denise Michelle	Mental Health						✓	✓			✓	✓
Integrated Comm Alternatives	Mental Health											
Farnan Kelly Beth	Mental Health						✓	✓			✓	✓
Greenberg Judith	Mental Health						✓	✓			✓	✓
Jones Connie Lee	Mental Health						✓	✓			✓	✓
Stalter Janice	Mental Health						✓				✓	
Fischer Elvira Csw	Mental Health						✓	✓			✓	✓
Rtf Hs Of The Good Shepherd	Mental Health											
Rehabilitation Supp Svcs C	Mental Health				✓	✓	✓					
Catholic Charities Chenango	Mental Health						✓	✓			✓	
United Cerebral Palsy Utica	Mental Health										✓	
Ucp Handi Per Of Utica Omh	Mental Health										✓	
Johns Celeste A Md	Mental Health						✓	✓			✓	✓
Bottros Isis W Md	Mental Health						✓	✓			✓	✓
Gambitta Patricia A Phd	Mental Health						✓	✓			✓	✓
Herkimer Cty Comm Svcs Board	Mental Health										✓	
Otsego Cnty Community Svc Brd	Mental Health						✓	✓			✓	✓
Goldman Jeffrey A Phd	Mental Health						✓				✓	
Delaware Cnty Comm Svc Board	Mental Health							✓				
Tung Robert Y Md	Mental Health						✓	✓			✓	✓
Schoharie Cnty Comm Svc Board	Mental Health				✓	✓	✓	✓			✓	✓
Mary Imogene Bassett Hospital	Mental Health						✓	✓			✓	✓
Iseman Elizabeth Dinnel	Mental Health						✓	✓			✓	✓
Hyman Ofra	Mental Health						✓	✓			✓	✓
Flynn David	Mental Health						✓	✓			✓	✓

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Knight William	Mental Health											
Greene Kenneth	Mental Health						✓	✓			✓	✓
Rahman Sheeba	Mental Health						✓	✓			✓	✓
Page Sura	Mental Health						✓	✓			✓	✓
Brennan Megan	Mental Health						✓	✓			✓	✓
Jones Timothy Joseph	Mental Health										✓	
Chepurnaya Iryna	Mental Health						✓	✓			✓	✓
Dekeyser Evelyn	Mental Health						✓	✓			✓	✓
Didas Pa-C Colleen M	Mental Health						✓	✓			✓	✓
Pradhan Amit	Mental Health						✓	✓			✓	✓
Nee Leesia	Mental Health						✓	✓			✓	✓
Phoenix Houses Of New York Inc	Substance Abuse											
Seton Health System	Substance Abuse											✓
Berkshire Farm Center	Substance Abuse											
Conifer Park	Substance Abuse						✓	✓				
Buffalo Beacon Corp	Substance Abuse							✓			✓	
Otsego Cnty Community Svc Brd	Substance Abuse						✓	✓			✓	✓
Delaware Cnty Comm Svc Board	Substance Abuse							✓				
Schoharie Cnty Comm Svc Board	Substance Abuse				✓	✓	✓	✓			✓	✓
Crouse Community Center Adhc	Nursing Home		✓									
St Johnsville Reh & Nrs Ctr	Nursing Home		✓									
Valley Hlth Svcs Inc Rhcf	Nursing Home		✓									
Aurelia Osborn Fox Snf	Nursing Home		✓	✓			✓		✓	✓		
Robinson Terrace Nf	Nursing Home											
Otsego Manor Snf	Nursing Home		✓									
Charles T Sitrin Hcc Inc	Nursing Home		✓									
Masonic Care Comminity Of New York	Nursing Home		✓									
Katherine Luther Residential Hlt Cr	Nursing Home		✓									
Alpine Rehabilitation & Nrs Ctr	Nursing Home		✓									
Norwich Rehabilitation & Nrs Ct	Nursing Home		✓									
Oneonta Nursing & Rehab Ctr	Nursing Home		✓									

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Rite Aid Of New York Inc	Pharmacy											
Genovese Drug Stores Inc #10673	Pharmacy											
Genovese Drug Stores Inc #10633	Pharmacy											
Catskill Care Enterprises Inc	Pharmacy			✓			✓		✓	✓		
Genovese Drugs #10626	Pharmacy											
Rite Aid Of New York Inc 4902	Pharmacy											
Rite Aid Of New York	Pharmacy											
Genovese Drug Stores Inc #10634	Pharmacy											
Genovese Drug Stores Inc #10625	Pharmacy											
Genovese Drug Stores Inc #10661	Pharmacy											
Genovese Drug Stores Inc #10642	Pharmacy											
Genovese Drugs Stores #10631	Pharmacy											
Genovese Drug Stores Inc # 10644	Pharmacy											
Rite Aid Of Ny #4226	Pharmacy											
Rite Aid Of New York #4227	Pharmacy											
Rite Aid Of New York Inc 4877	Pharmacy											
Genovese Drugs Stores Inc #10641	Pharmacy											
Seton Health System	Pharmacy											✓
Genovese Drug Stores Inc #10665	Pharmacy											
Rite Aid Of N Y 3460	Pharmacy											
Rite Aid Of New York Inc 2749	Pharmacy											
Genovese Drugs Stores Inc #10643	Pharmacy											
Eckerd Corporation #10734	Pharmacy											
Genovese Drug Stores Inc # 10646	Pharmacy											
Genovese Drug Stores Inc #10652	Pharmacy											
Genovese Drug Stores Inc #10650	Pharmacy											
Genovese Drug Stores Inc #10623	Pharmacy											
Eckerd Corporation #10796	Pharmacy											
Genovese Drug Stores Inc #10632	Pharmacy											
Eckerd Corporation #10735	Pharmacy											
Genovese Drug Stores Inc #10670	Pharmacy											

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Genovese Drug Stores Inc #10649	Pharmacy											
Genovese Drugs Inc # 10669	Pharmacy											
Genovese Drugs Inc # 10653	Pharmacy											
Eckerd Corporation # 10678	Pharmacy											
Rite Aid Of New York Inc 1193	Pharmacy											
Genovese Drug Stores Inc #10654	Pharmacy											
Genovese Drug Stores Inc #10659	Pharmacy											
Rite Aid Of New York Inc 668	Pharmacy											
Rite Aid Of New York Inc 862	Pharmacy											
Rite Aid Of New York Inc 652	Pharmacy											
Rite Aid Of New York Inc 755	Pharmacy											
Eckerd Corporation #10798	Pharmacy											
Eckerd Corporation #10795	Pharmacy											
Rite Aid Of New York #643 Inc	Pharmacy											
Rite Aid Of New York Inc 655	Pharmacy											
Genovese Drug Stores Inc #10668	Pharmacy											
Eckerd Corporation #10772	Pharmacy											
Eckerd Corporation #10775	Pharmacy											
Planned Pthd Mohawk Hudson	Pharmacy				✓	✓						✓
Genovese Drug Stores Inc #10635	Pharmacy											
Genovese Drug Store Inc #10640	Pharmacy											
O'Connor Hospital	Pharmacy			✓								
Genovese Drug Stores Inc #10658	Pharmacy											
Genovese Drug Stores #10662	Pharmacy											
Genovese Drug Stores Inc #10651	Pharmacy											
Genovese Drug Stores Inc #10671	Pharmacy											
Genovese Drug Stores Inc #10657	Pharmacy											
Genovese Drug Stores Inc # 10672	Pharmacy											
Genovese Drug Stores Inc #10637	Pharmacy											
Genovese Drug Stores Inc #10663	Pharmacy											
Hospice Of Chenango Cty Inc	Hospice			✓						✓		

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Catskill Area Hospice/Pall Ca	Hospice			✓						✓		
Hospice & Palliative Care Inc	Hospice									✓		
Alcohol And Drug Abuse Council Of Delaware Co Onc	Community Based Organizations											
Andelija, Almedina	Community Based Organizations										✓	
Catholic Charities Housing	Community Based Organizations				✓	✓	✓	✓			✓	
Catholic Charities Maternity Services	Community Based Organizations				✓	✓	✓	✓			✓	
Catholic Charities Of Delaware, Otsego And Schoharie Counties	Community Based Organizations				✓	✓	✓	✓			✓	
Catholic Charities Of Herkimer County	Community Based Organizations				✓	✓	✓	✓				
Catholic Charities Senior & Caregiver Support Services	Community Based Organizations				✓	✓	✓	✓			✓	
Catskill Center For Independence	Community Based Organizations											
Catskill Hudson Ahec (Area Health Education Center)	Community Based Organizations											
Center For Family Life And Recovery, Inc	Community Based Organizations											
Center For Remote Medical Management Llc	Community Based Organizations											
Chase Health Corporation	Community Based Organizations											
Chenango Health Network, Inc	Community Based Organizations				✓	✓						
Delaware County Probation	Community Based Organizations											
Demeree, Brian	Community Based Organizations										✓	
Department Of Social Services	Community Based Organizations											
Dunham, Matthew	Community Based Organizations										✓	
Family Resource Network	Community Based Organizations											
Friends Of Recovery Of Delaware & Otsego	Community Based Organizations							✓			✓	✓
Herkimer County Arc	Community Based Organizations			✓								
Herkimer County Healthnet	Community Based Organizations				✓	✓						
Independent Healthcare Services, Inc	Community Based Organizations											
Jeffrey Luria Phd	Community Based Organizations											
Leatherstocking Education On Alcoholism/Addictions Foundation, Inc.	Community Based Organizations						✓	✓			✓	
Mohawk Valley Perinatal Network	Community Based Organizations				✓	✓						
Office Of Aging Of Otsego County	Community Based Organizations											
Otsego County Chapter Nysarc Inc.	Community Based Organizations			✓						✓		
Otsego County Dept. Of Social Services	Community Based Organizations											
Paulsen, Richard	Community Based Organizations										✓	

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Research Foundation Of Suny Cobleskill	Community Based Organizations											✓
Rural Health Network Of South Central New York	Community Based Organizations											
Sample, Kelly	Community Based Organizations										✓	
Schneider, Kimberlee	Community Based Organizations										✓	
Schoharie County Child Development Council	Community Based Organizations											
Schoharie County Council On Alcoholism	Community Based Organizations							✓			✓	✓
Schoharie County Department Of Social Services	Community Based Organizations											
Swanson, Chad	Community Based Organizations										✓	
Todd, Brittany	Community Based Organizations										✓	
Veiz, Suvada	Community Based Organizations										✓	
Voorhees, Francis	Community Based Organizations										✓	
Phoenix Houses Of New York Inc	All Other											
Hodgdon Travis Michael	All Other											
Mark Emil Winther	All Other											
Niranjan Marino Selvarajah Md	All Other											
Mercedes R Armstrong Np	All Other											
Spivak Carl James	All Other											
Longhi James Joseph	All Other											
Mccrea Karen L	All Other											
Abramson Gayle L	All Other											
Whiteside Beth	All Other											
Baruah Monideepa	All Other											
Whiteside Michael	All Other											
John Loh Md	All Other											
Bykovich Svetlana	All Other											
Chopra Rupal Md	All Other											
Eckel James Andrew Md	All Other											
Meyers Jennifer Laundy Md	All Other											
Langsfeld Alexis P Md	All Other											
Doyle Robin M Md	All Other											
Pauze Daniel K Md	All Other											

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Gould Nathaniel Stuart Md	All Other											
Nelson Sunny N Thompson Md	All Other											
Thomas James Md	All Other											
Raffo O Scott Md	All Other											
Home Care Partners Inc	All Other											
Hassan Sameth	All Other											
Ramasamy Muthu Manickam Md	All Other											
Schuster Michael Edward	All Other											
Mary Imogene Bassett Hospital	All Other											
Slocum Dickson Medical Group Pllc	All Other											
Hellwitz Frederic Jon Md	All Other											
Amankwah Kwaku A Md	All Other											
Islam Fatema T-Z Md	All Other											
Kelchlin Ann Np	All Other											
Zoltick Jerel Mark Md	All Other											
Mcnulty Patrick H Md	All Other											
Schklair Peter Alan Md	All Other											
Raymond Pascale Gebrail Md	All Other											
Chenango Co Chap Nysarc Day	All Other											
Ernits Martin Md	All Other											
Schoharie Chap Nysarc Day	All Other											
Fisk John M	All Other											
Saito Naoyuki Gregory Md	All Other											
Churchill Todd Thomas	All Other											
Menzies Dhananjai J Md	All Other											
Markwardt George L	All Other											
Chenango Co Chap Nysarc Rsp	All Other											
Laws Harry F Ii Md	All Other											
Warnakulasuriya Manuja P Md	All Other											
Clark Vivian Louise Md	All Other											
Kruse James A Md	All Other											

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Lambers Anouk R Md	All Other											
Butt Khalid Rashid Md	All Other											
Riesenfeld Erik P Md	All Other											
Spencer Matthew William T Md	All Other											
Abara Chinedu Emmanuel Md	All Other											
Freeth Amy Elizabeth Md	All Other											
Hearn Shelly L	All Other											
Simon Julius Henry Md	All Other											
Eckel Rebecca Reeves Md	All Other											
Sullivan John Patrick Md	All Other											
Zygawski Marcin Marek Md	All Other											
Capital Cardiology Assoc Pc	All Other											
Mirtchev Krassimir E Md	All Other											
Rockwell Patrick M	All Other											
Norris Deborah L	All Other											
Benjamin Anthony P Md	All Other											
Englander Meridith J Md	All Other											
Gargiulo Nicholas Joseph Iii	All Other											
Cooper Shelby Scott Md	All Other											
Lu Ping Md	All Other											
Murray Jeffrey Randall Md	All Other											
Feldman Sharon	All Other											
Friedman Shep J Md	All Other											
Valencia Mauricio Md	All Other											
Chenango Co Chap Nysarc Nd 2	All Other											
Chenango Co Chap Nysac Nd 1	All Other											
Hunsiker Celesta M Md	All Other											
Vernold Julie Beth	All Other											
Scalise Diane	All Other											
Chank Shelly M	All Other											
Chambrone Michelle L	All Other											

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Casanova Bonnie Mae	All Other											
Smith Richard Edward Md	All Other											
Flick Karen C	All Other											
Liu David Da Wei Md	All Other											
Sunkara Maruthi M Md	All Other											
Hayden Siobhan F Md	All Other											
Stein Susan	All Other											
Pauze Denis Robert	All Other											
Lott Ralph William Od	All Other											
Mcgoldrick Raymond J Md	All Other											
Borgstrom David C Md	All Other											
Lee Debora Susan Do	All Other											
Mandato Kenneth Md	All Other											
Verma Sunjay Md	All Other											
Delaware Co Chaptr Nysarc Smp	All Other						✔					
Davidson Mark Robert Md	All Other											
Ketzak Marjorie Eve Md	All Other											
Farnan Kelly Beth	All Other											
John Rekha Anne Md	All Other											
Rounds Karen Washburn	All Other											
Jackowski Stephen John Rpa	All Other											
Davenport Samantha	All Other											
Ko Edwin	All Other											
Mirza Aamer Md	All Other											
Zhou Peipei Md	All Other											
Robinson Dean Matthew	All Other											
Family Med Care Assoc Pllc	All Other											
John Thomas Md	All Other											
Leonardo James M Md	All Other											
Kaufman Theodor Irving Md	All Other											
Horth Daniel J Md	All Other											

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Chenango Co Chap Nys Arc Hcb2	All Other											
Nocella Richard A	All Other											
Hyman L Charles Md	All Other											
Zisman Lawrence Seth Md	All Other											
Boulos Maria Theresa Bajas Md	All Other											
Sastry Simha R Md	All Other											
Burton Chester Do	All Other											
Ashley Christopher Charles Md	All Other											
Funk Deborah Md	All Other											
Moretz Joseph Alfred Iii Md	All Other											
Russo Paul Donald	All Other											
Georgeson Diane Mary	All Other											
Macri Charlene Josie	All Other											
Babowicz Debra P Pa	All Other											
Le Thang Quoc Md	All Other											
Crouse Community Center Adhc	All Other											
Emerson Susan G Md	All Other											
Padmanabhan Melanie Ann Rn	All Other											
Reed-Esper Sarah Nicole	All Other											
Miller Michael T Md	All Other											
Keo Naron Im Md	All Other											
Elderchoice Inc Tbi	All Other			✓								
Pizarro Emerita A	All Other											
Gomez-Di Cesare Caroline M Md	All Other											
Mozloom Joanne Palumbo	All Other											
Choudhry Ghulam Abbas Rpa	All Other											
Rosen Raquel Maricel Md	All Other											
Garfield Robert J Md	All Other											
Raymond John F Md	All Other											
Breiten Carolyn	All Other											
Wolf-Gould Carolyn	All Other											

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Wolf-Gould Christophe	All Other											
Mcginnis Karen	All Other											
Taylor Kerri Anne Do	All Other											
Thomas Rosemary Ann Md	All Other											
Steinberg Paul	All Other											
Kamenir Steven A Md	All Other											
Homonoff Mark C Md	All Other											
Bedell Janice Amelia Md	All Other											
Ayres John B Md	All Other											
Tinger Alfred Md	All Other											
Kapur Rani Do	All Other											
Zehr Cynthia A	All Other											
Scialdone Claude Joseph Md	All Other											
Ali Shehzad	All Other											
Herr Allen Michael Md	All Other											
Velvis Harmannus Md	All Other											
Razia Sultana Md	All Other											
Diaz Michael Ray Md	All Other											
Sabella Janine L Md	All Other											
A O Fox Memorial Adhc	All Other											
Laifer Lawrence I Md	All Other											
Ribons Lisa Ann Do	All Other											
Siskin Gary P Md	All Other											
Ungeheuer Robert G	All Other											
Haynes Neil D	All Other											
Dutkowsky Joseph P Md	All Other											
Seton Health System	All Other											
Berkshire Farm Center	All Other											
Harris Brian E Md	All Other											
La Budde Jackson Kemper Md	All Other											
Ratliff Christopher Derek Md	All Other											

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Kelley John Michael Md	All Other											
Hoover Eric Md	All Other											
Mozumdar Shaymal Md	All Other											
Zacharewicz Dana Marie Md	All Other											
Chu Alan L Md	All Other											
Brownstein Lance J Md	All Other											
Lagrant Steven H Md	All Other											
Dreiner Ute H Md	All Other											
Vinh Phuong Md	All Other											
Tom Vivian Md	All Other											
Alinea Christopher M Md	All Other											
Conifer Park	All Other							✓				
Leon John Andrew Md	All Other											
Anania James Carmelo Md	All Other											
Fuertes Caridad E Md	All Other											
Anderson Joy E Md	All Other											
Ahmed Ibrahim Mohamed	All Other											
Edmonds Lee Charles Md	All Other											
Cesare James F Md	All Other											
Kilty Laura Anne Md	All Other											
Ryan M Bernadette Md	All Other											
Resource Ctr Indep Liv Mh	All Other											
Ucp Utica Bleecker St Icf	All Other										✓	
Huntsman W Thomas Md	All Other											
Oliva Laurajean	All Other											
Heneghan Steven J Md	All Other											
Sosnow Peter Lewis Md	All Other											
Kramer Bruce Md	All Other											
Potluri Sudhir Choudary Md	All Other											
Muok Joseph Nyakwamba Md	All Other											
Budin Michael M Md	All Other											

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Lachance Michael Paul Md	All Other											
Iqbal Muhammad Zafar Md	All Other											
Otsego Manor Lthhp	All Other											
Lalor John H Md	All Other											
Asaju Sunday Olanrewaju	All Other											
Harrison Aaron Ira Md	All Other											
Lafont Timothy Harold Md	All Other											
Hunt Wade Thomas Jr Md	All Other											
Hodgman Michael J Md	All Other											
Moglia Robert Md	All Other											
Buffalo Beacon Corp	All Other							✓				
Cunningham Kevin P Md	All Other											
Sellers Joseph R Md	All Other											
Richman Jonathan Asa Md	All Other											
Hughes Joseph Matthew Md	All Other											
Merrell Nancy Beth Md	All Other											
Barnowsky Lawrence Md	All Other											
Cannon Douglas Hamilton Md	All Other											
Dietz Patrick Allan Md	All Other											
Smiley Allan M Md	All Other											
Norton Roger W Md	All Other											
Harris Alan D Md	All Other											
Ullman David A Md	All Other											
St Johnsville Reh & Nrs Ctr	All Other											
Haas Douglas L Md	All Other											
Campito Mitchel A Md	All Other											
Babb Terrence E Md	All Other											
Aploks Bruno Ivar Md	All Other											
Steward Gary Md	All Other											
Catskill Area Hospice/Pall Ca	All Other											
At Home Care Inc	All Other			✓								

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Ucp Handi Per Of Utica Omh	All Other										✓	
Haswell David P Md	All Other											
Hutchings James Curtis Md	All Other											
Eadline Stephen David Md	All Other											
Carlson Raymond J Md	All Other											
Harte Francis A Md	All Other											
Simmons Steven Trotter Md	All Other											
Buch Deepak D Md	All Other											
Goodman Daniel C Md	All Other											
Wagle William Md	All Other											
Sloan Jerry Bryan Md	All Other											
Hospice & Palliative Care Inc	All Other											
Independent Health Care Servi	All Other											
Fuchs William D Md	All Other											
Knight Reginald Q Md	All Other											
Evanczyk Bryan S	All Other											
Czajka Ellen M Md	All Other											
Chu David Md	All Other											
Com Hlth Ctr Of Smh & Nlh Lth	All Other			✓								
Com Hlth Ctr Of Smh & Nlh Inc	All Other			✓								
Gill Tarig N Md	All Other											
Parikh Shirish Jayant Md	All Other											
Falco Gennaro A Md	All Other											
Phelps Carlton Md	All Other											
Sastic Lois Morgan Md	All Other											
Sastic Jonathan William Md	All Other											
Friedell Benjamin N Md	All Other											
Cohen Jerome Craig Md Pc	All Other											
Patterson Norman W Md	All Other											
Valley Hlth Svcs Inc Rhcf	All Other											
Eames Frederick Md	All Other											

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Samad Naeem Md	All Other											
Egal Dirie Mohamed Hagi Md	All Other											
Frederick James E Md	All Other											
Sweet John Paul Md	All Other											
Bottros Isis W Md	All Other											
Lee Edward Byung Md	All Other											
Lone Riaz Ahmad Md	All Other											
Hendrick William Md	All Other											
Mcchesney James D Md	All Other											
Tannenbaum Jordan M Md	All Other											
Broome Developmental Center	All Other											
Priem Edward Louis Md	All Other											
Wakeman Gary R	All Other											
Herkimer Cty Comm Svcs Board	All Other											
Leinhart August John Md	All Other											
Peters James Campbell Md	All Other											
Silk Paul R Md	All Other											
Dhabhar Pourushasp Jamshed Md	All Other											
Otsego Cnty Community Svc Brd	All Other							✓				
Delaware Cnty Comm Svc Board	All Other							✓				
Tung Robert Y Md	All Other											
Schoharie Cnty Comm Svc Board	All Other				✓	✓		✓				
Delorme Robert Md	All Other											
Matsuo Yoshiro Md	All Other											
Samudrala Baburao N Md	All Other											
Miller Nelson L Md	All Other											
Malpeso James V Md	All Other											
Chenango Cty Dept Of Pub Hlth	All Other											
Aurelia Osborn Fox Snf	All Other											
Planned Pthd Mohawk Hudson	All Other											
Community Health Center	All Other											

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Planned Prthd So Central Ny	All Other											
Anderson Gunnar H Jr Md	All Other											
Kruger Paul S Md	All Other											
Breslow Roger Arnold Md	All Other											
Lee Joong Md	All Other											
Quereshy Mahmood A Md	All Other											
Robinson Terrace Nf	All Other											
Shamoun Jack Elie Md	All Other											
Spooner Eric W Md	All Other											
Community Memorial Hospital	All Other											
O'Connor Hospital	All Other											
Charles T Sitrin Hcc Inc	All Other											
Masonic Care Comminity Of New York	All Other											
Little Falls Hospital	All Other											
Mary Imogene Bassett Hospital	All Other											
Cobleskill Regional Hospital	All Other											
Aurelia Osborn Fox Mem Hosp	All Other											
Dangman Barbara C Md	All Other											
Fagan James M Pc Md	All Other											
Bermejo Carlos Enrique	All Other											
Oceguera Stephanie Strauss	All Other											
Lucas Jennifer Joy Md	All Other											
Wellenstein Renee	All Other											
Tri Town Regional Healthcare	All Other											
Herkimer County Phns	All Other											
Chiang Christina	All Other											
Schreiber Daniel	All Other											
Gan Kavod Inc Spv	All Other											
Feier Nikolaus Md	All Other											
Bauman Monica	All Other											
Cariaso Jerome Abellana Md	All Other											

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Dickinson Daniel	All Other											
Graham Stephen	All Other											
Fantauzzi John Patrick Md	All Other											
Njoku Godwin	All Other											
Sidney Emergency Physicians	All Other											
Avery Amanda	All Other										✓	
Razinia Sali	All Other											
Kaplan Fred M	All Other											
Hellenthal Nicholas John	All Other											
O'Donnell Christy Ann	All Other											
Wright Rose	All Other											
Heidi Roloson Rpac	All Other											
Dayal Davis Raja	All Other											
Polen Denine Lynn	All Other											
White Brian Francis	All Other											
Siebuhr Karl Frank	All Other											
Mcnulty Michael	All Other											
Monzon Jose Raul	All Other											
Fredette William	All Other											
Jeannot Pierrot	All Other											
Casanova Olort	All Other											
O'Mara Bridget	All Other											
Edmunds Anne-Marie Elizabeth	All Other											
Tatli Yusuf Ziya	All Other											
Trifa Diana I	All Other											
Barcomb Timothy F	All Other											
Desantis Emily	All Other											
Alpine Rehabilitation & Nrs Ctr	All Other											
Arnett John Hanna	All Other											
Keever Linda M Kearney Np	All Other											
Kathleen Amy Henderson	All Other											

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Sikder Manzurul A	All Other											
Karen R Banks-Lindner Do Pllc	All Other											
Elizabeth Ann Mcconkey	All Other											
Nolan John Joseph	All Other											
Rio Taryn Wiley	All Other											
Colon Michael	All Other											
Parkhurst Randy	All Other											
Rushville Health Center Inc	All Other											
Calore Briana	All Other											
Dehorn Kathleen	All Other											
Parent Colleen E Md	All Other											
United Cerebral Palsy And Handicapp	All Other										✓	
Lassiter Tally	All Other											
Wittstein Jocelyn	All Other											
Hoffman Mary Ellen	All Other											
Luke Kristin	All Other											
Allen Kang Myung	All Other											
Pegasus Medicine Group Empire State	All Other											
Joswick David	All Other											
Elder Choice Inc	All Other			✓								
Jones Cynthia	All Other											
Bernard David	All Other											
Stornelli Kathleen M	All Other											
Ruocco Martin James	All Other											
Kennedy Byron S	All Other											
Gildenblatt Daryl	All Other											
Chan-House Mew Kwan	All Other											
Keating Lawrence	All Other											
Cousins Joseph	All Other											
Ganguly Joya	All Other											
Makhijani Sumeet	All Other											

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O'Reilly Jennifer	All Other											
Scott James Augustine	All Other											
Anderson Lori	All Other											
Ross Hugh Alsworth	All Other											
Preventive Diagnostics Inc	All Other											
Dirig Julie Ann	All Other											
Lopinto Melissa	All Other											
Phoenix Jennifer	All Other											
Cemer Adnan	All Other											
Katz Daniel H Md	All Other											
Hammond Jennifer	All Other											
Laveaux Kathleen	All Other											
Topham Rebecca Repovsch	All Other											
Gorski Michelle L	All Other											
Champagne Lynette H Np	All Other											
Stephanie Noyes	All Other											
Syed Mohsin M	All Other											
Quitel Lodze Md	All Other											
York Daria Np	All Other											
Wintle Catherine Ann	All Other											
Baker Crystal	All Other											
Whyte Donna M Fnp	All Other											
Antonevich Ivan	All Other											
Ischia Beverly G	All Other											
Saleh Bilal Ahmad M	All Other											
Oceguera Luis	All Other											
Pastena Gaetano Thomas	All Other											
Wells Catherine	All Other											
Swan Robert	All Other											
Nakkala Kiran	All Other											
Marshall Cindy Fnp	All Other											

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Marchland Maurice E	All Other											
Burns Kristin	All Other											
Brennan Christopher Michael	All Other											
L Woerner Inc	All Other			✓								
L Woerner Inc	All Other			✓								
Hughes Meghan Bracey Fnp	All Other											
Sommers Denise Michele Fnp	All Other											
Mazumder Mohammed	All Other											
Chanana Charu	All Other											
Sawyer Donald Lee Ii	All Other											
Sharp Sariya Anne	All Other											
Whitaker Timothy	All Other											
Stein Julie Ann	All Other											
Hope David	All Other											
Ignatovskyy Vitaliy	All Other											
Wilson Elizabeth A	All Other											
Knight Danielle Denise	All Other											
Toczko Gregory P	All Other											
Kallash Mahmoud	All Other											
Huston Jason Michael	All Other											
Callan Aileen	All Other											
Stafford John David	All Other											
Campola David N	All Other											
Shaw Colleen Margaret	All Other											
Frasier Kasandra C	All Other											
Chapple Crystal B	All Other											
Huston Zachary S	All Other											
Mohit Gupta Md	All Other											
Hill Adam A	All Other											
Al-Waili Noori Siraj Dawood	All Other											
Mangalmurti Sandeep Shrihari	All Other											

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Olivieri William Peter	All Other											
Weinstock Jed	All Other											
Holbert Tammy Lee	All Other											
Chaudhary Shawn Ahmad	All Other											
Rogers Jennifer Marie	All Other											
Jean Geraldine Marie	All Other											
Grant Norie	All Other											
Collins Kevin P	All Other											
Juyia Rushad Farhad	All Other											
Springbrook Ny Inc	All Other											
Lagace Richard Edward	All Other											
Gilchrist Lindsey	All Other										✓	
Altman Christine L	All Other											
Morkevicius Matas	All Other											
Lavare Jennifer Marie	All Other											
Wilson Allison Marie	All Other											
Ear Nose And Throat Associates Of O	All Other											
Jordan Katie	All Other											
Arnold Richard	All Other											
Reichard Hannah Norine	All Other											
Auringer David	All Other											
Korytko Timothy	All Other											
Alvi Madiha	All Other											
Lundi Ricardo	All Other											
Sastry Ashwani	All Other											
Nagel Theodore	All Other											
Narins Joseph Paul	All Other											
Mayer Margaret	All Other											
Strine Kelly	All Other											
Sandoval Linares Otto	All Other											
Syed Sofia	All Other											

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Provider Name	**Provider Category**	**2.a.ii**	**2.b.vii**	**2.b.viii**	**2.c.i**	**2.d.i**	**3.a.i**	**3.a.iv**	**3.d.iii**	**3.g.i**	**4.a.iii**	**4.b.i**
Lone Nazir	All Other											
Scott James	All Other											
Kumar Prasanna	All Other											
Latina Marcelino Dellopac	All Other											
Peplinski Scott	All Other											
O'Connor Catherine	All Other											
Cassano Stefanie L	All Other											
Burrell Keisha Kay	All Other											
Guse Lauren Marie	All Other											
Tan-Tam Clara	All Other											
Digman Grace	All Other											
Seetha Rammohan Harish Raj	All Other											
Kannekanti Naveen Kumar	All Other											
Dunn Christine	All Other											
Stanton Christina Margaret	All Other											
Chenango Cnty Chapter Nys Arc	Uncategorized											
Chenango C0 Chap Nys Arc Hcbs	Uncategorized											
The House Of The Good Shepherd	Uncategorized											
Chenango Co Nysarc Inc Smp	Uncategorized											
First Community Care Of Bassett, Llc	Uncategorized											
Howser Crna,Brian	Uncategorized							✔				
Braccini, Ron	Uncategorized											
Dadkhah Rd,Maryam	Uncategorized											
Mcgovern Rd,Tara A	Uncategorized											
Benton,Mark	Uncategorized											
Cain Lcsw,Beth E	Uncategorized											
Lafontaine Rn,Patricia B	Uncategorized											
Hebert Dpt,Nicole M	Uncategorized											
Aurelia Osborn Fox Memorial Hospital Nursing Home	Uncategorized											
Hobbie Rd,Holly	Uncategorized											
Engle Pharmd,Amanda L	Uncategorized											

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Wheeler Lcsw-R,Gayle	Uncategorized											
Herkimer Area Resource Center	Uncategorized											
County Of Otsego	Uncategorized											
Resource Center For Independent Living	Uncategorized											
Monosson Lmsw,Laurie S	Uncategorized											
Schlesinger Lcsw,Deborah	Uncategorized											
Jastremski Lmsw,Kristen E	Uncategorized											
Stuck Dpt,Mackenzie J	Uncategorized											
Mann Md,Kelly	Uncategorized											
Mcclenahan Rn,Annette D	Uncategorized											
Susan, Stone	Uncategorized											
Faoro-Rodrigues Rd,Deborah	Uncategorized											
Dillon Lcsw-R,Colleen G	Uncategorized											
Crowson Aud,Joanne	Uncategorized											
Havard Crna,Scott A	Uncategorized											
Borowski Crna,Emanuell	Uncategorized											
Pope Lcsw,Hilary	Uncategorized											
Decker Crna,Brittany	Uncategorized											
Watters Crna,Vesna	Uncategorized											
Amos Crna,Brock J	Uncategorized											
Sullivan Lcsw,William	Uncategorized											
Community Maternity Svcs Bfc	Uncategorized											
Arandia Lcsw,Paul A	Uncategorized											
Henry Rpa,Kayla	Uncategorized											
Chen Aud,Siyuan	Uncategorized											
Nancy, Sirianni	Uncategorized											
Valley Health Services, Inc.	Uncategorized											
Dickey Au,Heather B	Uncategorized											
Longhi Rn,Susanna M	Uncategorized											
Konen Crna,Rebecca	Uncategorized											
Rule Lcsw,Alisha D	Uncategorized											

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Cedarbrook Village, Incorporated	Uncategorized											
Coppolo Rn,Lynn	Uncategorized											
Johnson Ms Rd,Andrea	Uncategorized											
Smith Lmsw,Kathleen E	Uncategorized											
Waltz Ms Rd,Katherine	Uncategorized											
Samuel Md,Ramez W	Uncategorized											
Flint Cat,Marybeth	Uncategorized											
Borowski Crna,Matthew J	Uncategorized											
Matteson Lfmt,Paula	Uncategorized											
Joshua House Inc.	Uncategorized											
Bartels Pharmd,Michael C	Uncategorized											
Rudd Pharmd,Kelly	Uncategorized											
Streck Md,William F	Uncategorized											
Worthington Crna,Melissa	Uncategorized											
Harju Crna,Christine	Uncategorized											
Krieger Pa-C,Joseph	Uncategorized											
Joshua House Inc.	Uncategorized											
Hayes Csw,William	Uncategorized											
Wessinger Rd,Leah K	Uncategorized											
Hospitality House Tc, Inc.	Uncategorized											
Roberts Lcsw,Roderick	Uncategorized											
Weiss Ognp,Christine	Uncategorized											
Deangelis, Nancy	Uncategorized										✓	
Sorensen Crna,Rafferty C	Uncategorized											
Kelly Crna,Monica S	Uncategorized											
Joseph Au D,Charla	Uncategorized											
Crippen Lmsw,Karrie	Uncategorized											
The Arc Of Delaware County	Uncategorized											
Colangelo Rd,Meghan	Uncategorized											
Community Maternity Svcs Bfc	Uncategorized											
Niedzialkowski Crna,Caitlin M	Uncategorized											

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Mary Imogene Bassett Hospital	Uncategorized											
Weiss Aud,Karen L	Uncategorized											
Home Helpers And Direct Link Of Cny	Uncategorized											
Mouras Crna,Virginia	Uncategorized											
Coulehan Rd,Nancy	Uncategorized											
Office Of Aging Of Delaware County	Uncategorized											
Kalava Md,Arun	Uncategorized											
Community Maternity Svcs Bfc	Uncategorized											
Barreto Rd,Heather J	Uncategorized											
Guyett Rpa,Melinda	Uncategorized											
Chlus Fnp,Liane	Uncategorized											
Joshua House, Llc	Uncategorized											
Hogan Fnp,Donna G	Uncategorized											
Jacobson, Jean	Uncategorized											
Pathfinder Village Inc.	Uncategorized											
Winans Pharmd,Amanda	Uncategorized											
Pawlowski Crna,Stephen J	Uncategorized							✓				
Cappozzo Crna,Glen J	Uncategorized											
Chan Crna,Ling W	Uncategorized											
Beagle Lcsw,Pola	Uncategorized											
Harrington,David	Uncategorized											
Brown Crna,Christopher S	Uncategorized											
Nunn'S Hospital Supplies, Inc.	Uncategorized											
Garlick Lcsw,A Ann	Uncategorized											
Central New York Health Home Network, Llc	Uncategorized											
Otsego Manor	Uncategorized											
Aurelia Osborn Fox Memorial Hospital Society	Uncategorized											
Gyukeri Crna,Sara	Uncategorized											
Elder Choice	Uncategorized											
Delaware County	Uncategorized											
Steffens Adriana	Uncategorized											

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Provider Name	Provider Category	2.a.ii	2.b.vii	2.b.viii	2.c.i	2.d.i	3.a.i	3.a.iv	3.d.iii	3.g.i	4.a.iii	4.b.i
Excellus Bluecross Blueshield	Uncategorized							✓				
Joshua House Inc	Uncategorized											
U.S. Care Systems Inc.	Uncategorized											
Nelson Fnp,Stacy D	Uncategorized											
Moss Lmft,Susan	Uncategorized											
Otsego County	Uncategorized											
Brennan Lcsw-R,Jacinta	Uncategorized											
O'Connor Hospital	Uncategorized											
Belknap Rd,Jonathan	Uncategorized											
Casassa Rn,Rita M	Uncategorized											
Access To Home Care Services	Uncategorized											

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