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

DSRIP Implementation Plan Project

Central New York Care Collaborative, Inc. (PPS ID:8)

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Quarterly Report - Implementation Plan for Central New York Care Collaborative, Inc.

Year and Quarter: DY2, Q4 **Quarterly Report Status:** Adjudicated

Status By Section

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

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.a.iii	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	Completed
2.b.iii	ED care triage for at-risk populations	Completed
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
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.ii	Behavioral health community crisis stabilization services	Completed
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	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
4.d.i	Reduce premature births	Completed

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Section 01 – Budget

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

Instructions :

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

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	25,083,509	26,730,777	43,227,021	38,277,362	25,083,509	158,402,178
Cost of Project Implementation & Administration	**22,825,993**	**18,636,698**	**23,567,372**	**19,414,278**	**11,769,182**	**96,213,523**
Administration	3,762,526	4,009,617	6,484,053	5,741,604	3,762,526	23,760,326
Implementation	19,063,467	14,627,081	17,083,319	13,672,674	8,006,656	72,453,197
Revenue Loss	**0**	**4,063,078**	**8,213,134**	**5,818,159**	**2,859,520**	**20,953,891**
Internal PPS Provider Bonus Payments	**0**	**1,625,231**	**7,556,083**	**9,599,962**	**8,197,291**	**26,978,567**
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	**0**
Other	**2,257,516**	**2,405,770**	**3,890,432**	**3,444,963**	**2,257,516**	**14,256,197**
Contingency	1,254,176	1,336,539	2,161,351	1,913,869	1,254,176	7,920,111
Non-safety net	1,003,340	1,069,231	1,729,081	1,531,094	1,003,340	6,336,086
Total Expenditures	**25,083,509**	**26,730,777**	**43,227,021**	**38,277,362**	**25,083,509**	**158,402,178**
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 :

In CNYCC's December 2014 Organizational Application, Budget Category "Cost of Project Implementation" was allocated 20% of funds (as opposed to 67% of funds in the table below), Budget Category "Revenue Loss" was allocated 5% of funds (opposed to 15% of funds in the table below), and Budget Category "Internal PPS Provider Bonus Payments" was allocated 75% of funds (as opposed to 18% in the table below). The majority of this deviation is due to the inclusion of a projected IGT amount within the December application's budget total and within the "Internal PPS Provider Bonus Payments" budget category whereas the amounts below, which are based on estimated not final project valuation, are net of IGT.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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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
26,730,777	158,402,178	11,617,888	137,540,153

Budget Items	DY2 Q4 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**7,393,264**	**20,247,919**	**3,988,752**	**21.40%**	**75,965,604**	**78.96%**
Administration	3,988,606					
Implementation	3,404,658					
Revenue Loss	**0**	**0**	**4,063,078**	**100.00%**	**20,953,891**	**100.00%**
Internal PPS Provider Bonus Payments	**0**	**0**	**1,625,231**	**100.00%**	**26,978,567**	**100.00%**
Cost of non-covered services	**0**	**0**	**0**		**0**	
Other	**312,593**	**614,106**	**1,940,827**	**80.67%**	**13,642,091**	**95.69%**
Contingency	80,000					
Non-safety net	232,593					
Total Expenditures	**7,705,857**	**20,862,025**				

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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With the onboarding of CNYCC's Director of Finance in February 2017, CNYCC has done a complete audit of all reports and spending as of March 31,2017. CNYCC's intention was to shore up the reporting to MAPP to match the amounts in the accounting system and our 2016 financial audit. The amount above represents the adjustment as well as the actual PPS PMO spending line for DY2 Q4 of $785,775. Also, please note that it appears a sum of $1,288,795 reported in MAPP 12/31/15 for PPS PMO seems to not be calculating in CNYCC's cumulative total as of entering this report. As such, we have included it in this report's total PPS PMO spend.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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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	25,083,509	26,730,777	43,227,021	38,277,362	25,083,509	158,402,178
Practitioner - Primary Care Provider (PCP)	5,986,426	6,379,562	10,316,553	9,135,268	5,988,718	37,806,527
Practitioner - Non-Primary Care Provider (PCP)	64,203	68,419	110,642	97,973	64,193	405,430
Hospital	7,347,024	7,829,513	12,661,305	11,211,537	7,345,925	46,395,304
Clinic	2,636,073	2,809,187	4,542,809	4,022,640	2,635,679	16,646,388
Case Management / Health Home	1,609,282	1,714,965	2,773,313	2,455,758	1,609,041	10,162,359
Mental Health	1,942,341	2,069,898	3,347,284	2,964,007	1,942,051	12,265,581
Substance Abuse	971,171	1,034,949	1,673,643	1,482,004	971,025	6,132,792
Nursing Home	62,124	66,203	107,060	94,802	62,115	392,304
Pharmacy	37,632	40,103	64,852	57,426	37,626	237,639
Hospice	42,429	45,215	73,118	64,747	42,422	267,931
Community Based Organizations	622,280	663,146	1,072,390	949,597	622,188	3,929,601
All Other	0	0	0	0	0	0
Uncategorized						0
PPS PMO	3,762,524	4,009,617	6,484,052	5,741,603	3,762,526	23,760,322
Total Funds Distributed	**25,083,509**	**26,730,777**	**43,227,021**	**38,277,362**	**25,083,509**	**158,402,178**
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 :

New York State Department Of Health
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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
26,730,777.00	158,402,178.00	11,630,169.62	136,841,230.42

Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	Percent Spent By Project											DY Adjusted Difference	Cumulative Difference
						Projects Selected By PPS												
						2.a.i	2.a.iii	2.b.iii	2.b.iv	2.d.i	3.a.i	3.a.ii	3.b.i	3.g.i	4.a.iii	4.d.i		
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	6,379,562	37,806,527
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	68,419	405,430
Hospital	1,919,463	100.00%	4,772,985.10	100.00%	8,802,566.74	22.45	.7	34.23	11.99	1.33	10.45	2.26	12.97	0	0	3.64	3,056,527.90	37,592,737.26
Clinic	496,874.86	98.59%	1,270,333.57	99.45%	1,895,238.25	43.07	0	4.57	.34	4	27.57	.15	15.18	0	0	5.15	1,531,827.95	14,751,149.75
Case Management / Health Home	62,428.64	42.63%	197,501.35	79.36%	280,511.46	84.17	0	0	6.61	8.6	0	.6	0	0	0	0	1,466,093.60	9,881,847.54
Mental Health	435,883.56	97.75%	679,954.22	95.10%	786,023.57	50.44	.35	.76	1.19	4.29	14.68	26.66	1.64	0	0	0	1,354,913.59	11,479,557.43
Substance Abuse	109,723.53	90.73%	171,625.33	92.79%	196,004.64	93.48	0	0	0	.42	5.82	.28	0	0	0	0	849,980.64	5,936,787.36
Nursing Home	240,950.82	100.00%	452,992.29	100.00%	575,805.39	81.44	0	0	17.7	.87	0	0	0	0	0	0	0	0
Pharmacy	0	0.00%	0	0.00%	6,102.47	0	0	0	0	0	0	0	0	0	0	0	34,000.53	231,536.53
Hospice	22,436.57	77.33%	33,842.51	86.93%	51,804.02	89.56	0	0	10.44	0	0	0	0	0	0	0	6,285.13	216,126.98
Community Based Organizations	20,349.45	0.00%	0	0.00%	36,718.95	95.45	0	0	0	4.55	0	0	0	0	0	0	631,625.25	3,892,882.05
All Other	215,800.82	85.63%	366,833.73	74.40%	769,943.11	86.14	0	0	6.79	1.16	2.42	0	3.51	0	0	0	0	0
Uncategorized	33,610.21	0.00%	8,558.97	13.30%	73,299.35	66.67	0	0	0	33.33	0	0	0	0	0	0	0	0
Additional Providers	79,730	0.00%	0	48.83%	219,346.63													
PPS PMO	4,068,606	100.00%	6,631,103	100.00%	7,867,583												0	15,892,739
Total	**7,705,857.46**	**96.98%**	**14,585,730.07**	**96.59%**	**21,560,947.58**													

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Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
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		**1,919,463**
Community Memorial Hospital	Hospital	92,617.79
Auburn Memorial Hospital	Hospital	111,129.84
Oswego Hospital	Hospital	151,884.70
Crouse Hospital	Hospital	202,652.56
Lewis County General Hospital	Hospital	96,404.88
Oneida Healthcare Center	Hospital	145,338.17
Rome Memorial Hosp Inc	Hospital	300,512.39
St Elizabeth Med Ctr	Hospital	300,731.23
St.Joseph'S Hsp Hlth Ctr	Hospital	293,359.43
Faxton-St Lukes Healthcare	Hospital	224,832.01
Clinic		**496,874.86**
Rushville Health Center Inc	Clinic	46,062.92
Syracuse Comm Health Ctr Inc	Clinic	243,537.67
Christian Health Service Of Syracus	Clinic	7,025.48
Lewis Cnty Public Hlth Agency	Clinic	17,789.21
Finger Lakes Migrant Hlth	Clinic	34,698.42
Planned Prthd Rochstr/Syracus	Clinic	5,600
Planned Pthd Mohawk Hudson	Clinic	64,974.39
Northern Oswego Cnty Hlth Svc	Clinic	59,731.99
Oswego Co Opportunities Inc	Clinic	17,454.78
Case Management / Health Home		**62,428.64**
Resource Ctr Indep Liv Mh	Case Management / Health Home	18,029.21
North Country Tran Li Ser Mh	Case Management / Health Home	8,581.01
Cnyhhn Inc	Case Management / Health Home	17,349.21

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
Aids Community Resources Ai	Case Management / Health Home	18,469.21
Mental Health		**435,883.56**
The Neighborhood Ctr Scm	Mental Health	19,787.30
Cayuga Counseling Svcs Inc	Mental Health	40,995.39
Catholic Charities Syracuse	Mental Health	22,789.21
Onondaga Case Management Inc	Mental Health	101,340.16
Central New York Services Inc	Mental Health	35,662.32
Hutchings Psychiatric Ctr	Mental Health	3,483.40
Syracuse Brick House Inc	Mental Health	70,928.95
Child & Fam Svc Otpt Mh Cl	Mental Health	22,527.60
Liberty Resources Inc	Mental Health	32,673.56
Mohawk Valley Psych Ctr	Mental Health	6,311.67
Toomey Residential Comm Serv	Mental Health	17,349.21
Hillside Childrens Ctr	Mental Health	17,349.21
Unity House Cayuga County Inc	Mental Health	17,513.38
Family Counsel Svc Cortland	Mental Health	17,349.21
Cayuga Cnty Comm Srv Board	Mental Health	9,822.99
Substance Abuse		**109,723.53**
Farnham, Inc.	Substance Abuse	22,169.45
Recovery Counseling, Llc	Substance Abuse	5,087.36
Conifer Park	Substance Abuse	34,698.42
Syracuse Recovery Services	Substance Abuse	5,087.37
Insight House Chem Dep Svcs	Substance Abuse	12,665.86
Oswego Council On Alcoholism	Substance Abuse	12,665.86
Belvedere Health Services Llc	Substance Abuse	17,349.21
Nursing Home		**240,950.82**
Seneca Hill Manor Inc	Nursing Home	17,349.21
Charles T Sitrin Hcc Inc	Nursing Home	32,760.30
Katherine Luther Residential Hlt Cr	Nursing Home	17,349.21

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
Jewish Hm Of Cntrl Ny Non Occ	Nursing Home	17,349.21
St Camillus Resid Hcf Snf	Nursing Home	34,698.42
Michaud Residential Health Services	Nursing Home	17,349.21
Loretto Health & Rehab Center	Nursing Home	69,396.84
Utica Crossings	Nursing Home	17,349.21
St Luke Rhcf Snf	Nursing Home	17,349.21
Pharmacy		**0**
	Pharmacy	0
Hospice		**22,436.57**
L Woerner Inc	Hospice	17,349.21
Hospice/Palliative Care Assoc	Hospice	5,087.36
Community Based Organizations		**20,349.45**
North Country Prenatal Perinatal Council, Inc	Community Based Organizations	5,087.37
Contact Community Services	Community Based Organizations	5,087.36
Mohawk Valley Perinatal Network, Inc.	Community Based Organizations	5,087.36
Northern Regional Center For Independent Living, Inc.	Community Based Organizations	5,087.36
All Other		**215,800.82**
Elder Choice Inc	All Other	18,069.21
Madison Co Chap Nysarc Inc	All Other	17,349.21
Physician Care Pc	All Other	1,951.60
Parents Information Group Ics	All Other	17,349.21
Innovative Services Inc	All Other	15,738.31
Lifetime Care	All Other	33,152.97
Seneca Cayuga Counties Chapter Nysa	All Other	34,698.42
Masonic Care Comminity Of New York	All Other	17,349.21
Stanley Long/Harbor Lights	All Other	13,742.85
All Metro Home Care Ser. Inc	All Other	17,349.21
Self-Direct Inc	All Other	5,087.36
Family Care Medical Group Pc	All Other	19,262.26

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
Hospitals Home Health Care	All Other	4,701
Uncategorized		**33,610.21**
Northern Adirondack Planned Parenthood Inc	Uncategorized	17,349.21
The Salvation Army, Syracuse Area Services	Uncategorized	16,261

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q4**
Additional Providers			**79,730**
Cathy J. Berry, Md, Pc	Additional Providers	Approved	79,730

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IPQR Module 1.5 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Complete funds flow budget and distribution plan for submission to CNYCC Board/Finance Committee. The funds flow budget and distribution plan will be informed by pro forma results based upon projected amounts and informed estimates.	Completed	1. Complete funds flow budget and distribution plan for submission to CNYCC Board/Finance Committee. The funds flow budget and distribution plan will be informed by pro forma results based upon projected amounts and informed estimates.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Submit funds flow plan with pro forma distribution to CNYCC Board/Finance Committee for review and approval.	Completed	2. Submit funds flow plan with pro forma distribution to CNYCC Board/Finance Committee for review and approval.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Conduct webinar to present approved funds flow plan to partners.	Completed	3. Conduct webinar to present approved funds flow plan to partners.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Identify partners that will require technical assistance to participate in funds flow and organize technical assistance in collaboration with other project support activities.	Completed	4. Identify partners that will require technical assistance to participate in funds flow and organize technical assistance in collaboration with other project support activities.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 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

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	For Budget/Funds Flow Milestone 1 ("Complete funds flow budget and distribution plan and communicate with network"), during DY2 Q4, CNYCC's Finance Committee and Board made no changes to the PPS funds flow budget and distribution plan.

Milestone Review Status

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

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IPQR Module 1.6 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)

Instructions :

This table contains five budget categories for non-waiver revenue baseline budget reporting . Please add rows to this table as necessary in order to identify sub-categories.

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Non-Waiver Revenue	30,419,105	30,419,105	30,419,105	30,419,105	30,419,104	152,095,524
Cost of Project Implementation & Administration	**27,681,385**	**21,208,200**	**16,584,496**	**15,428,570**	**14,272,643**	**95,175,294**
Administration	4,562,865	4,562,865	4,562,865	4,562,865	4,562,865	22,814,325
Implementation	23,118,520	16,645,335	12,021,631	10,865,705	9,709,778	72,360,969
Revenue Loss	**0**	**4,623,704**	**5,779,630**	**4,623,704**	**3,467,778**	**18,494,816**
Internal PPS Provider Bonus Payments	**0**	**1,849,481**	**5,317,259**	**7,629,111**	**9,940,964**	**24,736,815**
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	**0**
Other	**2,737,720**	**2,737,720**	**2,737,720**	**2,737,720**	**2,737,720**	**13,688,600**
Contingency	1,520,956	1,520,956	1,520,956	1,520,956	1,520,956	7,604,780
Non Safety Net Payments	1,216,764	1,216,764	1,216,764	1,216,764	1,216,764	6,083,820
Total Expenditures	**30,419,105**	**30,419,105**	**30,419,105**	**30,419,105**	**30,419,105**	**152,095,525**
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	

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

DSRIP Implementation Plan Project

Central New York Care Collaborative, Inc. (PPS ID:8)

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
30,419,105	152,095,524	30,419,105	152,095,524

Budget Items	DY2 Q4 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**0**	**0**	**21,208,200**	**100.00%**	**95,175,294**	**100.00%**
Administration	0					
Implementation	0					
Revenue Loss	**0**	**0**	**4,623,704**	**100.00%**	**18,494,816**	**100.00%**
Internal PPS Provider Bonus Payments	**0**	**0**	**1,849,481**	**100.00%**	**24,736,815**	**100.00%**
Cost of non-covered services	**0**	**0**	**0**		**0**	
Other	**0**	**0**	**2,737,720**	**100.00%**	**13,688,600**	**100.00%**
Contingency	0					
Non Safety Net Payments	0					
Total Expenditures	**0**	**0**				

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

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Central New York Care Collaborative, Inc. (PPS ID:8)

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

Central New York Care Collaborative, Inc. (PPS ID:8)

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	30,419,105	30,419,105	30,419,105	30,419,105	30,419,104	152,095,524
Practitioner - Primary Care Provider (PCP)	7,259,818	7,259,818	7,259,818	7,259,818	7,259,818	36,299,090
Practitioner - Non-Primary Care Provider (PCP)	77,860	77,860	77,860	77,860	77,860	389,300
Hospital	8,909,830	8,909,830	8,909,830	8,909,830	8,909,830	44,549,150
Clinic	3,196,801	3,196,801	3,196,801	3,196,801	3,196,801	15,984,005
Case Management / Health Home	1,951,598	1,951,598	1,951,598	1,951,598	1,951,598	9,757,990
Mental Health	2,355,503	2,355,503	2,355,503	2,355,503	2,355,503	11,777,515
Substance Abuse	1,177,752	1,177,752	1,177,752	1,177,752	1,177,752	5,888,760
Nursing Home	75,339	75,339	75,339	75,339	75,339	376,695
Pharmacy	45,637	45,637	45,637	45,637	45,637	228,185
Hospice	51,454	51,454	51,454	51,454	51,454	257,270
Community Based Organizations	754,647	754,647	754,647	754,647	754,647	3,773,235
All Other	0	0	0	0	0	0
Uncategorized	0	0	0	0	0	0
PPS PMO	4,562,866	4,562,866	4,562,866	4,562,866	4,562,866	22,814,330
Total Funds Distributed	**30,419,105**	**30,419,105**	**30,419,105**	**30,419,105**	**30,419,105**	**152,095,525**
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 :

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

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Central New York Care Collaborative, Inc. (PPS ID:8)

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

Central New York Care Collaborative, Inc. (PPS ID:8)

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
30,419,105.00	152,095,524.00	30,419,105.00	152,095,524.00

Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	7,259,818	36,299,090
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	77,860	389,300
Hospital	0	0.00%	0	0.00%	0	8,909,830	44,549,150
Clinic	0	0.00%	0	0.00%	0	3,196,801	15,984,005
Case Management / Health Home	0	0.00%	0	0.00%	0	1,951,598	9,757,990
Mental Health	0	0.00%	0	0.00%	0	2,355,503	11,777,515
Substance Abuse	0	0.00%	0	0.00%	0	1,177,752	5,888,760
Nursing Home	0	0.00%	0	0.00%	0	75,339	376,695
Pharmacy	0	0.00%	0	0.00%	0	45,637	228,185
Hospice	0	0.00%	0	0.00%	0	51,454	257,270
Community Based Organizations	0	0.00%	0	0.00%	0	754,647	3,773,235
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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Central New York Care Collaborative, Inc. (PPS ID:8)

Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
PPS PMO	0	0.00%	0	0.00%	0	4,562,866	22,814,330
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	

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

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Central New York Care Collaborative, Inc. (PPS ID:8)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
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

New York State Department Of Health
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DSRIP Implementation Plan Project

Central New York Care Collaborative, Inc. (PPS ID:8)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q4**
Additional Providers			**0**
	Additional Providers		0

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Central New York Care Collaborative, Inc. (PPS ID:8)

IPQR Module 1.11 - IA Monitoring

Instructions :

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

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Central New York Care Collaborative, Inc. (PPS ID:8)

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 1A- Develop, recruit, and seat Board of Directors	Completed	1A- Develop, recruit, and seat Board of Directors	04/01/2015	04/02/2015	04/01/2015	04/02/2015	06/30/2015	DY1 Q1	
Task 1B- Appoint and establish committees, select committee chairs, and adopt committee charters. Committees of the Board include: Executive, Clinical Governance, Compliance, Finance, Nominating, and IT/Data Governance	Completed	1B- Appoint and establish committees, select committee chairs, and adopt committee charters. Committees of the Board include: Executive, Clinical Governance, Compliance, Finance, Nominating, and IT/Data Governance	04/01/2015	05/31/2015	04/01/2015	05/31/2015	06/30/2015	DY1 Q1	
Task 1C- Establish Regional Project Advisory Committee (RPACs) structure	Completed	1C- Establish Regional Project Advisory Committee (RPACs) structure	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 2. Draft and adopt charter for Clinical Governance Committee.	Completed	2. Draft and adopt charter for Clinical Governance Committee.	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2	
Task 3. Convene Project Implementation Collaboratives (PICs) for each project. PICs will develop Project Network Plans including CQ plans and monitoring mechanisms. The PICs will	Completed	3. Convene Project Implementation Collaboratives (PICs) for each project. PICs will develop Project Network Plans including CQ plans and monitoring mechanisms. The PICs will report to the Board Clinical Governance Committee on a monthly basis.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Central New York Care Collaborative, Inc. (PPS ID:8)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
report to the Board Clinical Governance Committee on a monthly basis.									
Task 4. Provide input from PICs to the Executive PAC and in turn to the Regional PACs monthly.	On Hold	4. Provide input from PICs to the Executive PAC and in turn to the Regional PACs monthly.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 1. Appoint and convene Board Clinical Governance Committee.	Completed	1. Appoint and convene Board Clinical Governance Committee.	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 3A-Develop and approve CNYCC bylaws	Completed	3A-Develop and approve CNYCC bylaws	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2	
Task 3B- Develop and approve dispute resolution policies	Completed	3B- Develop and approve dispute resolution policies	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3C- Develop and approve policies and procedures regarding under-performing providers	Completed	3C- Develop and approve policies and procedures regarding under-performing providers	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3D- Develop and approve CNYCC compliance policies and procedures	Completed	3D- Develop and approve CNYCC compliance policies and procedures	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 4A-1. Project Implementation Collaboratives (PICs) will develop progress metrics, dashboards, and process for monitoring the 11 projects for review and adoption by the CNYCC Board including a schedule for receiving and disseminating data.	Completed	1. Project Implementation Collaboratives (PICs) will develop progress metrics, dashboards, and process for monitoring the 11 projects for review and adoption by the CNYCC Board including a schedule for receiving and disseminating data.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Each CNYCC Board Committee and the Workforce Work Group will develop progress metrics, dashboards, and reporting schedule for	On Hold	2. Each CNYCC Board Committee and the Workforce Work Group will develop progress metrics, dashboards, and reporting schedule for monitoring workforce transformation, financial management, clinical management, and IT-Data	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

Central New York Care Collaborative, Inc. (PPS ID:8)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
monitoring workforce transformation, financial management, clinical management, and IT-Data management.		management.							
Task 3. Monthly dissemination of dashboard and monitoring data will flow from the Executive PAC (EPAC) to each Regional PAC (RPAC). Each RPAC will report on data, monitor progress and provide feedback to the EPAC which will in turn inform the Board and Board Committees.	On Hold	3. Monthly dissemination of dashboard and monitoring data will flow from the Executive PAC (EPAC) to each Regional PAC (RPAC). Each RPAC will report on data, monitor progress and provide feedback to the EPAC which will in turn inform the Board and Board Committees.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 5A-Conduct situational and stakeholder analysis for both internal and external stakeholders, including public and non-provider organizations.	Completed	5A-Conduct situational and stakeholder analysis for both internal and external stakeholders, including public and non-provider organizations.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5B-Conduct situational and stakeholder analysis for both internal and external stakeholders, including public and non-provider organizations.	Completed	5B-Conduct situational and stakeholder analysis for both internal and external stakeholders, including public and non-provider organizations.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5C-Develop schedule and budget for communications, including methods for evaluating engagement processes.	Completed	5C-Develop schedule and budget for communications, including methods for evaluating engagement processes.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5C-Develop schedule and budget for communications, including methods for evaluating engagement processes.	Completed	5C-Develop schedule and budget for communications, including methods for evaluating engagement processes.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5E-Submit comprehensive Community Engagement proposal for approval by the Board of Directors.	Completed	5E-Submit comprehensive Community Engagement proposal for approval by the Board of Directors.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #6 Finalize partnership agreements or contracts with	Completed	Signed CBO partnership agreements or contracts.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	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
CBOs									
Task 6A- Conduct assessment through RPACs and project activities to identify need for contracts with CBOs.	Completed	6A- Conduct assessment through RPACs and project activities to identify need for contracts with CBOs.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6B-Develop partnership agreements or contracts with key CBOs.	Completed	6B-Develop partnership agreements or contracts with key CBOs.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6C-Obtain Board approval for CBO partnership agreements or contracts.	Completed	6C-Obtain Board approval for CBO partnership agreements or contracts	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6D-Execute agreements or contracts with CBOs	Completed	6D-Execute agreements or contracts with CBOs	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Identify and engage key public agencies in region (including Office of Mental Health, County Health Departments, Agencies on Aging, etc.).	Completed	1. Identify and engage key public agencies in region (including Office of Mental Health, County Health Departments, Agencies on Aging, etc.).	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 1. Engage RPACs to develop agency coordination plan.	Completed	1. Engage RPACs to develop agency coordination plan.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 1. Finalize agency coordination plan and obtain Board approval.	Completed	1. Finalize agency coordination plan and obtain Board approval.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #8 Finalize workforce communication and engagement plan	Completed	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Work with Workforce team to develop workforce communication and engagement plan.	Completed	Work with Workforce team to develop workforce communication and engagement plan.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Central New York Care Collaborative, Inc. (PPS ID:8)

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. Finalize workforce communication and engagement plan and obtain Board approval.	Completed	2. Finalize workforce communication and engagement plan and obtain Board approval.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task CNYCC will be contracting with CBOs at the project-specific level. Representatives from potential contracting organizations have been involved in the project Workgroups and understand their roles. The CBO contracting process described above rests on determining readiness and providing support to CBOs to enable their ability to fulfill their roles in each project. Contracts with CBOs will be executed, as appropriate, as each project becomes operational. As we continue to do project planning and begin implementation, we will determine and engage needed CBOs crucial to our success. CNYCC is working with Eric Mower + Associates to develop a comprehensive 1-year engagement plan to assist in this.	Completed	CNYCC will be contracting with CBOs at the project-specific level. Representatives from potential contracting organizations have been involved in the project Workgroups and understand their roles. The CBO contracting process described above rests on determining readiness and providing support to CBOs to enable their ability to fulfill their roles in each project. Contracts with CBOs will be executed, as appropriate, as each project becomes operational. As we continue to do project planning and begin implementation, we will determine and engage needed CBOs crucial to our success. CNYCC is working with Eric Mower + Associates to develop a comprehensive 1-year engagement plan to assist in this.	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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.

New York State Department Of Health
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Central New York Care Collaborative, Inc. (PPS ID:8)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	lbaum	Meeting Materials	8_DY2Q4_GOV_MDL21_PRES1_MM_Module_2.1_Milestone_1_Meeting_Schedule_04-12-17_LES_10989.xlsx	Evidence of Committee meeting agendas, attendance/sign-in sheets, and committee meeting minutes.	04/20/2017 08:21 AM
	lbaum	Meeting Materials	8_DY2Q4_GOV_MDL21_PRES1_MM_Module_2.1_Milestone_1_Contact_Information_04.12.17_LES_10988.xlsx	Updated contact information for Governance and subcommittees members including: the names of members, their roles, and responsibilities for the governing body and subcommittees	04/20/2017 08:18 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	wknight	Documentation/Certification	8_DY2Q4_GOV_MDL21_PRES2_DOC_Updated_Org_Chart_11852.pdf	Updated CNYCC Organization Chart	04/24/2017 04:59 PM
Finalize bylaws and policies or Committee Guidelines where applicable	lbaum	Other	8_DY2Q4_GOV_MDL21_PRES3_OTH_Bylaws_as_amended_March_22.2016_10990.pdf	Updated copy of the bylaws, charters, and/or its equivalent	04/20/2017 08:27 AM
Establish governance structure reporting and monitoring processes	wknight	Report(s)	8_DY2Q4_GOV_MDL21_PRES4_RPT_Module_2.1_Milestone_4_Update_Report_04.20.17_WK_14012.pdf	Module 2.1 Milestone 4 Update Report 04.20.17 WK	04/27/2017 05:26 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	bjadigun	Templates	8_DY2Q4_GOV_MDL21_PRES5_TEMPL_Module_2.1_Milestone_5_Community_Engagement_Template_DY2_Q4_Rev_1_10970.xlsx	Community Engagement Template_DY2_Q4	04/19/2017 05:16 PM
Finalize partnership agreements or contracts with CBOs	bjadigun	Templates	8_DY2Q4_GOV_MDL21_PRES6_TEMPL_Module_2.1_Milestone_6_Community_Based_Organizations_Template_04_10_17_Rev_1_10971.xlsx	Community Based Organizations Template DY2 Q4	04/19/2017 05:19 PM
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.)	bjadigun	Templates	8_DY2Q4_GOV_MDL21_PRES7_TEMPL_Module_2.1_Milestone_7_Public_Sector_Agency_Template_DY2_Q4_04_12_17_10047.xlsx	Public Sector Agency Template DY2 Q4	04/12/2017 03:05 PM
Finalize workforce communication and engagement plan	bjadigun	Templates	8_DY2Q4_GOV_MDL21_PRES8_TEMPL_Workforce_Contact_Information_04-12-17_LES_10048.xlsx	Workforce Committee Members Template DY2 Q4	04/12/2017 03:08 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	During DY2 Q4, a number of new Directors were nominated, elected, and/or renewed as explained below. There were three vacancies on the Board and five current Directors who were up for renewal and agreed to do so. Therefore, the nominating committee convened to review eligible candidates to fill/renew those

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	positions, in accordance with CNYCC's Bylaws. In addition, the Nominating Committee also recommended to renew the Executive Committee (EC) membership. Thereafter, the Nominating Committee presented the slate and renewal of the EC to the Board of Directors for its approval (final confirmation of the slate and the EC by the Corporate Members will take place at CNYCC's upcoming annual meeting of the Members). Please note, during this quarter, the CEO of one of CNYCC's Corporate Members left his position, and therefore was no longer eligible to sit on the Board. Pursuant to the CNYCC bylaws, each Corporate Member designates one representative to sit on the Board. Accordingly, this Member designated a Director to temporarily sit on the CNYCC Board until such Member's new CEO was in place and ready to join the CNYCC Board. Otherwise, the Board and Committees continued to meet as usual, as reflected in the uploaded Meeting Schedule documentation. Current Directors and Committee members are reflected in our uploaded Contact Information documentation. CNYCC's organization governance chart has not been amended this quarter.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	For Governance Milestone 2 (''Establish a clinical governance structure, including clinical quality committees for each DSRIP project''), during DY2 Q4, the Behavioral Health Clinical Quality Sub Committee was created and implemented to address the BH Crisis Stabilization project requirement. The committee consists of BH and primary care providers. The function of the committee is to provide oversite and surveillance of compliance with protocols and quality of care. The BH Clinical Quality Sub Committee reports to the Clinical Governance Committee which is included in the updated organizational chart.
Finalize bylaws and policies or Committee Guidelines where applicable	During DY2 Q4 there were no amendments to CNYCC's Bylaws, a copy of which is uploaded. There were no changes to the policies or guidelines for governance of the Committees as set forth in the Bylaws.
Establish governance structure reporting and monitoring processes	For Governance Milestone 4 (''Establish governance structure reporting and monitoring processes''), during DY2 Q4, there was one change to CNYCC's governance structure reporting process. The BH Clinical Quality Sub Committee was added to the governance structure reporting process. This committee is responsible for reporting the clinical quality oversight for the integration of primary care and behavioral health services within practice sites and the PPS wide crisis service program. Dashboard slides depicting the number of patients actively engaged in each project each month continued to be shared in each CNYCC committee and Board of Directors' meeting. Unfortunately, three projects' actively engaged patient target did not achieve their targets. • 3gi, Palliative Care PCMH Integration, project was a newly launched project in January 2017 and is in the contracting / engagement stage with the partners. Only one partner has started reporting for this project which was not sufficient enough to meet the AEP target. • 2di, PAM, project has increased the number of monthly AEP being reported, but the number reported still was not able to close the gap. For this project, there are 358 trained coaches (CNYCC and PAM Trainers). CNYCC is supporting partners in implementing PAM screenings into their current work flow as this has been noted to be one reason for the decreased number of partners reporting. This effort is a new approach to increase both the number of partners reporting and the number of AEP being reported in DY3. • 2aiii, Health Home- At -Risk Intervention Program, did not meet the AEP target. Additional partners were contracted for this project, but still the AEP reported were minimal. This population is difficult to identify. Funds flow for this project is also under review to better support partner's time.
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	For Governance 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)''), during DY2 Q4, CNYCC continued to develop relationships in the community to provide awareness and education on DSRIP program goals and objectives. CNYCC presented and met with local representatives and organizations to broaden awareness of DSRIP activities and build relationships in the community.
Finalize partnership agreements or contracts with CBOs	For Governance Milestone 6 (''Finalize partnership agreements or contracts with CBOs''), during DY2 Q4, CNYCC continued to coordinate DSRIP activities with local Community Based Organizations. CNYCC has worked closely with several CBO partners across the network and finalized contracts with several organizations. Additionally, CNYCC is working with CBO's across the region to facilitate partnerships and integrate services across the network. Attached is a copy of a template that outlines contracted CBO partners.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.)	For Governance 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."), during DY2 Q4, CNYCC continued to coordinate DSRIP activities with local public sector agencies. Public sector agency representatives from each of CNYCC's six counties are active in DSRIP activities through their participation in the Executive Project Advisory Committee (EPAC). As the regional EPAC representative, agency staff coordinate Regional Project Advisory Committee meetings, assist CNYCC staff with engagement efforts with partner organizations in their respective regions, and support local project implementation efforts. The EPAC meets on a monthly basis, while RPAC meetings occur in each county on a quarterly basis.
Finalize workforce communication and engagement plan	For Governance Milestone 8 (Finalize workforce communication and engagement plan), during DY2 Q4, CNYCC's Workforce Committee met to discuss implementation efforts and progress towards meeting DSRIP Workforce goals and objectives. Additionally, during the quarter, CNYCC's Manager of Workforce Training stepped down from his position. Currently, the Workforce program is being managed by Lauren Wetterhahn, CNYCC's Director of Program Operations, with support from a local consultant (MS Hall Associates). CNYCC is currently recruiting a full-time employee to fill the Workforce vacancy.
Inclusion of CBOs in PPS Implementation.	For Governance Milestone 9 (Inclusion of CBOs in PPS Implementation), during DY2 Q4, CNYCC continued to implement its CBO engagement strategy and work closely with local CBOs on project efforts and progress towards meeting DSRIP goals and objectives. In addition to finalizing contract agreements with CBO partners (see Governance Milestone # 6), CNYCC conducts monthly meetings with CBO partners via the CBO Learning Collaborative to discuss implementation efforts and potential partnerships across the network to facilitate CBO participation throughout the region. Currently the CBO Learning Collaborative has been combined with the Acute Collaborative to better align process and implementation activities. CNYCC also works closely on integrating CBO participation through engagement efforts with the Human Services Leadership Council - HSLC- (coalition of leaders of nearly 65 human service not-for-profit agencies), individual engagement with CBO partners, and identification of additional CBO agencies for potential partnerships across the region.

Milestone Review Status

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

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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

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

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

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

Instructions :

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

CNYCC has already seated the Board of Directors, appointed committees & committee chairs, and adopted bylaws. This puts the organization in a strong place with respect to governance going into the implementation phase. It is important that the Board, committees & RPACs focus on broad involvement of and input from the myriad of partners & community members that are impacted by the CNYCC projects.

Risk 1: Lack of meaningful participation of the Board, committees, partners, CBOs and community-at-large in CNYCC governance, planning, implementation, monitoring, and oversight. Potential Impact: The success of CNYCC will be dependent on the active & meaningful participation of everyone involved so that 1) CNYCC's efforts are informed by the full breadth of expertise and experience that exists in the region, 2) there is broad investment & buy-in across all partners, and 3) all participants are held accountable for the activities & outcomes that are produced by the CNYCC.

Risk 2: Lack of timely communication & decision-making is a challenge to successful CNYCC governance. Potential Impact: The CNYCC will make uninformed decisions or miss critical deadlines unless communication can flow freely & efficiently across all partners, particularly to Board members.

Risk 3: The formation of a new non-profit entity requires time and resources to allow members to adapt to new roles & responsibilities, form new relationships, and attend to internal functions, creating inefficiency with respect to monitoring and supporting CNYCC operations. Potential Impact: Without the necessary time & staff resources the CNYCC will not be able to properly embrace its charge, create the necessary infrastructure & operations, and implement effective and efficient projects.

Risk 4: As a new organization, the CNYCC lacks the full breadth of systems (program protocols, financial data management, human resources) necessary to fully support the leadership & functions of the organization. Potential Impact: Without the necessary systems in place, the CNYCC will not be able to appropriately engage its partners & support the development of effective programs.

Risk 5: The need to build stable relationships & trust with partners is essential. Strong partner engagement & communications efforts will be critical to building trust, facilitating collaboration, and ensuring successful project implementation. Potential Impact: Without the appropriate communication & trust, partners will not be fully engaged or informed about what they need to do to participate.

Risk 6: The CNYCC information systems & data tools are immature. Furthermore, technical expertise varies among partners. Potential Impact: Effective information systems will be the primary driver of CNYCC's success. Without effective & efficient information systems, the core elements of CNYCC implementation will not succeed.

Risk 7: The CNYCC lack strong data governance that will provide a framework in which pertinent clinical information can be aggregated & analyzed for partner and CNYCC performance. Data governance practices for each partner organization vary widely-we are still developing a systematic

methodology for documenting & sharing the data that will be required to generate metrics of interest. Potential Impact: Without a strong IT Data Governance structure in place, CNYCC will be unable to generate the necessary metrics for reporting requirements and manage outcomes.

Risk 8: Funds Flow from NYS: Due to our complicated funds flow arrangement with the State and SUNY, we have encountered significant delays in funds flow to our PPS. Continued issues with funds flow will jeopardize both CNYCC operations and our ability to disburse funds to partners to affect meaningful project implementation.

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The Governance workstream depends on most of the other workstreams to be able to fulfill its substantive ongoing policy and monitoring roles.

IT Systems and Processes – Coordination with the IT Systems and Processes workstream will be critical for monitoring clinical and financial performance utilizing real-time data and developing reporting dashboards that feed project and provider specific performance into DSRIP project quality workgroups, Board committees, and the Board of Directors. CNYCC benefits from a cadre of skilled members of the Board's IT and Data-Governance Committee who have extensive experience in IT and with the RHIO.

Performance Monitoring – Coordination with the Performance Monitoring workstream will be critical for monitoring clinical and financial performance utilizing real-time data and developing reporting dashboards that feed project and provider specific performance into DSRIP project quality workgroups, to the Clinical Governance Committee and to the Board of Directors to oversee performance in relation to goals and milestones.

Workforce – The Workforce Workgroup will provide monthly reports to the Board throughout DY1 to ensure that the workforce is deployed appropriately in relation to the projects, that timely training and education is provided so that projects can be staffed appropriately, existing staff can be utilized to the greatest extent possible, and new staff can be brought up to speed quickly. Communication will be maintained with the unions and work force groups that are key stakeholders in the project.

Financial Sustainability and Funds Flow – The Financial Stability and Funds Flow workstreams provide critical information for monitoring the performance of providers so that the Finance Committee and the Board can effectively oversee the financial performance and stability of partners and the organization.

Practitioner Engagement – Coordination with Practitioner Engagement workstream is critical as full implementation of CNYCC is dependent on broad community engagement. This project depends on more than just buy-in; it relies on active championing of change. CNYCC has engaged consulting firms to assist in developing a consumer-engagement plan to promote participation and buy-in. CNYCC has developed a

communications/engagement strategy for multiple constituencies that will aim to promote PPS activities and educate the public on DSRIP goals and objectives. CNYCC is also finalizing a practitioner engagement strategy with the assistance of a skilled consultant to help facilitate practitioner engagement.

Clinical Governance - Coordination of CNYCC projects with input from clinical staff will be an essential component of implementation and sustainability. The Clinical Governance committee includes representation from a wide-cross section of partner organizations within the PPS and provides the best opportunity to incorporate essential standards to meet the workflow needs of clinical staff.

Behavioral Health Clinical Sub Committee - Reports to the Clinical Governance Committee. This committee is inclusive of both behavioral health and medical staff that are primarily focused on the integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. This committee will provide surveillance of compliance with protocols and quality of care.

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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
Oversight and Approval	CNYCC Board of Directors	Develop and approve policies related to CNYCC operations; monitor performance.
Oversight, Management, and Recommendations to the Board for Approval	Board Committees: Finance, Information Technology and Data Governance, Clinical Governance, and Nominating Committees, Workforce Committee	Develop performance tracking and information flow procedures; develop and propose policies and procedures to Board for approval; monitor activities and track impact and effectiveness.
Consumer Input and Guidance	1) Consumer Focus group, 2) Consumer Advisors	1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings). These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors.
Partner/Consumer Engagement	Regional Project Advisory Councils (RPACs)	The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to all DSRIP activities. The RPACs provide regional, interactive forum for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. Staff or Committee representatives would report ongoing CNYCC activities at RPAC meetings.
Bi-directional Information Flow to Projects	Learning Collaboratives	Learning Collaboratives (LC) have replaced the previous Project Implementation Collaboratives and provide updates to partner organizations on the current performance status in each project. The LC's also provide the opportunity for review of partner

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		workflow and changes based on Rapid Cycle Improvement techniques. The LC model stresses cross-functional work across organizations and highlights best practices.
Management, Oversight, and Operations	Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel; Joseph Maldonado, MD, Chief Medical Officer; Wendy Knight, Director Program Management Office; Michael Riley, Director of Finance	Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners and projects; monitor performance and progress of projects and corporation; report to Board.
Human Resources (HR) and payroll support	Staff Leasing (Vendor)	Support the administration of HR and payroll activities for CNYCC staff
Communications and Stakeholder Engagement support	Director of Communications and Stakeholder Engagement/BJ Adigun and Manager of Communications, Community Development and Partner Education/Ray Ripple	Support related to CNYCC communications and stakeholder engagement.
Partner Engagement, Oversight, and Board Conduit to Partners	Executive Project Advisory Council (EPAC)	The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the Partner perspective. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as communicates to the BOD and/or Board Committees issues/concerns/suggestions from the RPAC's.

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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		
Participating CNYCC provider and CBO Partners	Implementing projects and participating actively on the Board, Board Committees, EPAC, RPACs, and Project Implementation Collaboratives	Effective and efficient project implementation; active involvement in CNYCC governance activities and adherence to CNYCC policies in areas such as security, compliance, health literacy, and cultural competency.
External Stakeholders		
Consumers/Community	Engaging with the projects and organization	Participate in community-based CNYCC activities
Public Agencies – Local, County, State, and Federal	Participating in projects and promoting the organization	Engaging with CNYCC at the organization level to support its goals; participating in project-level activities as providers of services.
Professional/Provider Advocacy Organizations (i.e., HANYS, CHCANYS, NYAPERS, etc.)	Participating in projects and promoting the organization	Engaging with CNYCC

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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.

Key challenges to implementing IT Governance will be:
1. Striking a balance between the partner individual interests and the interests of the overall CNYCC;
2. Balancing the large number of stakeholders with the need to implement rapidly; and
3. Communication of decisions and reasoning behind those decisions to a large number of stakeholders.

We plan to meet these challenges through an Information Technology and Data Governance Committee of the Board, through workgroups of that Committee and CNYCC staff. The Committee will be made up of Board members to provide alignment with partner priorities and non-Board members to provide information technology expertise and stakeholder collaboration. IT governance will be integrated within the overall governance of CNYCC. Policies related to IT that require Board approval as per the bylaws will be voted upon by the Board. Also it will be a key responsibility of a dedicated CNYCC Chief Information Officer (CIO) to promote appropriate two-way communication with partners. The CNYCC governance structure, including the Board Information Technology and Data Governance Committee, will provide a framework for policy approval and dispute resolution. A representative group of partners will have input and oversight over data sharing policies, confidentiality agreements, access to data by appropriate individuals for approved purposes, and other such issues.

It is also expected that Workgroups will be created to include non-Board IT personnel, subject matter experts, and key stakeholder representatives to set data definitions and interoperability standards, establish policies, and provide timely system performance feedback.

IPQR Module 2.8 - Progress Reporting

Instructions :

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

CNYCC governance success will be measured against timely achievement of the governance milestones. This includes finalizing and establishing the governance structure including development and operation of the Board, committees, and RPACs. Success will also be measured by the timely development and approval of the by-laws, adoption of pertinent policies such as compliance and under-performing provider policies and procedures and reporting processes that enable effective oversight of CNYCC performance.

The Board will require timely and detailed reports to enable them to assess the performance within each workstream and by each project, to identify areas of weakness and oversee development and implementation of corrective action. Through using dashboard and other reporting mechanisms, such as MAPP, and establishing rapid response mechanisms the Board will foster a "culture of quality" throughout CNYCC.

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The RPACs will focus on project performance and organizational success at the community level. This includes receiving data to monitor progress and performance of the projects in each of their regions. This data will demonstrate progress and performance by project, by provider, and by region. The CNYCC staff as well as subject matter experts will support the projects and RPAC committees. A CNYCC Project Manager who will report progress and performance metrics monthly to the CNYCC Executive Director will staff each of the RPAC committees. The Executive Director will assess the metrics against the project benchmarks and CNYCC PMO staff will report similar information to the Board's Clinical Governance and Financial Committees.

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 3. Develop and receive Board approval for organizational and operational plan for CNYCC financial management and reporting, including reporting structure to the Board and oversight committees.	Completed	3. Develop and receive Board approval for organizational and operational plan for CNYCC financial management and reporting, including reporting structure to the Board and oversight committees.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Appoint CNYCC senior-level personnel to staff finance committee, including identification of DOH compliance and other financial oversight requirements placed on finance committee agenda for discussion and action as needed.	Completed	4. Appoint CNYCC senior-level personnel to staff finance committee, including identification of DOH compliance and other financial oversight requirements placed on finance committee agenda for discussion and action as needed.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Contract with qualified organization to set up financial accounting and reporting system and perform accounting and financial reporting functions until established within CNYCC operational structure.	Completed	5. Contract with qualified organization to set up financial accounting and reporting system and perform accounting and financial reporting functions until established within CNYCC operational structure.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 1. Establish the financial structure of CNYCC and the roles and responsibilities of the Finance and Compliance Committees.	Completed	1. Establish the financial structure of CNYCC and the roles and responsibilities of the Finance and Compliance Committees.	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
Task 2. Adopt charge for the CNYCC finance function and establish schedule for Finance Committee meetings.	Completed	2. Adopt charge for the CNYCC finance function and establish schedule for Finance Committee meetings.	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	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	YES
Task 2A-Develop list of network partners that self-identified as being at financial risk within the next 12 months	Completed	2A-Develop list of network partners that self-identified as being at financial risk within the next 12 months	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 2B- Identify partners that are IAAF providers.	Completed	2B- Identify partners that are IAAF providers.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 2C- Define the financial indicators that will be used to measure financial stability on an ongoing basis; at a minimum	Completed	2C- Define the financial indicators that will be used to measure financial stability on an ongoing basis; at a minimum	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 2D-Establish benchmarks for each indicator consistent with provider type; i.e. hospitals, community health centers, skilled nursing facilities. Where available, benchmarks will come from industry standards.	On Hold	2D-Establish benchmarks for each indicator consistent with provider type; i.e. hospitals, community health centers, skilled nursing facilities. Where available, benchmarks will come from industry standards.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2E-Create process for collecting financial indicators and incorporate into Decision Support System (DSS).	On Hold	2E-Create process for collecting financial indicators and incorporate into Decision Support System (DSS).	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task	On Hold	2F- Establish benchmarks for each indicator consistent with	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
2F- Establish benchmarks for each indicator consistent with provider type; i.e. hospitals, community health centers, skilled nursing facilities. Where available, benchmarks will come from industry standards.		provider type; i.e. hospitals, community health centers, skilled nursing facilities. Where available, benchmarks will come from industry standards.							
Task 2G- Define process for ongoing monitoring and follow-up with partners that show signs of financial risks. Obtain Board	Completed	2G- Define process for ongoing monitoring and follow-up with partners that show signs of financial risks. Obtain Board	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 2H-Develop financial sustainability strategy to address key issues and obtain Board approval.	On Hold	2H-Develop financial sustainability strategy to address key issues and obtain Board approval.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2Hb-Develop financial sustainability strategy to address key issues	Completed	2H-Develop financial sustainability strategy to address key issues	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 2. Establish Compliance Committee of the Board and begin meetings, establish hotline, and hire Compliance Officer.	Completed	2. Establish Compliance Committee of the Board and begin meetings, establish hotline, and hire Compliance Officer.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Outreach and communication with compliance officers of partners about compliance program partner obligations to participate and comply with compliance program, training and reporting.	Completed	3. Outreach and communication with compliance officers of partners about compliance program partner obligations to participate and comply with compliance program, training and reporting.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. CNYCC Compliance Officer tasked with developing and carrying out Compliance Plan for CNYCC and its partner organizations that is NYS Social Service Law 363-d.	Completed	4. CNYCC Compliance Officer tasked with developing and carrying out Compliance Plan for CNYCC and its partner organizations that is NYS Social Service Law 363-d.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 1. Board approves Code of Conduct, for CNYCC and partners and Compliance Plan	Completed	1. Board approves Code of Conduct, for CNYCC and partners and Compliance Plan	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs	Completed	Administer VBP activity survey to network	04/01/2015	03/31/2020	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Assessment ("VNA")									
Task 4A-Survey Medicaid Managed Care Organizations (MCOs) in the region regarding the distribution of MCO payments by	On Hold	4A-Survey Medicaid Managed Care Organizations (MCOs) in the region regarding the distribution of MCO payments by	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4B- Survey the larger CNYCC health care provider partners by provider type regarding their current use of VBP models	On Hold	4B- Survey the larger CNYCC health care provider partners by provider type regarding their current use of VBP models	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4C- Educate CNYCC partners on VBP options and their comparative merits and risks and solicit input on a preferred approach.	On Hold	4C- Educate CNYCC partners on VBP options and their comparative merits and risks and solicit input on a preferred approach.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4D- Conduct a series of meetings to understand the details of VBP models currently employed by CNY Medicaid MCOs as well as those in development or contemplated.	On Hold	4D- Conduct a series of meetings to understand the details of VBP models currently employed by CNY Medicaid MCOs as well as those in development or contemplated.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4E- Finance Committee drafts VBP transition plan and presents to the Board for approval.	On Hold	4E- Finance Committee drafts VBP transition plan and presents to the Board for approval.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task New FS Milestone 4 Step 1: Compare CNYCC-developed VBP self-assessment & other previous assessments (e.g., IT survey) to DOH template & identify any deficiencies	Completed	Ensure that CNYCC's previously published VBP surveys minimally address: - Current state of contracting - Current resources for care coordination - Knowledge areas for additional education - Assessment of technology and analytic resources			01/01/2017	03/31/2017	03/31/2017	DY2 Q4	
Task New FS Milestone 4 Step 2: Develop & publish supplemental questions to address current state of contracting, care coordination resources, areas for additional education, and technological/analytic capabilities, if needed	Completed	Develop any additional necessary survey questions to cover: - Current state of contracting - Current resources for care coordination - Knowledge areas for additional education - Assessment of technology and analytic resources			01/01/2017	03/31/2017	03/31/2017	DY2 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	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	YES
Task	On Hold	5A- Share draft VBP transition plan with CNYCC partners for	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
5A- Share draft VBP transition plan with CNYCC partners for review and comment, including input on how to achieve 90% value-based payment benchmark. Plan may include partner(s) participation in demonstration payment arrangements with one or more Medicaid MCOs.		review and comment, including input on how to achieve 90% value-based payment benchmark. Plan may include partner(s) participation in demonstration payment arrangements with one or more Medicaid MCOs.							
Task 5B- Review draft plan with Medicaid MCOs for review and comment, including participation in demonstration payment arrangements with partner organizations.	On Hold	5B- Review draft plan with Medicaid MCOs for review and comment, including participation in demonstration payment arrangements with partner organizations.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5C- Share revised draft with key stakeholders for review and comment.	On Hold	5C- Share revised draft with key stakeholders for review and comment.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5D- Finance Committee drafts VBP Plan and submits to Board for review and approval.	On Hold	5D- Finance Committee drafts VBP Plan and submits to Board for review and approval.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task New FS Milestone 4 Step 1: Analyze VNA response rate & review individual responses	Completed	Analyze VNA response rate & review individual responses			01/01/2017	03/31/2017	03/31/2017	DY2 Q4	
Task New FS Milestone 4 Step 2: Collect additional information to supplement VNA responses, as needed	In Progress	Collect additional information to supplement VNA responses, as needed			03/31/2017	06/30/2017	06/30/2017	DY3 Q1	
Task New FS Milestone 4 Step 3: Develop draft VBP support implementation plan based upon VNA results addressing plans to meet education/ training needs, provide analytics or access to PPS analytic environment & resources for developing partnerships, and collect and escalate partner feedback on emerging trends, challenges, and issues with the transition to VBP.	In Progress	Develop draft VBP support implementation plan based upon VNA results addressing plans to meet education/ training needs, provide analytics or access to PPS analytic environment & resources for developing partnerships, and collect and escalate partner feedback on emerging trends, challenges, and issues with the transition to VBP.			03/31/2017	06/30/2017	06/30/2017	DY3 Q1	
Task New FS Milestone 4 Step 4: Review VBP support implementation plan with key stakeholders &	In Progress	Review draft VBP support implementation plan with key stakeholders & update if necessary.			03/31/2017	06/30/2017	06/30/2017	DY3 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
update if necessary.									
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	03/31/2017	06/30/2017	06/30/2017	DY3 Q1	YES
Task New FS Milestone 6 Step 1: Contract with subject matter expert(s) to assist in planning and delivery of education/training.	In Progress	Contract with subject matter expert(s) to assist in planning and delivery of education/training.			03/31/2017	06/30/2017	06/30/2017	DY3 Q1	
Task New FS Milestone 6 Step 2: Determine additional target audiences for education/training	In Progress	Determine additional target audiences for education/training			03/31/2017	06/30/2017	06/30/2017	DY3 Q1	
Task New FS Milestone 6 Step 3: Determine optimal format & schedule (at least semi-annual) for education/training delivery to target audiences	In Progress	Determine optimal format & schedule (at least semi-annual) for education/training delivery to target audiences.			03/31/2017	06/30/2017	06/30/2017	DY3 Q1	
Task New FS Milestone 6 Step 4: Define educational/training objectives for each planned session, drawing from analysis of VNA responses.	In Progress	Define educational/training objectives for each planned session, drawing from analysis of VNA responses.			03/31/2017	06/30/2017	06/30/2017	DY3 Q1	
Task New FS Milestone 6 Step 5: Develop & publicize VBP education/training schedule.	In Progress	Develop & publicize VBP education/training schedule.			03/31/2017	06/30/2017	06/30/2017	DY3 Q1	
Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES

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

IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize PPS finance structure, including reporting structure	wetterhl	Other	8_DY2Q4_FS_MDL31_PRES1_OTH_Module_3.1_Milestone_1_CNYCC_Updated_Finance_Structure_04.25.17_12465.pdf	Updates to CNYCC's financial structure, reflecting the hiring of Michael Riley, Director of Finance.	04/25/2017 09:09 PM
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	lbaum	Policies/Procedures	8_DY2Q4_FS_MDL31_PRES3_P&P_Policy_on_Complaints_and_Hotline_Revised_March_2017_10991.pdf	A copy of the revised Complaint/Hotline policy is uploaded for reference.	04/20/2017 08:58 AM
Develop a Value Based Payments Needs Assessment ("VNA")	wetterhl	Other	8_DY2Q4_FS_MDL31_PRES4_OTH_Module_3.1_Milestone_4_CNYCC_VBP_Baseline_Results_LRW_04.25.17_12478.pdf	Results of CNYCC VBP Baseline Survey addressing the current state of VBP contracting by the PPS partners & identifying knowledge areas for where additional education is needed.	04/25/2017 09:53 PM
	wetterhl	Other	8_DY2Q4_FS_MDL31_PRES4_OTH_Module_3.1_Milestone_4_CNYCC_VBP_Baseline_Tool_LRW_04.25.17_12477.pdf	CNYCC VBP Baseline Survey addressing the current state of VBP contracting by the PPS network partners & identification of knowledge areas for where additional education is needed.	04/25/2017 09:51 PM
	wetterhl	Other	8_DY2Q4_FS_MDL31_PRES4_OTH_Module_3.1_Milestone_4_CNYCC_VNA_Results_LRW_04.25.17_12475.pdf	Results of CNYCC VBP Needs Assessment addressing the current resources for care coordination across the PPS and the technology and analytic resources of the PPS network partners.	04/25/2017 09:51 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	wetterhl	Other	8_DY2Q4_FS_MDL31_PRES4_OTH_Module_3.1_Milestone_4_CNYCC_VNA_Tool_LRW_04.25.17_12470.pdf	CNYCC VBP Needs Assessment addressing the current resources for care coordination across the PPS and the technology and analytic resources of the PPS network partners.	04/25/2017 09:29 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	For Financial Stability Milestone 1 ("Finalize PPS finance structure, including reporting structure"), during DY2 Q4, CNYCC hired and on-boarded a full-time Director of Finance, Michael Riley. The PPS finance structure and reporting structure has been updated accordingly and a document reflecting this change has been uploaded to this milestone. The Board and Finance Committee continued to meet as usual.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	For Financial Stability Milestone 2 ("Perform network financial health current state assessment and develop financial sustainability strategy to address key issues."), during DY2 Q4, there were no changes or updates made to CNYCC's financial sustainability strategy.
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	During DY2 Q4, CNYCC's Chief Compliance Officer, Laurel Baum (the "CCO"), continued to monitor the day-to-day operation of CNYCC's compliance program. The CCO continued to review CNYCC's compliance policies and procedures as needed. The CCO specifically reviewed and revised CNYCC's compliance policy on handling complaints and use of the hotline. A copy of the revised policy, which is pending final approval of CNYCC's Compliance Committee, has been uploaded. The CCO provided in-person corporate compliance and HIPAA training to CNYCC staff during three sessions held in March 2017. The CCO continued to attend the CNYCC Board of Directors and Compliance Committee meetings, which met in accordance with the CNYCC Bylaws and relevant policies.
Develop a Value Based Payments Needs Assessment ("VNA")	CNYCC successfully previously completed Financial Stability Milestone 4 ("Administer a Value Based Payments Needs Assessment (VNA) to the PPS network partners to identify opportunities to support the transition to VBP.") via two separate assessments; one addressing baseline contracting status that was administered with our annual financial health assessment in summer 2015 and the other pertaining to key capabilities for accepting and managing clinical and financial risk administered in early winter 2016. Uploaded to the milestone is a copy of the two assessment instruments as well as the aggregate PPS results.
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 VBPs has to be in Level 2 VBPs or higher	

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Milestone Review Status

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

Risk 1: As a new organization CNYCC must build a sound financial management and reporting infrastructure.

Potential Impact: CNYCC financial success will depend on having a sound management and reporting infrastructure. Without it CNYCC will not be able to provide the on-going support its partners need, implement sustainable operations, oversee disbursement and expenditure of DSRIP funds, or meet its other obligations to the state.

Risk 2: Success will depend on the creating a new corporation from the ground up, which will be challenging and take time.

Potential Impact: Creating the new corporation will take time and resources, particularly at the outset, which could put CNYCC at a disadvantage as it works to meet the many demanding obligations from the state with respect to project development and implementation.

Risk 3: There may be a delay in distributing DSRIP funds to the partner organizations due to changing funds flow methodologies (public equity guarantee funds).

Potential Impact: Participating partners will either not be able to participate or will have to invest their own funds to develop the necessary operations, which could halt operations entirely or delay implementation.

Risk 4: Sharing financial information related to financial viability and developing plans for operational/financial improvement among sometimes competing organizations is often a sensitivity issue. Another risk is the lack of capitalization for providers across the system as they move to VBP contracts with Medicaid MCOs.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The major dependencies across other workstreams related to Financial Sustainability are IT Systems and Processes, Clinical Integration, Workforce, Performance Reporting, and Governance.

Performance Reporting - CNYCC will implement a Decision Support System (DSS), a PHM platform, and a project management system that are

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critical to success. This infrastructure will be critical to funds flow and to creating a financial stable, well-governed organization.

Governance - Strong governance will be essential. The Executive Director will report to the Board. The Compliance Committee will oversee CNYCC adherence to federal and state laws and regulations related to CNYCC financial reporting and compliance. The Finance Committee will oversee financial management of DSRIP fund disbursement and play a role in shaping the funds flow model, which will ultimately be approved by the Board.

Clinical Integration and Workforce - Clinical Integration and Workforce workstreams are also important dependencies for value-based payment success. Value-based payment, especially when it transitions to downside financial risk in future years, will pose a threat to the financial viability of the CNYCC partners unless fundamental changes are made to care delivery processes. These changes need to occur for the vast majority of patients not just for the most ill patients. These changes will include standardizing care processes to eliminate unproductive (and sometimes harmful) variation and waste, and increased and informed use of lower cost and sometimes more productive effective non-physician staff.

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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
Oversight and Approval	CNYCC Board of Directors	Monitor, review and ultimately approve funds flow model, CNYCC's financial systems, and operational pro forma; monitor funds flow operations
Oversight, Management, and Recommendations to the Board for Approval	CNYCC Director of Finance; Finance and Information Technology and Data Governance Committees of the Board	Develop, approve, and recommend funds flow model, CNYCC's financial systems, operational pro forma, and finance related policies to the Board; monitor funds flow operations overtime and report to the Board
Consumer Input	1) Consumer Focus group, 2) Consumer Advisory Workgroup	1) Feedback will be collected through regional workgroups involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors.
Partner Engagement, Oversight, and Board Conduit to Partners	Regional Project Advisory Councils (RPACs)	The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings.
Bi-directional Information Flow to Projects	Learning Collaboratives	Learning Collaboratives (LC) have replaced the previous Project Implementation Collaboratives and provide updates to partner organizations on the current performance status in each project.

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		The LC's also provide the opportunity for review of partner workflow and changes based on Rapid Cycle Improvement techniques. The LC model stresses cross-functional work across organizations and highlights best practices.
Management, Oversight, and Expertise	Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel; Joseph Maldonado, MD, Chief Medical Officer; Wendy Knight, Director Program Management Office; Michael Riley, Director of Finance	Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners and projects; monitor performance and progress of projects and corporation; report to Board.
Policy/System development and oversight of finance-related workstreams	Finance Committee of the Board	Directly responsible for the development of CNYCC funds flow policies , financial systems, and operational budget/pro forma. Work with staff and consultants to direct, oversee, monitor, and review process and deliverables. Monitor macro-level funds flow from State and SUNY. Make final recommendations to Board of Directors for all finance-related policies, systems, processes, and budget/payments.
Review and comment on funds flow policies made by Finance Committee	Clinical Governance and Information Technology and Data Governance Committees of the Board	Review and comment on CNYCC funds flow policies and other relevant finance issues before they are sent too Board of Directors for Final Approval. Monitor funds flow operations overtime and report issues to Finance Committee and Board, as appropriate.
Partner/Consumer Engagement	Regional Project Advisory Councils (RPACs)	The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to all DSRIP activities. The RPACs provide regional, interactive forum for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. Staff or Committee representatives would report ongoing CNYCC activities at RPAC meetings.
Partner Engagement, Oversight, and Board Conduit to Partners	Executive Project Advisory Council (EPAC)	The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the Partner perspective. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs,

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as communicates to the BOD and/or Board Committees issues/concerns/suggestions from the RPAC's.
Management of Financial Operational Support	CNYCC Director of Finance - Michael Riley; Iroquois Health Alliance	Iroquois Health Alliance provides back office support and financial services, including accounts payable, accounts receivable, and other general accounting services
Financial Auditing Services	Audit Firm (2015 - Charles, Fust, Chambers LLP)	A Request for Proposal to provide auditing services was developed, distributed to selected potential vendors, posted on the CNYCC website, and posted in other public business forums on September 28, 2015. Once a vendor is identified, the Finance Committee and the Compliance Committee will identify an independent Workgroup to oversee the auditing process.

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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		
All CNYCC Partner Organizations, including service providers and CBOs	Providing information and data to support funds flow distribution	Valid information and data supporting funds flow.
Consumers/Community	Engaging with the projects and organization	Participate in community-based CNYCC activities
External Stakeholders		
Public Agencies – Local, County, State, and Federal	Participating in the projects and promoting the organization	Engaging with CNYCC at the organization level to support its goals; participating in project-level activities as providers of services.
Professional/Provider Advocacy Organizations (i.e., HANYS, CHCANYS, NYAPERS, etc.)	Participating in planning and development of funds flow model	Participating in planning and development of funds flow model
Medicaid Health Plans	Collaborate on development of VBP strategy	Information provided to inform VBP plan and ultimately negotiated contracts with the PPS.

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.

Shared IT infrastructure will be critical to the Funds Flow and Financial Stability workstreams. CNYCC will implement a Decision Support System (DSS) that will be used to: 1) manage funds flows; 2) facilitate budget planning; and 3) perform rules-based forecasting and modeling. A Project Management System that will be used for partner management, project management, performance management, and reporting will interface with the DSS and PHM platforms to ensure that the CNYCC will be driven by consistent, objective and measureable data. This will ensure that resources are utilized effectively and appropriately by CNYCC. Additionally, in the longer term, CNYCC will establish a comprehensive Population Health Management (PHM) platform to consolidate standardized clinical and administrative data from all eligible partners in order to: 1) centralize reporting functions; 2) perform advanced population health analytics including clinical and financial risk stratification; 3) develop patient registries to track at-risk populations and; 4) coordinate care across the continuum. The integration of claims and clinical data will allow identification of intra-PPS performance variation and cost and quality performance improvement opportunities. The continued use of this platform after the conclusion of the program will ensure that outcomes continue to be monitored and coordinated care delivery will remain in place so that the CNYCC is able to move toward a value-based payment system.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

Success of CNYCC is dependent on meeting milestones, including developing a finance structure, conducting an assessment, and developing a plan for PPS partner organizations' transition to value-based payments (VBP). Key measures of success will be meeting milestones and reporting requirements, as well as feedback from the Board, and Finance Committee regarding performance and operations. Success will be measured through five key measures which include: 1) the CNYCC finance department and finance committees are operational; 2) a Decision Support System (DSS) is operational and being utilized; 3) funds flow payments are being made to partners on timely basis; 4) internal controls are established to oversee funds flow and expenditures; and 5) a written VBP education & support plan that has general buy-in from the partners and health plans and that has been approved by the Board is in place. The DSS will support reporting on partner organizations' progress as relates to completing project milestones and funds flow distributions. Such reports will be reviewed by the Finance Committee to information future decisions related to necessary changes to the funds flow model.

IPQR Module 3.9 - IA Monitoring

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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 1A- Establish a CC/HL workgroup inclusive of CNYCC partners and community stakeholders to develop the CC/HL strategy.	Completed	1A- Establish a CC/HL workgroup inclusive of CNYCC partners and community stakeholders to develop the CC/HL strategy.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 1B- Compile information from existing community health needs assessment and other data sources to identify target populations that face cultural and linguistic barriers and disparities in outcome	On Hold	1B- Compile information from existing community health needs assessment and other data sources to identify target populations that face cultural and linguistic barriers and disparities in outcome	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task	Completed	1C- Inventory array of best practice interventions and	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
1C- Inventory array of best practice interventions and programs to address CC/HL gaps and challenges identified in assessment		programs to address CC/HL gaps and challenges identified in assessment							
Task 1D- Assess existing CC/HL capacity across CNYCC partner network	On Hold	1D- Assess existing CC/HL capacity across CNYCC partner network	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 1E- Develop draft CC/HL strategy.	Completed	1E- Develop draft CC/HL strategy.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 1F- Finalize and receive Board approval of CC/HL strategic plan.	Completed	1F- Finalize and receive Board approval of CC/HL strategic plan.	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 groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	07/01/2016	07/31/2016	07/01/2016	07/31/2016	09/30/2016	DY2 Q2	YES
Task 3. Inventory available training opportunities that meet the identified needs to address health disparities.	Completed	3. Inventory available training opportunities that meet the identified needs to address health disparities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Develop training strategy.	Completed	4. Develop training strategy.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Develop methodology to measure training effectiveness in relation to established goals and objectives.	Completed	5. Develop methodology to measure training effectiveness in relation to established goals and objectives.	07/01/2016	07/31/2016	07/01/2016	07/31/2016	09/30/2016	DY2 Q2	
Task 6. Finalize Training Strategy and obtain Board approval	Completed	6. Finalize Training Strategy and obtain Board approval	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 1. Collaborate with Workforce Workgroup in the development of training strategy.	Completed	1. Collaborate with Workforce Workgroup in the development of training strategy.	07/01/2016	07/31/2016	07/01/2016	07/31/2016	09/30/2016	DY2 Q2	
Task	Completed	2. Assess training needs of diverse segments of the	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
2. Assess training needs of diverse segments of the workforce throughout the PPS service area (e.g. clinicians, pharmacists, frontline staff, billing staff, etc.)		workforce throughout the PPS service area (e.g. clinicians, pharmacists, frontline staff, billing staff, etc.)							

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 a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	bjadigun	Templates	8_DY2Q4_CCHL_MDL41_PRES2_TEMPL_Module_4.1_Milestone_1_Training_Schedule_Template_DY2_Q4_04_12_17_13116.xlsx	Module 4.1 Milestone 1 Training Schedule Template DY2 Q4	04/26/2017 03:24 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	For CC/HL Milestone 1 ("Finalize cultural competency / health literacy strategy.") CNYCC has made no modifications to the CC/HL Strategy as previously submitted. CNYCC is currently recruiting a staff person dedicated to leading CC/HL efforts for the network. On an interim basis, CNYCC has secured the services of a local consultant (MS Hall Associates) to provide support for the CC/HL program.
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	For CC/HL Milestone 2 ("Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).") The CNYCC CC/HL training strategy is being implemented as part of the overall workforce training strategy for PPS network partners also in accordance with the Action Plan outlined in the Mid-Point Assessment. CNYCC is also currently recruiting a staff person that will lead both the Workforce Strategy and CC/HL efforts for the network. On an interim basis, CNYCC has secured the services of a local consultant (MS Hall Associates) to provide support for implementing the action plan for CC/HL program. During DY3 Q1, CNYCC will be implementing the action plan tasks outlined in the Action Plan.

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Milestone Review Status

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

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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

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.

The overall goal of improving health literacy and cultural competency is achieved bi-directionally through 1) a system of care delivery that is responsive to the cultures, language and literacy needs of an increasingly diverse patient population, and 2) a community of consumers who have the skills, motivation and trust to access and use the healthcare system that is available to them. Thus, this two-pronged plan will ultimately require interventions within each partner site (i.e. staff training, improving language access services, creating health literate discharge practices, etc.) and also within the community (i.e. community education programs, facilitated two-way communication with health care facilities, etc.). Establishing and maintaining the partnerships and mutual trust needed to achieve this two-way communication is not an easy process. The following are potential risks to achieving this goal and proposed mitigation strategies.

Risk 1: Partners will not have the time and/or resources to properly implement or participate in the cultural competency and health literacy trainings that will be required to transform provider practice.

Potential Impact: Without sufficient training, CNYCC partners will not be able to be fully responsive to the cultural and linguistic needs of its patients/consumers, potentially decreasing the effectiveness and quality of care that is provided.

Risk 2: The complexity of the CNYCC network and the sheer number and diversity of organizations that exist across CNYCC partnership create a need for multiple strategies.

Potential Impact: The complexity, size, and diversity of the partnership could lead to a strategy that does not fit everyone's needs and capacities.

Risk 3: Partnering with the large and diverse group of community partners that will be critical to reaching out to the target population may be a challenge.

Potential Impact: The complexity, size, and diversity of the target population and the program partners that serve the target population could lead to a strategy that does not fit everyone's needs and capacities.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The success of the CC/HL strategy relies heavily on the Workforce and Practitioner Engagement workstreams, and vice versa.

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Workforce - Recruiting and hiring trained interpreters, translators, and community health workers, or similar types of service providers who may lead CC/HL efforts, will be essential in promoting and ensuring the goals of CC/HL. Additionally, CNYCC anticipates that CC/HL will be embedded into all hiring and workforce training activities.

Practitioner Engagement - The Practitioner Engagement workstream is also crucial to promoting the enhancement of CC/HL skills and capacities across the practitioner community. Actively engaged practitioners are necessary to achieve a culturally competent CNYCC and health literate community.

Community Outreach - Engagement with the general community, particularly audiences in regions experiencing health disparity, will be key to raise awareness and provide resources to enable effective two-way communication between clinical staff and patients for improved outcomes.

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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
Oversight and Approval	CNYCC Board of Directors	Develop and approve CC/HL and training strategies and monitor project performance related to CC/HL and reducing disparities among the target populations.
Oversight, Management, and Recommendations to the Board for Approval	Clinical Governance and Information Technology and Data Governance Committees; Workforce Workgroup; CC/HL Workgroup Sub-Committee	Develop performance tracking and information flow procedures that are relevant to CC/HL; monitor activities and track impact and effectiveness; develop and recommendations to Board regarding CC/HL and training strategies
Consumer Input and Guidance	1) Consumer Focus group, 2) Consumer Advisors	1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors.
Partner Engagement	Regional Project Advisory Councils (RPACs)	The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, health literacy/cultural competence, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings.
Partner Engagement, Oversight, and Board Conduit to Partners`	Executive Project Advisory Council	The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the Partner perspective, including issues related to health literacy/cultural

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		competence. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as communicates to the BOD and/or Board Committees issues/concerns/suggestions from the RPAC's.
Bi-directional Information Flow to Projects	Learning Collaboratives (LCs)	Learning Collaboratives (LCs) have replaced the previous Project Implementation Collaboratives and provide updates to partner organizations on the current performance status in each project. The LC's also provide the opportunity for review of partner workflow and changes based on Rapid Cycle Improvement techniques. The LC model stresses cross-functional work across organizations and highlights best practices.
Focused expertise and support across a representative group of partners and stakeholders	CC/HL Workgroup	Responsible for developing CC/HL Strategic Plan.
Management, Oversight, and Expertise	Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel; Joseph Maldonado, MD, Chief Medical Officer; Wendy Knight, Director Program Management Office; Michael Riley, Director of Finance	Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners and projects; monitor performance and progress of projects and corporation; report to Board.
Partner Input, Oversight, and Expert Guidance on Health Literacy and Cultural Competence	Health Literacy / Cultural Competence Workgroup	The Health Literacy and Cultural Competence Workgroup is responsible for developing the CNYCC's HL/CC Strategy and the HL/CC Training Strategy. The Workgroup was convened in September 2015 and will meet 6-8 times between in DSRIP Year 1 to plan, oversee, and provide expert guidance on the development of the two strategies referenced above. The Workgroup is being facilitated by Kari Burke, CNYCC's Interim HL/CC Coordinator. The Workgroup is being supported by the CNYCC staff and John Snow, Inc.

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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		
CNYCC Workforce Committee	Participate and collaborate in CC/HL and Training strategy development	Participate in assessment, planning, and training activities
All CNYCC Partner Organizations, Including Service Providers and CBOs	Partners with respect to service provision, community education and/or training activities	Participate in projects, share CC/HL resources, serve as CC/HL training other CC/HL resources
Consumers/Community	Engaging with the projects and organization	Participate in community-based CNYCC activities
External Stakeholders		
Local School Districts and Other Educational Institutions Including Community Colleges	Potential partner in community education and/or training activities	Share CC/HL resources; possibly serve as CC/HL trainers.
Organizations and Agencies Serving Refugees and New Immigrants	Potential partner in community education and/or training activities	Share CC/HL resources; possibly serve as CC/HL trainers.
Adult Education Programs Including Job Training and English for Speakers of Other Languages	Potential partner in community education and/or training activities	Share CC/HL resources; possibly serve as CC/HL trainers.
WIC Programs, Senior Centers and Other Health and Social Services Programs	Potential partner in community education and/or training activities	Share CC/HL resources; possibly serve as CC/HL trainers.
Libraries Including Public Libraries, School-based and Health Care Consumer and Medical Libraries	Potential partner in community education and/or training activities	Share CC/HL resources; possibly serve as CC/HL trainers.
AHECs and other local programs offering education and promotion programing	Potential partner in community education and/or training activities	Share CC/HL resources; possibly serve as CC/HL trainers.
NY State department of public health, office of minority health, county/local health agencies, and other governmental agencies	Potential partner in community education and/or training activities	Share CC/HL resources; possibly serve as CC/HL trainers.

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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.

In order to effectively address the drivers of health disparities, CNYCC will need to identify the disparities that exist, as well as understand the populations that they impact. A shared IT infrastructure will support the identification of health disparities by enabling the aggregation of data from across localities and healthcare sectors, as well as the systematic analysis of that data to identify trends. Demographic, socio-economic and health literacy data that is captured and shared through this same infrastructure will allow CNYCC to characterize the populations that are most affected by these disparities, which will lead to developing interventions that are culturally appropriate. In addition, the CNYCC website will serve as a forum for sharing information and resources about CC/HL with all CNYCC partners. This will include maintaining an inventory of CC/HL resources that can be easily accessed as well as promoting CC/HL trainings.

IPQR Module 4.8 - Progress Reporting

Instructions :

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

CNYCC success is dependent on reaching two milestones related to CC/HL: the development of an overarching CC/HL strategy and training plan. The measure of success for this workstream is integrated with the larger goal of evolving the CNYCC toward a population health orientation that is person-focused. Understanding health disparities is critical to realizing this goal and CC/HL is a fundamental strategy for addressing these health disparities. Key measures of success will be meeting milestones and reporting requirements, as well as feedback from the Board regarding performance. Key indicators include progress in developing the strategies, which will ultimately receive Board approval.

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	07/13/2016	04/01/2015	07/13/2016	09/30/2016	DY2 Q2	NO
Task 1A- Work with CNYCC project teams to incorporate Health Information Technology (HIT) needs into detailed project plans – functional requirements identified.	Completed	1A- Work with CNYCC project teams to incorporate Health Information Technology (HIT) needs into detailed project plans – functional requirements identified.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 1B- Work with CNYCC project teams to incorporate Health Information Technology (HIT) needs into detailed project	Completed	1B- Work with CNYCC project teams to incorporate Health Information Technology (HIT) needs into detailed project	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Complete detailed provider HIT readiness assessment using surveys and provider specific follow-up, including the following information: EHR/practice management system use (including vendors and versions); HIE/RHIO participation; meaningful use (MU)/PCMH status; Direct Exchange capabilities; workflow automation capabilities; IT systems infrastructure including security systems and safeguards (including support staff/services).	Completed	3. Complete detailed provider HIT readiness assessment using surveys and provider specific follow-up, including the following information: EHR/practice management system use (including vendors and versions); HIE/RHIO participation; meaningful use (MU)/PCMH status; Direct Exchange capabilities; workflow automation capabilities; IT systems infrastructure including security systems and safeguards (including support staff/services).	04/01/2015	03/14/2016	04/01/2015	03/14/2016	03/31/2016	DY1 Q4	
Task	Completed	1D- Develop plans to assist community providers in accessing	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
1D- Develop plans to assist community providers in accessing and providing EHR solutions.		and providing EHR solutions.							
Task 1E- Complete gap analysis comparing current state assessment to required inputs, required functionality, and intended outputs.	Completed	1E- Complete gap analysis comparing current state assessment to required inputs, required functionality, and intended outputs.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 1F- Build roadmap including an HIT acquisition and implementation plan for all identified gaps.	Completed	1F- Build roadmap including an HIT acquisition and implementation plan for all identified gaps.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 1G- Obtain Board approval for HIT/HIE roadmap	On Hold	1G- Obtain Board approval for HIT/HIE roadmap	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 1H - Obtain approval from CNYCC's IT and Data Governance Committee for the IT Roadmap.	Completed	1H - Obtain approval from CNYCC's IT and Data Governance Committee for the IT Roadmap.	03/31/2016	07/13/2016	03/31/2016	07/13/2016	09/30/2016	DY2 Q2	
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 2A1. Determine CNYCC organizational vision, commitment, capabilities, and desired future state	On Hold	1. Determine CNYCC organizational vision, commitment, capabilities, and desired future state	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2B2. Choose/create/customize Change Management Toolkit.	Completed	2. Choose/create/customize Change Management Toolkit.	04/01/2015	05/31/2016	04/01/2015	05/31/2016	06/30/2016	DY2 Q1	
Task 2C3. Create Board IT and Data Governance Committee.	Completed	3. Create Board IT and Data Governance Committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2D4. Hold IT and Data Governance Committee meetings, organize and establish priorities, roles and responsibilities, including change	Completed	4. Hold IT and Data Governance Committee meetings, organize and establish priorities, roles and responsibilities, including change management oversight and performance metrics.	04/01/2015	09/14/2016	04/01/2015	09/14/2016	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
management oversight and performance metrics.									
Task 2E5. Create IT decision-making model, including communication and escalation processes.	Completed	5. Create IT decision-making model, including communication and escalation processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2F6. Establish data governance structure, guiding principles, priorities, and roles and responsibilities.	Completed	6. Establish data governance structure, guiding principles, priorities, and roles and responsibilities.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2G7. Develop plans to communicate and educate stakeholders as appropriate.	Completed	7. Develop plans to communicate and educate stakeholders as appropriate.	04/01/2015	08/31/2016	04/01/2015	08/31/2016	09/30/2016	DY2 Q2	
Task 2H8. Obtain Board approval of IT Governance and Data Governance plans.	On Hold	8. Obtain Board approval of IT Governance and Data Governance plans.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2I9. Elicit feedback from partner organizations to understand their change management readiness, commitment, and capabilities.	Completed	9. Elicit feedback from partner organizations to understand their change management readiness, commitment, and capabilities.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 10. Develop Impact/Risk Assessment.	Completed	10. Develop Impact/Risk Assessment.	04/01/2015	08/31/2016	04/01/2015	08/31/2016	09/30/2016	DY2 Q2	
Task 11. Develop training plan.	Completed	11. Develop training plan.	04/01/2015	08/31/2016	04/01/2015	08/31/2016	09/30/2016	DY2 Q2	
Task 12. Obtain Board approval for change management strategy and policies and publish approved plan.	Completed	12. Obtain Board approval for change management strategy and policies and publish approved plan.	04/01/2015	09/30/2016	04/01/2015	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	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	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
		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).							
Task 1. Present Data Sharing roadmap requirements to the IT and Data Governance Committee and establish workgroups to develop sections of the roadmap including; Data sharing rules and enforcement via governance; Technical standards for a common clinical data set; training plan.	Completed	1. Present Data Sharing roadmap requirements to the IT and Data Governance Committee and establish workgroups to develop sections of the roadmap including; Data sharing rules and enforcement via governance; Technical standards for a common clinical data set; training plan.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3B- Develop and present Data Sharing Roadmap components to IT and Data Governance Committee including: HIE and	Completed	2. Develop and present Data Sharing Roadmap components to IT and Data Governance Committee including: HIE and data sharing current state assessment; data sharing rules and enforcement strategy; proposed technical standards for a common clinical data set; proposed training plan.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 3C- Obtain Board approval for Data Sharing Roadmap.	Completed	3C- Obtain Board approval for Data Sharing Roadmap.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 3AA- Develop CNYCC policies and standards requiring appropriate BAA and DEAA documentation and the necessary	Completed	3AA- Develop CNYCC policies and standards requiring appropriate BAA and DEAA documentation and the necessary	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3BB- Develop data sharing partner onboarding process, forms and procedures.	Completed	3BB- Develop data sharing partner onboarding process, forms and procedures.	04/01/2015	08/31/2016	04/01/2015	08/31/2016	09/30/2016	DY2 Q2	
Task 3CC- Establish and present proposed plan to obtain data exchange agreements by all providers, as well as standard	Completed	3CC- Establish and present proposed plan to obtain data exchange agreements by all providers, as well as standard	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3DD- Obtain Board approval for Data Sharing Agreement Plan.	Completed	3DD- Obtain Board approval for Data Sharing Agreement Plan.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 3AAA- Develop functional specifications for data exchange to support project requirements and	Completed	3AAA- Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange.	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
use cases including supported payloads and modes of exchange.									
Task 3BBB- Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange.	Completed	3BBB- Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3CCC- Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange.	Completed	3CCC- Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange.	04/01/2015	04/30/2016	04/01/2015	04/30/2016	06/30/2016	DY2 Q1	
Task 3DDD- Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based	Completed	3DDD- Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3EEE- Obtain Board approval for Data Sharing Rollout Plan.	Completed	3EEE- Obtain Board approval for Data Sharing Rollout Plan.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	04/01/2015	03/31/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 4A-1. Compile information from existing community health needs assessment and other data sources to identify target populations that face cultural and linguistic barriers and disparities in outcomes	Completed	1. Compile information from existing community health needs assessment and other data sources to identify target populations that face cultural and linguistic barriers and disparities in outcomes	11/01/2015	01/31/2016	11/01/2015	01/31/2016	03/31/2016	DY1 Q4	
Task 4B- 2. Work with cultural competency workgroup and the IT and Data Governance Committee (includes representative from local QE) to inventory HIT related strategies/workflows to engage target populations including: channels of communication; modes of communication;	Completed	2. Work with cultural competency workgroup and the IT and Data Governance Committee (includes representative from local QE) to inventory HIT related strategies/workflows to engage target populations including: channels of communication; modes of communication; required HIT system support	01/01/2016	07/13/2016	01/01/2016	07/13/2016	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
required HIT system support									
Task 3. Inventory best practices for supporting identified HIT related cultural competency strategies into existing technologies/workflows (e.g. partner EMRs, patient portals), new technologies identified in HIT Roadmap (e.g. PHM platform) and workflows (e.g. QE consent, patient education)	Completed	3. Inventory best practices for supporting identified HIT related cultural competency strategies into existing technologies/workflows (e.g. partner EMRs, patient portals), new technologies identified in HIT Roadmap (e.g. PHM platform) and workflows (e.g. QE consent, patient education)	05/01/2016	07/13/2016	05/01/2016	07/13/2016	09/30/2016	DY2 Q2	
Task 4. Assess CNYCC's partner's ability to adopt and implement identified best practices	On Hold	4. Assess CNYCC's partner's ability to adopt and implement identified best practices	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Work with IT and Data Governance Committee and cultural competency workgroup to finalize engagement plans, including: identifying appropriate touch-point for the target populations; existing policies and procedures in place at partner organizations that can be leveraged (e.g. QE consent); required changes to new and existing technologies based on identified capabilities	In Progress	5. Work with IT and Data Governance Committee and cultural competency workgroup to finalize engagement plans, including: identifying appropriate touch-point for the target populations; existing policies and procedures in place at partner organizations that can be leveraged (e.g. QE consent); required changes to new and existing technologies based on identified capabilities	04/01/2016	03/31/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Milestone #5 Develop a data security and confidentiality plan.	Completed	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 5A- Develop initial CNYCC Information Security and Privacy Policies to receive and manage Medicaid Claims Data; develop inventory of other Security and Privacy Policies needed.	Completed	5A- Develop initial CNYCC Information Security and Privacy Policies to receive and manage Medicaid Claims Data; develop inventory of other Security and Privacy Policies needed.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5B- Identify technical standards and protocols for CNYCC and partner organizations in relation to data shared for CNYCC purposes.	Completed	5B- Identify technical standards and protocols for CNYCC and partner organizations in relation to data shared for CNYCC purposes.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	5C- Identify and inventory security/privacy officer responsible	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
5C- Identify and inventory security/privacy officer responsible for CNYCC security practices and management at each		for CNYCC security practices and management at each							
Task 5D- Develop initial risk assessment and analysis which may include, but not be limited to, surveys of security and privacy practices at partner organizations, requesting partner organizations to conduct a security and privacy risk analysis and resulting remediation as well as requests for any other information required to assess or promote compliance with CNYCC security and privacy safeguards, and the Security and Privacy Policies and Procedures.	Completed	5D- Develop initial risk assessment and analysis which may include, but not be limited to, surveys of security and privacy practices at partner organizations, requesting partner organizations to conduct a security and privacy risk analysis and resulting remediation as well as requests for any other information required to assess or promote compliance with CNYCC security and privacy safeguards, and the Security and Privacy Policies and Procedures.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5E- Develop data security and confidentiality communication plan including protocols and training materials for partner organization security officers.	Completed	5E- Develop data security and confidentiality communication plan including protocols and training materials for partner organization security officers.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

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).	nol11932	Other	8_DY2Q4_IT_MDL51_PRES1_OTH_Current_State_Assessment_Update_DY2Q4_9801.docx	Current State Assessment Update DY2Q4	04/05/2017 01:59 PM
	nol11932	Templates	8_DY2Q4_IT_MDL51_PRES1_TEMPL_ITDG_Meeting_Schedule_Template_Meeting_Schedule_Template_9800.xlsx	Governance Meetings for the Quarter	04/05/2017 01:58 PM
Develop an IT Change Management Strategy.	nol11932	Templates	8_DY2Q4_IT_MDL51_PRES2_TEMPL_Regularly_Scheduled_Training_Section_5_Milestone_2__9803.xlsx	Training Template	04/05/2017 02:01 PM

NYS Confidentiality – High

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	nol11932	Templates	8_DY2Q4_IT_MDL51_PRES2_TEMPL_Meeting_Schedule_Template_Section_5_Milestone_2_9802.xlsx	Meeting Template	04/05/2017 02:00 PM
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	nol11932	Implementation Plan & Periodic Updates	8_DY2Q4_IT_MDL51_PRES3_IMP_Data_Sharing_Road_Map_DY2Q4_9806.docx	Data Sharing Road Map DY2Q4 Update	04/05/2017 02:09 PM
	nol11932	Templates	8_DY2Q4_IT_MDL51_PRES3_TEMPL_Meeting_Schedule_Template_Section_5_Milestone_3_9805.xlsx	Meeting Template	04/05/2017 02:03 PM
	nol11932	Templates	8_DY2Q4_IT_MDL51_PRES3_TEMPL_Regularly_Scheduled_Training_Section_5_Milestone_3__9804.xlsx	Training Template	04/05/2017 02:02 PM
Develop a data security and confidentiality plan.	nol11932	Templates	8_DY2Q4_IT_MDL51_PRES5_TEMPL_Regularly_Scheduled_Training_Section_5_Milestone_5__9808.xlsx	Compliance Training Template	04/05/2017 02:11 PM
	nol11932	Implementation Plan & Periodic Updates	8_DY2Q4_IT_MDL51_PRES5_IMP_SSP_Update_DY2Q4_9807.docx	SSP Update DY2Q4	04/05/2017 02:10 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	For the organizational section IT System and Processes, the original end date for Milestone 4 was extended from 3/31/2017 to 6/30/2017. This change was made as a result of the changes for task 5. The original end date for Task 5 was extended from 3/31/2016 to 6/30/2017. This change was made to reflect the fact that additional time is needed to finalize the plans. While CNYCC views this milestone as an important effort, other higher priority IT planning efforts, including the population health management project, care transitions project and several other initiatives, have delayed completion of this work.
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 & Ongoing	

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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Risk 1: Data governance practices for each partner organization vary widely, and there is currently no systematic methodology for documenting and sharing the data that will be required to generate metrics of interest. Key challenges to implementing IT Governance will be: 1) striking a balance between the interests of individual partners and the interests of the overall CNYCC and 2) communication of decisions and reasoning behind those decisions to a large number of stakeholders.

Potential Impact: Without a strong IT Data Governance structure in place, CNYCC will be unable to generate the necessary metrics for reporting requirements.

Risk 2: A challenge will be to balance the large number of partners with the need to implement rapidly.

Potential Impact: If there is a lack of coordination across partners, projects will not be implemented in alignment. This will impact the efficiency by which projects can be implemented.

Risk 3: Given the newness of CNYCC as an entity, it is necessary to efficiently establish infrastructure to support data security and confidentiality.

Potential Impact: Data security and confidentiality is critical to meeting ethical and regulatory regulations surrounding data sharing.

Risk 4: Given the large amount of data that has to be aggregated and analyzed to drive CNYCC operations and facilitate safe care transitions across the continuum, there are risks associated with the number of vendors that are represented in the CNYCC and their varying capabilities as it relates to interoperability. Additionally, there are risks associated with varying documentation practices across the partners that may lead to inconsistencies in the type or amount of data that is captured by each partner.
Potential Impact: Lack of data standardization will lead to delay in useful analytics.

Risk 5: There are competing priorities and resource constraints for partner organizations.

Potential Impact: If partners feel that the resources they have do not enable them to meet DSRIP project requirements they may not prioritize implementation of DSRIP projects.

Risk 6: CNYCC's role in support of regional VBP programming is still being finalized.

Potential Impact: The role that CNYCC is ultimately expected to play in support of regional VBP initiatives may impact our partners' willingness to share data with the CNYCC, as well as their support of expensive investments in a centralized PHM platform. In addition, there are other VBP initiatives (private CIN development and MSSP programs) that are already underway regionally. CNYCC is trying to align with these other initiatives, as we have a very large overlap in participating partners and functional requirements, however alignment may lead to delays in the

selection and implementation of our PHM infrastructure.

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.)

Workforce – We will need to ensure that the workforce is adequately trained on new technologies and their associated functionality in order to ensure effective utilizations of the HIT solutions that are introduced as part of DSRIP. We will also need to ascertain partner capabilities with respect to tracking and delivering required training through a Learning Management System, or other data collection and reporting platform.

Financial Sustainability – Significant new applications will be required for the CNYCC. Initial system cost, implementation, and ongoing maintenance will be a significant portion of the CNYCC budget. The cost effectiveness of the IT solution will have a significant impact on the sustainability of the CNYCC.

Cultural Competency/Health Literacy – IT applications will need to be built to gather data that will identify cultural and health literacy factors such as language. Communication to attributed members generated from CNYCC IT applications may need to be sent in multiple languages and sensitive to cultural norms.

Population Health Management- All CNYCC projects are expected to need to leverage the Population Health Management infrastructure. As such, it will be important to map the project requirements against the chosen PHM system. Implementation of the system will similarly affect rollout timelines for each project.

Clinical Integration –The foundation provided by the HealtheConnections RHIO will provide CNYCC a significant head start toward integration. However, CNYCC is concerned about aligning requirements for the multiple EHRs from multiple vendors. This is expected to be an ongoing challenge. Use cases and processes that are defined as part of clinical integration will also serve as a driving force for IT solutions development.

Performance Reporting- CNYCC's ability to systematically generate consistent, dependable metrics to track performance improvement on aggregate and at the partner level will be heavily dependent on HIT. Specifically, the development of an HIT infrastructure to support data collection and aggregation, as well as strong data governance to ensure documentation and data standards are upheld among collaborating partners.

Practitioner Engagement- The requirement for partners to meet Meaningful Use and PCMH certification will be heavily dependent on practitioner adoption of new and existing technologies within each partner organization. In addition, the cost of the IT systems and resources required to achieve these certifications may be a significant barrier to practitioner buy-in.

Budget and Funds Flow – CNYCC has created a decision support system (DSS) that enables them to: manage funds flow; facilitate budget planning; and perform rules based forecasting and modeling. Used in conjunction with the performance data available through the MAPP tools provided by the State, as well as through the PHM platform, the DSS will enable the systematic alignment of incentives with performance.

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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
Oversight and Approval	CNYCC Board of Directors	Approve budgets, expenditures, and key policies; assure regulatory compliance, IT governance oversight.
Oversight, Management, and Recommendations to Board for Approval	Information Technology and Data Governance Committee	Obtain consensus on system selection and management, policy formation, dispute resolution, change management oversight, security and risk management oversight, progress reporting.
Consumer Input and Guidance	1) Consumer Focus group, 2) Consumer Advisors	1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors.
Partner input, technical input	Project Implementation Collaboratives(PICs)/Learning Collaboratives(LCs)	Develop system recommendations, project management, ongoing reporting.
Operational Management	CIO and Security Officer	Operation responsibility, implementation responsibility, data security responsibility, change management, data architecture definition, data security, confidentiality, data exchange standards definition, risk management, progress reporting.
Advisory and operational	CEO, CFO, CMIO, CNO of hospitals and other partner organizations	Provide input on impact of key CNYCC policies and decisions on partners. Implement internal changes in partner organizations needed to achieve DSRIP goals.
Advisory and operational	HealtheConnections RHIO Director and staff	Provide input on impact of key CNYCC policies and decisions on the RHIO. Implement RHIO changes needed to achieve DSRIP goals. Data architecture, data security, confidentiality, data exchange input and operational responsibilities.
Advisory and operational	Chartis (formerly known as Aspen Group) and other vendors who provide technical input, and implementation support	Supply tools to enable outreach and analysis.
Management, Oversight, and Operations	Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ	Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Adigun, Director of Communications and Stakeholder Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel; Joseph Maldonado, MD, Chief Medical Officer; Wendy Knight, Director Program Management Office; Michael Riley, Director of Finance	and projects; monitor performance and progress of projects and corporation; report to Board.

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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		
All CNYCC Partner Organizations, including service providers and CBOs	Advisory, operational, technical input	Provide input on impact of key CNYCC policies and decisions on partners. Implement internal changes in partner organizations needed to achieve DSRIP goals.
HealtheConnections (RHIO)	Operational, technical input, advisory	Provide input on impact of key CNYCC policies and decisions on the RHIO. Implement RHIO changes needed to achieve DSRIP goals. Data architecture, data security, confidentiality, data exchange, input and operational responsibilities.
Consumers/Community	Engaging with the projects and organization	Participate in community-based CNYCC activities
External Stakeholders		
Vendors	"Technical input Advisory Regulatory "	Various activities based on scope of work and needs of CNYCC
Public Agencies – Local, County, State, and Federal	Participating in the projects and promoting the organization	Engaging with CNYCC at the organization level to support its goals; participating in project-level activities as providers of services. Provide advice, guidance, and decisions.
Other Regional Payers	Alignment of functional requirements across various payer based VBP initiatives	Joint engagement of shared partners, who are participants in multiple, regional VBP initiatives. Alignment of functional requirements and technical infrastructure.

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IPQR Module 5.7 - Progress Reporting

Instructions :

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

CNYCC success is dependent on reaching a series of milestones related to assessment and change management, as well as strategic planning with respect to data sharing, interoperability, and data security/confidentiality. The measure of success for this workstream is integrated with the larger goal of evolving the CNYCC toward a population health orientation that is person-focused. Assessing and developing strategies and change management plans that will allow partners and the CNYCC to collect, analyze, share, use patient information to manage the health of those in the service area is critical to realizing CNYCC goals. Success will rely on the following factors: 1) the CNYCC's HIT Department and Information Technology and Data Governance Committee is operational and working with the Clinical Governance Committee, the RPACs/EPAC, the Board of Directors, and other governance and oversight structures; 2) a Decision Support System (DSS) is operational and being utilized; 3) that patient, project-level, and CNYCC-level information is flowing between partners and to the CNYCC on a timely basis; 4) internal controls are established to oversee partner HIT/HIE related achievements, and 5) the development of sound plans with respect to data sharing, interoperability, and data security/confidentiality. The CNYCC will develop or use existing required measures in these areas and report on performance related to these measures.

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.	In Progress	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 1. Map out performance reporting requirements by project, by locus of reporting responsibilities by organization type, by commonalities across project and across organization type.	Completed	1. Map out performance reporting requirements by project, by locus of reporting responsibilities by organization type, by commonalities across project and across organization type.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Develop short-term strategy for reporting for organizations engaging patients in DY1.	Completed	2. Develop short-term strategy for reporting for organizations engaging patients in DY1 (before Project Management Platform is in place).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop long-term strategy for performance reporting and partner/CNYCC communications (including identification of individuals responsible for clinical and financial outcomes of specific patient pathways, plans for the creation and use of clinical quality & performance dashboards, and approach to rapid cycle evaluation). Additionally, the strategy will include how to collect metrics that will not be available through DOH or the MAPP system.	Completed	3. Develop long-term strategy for performance reporting and partner/CNYCC communications (including identification of individuals responsible for clinical and financial outcomes of specific patient pathways, plans for the creation and use of clinical quality & performance dashboards, and approach to rapid cycle evaluation). Additionally, the strategy will include how to collect metrics that will not be available through DOH or the MAPP system.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	4. Develop specifications of Project Management Platform.	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
4. Develop specifications of Project Management Platform.									
Task 5. Assess vendor products.	Completed	5. Assess vendor products.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Purchase and install Project Management Platform.	Completed	6. Purchase and install Project Management Platform.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Train CNYCC staff on Project Management Platform.	Completed	7. Train CNYCC staff on Project Management Platform.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Train and on-board necessary partners to use Project Management Platform.	On Hold	8. Train and on-board necessary partners to use Project Management Platform.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 2A- Conduct webinar for short-term project reporting (instructions and timelines).	Completed	2A- Conduct webinar for short-term project reporting (instructions and timelines).	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 2B- Post instructions and timelines for short-term project reporting on CNYCC website.	Completed	2B- Post instructions and timelines for short-term project reporting on CNYCC website.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 2C- Provide technical assistance to organizations that may be having difficulties.	Completed	2C- Provide technical assistance to organizations that may be having difficulties.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 2D- Develop initial training program focused on clinical quality and performance reporting.	In Progress	2D- Develop initial training program focused on clinical quality and performance reporting.	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

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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
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 & Ongoing	
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
Milestone 1. CNYCC staff, led by the Medical Director with guidance from the Clinical Governance Committee of the Board, will work with the Project Implementation Collaborative (PIC) for this project to develop and implement a comprehensive Quality/Performance Improvement Plan (QPIP).	On Hold	CNYCC staff, led by the Medical Director with guidance from the Clinical Governance Committee of the Board, will work with the Project Implementation Collaborative (PIC) for this project to develop and implement a comprehensive Quality/Performance Improvement Plan (QPIP).	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1a: The QPIP will mandate the development of project dashboard, which will include the State' required measures as well as other measures deemed appropriate by the PIC	On Hold	The QPIP will mandate the development of project dashboard, which will include the State' required measures as well as other measures deemed appropriate by the PIC	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1b. The QPIP will outline PPS expectations related to the implementation of robust continuous quality improvement (CQI)/Rapid Cycle Evaluation (RCE) principles	On Hold	The QPIP will outline PPS expectations related to the implementation of robust continuous quality improvement (CQI)/Rapid Cycle Evaluation (RCE) principles	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1c. The Project QPIP will be monitored by the PPS' Medical Director, the PIC, the Regional Project Advisory Councils, the Executive Project Advisory Council, the Clinical Governance Committee of the Board, and ultimately the PPS Board of Directors.	On Hold	The Project QPIP will be monitored by the PPS' Medical Director, the PIC, the Regional Project Advisory Councils, the Executive Project Advisory Council, the Clinical Governance Committee of the Board, and ultimately the PPS Board of Directors.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	On Hold	The PPS will conduct trainings on a regular basis that will educate	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
1d. The PPS will conduct trainings on a regular basis that will educate partners on CQI/RCE principles and instill in partners the importance of using data and HIT systems in a meaningful way to monitor and improve quality and performance.		partners on CQI/RCE principles and instill in partners the importance of using data and HIT systems in a meaningful way to monitor and improve quality and performance.						
Milestone 1. CNYCC staff, with guidance from the Clinical Governance Committee and (eventual) Medical Director will work with the Learning Collaboratives to develop and implement a comprehensive Quality/Performance Improvement Plan (QPIP) and PPS-Wide Outcomes Improvement Structure.	In Progress	1. CNYCC staff, with guidance from the Clinical Governance Committee and (eventual) Medical Director will work with the Learning Collaboratives to develop and implement a comprehensive Quality/Performance Improvement Plan (QPIP) and PPS-Wide Outcomes Improvement Structure.	07/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1a: The QPIP will mandate the development of project dashboard,with input from the Learning Collaborative, to include the State' required measures as well as other measures deemed appropriate.	In Progress	The QPIP will mandate the development of project dashboard, with input from the Learning Collaborative, which will include the State' required measures as well as other measures deemed appropriate.	10/01/2016	03/31/2020	10/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1b. The QPIP will outline PPS expectations related to the implementation of robust continuous quality improvement (CQI)/Rapid Cycle Evaluation (RCE) principles	In Progress	The QPIP will outline PPS expectations related to the implementation of robust continuous quality improvement (CQI)/Rapid Cycle Evaluation (RCE) principles	10/01/2016	03/31/2020	10/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1c. The Project QPIP will be monitored by the PPS' Medical Director, the Learning Collaborative, the Regional Project Advisory Councils, the Executive Project Advisory Council, the Clinical Governance Committee of the Board, and ultimately the PPS Board of	In Progress	The Project QPIP will be monitored by the PPS' Medical Director, the Learning Collaborative, the Regional Project Advisory Councils, the Executive Project Advisory Council, the Clinical Governance Committee of the Board, and ultimately the PPS Board of Directors.	10/01/2016	03/31/2020	10/01/2016	03/31/2020	03/31/2020	DY5 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Directors.								
Task 1d. The PPS will conduct trainings on a regular basis that will educate partners on CQI/RCE principles and instill in partners the importance of using data and HIT systems in a meaningful way to monitor and improve quality and performance.	In Progress	The PPS will conduct trainings on a regular basis that will educate partners on CQI/RCE principles and instill in partners the importance of using data and HIT systems in a meaningful way to monitor and improve quality and performance.	10/01/2016	03/31/2020	10/01/2016	03/31/2020	03/31/2020	DY5 Q4

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. CNYCC staff, led by the Medical Director with guidance from the Clinical Governance Committee of the Board, will work with the Project Implementation Collaborative (PIC) for this project to develop and implement a comprehensive Quality/Performance Improvement Plan (QPIP).	
1. CNYCC staff, with guidance from the Clinical Governance Committee and (eventual) Medical Director will work with the Learning Collaboratives to develop and implement a comprehensive Quality/Performance Improvement Plan (QPIP) and PPS-Wide Outcomes Improvement Structure.	

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

Instructions :

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

Risk 1: One critical purpose of the performance reporting workstream is to build capacity and data use to improve quality and develop a culture of quality across the CNYCC through using data and rapid cycle evaluation. However, the learning curve for reporting data and the sheer number of data elements that need to be reported draw capacity away from using the data to inform quality improvement and for rapid cycle evaluation. Thus, there is a risk that partners will become more focused on reporting details than on developing a "culture of quality".

Potential Impact: To fall short on developing this culture of quality will mean that data collection becomes only a burden to partners and CNYCC without the value of using and acting upon data to drive quality improvement.

Risk 2: Although there will be a wealth of metrics available through the DOH to assess clinical quality, there are some metrics required for tracking that are not available through DOH. The CNYCC will use its Population Health Management (PHM) Platform to capture these metrics; however, the risk is in being able to collect these metrics from the partners. As with all reporting requirements, organizational capacity will play a role. Organizational capacity is dependent on organizational resources available, organizational leadership commitment, and organizational culture (most notably, how far along the path an organization is to having a "culture of quality").

Potential Impact: If CNYCC falls short on accurately collecting and reporting this subset of metrics, there is a risk that CNYCC will not achieve its performance goals.

Risk 3: Diversity in organizational and staff capacity to report on performance and conduct quality improvement: Some organizations will be very sophisticated regarding these activities and others will be less so. Additionally, staff members within organizations learn in different ways.

Potential Impact: Such diversity is a challenge when it comes to training. If CNYCC assumes the same training will be effective for all partners, some partners will become unengaged, and other partners will not have the information they need to improve quality outcomes and next quality goals.

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.)

Performance Reporting will have interdependencies with all projects and the funds flow, information technology systems and processes, workforce, and governance workstreams.

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IT Systems and Processes - The IT systems and processes workstream are interdependent with performance reporting given that the Population Health Management Platform will be used to collect and report out on the performance metrics. The Population Health Management Platform will be used to generate dashboards for partners as a quality improvement tool; developing the reporting capacity within the system for these dashboards will fall largely to the IT systems and processes workstream. Additionally, Domain 2 and 3 measures will be available through the State's Salient platform and will be integrated into the Population Health Management Platform for reporting "down" from the CNYCC staff to partners. The Population Health Management Platform used must also be consistent and compatible with the State's MAPP system.

Funds Flow - Performance reporting is interdependent with funds flow because a critical strategy within funds flow is to issue payments to partners based on performance. Additionally, there must be compatibility between the Project Management Platform and the Decision Support System, which will calculate funds flow to partners based, in part, on performance reporting.

Workforce - The workforce workstream and performance reporting are interdependent given the large training component within performance reporting. All CNYCC training falls under the auspices of the workforce workstream.

Governance - The governance and performance reporting workstreams are also interdependent in that the Board and its committees will be using data generated through performance reporting to assess progress of the CNYCC toward meeting its goals and using data to conduct rapid cycle evaluation at the CNYCC level.

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IPQR Module 6.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Oversight and Approval	CNYCC Board of Directors	Develop and approve performance monitoring and reporting systems and infrastructure
Oversight, Management, and Recommendations to the Board	Clinical Governance and Information Technology and Data Governance Committees of the Board	Develop performance tracking and information flow procedures that are relevant to performance measurement and reporting; monitor activities and track impact and effectiveness Provide vision and leadership to promote culture of excellence and vision of population health. Leverage clinical strengths and address clinical weaknesses to improve population health across CNYCC
Consumer Input and Guidance	1) Consumer Focus group, 2) Consumer Advisors	Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors.
Partner Engagement, Oversight, and Board Conduit to Partners	Regional Project Advisory Councils (RPACs)	The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings.
Bi-directional Information Flow to Projects	Learning Collaboratives(LCs)	Learning Collaboratives (LC) have replaced the previous Project Implementation Collaboratives and provide updates to partner

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		organizations on the current performance status in each project. The LC's also provide the opportunity for review of partner workflow and changes based on Rapid Cycle Improvement techniques. The LC model stresses cross-functional work across organizations and highlights best practices.
Management, Oversight, and Expertise	Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel; Joseph Maldonado, MD, Chief Medical Officer; Wendy Knight, Director Program Management Office; Michael Riley, Director of Finance	Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners and projects; monitor performance and progress of projects and corporation; report to Board.
Clinical Oversight and Quality/Performance Improvement	Joseph Maldonado, MD, Chief Medical Officer; Clinical Governance Committee	Responsible for working with Clinical Governance Committee to oversee project implementation as well as develop and implement the PPS' Quality/Performance Improvement 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		
All CNYCC Partner Organizations, Including Service Providers and CBOs	Advisory, operational, technical input	Provide input on impact of key CNYCC policies and decisions on partners. Implement internal changes in partner organizations needed to achieve DSRIP goals.
IT Staff Within Individual Provider Organizations	Reporting and IT system maintenance	Monitor, tech support, upgrade of IT and reporting systems.
External Stakeholders		
DOH	Using performance data to identify progress toward milestones	Determine extent to which CNYCC has achieved its goals for payment purposes.
Public Agencies – Local, County, State, and Federal	Participating in the projects and promoting the organization	Participating in the projects and promoting the organization
Consumers/Community	Engaging with projects and organization	Participate in community-based CNYCC activities

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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.

CNYCC will initially rely on claims-driven partner/provider metrics available within the MAPP Performance Measurement Portal, while clinical data-driven metrics will be reported by individual partners/providers from their local EHRs. CNYCC will begin implementing a Decision Support System (DSS) in DY1 that will be used to: 1) manage funds flows; 2) facilitate budget planning; and 3) perform rules-based forecasting and modeling. Additionally, by DY3, CNYCC will establish a comprehensive Population Health Management (PHM) platform to consolidate standardized clinical and administrative data from all eligible partners in order to: 1) centralize reporting functions; 2) perform advanced population health analytics including clinical and financial risk stratification; 3) develop patient registries to track at-risk populations and; 4) coordinate care across the continuum. The integration of claims and clinical data will allow identification of intra-CNYCC performance variation and cost and quality performance improvement opportunities. A Project Management Platform will also be implemented in DY1, which will be used for partner management, project management, and performance management and reporting will interface with the DSS and PHM platforms to ensure that the CNYCC will be driven by consistent, objective and measureable data that will ensure the effective and appropriate utilization of resources by the collaborative. The continued use of these platforms after the conclusion of the program will ensure that outcomes continue to be monitored and coordinated care delivery will remain in place and that CNYCC is able to move toward a value-based payment system.

IPQR Module 6.8 - Progress Reporting

Instructions :

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

CNYCC success is dependent on having a well-functioning Project Management Platform that interfaces with other key systems (e.g., Decision Support System, Salient platform, PHM platform, and MAPP) and yields credible data for reporting ("up" from partners to the CNYCC and "down" from the CNYCC to partners) and quality improvement purposes. Key measures of success will be meeting milestones and reporting requirements and Board assessment of performance in relation to goals established. Specifically, key indicators of interest are establishing the Project Management Platform, percent of partners that use the system within one DSRIP quarter of being on-boarded, and percent of partners that engage in quality improvement activities (i.e., using data to identify need for improvement, engaging in change process, testing change, and spreading change when valuable).

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	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1A- Identify clinical professions (MD, PsyD/PhD, PA, NP, LCSW, RN, etc.) of membership of CNYCC Board of Directors	Completed	1A- Identify clinical professions (MD, PsyD/PhD, PA, NP, LCSW, RN, etc.) of membership of CNYCC Board of Directors	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 1B- Conduct initial interviews with practitioners to garner feedback about preferences for future engagement, to solicit names of additional practitioners to interview, and to identify champions.	Completed	1B- Conduct initial interviews with practitioners to garner feedback about preferences for future engagement, to solicit names of additional practitioners to interview, and to identify champions.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 1C- Develop communication strategies by clinical professional group.	Completed	1C- Develop communication strategies by clinical professional group.	04/01/2015	11/30/2016	04/01/2015	11/30/2016	12/31/2016	DY2 Q3	
Task 1D- Identify and engage local chapters of professional organizations including medical societies.	Completed	1D- Identify and engage local chapters of professional organizations including medical societies.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	1E- Present CNYCC-wide, standard performance report to	09/01/2015	11/30/2016	09/01/2015	11/30/2016	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
1E- Present CNYCC-wide, standard performance report to professional groups in profession-specific webinars based on output from quarterly report; gather participant feedback to inform content and format of future performance reporting webinars.		professional groups in profession-specific webinars based on output from quarterly report; gather participant feedback to inform content and format of future performance reporting webinars							
Task 1F- Draft practitioner communication and engagement plan, with strategies segmented by professional group, based on feedback from interviews.	Completed	1F- Draft practitioner communication and engagement plan, with strategies segmented by professional group, based on feedback from interviews.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	NO
Task 2A- Based on information needs identified during initial interview phase, develop preliminary DSRIP presentations	Completed	2A- Based on information needs identified during initial interview phase, develop preliminary DSRIP presentations	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 2B- Based on content of and feedback from first CNYCC-wide standard performance report to professional groups, identify topics for practitioner training such as project-specific reporting needs, tools, and standards; education on new CNYCC-wide clinical protocols; and CNYCC-wide operations changes related to strategic plans and assessments.	Completed	2B- Based on content of and feedback from first CNYCC-wide standard performance report to professional groups, identify topics for practitioner training such as project-specific reporting needs, tools, and standards; education on new CNYCC-wide clinical protocols; and CNYCC-wide operations changes related to strategic plans and assessments.	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 2C- Identify resources for developing trainings, whether pre-existing, internal to CNYCC, or through an outside	Completed	2C- Identify resources for developing trainings, whether pre-existing, internal to CNYCC, or through an outside	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2D- Finalize practitioner training/education plan.	Completed	2D- Finalize practitioner training/education plan	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 2E- Obtain approval for training and educational	On Hold	2E- Obtain approval for training and educational plan from Clinical Governance Committee and the Board of Directors	01/01/2016	03/31/2017	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
plan from Clinical Governance Committee and the Board of Directors									

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.	bjadigun	Templates	8_DY2Q4_PRCENG_MDL71_PRES1_TEMPL_Module_7.1_Milestone1_Meeting_Schedule_Template_DY2_Q4_11168.xlsx	Module 7.1 Milestone # 1 Meeting Template Dy2 Q4	04/20/2017 06:09 PM
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	bjadigun	Templates	8_DY2Q4_PRCENG_MDL71_PRES2_TEMPL_Module_7.1_Milestone_2_Training_Schedule_DY2_Q4_11169.xlsx	Module 7.1 Milestone 2 Training Schedule DY2 Q4	04/20/2017 06:11 PM
	bjadigun	Training Documentation	8_DY2Q4_PRCENG_MDL71_PRES2_TRAIN_CNYCC_Practitioner_Education_and_Training_Plan_Final_10054.doc	Practitioner Training/Education Plan	04/12/2017 03:19 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	For Practitioner Engagement Milestone 1 ("Develop Practitioners communication and engagement plan."), during DY2 Q4, CNYCC has continued several efforts to engage practitioners across the network to advance DSRIP goals and objectives. Some of these efforts include: practitioner participation on the Clinical Governance Committee responsible for overseeing PPS care delivery, care coordination, quality standards, and the quality performance of DSRIP Projects; practitioner participation across multiple CNYCC Board and Committees; multiple presentations to local Medical Societies; meetings with local partner organizations and practitioner groups; and consistent efforts to include practitioner feedback and input program implementation activities; to name a few.
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.	For Practitioner Engagement Milestone 2 ("Develop training/education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda), the status of Task 2E ("Obtain approval for training and educational plan from Clinical Governance Committee and the Board of Directors")was changed to "On Hold." This change is due to the fact that while the plan was not formally submitted to Clinical Governance Committee/Board of Directors, CNYCC has been conducting training and education to practitioners as part of its overall comprehensive engagement efforts across the PPS with input and feedback from both Clinical Governance and the Board of Directors. Examples of the training/education efforts have included: practitioner participation on the Clinical Governance Committee responsible for overseeing PPS care delivery, care coordination, quality

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	standards, and the quality performance of DSRIP Projects; practitioner participation across multiple CNYCC Board and Committees; multiple presentations to local Medical Societies; meetings with local partner organizations and practitioner groups; training sessions conducted by CNYCC staff to partner organizations on topics such as DSRIP project requirements, reporting and standards of care; and consistent efforts to include practitioner feedback and input program implementation activities; to name a few.

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.

Risk 1: Currently, practitioner engagement in DSRIP in CNYCC has been developed slowly. CNYCC has been able to develop relationships with practitioners across the PPS, but we have found it difficult to develop a comprehensive approach. As we move forward with practitioner engagement, a key element will be the participation of CNYCC's Chief Medical Officer to champion efforts and engagement with the practitioner community.

Potential Impact: Strategies to engage practitioners who are part of smaller groups or who are community-based have been less successful to date than desired. These practitioners are key to the success of CNYCC projects but also have less time available for DSRIP activities.

Risk 2: Going forward, one of the largest risks to successful implementation will be failing to find a balance between the convenience of online communication and education platforms, and the more in-depth involvement possible through logistically complicated in-person meetings.

Potential Impact: If the CNYCC relies entirely on online or remote learning strategies then some partners may not be as engaged as they need to be or absorb the information that they need to participate effectively in CNYCC projects

Risk 3: Failing to identify the right people within organizations for engagement, namely the practitioner champions, will impede implementation of the projects and reaching goals. Up to this point, CNYCC communications have been typically funneled through an administrative contact at each organization that was then responsible for passing information along to the relevant person(s). However, CNYCC's engagement and information needs are rapidly outgrowing this approach.

Potential Impact: If the right people within organizations are not identified these partners may become less engaged.

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.)

Other organizational workstreams (Clinical Integration, Population Health Management, Financial Sustainability, Cultural Competency and Health Literacy, IT Systems and Processes, Performance Reporting, and Funds Flow) will generate the content which must be successfully communicated to practitioners and should incorporate practitioner feedback whenever possible.

Workforce and Governance - Workforce and Governance workstreams will present venues for practitioner leadership and engagement in decision-

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making. We expect robust practitioner participation on the Clinical Governance committee and the Workforce Workgroup, as well as through the PAC. The Clinical Governance Committee of the Board is involved in overseeing & monitoring clinical aspects of CNYCC's 11 projects and approving the practitioner training plan. The Workforce workgroup will assist in the assessment of the human resource impacts of health system transformation under DSRIP, changes that will most certainly impact clinicians. Any strategies to address these impacts will require their input and buy-in. Front-line clinicians as well as clinical quality professionals will provide crucial input on project activities and project funding models to ensure that they drive the desired changes in our attributed population's clinical & service utilization outcome variables.

IT Systems and Processes – Continuous coordination with IT Systems and Processes workstream is particularly important because the characteristics of the CNYCC network, namely its large geographic size, relatively small portion of direct physician employment compared to other regions of the State, and uneven levels of engagement between employed and independent physicians makes true clinical integration, coordination of IT systems and processes, and successful population health management particularly challenging. Lack of familiarity with each other and with CNYCC and the resultant lack of trust related to the same network characteristics may make funds flow and performance reporting (as it relates to funds flow and the differential administrative burden upon large versus small organizations) challenging as well.

Clinical Governance - Coordination with CNYCC's Clinical Governance Committee will play a vital role in full engagement and relationship with Practitioners across the PPS. Full engagement will enable a smoother transition to DSRIP activities and project participation. Including but not limited to: workstream modification, care coordination, patient interaction and quality improvement.

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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
Oversight and Approval	CNYCC Board of Directors	Develop and approve practitioner engagement activities
Oversight, Management, and Recommendations to the Board	Clinical Governance and Information Technology and Data Governance Committees of the Board	Develop and approve practitioner engagement activities
Consumer Input and Guidance	1) Consumer Focus group, 2) Consumer Advisors	1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors.
Partner Engagement	Regional Project Advisory Councils (RPACs)	The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings.
Partner Engagement, Oversight, and Board Conduit to Partners	Executive Project Advisory Council	The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the Partner perspective. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		communicates to the BOD and/or Board Committees issues/concerns/suggestions from the RPAC's.
Bi-directional Information Flow to Projects	Learning Collaboratives	Learning Collaboratives (LCs) have replaced the previous Project Implementation Collaboratives and provide updates to partner organizations on the current performance status in each project. The LC's also provide the opportunity for review of partner workflow and changes based on Rapid Cycle Improvement techniques. The LC model stresses cross-functional work across organizations and highlights best practices.
Management, Oversight, and Expertise	Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel; Joseph Maldonado, MD, Chief Medical Officer; Wendy Knight, Director Program Management Office	Oversee development and implementation of strategies for practitioner engagement Administer trainings, analyze pre- and post-training materials, conduct and analyze period engagement surveys. Conduct initial interviews with non-physician practitioners, conduct follow-up interviews, administer trainings, analyze pre- and post-training materials, conduct and analyze period engagement surveys

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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		
CNYCC Partner Organizations' Practitioner Workforce	Target audience for communication/engagement plan & training/education plan; source of on-the-ground experience to inform project implementation	Participate in interviews and other engagement opportunities, attend trainings and complete pre- and post-training evaluation materials.
Workforce Strategy Workgroup	Development and oversight of CNYCC-wide workforce strategy & DSRIP impacts	On-going assessment of CNYCC-wide workforce's training/educational needs.
Patients, Both uninsured, Medicaid members, and those with other sources of insurance	Represent patient concerns based on own experience of care	Receive care from practitioners in our CNYCC whose levels of engagement may vary.
External Stakeholders		
Local Chapters of State or National Professional Organizations	Represent concerns and interests of members	Audience for CNYCC communications and engagement activities.
Unions Representing Practitioners	Represent concerns and interests of members	Audience for CNYCC communications and engagement activities.

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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 CNYCC website; email lists; webinar calendar, registration, and archives; and survey functions will be important to the success of the practitioner engagement strategy. Professional group-specific web pages with tailored content, identification of professional groups' representatives to the CNYCC Board of Directors and board committees, and professional group email list sign-up information will provide an online space for peer engagement and be a resource for relevant information.

Standard performance reporting and the success of the clinical integration elements of selected projects are heavily dependent upon the success and timely progress of the broader CNYCC HIT/HIE strategy and infrastructure. In the short term, rapid adoption and accurate use of the project management platform for reporting of Domain 1 project process metrics will be key. In the longer term, increased EHR interoperability, RHIO participation, and adoption of the CNYCC's population health management platform and its true integration into providers' day-to-day practices will be essential for attainment of our Domain 2, 3, and 4 measure goals.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

CNYCC success is dependent on meeting milestones, including the development of plans for engagement, communication and education of practitioner partners. Plans for these practitioner communication, engagement, training, and education activities will need to be informed and refined overtime by feedback from participating partners and practitioners. These plans will also need to developed and refined based on changing conditions and DSRIP requirements. Key measures of success will be meeting milestones, reporting requirements, and speed and scale elements (i.e. patient activation and provider ramp-up). Key reporting indicators will include progress in engaging partners and practitioners in RPAC meetings, PIC meetings, project collaboratives, and other training activities. Additionally, CNYCC will conduct periodic engagement surveys of our CNYCC's practitioners and provide venues for more open-ended feedback, including at RPAC meetings and regular performance presentations to the professional groups. CNYCC and the current workforce vendor, AHEC, are in discussions regarding shared responsibility for tracking and reporting training requirements related to DSRIP, including those described above. AHEC intends to provide this resource across the PPSs where it has been contracted. This may facilitate progress reporting as it relates to CNYCC's practitioner training/education plan. CNYCC's close working relationship with AHEC also presents opportunities to incorporate tracking other aspects of practitioner engagement through their ongoing and CNYCC workforce-strategy specific activities.

IPQR Module 7.9 - IA Monitoring

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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	02/28/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	NO
Task 1. Conduct inventory of available data sets to supplement existing data from CNA, the MAPP tool, and other resources	Completed	1. Conduct inventory of available data sets to supplement existing data from CNA, the MAPP tool, and other resources	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Identify data gaps and expand on the data collected as needed for program planning and care management	On Hold	2. Identify data gaps and expand on the data collected as needed for program planning and care management	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Develop overarching plan for achieving PCMH 2014 Level 3 certification in relevant provider organizations	Completed	3. Develop overarching plan for achieving PCMH 2014 Level 3 certification in relevant provider organizations	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Identify priority clinical areas drawn from CNA and other sources	Completed	4. Identify priority clinical areas drawn from CNA and other sources	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Develop interim and long term data access/ aggregation strategy for all metrics associated	Completed	5. Develop interim and long term data access/ aggregation strategy for all metrics associated with priority clinical areas	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
with priority clinical areas									
Task 6. Conduct current state PHM HIT assessment for CNYCC partners	Completed	6. Conduct current state PHM HIT assessment for CNYCC partners	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Complete inventory of HIT-related PHM deliverables and current use cases for each of the DSRIP projects	Completed	7. Complete inventory of HIT-related PHM deliverables and current use cases for each of the DSRIP projects	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task 8. Identify needed functionality and select a PHM software vendor	Completed	8. Identify needed functionality and select a PHM software vendor	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Finalize population health management roadmap and receive approval of Board of Directors	In Progress	9. Finalize population health management roadmap and receive approval of Board of Directors	07/01/2016	02/28/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	10/01/2016	07/31/2017	10/01/2016	07/31/2017	09/30/2017	DY3 Q2	NO
Task 1. Establish baseline and develop process to monitor staffed bed volume	In Progress	1. Establish baseline and develop process to monitor staffed bed volume	10/01/2016	02/28/2017	10/01/2016	04/30/2017	06/30/2017	DY3 Q1	
Task 2. Establish methodology to determine impact of DSRIP on staffed bed volume	In Progress	2. Establish methodology to determine impact of DSRIP on staffed bed volume	10/01/2016	02/28/2017	10/01/2016	04/30/2017	06/30/2017	DY3 Q1	
Task 3. Develop partner bed reduction/service transformation plans on an as needed basis	Not Started	3. Develop partner bed reduction/service transformation plans on an as needed basis	03/01/2017	07/31/2017	04/30/2017	07/31/2017	09/30/2017	DY3 Q2	
Task 4. Establish Board Sub-committee to be convened on an as needed basis to review and respond to bed reduction/service transformation plans	Not Started	4. Establish Board Sub-committee to be convened on an as needed basis to review and respond to bed reduction/service transformation plans	01/01/2017	07/31/2017	04/30/2017	07/31/2017	09/30/2017	DY3 Q2	
Task 5. Finalize Bed Reduction/Service Transformation Plan(s) and receive approval of Board of Directors, as appropriate	Not Started	5. Finalize Bed Reduction/Service Transformation Plan(s) and receive approval of Board of Directors, as appropriate	01/01/2017	07/31/2017	04/30/2017	07/31/2017	09/30/2017	DY3 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

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	For the organizational section Population Health Management, the original end date for Milestone 1 was extended from 2/28/2017 to 6/30/17. This change was made as a result of the changes made to Task 9. The original start date for Task 9 was extended from 2/28/2017 to 6/30/17. CNYCC's PHM roadmap was originally scheduled for BOD approval in November, 2016. However, after onboarding our CMO a decision was made to enhance our planning around addressing the priority areas for NYS's Prevention Agenda. We are still in the process of evaluating data to identify which of the health disparities outlined in the Prevention Agenda are most relevant to our region and attributed population.
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.

Risk1: Without a collaborative approach to the Community Needs Assessment (CNA), there could be a lack of consistency, consensus, and buy-in regarding strategic priorities and the identified approaches to addressing these priorities.

Potential Impact: There will be lack of commitment or buy-in towards a coordinated or collective response to community needs and priorities.

Risk 2: Given the overlapping nature of New York's health care markets and transportation patterns, the DSRIP CNYCC boundaries present a somewhat arbitrary way of segmenting the service area populations. For example, an individual could live in one CNYCC service area but seek services in a neighboring CNYCC service area. Collaboration across neighboring CNYCC' to explore how they can align their efforts to meet the needs of those throughout the broader Central New York and Upstate New York region is essential.

Potential Impact: Lack of commitment or buy-in towards a coordinated or collective response to community needs, priorities, and project plans will mean less effective and lower quality care.

Risk 3: Not all service providers utilize meaningful use certified EHRs, which will lead to further fragmentation of services and poor coordination

Potential Impact: PCMH Level 3 recognition as well as appropriate care planning, care coordination, health information exchange, and information flow between providers will not be possible unless eligible providers have meaningful use certified EHRs that are capable of facilitating the necessary care planning, care coordination, and information sharing.

Risk 4: CNYCC lacks a centralized data analytics and PHM platform.

Potential Impact: Success of CNYCC will rely on the ability of clinical and non-clinical practices/providers to identify those at-risk, share information, coordinate care, integrate service strategies, and monitor care, particularly of those most at-risk over time.

Risk 5: CNYCC must ensure that there is a strong data governance structure that will provide a framework in which pertinent clinical information can be aggregated and analyzed for partner and PPS performance. Data governance practices for each partner organization vary widely, and there is currently no systematic methodology for documenting and sharing the data that will be required to generate metrics of interest.

Potential Impact: Without a strong IT Data Governance structure in place, CNYCC will be unable to generate the necessary metrics for reporting requirements.

Risk 6: The care provided by participating practices could be uncoordinated and reactive rather than a data-driven, PHM approach that promotes integrated, well-coordinated care across partners.

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Potential Impact: Without a coordinated PHM approach, individual practices and providers could be providing guideline-driven, evidenced-based care to patients but that care could be provided in silos leading to an inefficient, uncoordinated, duplicative response overall.

Risk 7: CNYCC's role in support of regional VBP programming is still being finalized.

Potential Impact: The role that CNYCC is ultimately expected to play in support of regional VBP initiatives may impact our partners' willingness to share data with the CNYCC, as well as their support of expensive investments in a centralized PHM platform. In addition, there are other VBP initiatives (private CIN development and MSSP programs) that are already underway regionally. CNYCC is trying to align with these other initiatives, as we have a very large overlap in participating partners and functional requirements, however alignment may lead to delays in the selection and implementation of our PHM infrastructure.

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

"The most significant dependencies with respect to other workstreams relate to:
IT Systems and Processes - All CNYCC projects are expected to need to leverage the base Population Health infrastructure. As such, it will be important to map the project requirements against the chosen Population Health Management system. Implementation of the system will similarly affect timelines for rollout of each project.
Clinical Integration - Clinical Integration is an essential component of population health management. Without full clinical integration, a population health vision and strategy cannot be obtained; this requires that stakeholders engaged in these two workstreams coordinate and collaborate in their efforts. "

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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
Oversight and Approval	CNYCC Board of Directors	Develop and approve population health management and bed reduction strategies as appropriate
Oversight, Approval, and Recommendations to the Board	Clinical Governance and Information Technology and Data Governance Committees of the Board	Develop and approve population health management and bed reduction strategies as appropriate Oversee implementation of population health management platform
CNYCC Board of Directors Sub-committee on Bed Reduction and Transformation Planning (as-needed)	TBD	Oversee and approve bed reduction and transformation planning plans across hospital partners
Consumer Input and Guidance	1) Consumer Focus group, 2) Consumer Advisors	1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors.
Partner Engagement	Regional Project Advisory Councils (RPACs)	The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings.
Partner Engagement, Oversight, and Board Conduit to Partners	Executive Project Advisory Council	The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Partner perspective. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as communicates to the BOD and/or Board Committees issues/concerns/suggestions from the RPAC's.
Bi-directional Information Flow to Projects	HIT Project Implementation Collaborative (PIC)/ Learning Collaboratives (LCs)	Project Implementation Collaboratives (PICs) were developed in DY1Q1 and supported CNYCC's project implementation planning process. Learning Collaboratives (LCs) have replaced the previous Project Implementation Collaboratives and provide updates to partner organizations on the current performance status in each project. The LC's also provide the opportunity for review of partner workflow and changes based on Rapid Cycle Improvement techniques. The LC model stresses cross-functional work across organizations and highlights best practices.
Management, Oversight, and Expertise	Project manager for population health management	Oversee development and implementation of population health management and bed reduction strategies as appropriate
PHM Platform Vendor	Key partner in implementing PHM platform	Technical assistance in implementing and maintaining platform

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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		
All CNYCC Partner Organizations, including service providers and CBOs	Advisory, operational, technical input	Provide input on impact of key CNYCC policies and decisions on partners. Implement internal changes in partner organizations needed to achieve DSRIP goals.
External Stakeholders		
MCOs	Key partner in payment reform	Collaborate in PPS payment reforms (VBP) in line with VBP roadmap; provide insight into population health management approach to be implemented across Forestland PPS
Consumer/Community	Engaging with the projects and organizations	Participate in community-based CNYCC activities
Other Regional Payers	Alignment of functional requirements across various payer based VBP initiatives	Joint engagement of shared partners, who are participants in multiple, regional VBP initiatives. Alignment of functional requirements and technical infrastructure

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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.

"1) Core Application Systems: CNYCC will establish a core application system enablement program focused on the penetration and effective utilization of the technologies required to capture and consolidate the data needed to successfully implement PHM strategies. Most notably is the acquisition and implementation of a dedicated PHM platform. This net new community investment will enable collaborative care planning across the continuum, including real-time access to pertinent clinical information to facilitate safe transitions of care, as well as maintaining a shared, multidisciplinary care plan that will be accessible to all members of a patient's care team. The PHM platform will also enable analytics for prospective and predictive modeling to support clinical, fiscal, and operational decisions and ensure that high risk and high utilizing patients can be proactively managed. This will also allow for monitoring and measuring the effectiveness of the projects implemented by the DSRIP, providing a critical feedback mechanism to the collaborative. Registry functionality available through the PHM platform will enable tracking target populations, including performance on the quality and outcome measures defined by the DSRIP initiatives, as well as other indicators that are deemed appropriate as program development evolves. Finally, the PHM platform will enable roles, and rules-based reporting, facilitating access to actionable data for CNYCC partners.

2) Interoperability, Connectivity and Security: The current HIT infrastructure of CNYCC is characterized by a well-established HIE via the HealtheConnections RHIO. Securely connecting stakeholders to allow access to consolidated patient data and enable information sharing will be accomplished through the RHIO. Functions provided by the RHIO include creating standard patient identification, transforming and standardizing data from multiple points of origin, "pushing" summary data to connected physicians, managing the exchange of unstructured data (i.e. Images/RAD), and providing alerts to CNYCC providers. Information is currently shared with the RHIO by all of CNYCC's hospitals, some of the ambulatory providers, and a majority of the diagnostic centers (lab and radiology) in the region. Access to this information is facilitated through a web-based portal that is available to any provider with appropriate consent, as well as through results delivery. As part of this project, CNYCC and the RHIO will collaborate to establish additional bi-direction, real-time, and near real-time data transmission from and to all eligible providers.

3) Engagement Technologies: Data consolidated in the RHIO will be available to eligible providers through the existing web-based portal. In addition, the selected PHM solution will provide role-based access to consolidated data for all providers across the continuum of care. The PHM solution will also facilitate engagement across all areas of the care continuum and assist in managing outreach to target populations.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

CNYCC success is dependent on meeting milestones including developing a population health roadmap and finalizing a plan for dealing with bed

reductions. Key measures of success will be meeting milestones and reporting requirements as well as Board assessment of performance in relation to established goals. Key reporting indicators of interest will include progress in developing these plans. Additionally, CNYCC will report on progress in conducting regular needs assessments, the results of which inform strategic planning and population health strategies.

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	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1A- Map network partners' clinical integration needs by partner type and by project	Completed	1A- Map network partners' clinical integration needs by partner type and by project	04/01/2015	08/31/2016	04/01/2015	08/31/2016	09/30/2016	DY2 Q2	
Task 1B- Assess key data points for shared access and key interfaces common across projects, identifying gaps where other	Completed	1B- Assess key data points for shared access and key interfaces common across projects, identifying gaps where other	04/01/2015	08/31/2016	04/01/2015	08/31/2016	09/30/2016	DY2 Q2	
Task 1C- Conduct needs assessment for clinical integration	Completed	1C- Conduct needs assessment for clinical integration	04/01/2015	10/31/2016	04/01/2015	10/31/2016	12/31/2016	DY2 Q3	
Task 1D- Share draft needs assessment with key audiences & collect feedback	Completed	1D- Share draft needs assessment with key audiences & collect feedback	04/01/2015	11/30/2016	04/01/2015	11/30/2016	12/31/2016	DY2 Q3	
Task 1E- Finalize needs assessment based on feedback and present to the Clinical Governance Committee for review.	Completed	1E- Finalize needs assessment based on feedback and present to the Clinical Governance Committee for review.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #2 Develop a Clinical Integration strategy.	In Progress	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	04/01/2015	03/31/2017	04/01/2015	07/31/2017	09/30/2017	DY3 Q2	NO
Task 1. Based on results of the needs assessment, develop clinical integration strategy that includes clinical and other information for sharing, data sharing systems and interoperability, care transitions strategy, and training plan; timeline for implementation; and identification of responsible parties	In Progress	1. Based on results of the needs assessment, develop clinical integration strategy that includes clinical and other information for sharing, data sharing systems and interoperability, care transitions strategy, and training plan; timeline for implementation; and identification of responsible parties	04/01/2015	02/28/2017	04/01/2015	05/31/2017	06/30/2017	DY3 Q1	
Task 2. Share strategy with key audiences & gather feedback	In Progress	2. Share strategy with key audiences & gather feedback	04/01/2015	02/28/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	
Task 3. Finalize clinical integration strategy based on feedback and present to the Clinical Governance Committee and the Board of Directors for approval	In Progress	3. Finalize clinical integration strategy based on feedback and present to the Clinical Governance Committee and the Board of Directors for approval	04/01/2015	03/31/2017	04/01/2015	07/31/2017	09/30/2017	DY3 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform a clinical integration 'needs assessment'.	rei11466	Implementation Plan & Periodic Updates	8_DY2Q4_CI_MDL91_PRES1_IMP_Clinical_Integration_-_Milestone_1_DY2Q4_10420.docx	Quarterly Milestone Update.	04/17/2017 11:01 AM
	rei11466	Implementation Plan & Periodic Updates	8_DY2Q4_CI_MDL91_PRES1_IMP_Meeting_Schedule_Template_Module_9.1_Milestone_1_04132017_10105.xlsx	Updated meeting schedule.	04/13/2017 10:46 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	
Develop a Clinical Integration strategy.	For the organizational section Clinical Integration, the original end date for Milestone 2 was extended from 3/31/2017 to 7/31/17. This change was made as a result of the changes made to Tasks 1, 2 & 3. The original end date for Task 1 was extended from 2/28/2017 to 5/31/17. CNYCC is in the process of collecting and analyzing data from key stakeholder group that will inform the Clinical Integration strategy. This process is taking longer than initially expected. Additionally, CNYCC is working to meaningfully engage with existing community efforts that are focused on care transitions and clinical integration and to align our strategies. The original end date for Task 2 was extended from 2/28/2017 to 6/30/17. This process is already underway. CNYCC has already shared it's Clinical Integration framework and strategic approach with many of it's stakeholders. However, this task will be in process until the strategy has been finalized and disseminated. The original end date for Task 3 was extended from 2/28/2017 to 7/31/17. This task is dependent on Tasks 1 and 2.

Milestone Review Status

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

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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

CNYCC has identified four major risks as outlined below. These risks are not unique to clinical integration. They are risks inherent in systems transformation more broadly. Risk mitigation strategies for clinical integration are part of the risk mitigation strategies to be employed overall by CNYCC.
Risk 1: As CNYCC moves toward transforming its health delivery system to a population health vision, it is essential to transform the system based on how it can best serve patients through providing the highest quality care at the right time and in the right setting for the patient. There is a risk, however, that the system does not develop in a way that supports person-centeredness.

Potential Impact: Not developing a system that is person-centered would mean falling short of a full population health approach. A critical component of person-centeredness is understanding the social determinants of health, such as poverty, culture, race/ethnicity, educational attainment, and housing status.

Risk 2: The shift toward a population health focus will take time.

Potential Impact: Without achieving a shared population health vision, CNYCC will not be able to fully reform its service system to be sustainable post-DSRIP.

Risk 3: Full clinical integration can only be achieved with the leadership and buy-in of the practitioner community. Clinical integration depends on practitioners working across disciplines and organizations on behalf of their patients.

Potential Impact: Without practitioner leadership to promote practitioner buy-in to clinical integration across the CNYCC, full clinical integration will not be achieved, which ultimately will compromise the capacity of CNYCC to achieve its goals.

Risk 4: Although organizational workstreams and projects are reported on separately for the Implementation Plan, CNYCC is acutely aware that they are all interrelated. Coordination across other organization workstreams and projects is essential.

Mitigation: The Clinical Governance Committee, reporting to and advising the Board of Directors, will have members knowledgeable of all other organizational workstreams and all 11 projects. Part of their role will be to oversee the coordination of clinical integration with these other workstreams and projects.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Clinical integration will have interdependencies with all workstreams and all projects. However, the most critical workstreams are IT systems and processes, practitioner engagement, cultural competency/health literacy, funds flow, and population health management.

IT Systems and Processes - A first dependency is with IT Systems and Processes, especially as relates to clinical data sharing and interoperable systems across the CNYCC network. This will be facilitated by the RHIO and the Population Health Management (PHM) Platform to be established by the CNYCC. The clinical integration strategic plan will be shared with the IT Data Governance Committee to ensure that the PHM platform accommodates clinical integration needs. The Clinical Governance Committee and the IT Data Governance Committee will work closely throughout the DSRIP project.

Practitioner Engagement - Engaging practitioners in understanding and championing population health is part of the clinical integration strategy. Enabling the Clinical Governance Committee members to work with those involved with the practitioner engagement workstream will ensure coordination between these two areas. In addition, RPACs may also serve as a practitioner engagement strategy and a forum for discussion of clinical integration.

Cultural Competency/Health Literacy - As noted, understanding and addressing social determinants is critical for clinical integration. A social determinants approach in the work of the CNYCC, including the clinical integration work, is essential to achieving patient centeredness and population health goals. Social determinants also form the basis for the CC/HL strategy. Drawing on the CC/HL strategies will be essential for the clinical integration work.

Funds Flow - Funds flow strategies must incentivize clinical integration. Those working in the clinical integration workstream must have input into the Finance Committee to ensure these incentives.

Population Health Management - Clinical integration is an essential component of population health. Without full clinical integration, a population health vision and strategy cannot be obtained; thus, these requiring that stakeholders engaged in these two workstreams coordinate and collaborate in their efforts.

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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
Oversight and Approval	CNYCC Board of Directors	Develop and approve Clinical Integration strategy
Oversight, Approval, and Recommendations to the Board	Clinical Governance and Information Technology and Data Governance Committees of the Board	Develop and approve Clinical Integration strategy
Consumer Input and Guidance	1) Consumer Focus group, 2) Consumer Advisors	Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors.
Partner Engagement	Regional Project Advisory Councils (RPACs)	The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings.
Partner Engagement, Oversight, and Board Conduit to Partners	Executive Project Advisory Council	The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the Partner perspective. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as communicates to the BOD and/or Board Committees

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		issues/concerns/suggestions from the RPAC's.
Bi-directional Information Flow to Projects	HIT Project Implementation Collaborative (PIC)/ Learning Collaboratives (LCs)	Project Implementation Collaboratives (PICs) were developed in DY1Q1 and supported CNYCC's project implementation planning process. Learning Collaboratives (LCs) have replaced the previous Project Implementation Collaboratives and provide updates to partner organizations on the current performance status in each project. The LC's also provide the opportunity for review of partner workflow and changes based on Rapid Cycle Improvement techniques. The LC model stresses cross-functional work across organizations and highlights best practices.
Management, Oversight, and Expertise	CNYCC Project manager for Clinical Integration (TBD); CNYCC Chief Medical Officer	Project Manager will work with CIO and other CNYCC Staff to oversee development and implementation of Clinical Integration strategies as appropriate
Oversee Clinical Integration Workstream Activities/Workplan	Clinical Governance Committee; CNYCC Chief Medical Officer	Assign CNYCC staff to oversee development of clinical integration needs assessment and strategic plan; appoint workgroup to fulfill activities; coordinate with IT systems and processes, practitioner engagement, CC/HL, funds flow, and population health workstreams.
HIT/HIE Functionality in Relation to Clinical Integration	IT Data Governance Committee CNYCC HIT/HIE staff	Ensure Population Health Management Platform addresses needs of clinical integration workstream
Monitor and Support of Clinical Integration Strategies	IT Data Governance Committee, CNYCC Project Management Staff, RPACs ,CNYCC Chief Medical Officer	Leverage strengths and address weaknesses in clinical integration at regional level; generate buy-in among providers to clinical integration strategic plan

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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		
All CNYCC Partner Organizations, including service providers and CBOs	Advisory, operational, technical input	Provide input on impact of key CNYCC policies and decisions on partners. Implement internal changes in partner organizations needed to achieve DSRIP goals.
CNYCC Partner Contacts and Subject Matter Experts Participating in Clinical Integration Activities	Participation in planning and implementation activities	Participation in planning and implementation activities
Practitioners	Practitioner's buy-in is essential to the success of this workstream	Engage with and remain current on activities of the CNYCC with regard to Clinical Integration, including through the website, participating in RPACs, and participating in any trainings in this area
External Stakeholders		
Consumers/Family Members/Caregivers/Community	Receiving improved care and health outcomes due to better clinical integration`	Improved health status; high satisfaction with care
CBOs	Provide services related to social determinants of health, which are essential for achieving full clinical integration on behalf of patients	Work with clinical providers to fulfill non-clinical needs of patients

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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 will be dependent upon access to, and exchange of, pertinent clinical and administrative information among collaborating CNYCC partners. The current HIT infrastructure of the CNYCC is characterized by a well-established HIE via the HealtheConnections RHIO. Securely connecting stakeholders to allow access to consolidated patient data and enabling information sharing will be accomplished through the RHIO. Functions provided by the RHIO include creating standard patient identification, transforming and standardizing data from multiple points of origin, "pushing" summary data to connected practitioners, managing the exchange of unstructured data (i.e. images/RAD), and providing alerts to CNYCC providers. Currently all of the CNYCC hospitals, some ambulatory providers, and a majority of diagnostic centers (lab and radiology) in the region are sharing information with the RHIO. Access to this information is facilitated through a web-based portal that is available to any provider with appropriate consent, as well as through results delivery. As part of this project, CNYCC and the RHIO will collaborate to establish additional bi-direction, real-time, and near real-time data transmission from and to all eligible providers. Point-to-point communications to facilitate transitions of care are currently accomplished through the use of direct protocols, a HIPAA compliant mode of exchange adopted by EHR vendors as part of Meaningful Use (MU) stage 2. This real time mode of exchange is widely available across the CNYCC region, with 71% of eligible providers on the SureScripts network compared to 21% for the rest of the state. Web-based, secure messaging portals that support Direct will be made available to partners without EHRs, or whose current EHRs are not MU certified to facilitate the secure exchange of information among all applicable CNYCC partner organizations.
CNYCC will also establish a core application system enablement program focused on the penetration and effective utilization of the technologies required to capture and consolidate the data needed to successfully implement clinical integration strategies. Most notably is the acquiring and implementing a dedicated population health management platform. This net new community investment will enable collaborative care planning across the continuum, including real-time access to pertinent clinical information to facilitate safe transitions of care, and to maintain a shared, multidisciplinary care plan that will be accessible to all members of a patient's care team. The PHM platform will also enable analytics for prospective and predictive modeling to support clinical, fiscal, and operational decisions and ensure that high risk and high utilizing patients can be proactively managed. This will also allow monitoring and measuring the effectiveness of the projects implemented by the DSRIP initiative, providing a critical feedback mechanism to the collaborative. Registry functionality available through the PHM platform will enable tracking target populations, including their performance on the quality and outcome measures defined by the DSRIP initiatives, as well as other indicators that are deemed appropriate as clinical program development evolves.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

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CNYCC success is dependent on meeting milestones, including conducting a clinical integration needs assessment and developing a strategy specifically for clinical integration. The CNYCC will report on progress in achieving these milestones by tracking required outcome/process measures as well as by tracking the CNYCC's efforts to meet the steps detailed in the organizational plan. Critical to the CNYCC's success in this area will be working with the CNYCC Project Implementation Collaboratives (PICs) to explore opportunities for integration and synergies across projects that can be achieved through clinical integration. Once identified, these opportunities will be incorporated into the Clinical Integration Strategy along with clear measures to track progress. These measures will be tracked overtime and reported to the RPACs/EPAC, Clinical Governance Committee, the Board of Directors, and to the DOH through the quarterly reports. In addition, Domain 2 and 3 metrics will be tracked as part of regular CNYCC/DSRIP activities and will allow the CNYCC to track and report indirectly on clinical integration progress to the extent that project success will depend on appropriate integration of services across settings and projects.

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.

CNYCC's approach to implementation is rooted in 4 core functions: Strategic engagement and education; Building upon partner strengths; Transparency and communication; and Accounting for regional differences.

Strategic engagement and education: Execution of the Project Implementation Plan will require a strategic approach to partner engagement. To this end, CNYCC will develop a partner "onboarding" process. The process will include an organizational readiness assessment to categorize partner ability to reach patient and implementation speed goals set forth in the Project Plan Application as well as to identify the training and technical assistance needed to address gaps in partner capacity. More specifically the onboarding assessment approach will assess partner and CNYCC readiness to participate in projects and to meet speed and scale obligations; identify complexities to participation that can potentially be mitigated by the CNYCC; capture vital information that will inform the onboarding process and ongoing work, and; further promote partner engagement, bi-directional information flow, and relationship building.

Building on strengths: Based upon the assessment, CNYCC will develop a strategic "onboarding" process to engage partners that are innovators and early adopters as well as establish capacity building strategies for moderate adopters and lagging adopters. The assessment process will also provide an opportunity to identify areas for TA/support that can be provided directly by peer organizations or through experts.

Transparency and communication: CNYCC will develop a portal on its website to catalog and make available information on implementation science and best practices both focused on overall clinical and delivery system change as well as project specific support materials. The existing CNYCC website provides a venue for sharing information, archiving recorded webinars and implementation plans, and fostering open dialog between PPS partners. The current approaches with which CNYCC has been engaged will be further utilized to this end. These have included conducting webinars, pushing information and notices out to the CNYCC listserv and the CNYCC newsletter. Regional Project Advisory Committees (RPACs, described below) will provide another opportunity to promote transparency and communication.

Accounting for regional differences: The RPACs are the Network Partner link to CNYCC and DSRIP activities. They provide forums for an interactive process for education, problem solving, local focus and project implementation and ongoing success, community and consumer education on services, and relationship building. The RPAC may also create ad-hoc and/or ongoing smaller subcommittees to address particular DSRIP activities, address challenges or leverage partner expertise for the betterment of the entire partner network. Examples could include a subcommittee to problem-solve around a project that is not being successful, or a subcommittee to conduct deep-dive into workforce issue. All subcommittees would be required to formally report out at the quarterly RPAC meetings.

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.

Implementing and managing the eleven CNYCC projects is complex as the number of requirements, associated tasks and dependencies are abundant. In particular, there are several work streams that require coordination and ongoing monitoring to assure resources and staffing are distributed appropriately and are flexible enough to respond to changing needs, unforeseen challenges, and partner workload. These include: 1) Developing an HIT infrastructure that is responsive to the needs and timing of each project, including overarching projects such as 2ai. Alerts, messaging, population health management, reporting and PCMH requirements will require a strategic roll out of the HIT strategy. To this end CNYCC has contracted with Chartis to develop a strategic roadmap and guidance to meet these requirements. 2) Workforce approaches, particularly those focused on training and recruitment, require understanding the need for new staff and the amount of time for recruitment. Many projects require adding staff, particularly in mental health, care management, and primary care staff. Given the high demand and scarcity of these health professionals CNYCC will need to anticipate workforce needs and partners will need to begin the recruitment process well in advance of project staffing needs. Additionally, a timed roll out of training strategies to minimize impact on staff time will be coordinated. To this end CNYCC has contracted with AHEC/HWFNY to develop a strategic roadmap to meet workforce needs. 3) Quality improvement and rapid cycle improvement strategies will drive the success of the CNYCC's efforts. DSRIP is predicated on the use of process and performance metrics that will be used to monitor progress, guide performance improvement efforts, and hold the CNYCC and its partners accountable. As will be discussed in greater detail elsewhere, CNYCC is establishing a robust HIT infrastructure and performance management system that will be utilized to drive quality improvement efforts. CNYCC will track and monitor performance at the project- and partner-level. These will be based in large part on reporting requirements established by the DOH. In addition, the CNYCC will provide specialized training and technical assistance to instill a cultural of quality among its partners that will ultimately help to ensure that the highest quality care is provided, in a culturally appropriate, person-centered manner. 4) The CNYCC governance and staffing structure has been defined to coordinate the development and approval of clinical and operational protocols and guidelines. While the centralized approach will assure coordination of activities and content, final operating and clinical guidelines will be vetted with CNYCC partners before submission to the Board or other relevant governing body for approval. CNYCC will utilize Performance Logic's DSRIP Tracker as its project management platform to provide adequate oversight of project activities, track dependencies, manage project resources, and maintain agility in correcting project trajectories or mitigating unexpected events. DSRIP Tracker will assist the management team in adjusting the implementation approach to avoid extreme peaks and troughs of activities that may prove overly burdensome for the CNYCC management team or for partners engaging in multiple projects. In instances where peaks of activities cannot be mitigated by adjusting the implementation approach, utilization of DSRIP Tracker allows for the early identification and mobilization of additional resources (staff, consultants and vendors) in order to minimize the disruptive impact on CNYCC and the partner organizations. Furthermore, CNYCC is exploring the extent to which DSRIP Tracker can assist with collection of documentation/verification of implementation activities.

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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
Workforce	Northern and Central Area Health Education Center Program/Anita Merrill	Assist in the developing and implementing a comprehensive workforce development plan.
PCMH planning support	Karen Joncas, CCE; Joseph Maldonado, MD, Chief Medical Officer (CNYCC)	Assist in the developing and implementing a PCMH strategy
Engagement and Education	Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel; Joseph Maldonado, MD, Chief Medical Officer; Wendy Knight, Director Program Management Office	Assist in the developing and implementing an engagement and education approach.
Project Management	Wendy Knight, Director Program Management Office; Joe Reilly (CNYCC's CIO) and staff TBD.	CNYCC staff will be responsible for project management and the mobilization of resources to assure timely and effective implementation. Staff provide a link between the Board of Directors and DSRIP projects as well as have primary responsibility for reporting and communication with NYDOH Oversight of the clinical quality committees for individual projects Day-to-Day management of progress against Project requirements

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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		
Clinical Governance Committee	Clinical and quality oversight	Oversees development of evidence-based, standardized protocols, metrics, and clinical performance goals for projects across the system
Compliance Committee	Compliance oversight	Oversees CNYCC compliance program and conduct in terms of adherence to DSRIP requirements and laws, and regulations applicable to PPS activities and operations, including health care privacy.
Finance Committee	Financial oversight	Oversees CNYCC and project budgets, reporting and financial performance; reviews project expenditures and assists in financial analysis for value based reimbursement
IT/Data Governance Committee	HIT strategy implementation oversight	Oversees activities and vendors to create, implement, and use HIT/HIE infrastructure
Executive Project Advisory Committee	Engagement and performance	Works with Regional Project Advisory Committees to engage stakeholders. Oversees project performance and advises CNYCC (through the Clinical Governance Committee) on recommendations for project implementation.
Regional Patient Advisory Committees	Engagement, Education, Implementation	Serves as an advisory entity and offers recommendations and feedback on CNYCC initiatives including DSRIP project implementation.
Bi-directional Information Flow to Projects	HIT Project Implementation Collaborative (PIC)/ Learning Collaboratives (LCs)	Project Implementation Collaboratives (PICs) were developed in DY1Q1 and supported CNYCC's project implementation planning process. Learning Collaboratives (LCs) have replaced the previous Project Implementation Collaboratives and provide updates to partner organizations on the current performance status in each project. The LC's also provide the opportunity for review of partner workflow and changes based on Rapid Cycle Improvement techniques. The LC model stresses cross-functional work across organizations and highlights best practices.
Regional Project Advisory Committees	Performance and Engagement	RPACs will be a critical element of the project performance

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		monitoring process and will provide input on regional variations impacting project implementation. They will also provide a forum for public engagement.
Workforce Committee	Workforce strategy Implementation	Oversees activities and vendors to create, implement, and track Workforce Strategy for PPS
Behavioral Health Clinical Quality Sub Committee	Oversight and surveillance of compliance with protocols and quality of care	Representative of medical and behavioral health staff with a focus on integration of primary care and behavioral health services within practice sites and behavioral health project initiatives
External Stakeholders		
Northern and Central Area Health Education Center Program	Workforce	We have engaged AHEC to assist in the development and implementation of a comprehensive workforce development plan.
Prevention Coalitions/PHIP	Project Implementation Support	PHIP will assist in engaging county prevention coalitions related to Domain 4 projects.
Labor Unions	Workforce	Assist in workforce planning activities.
Regional and County Mental Health, Public Health, Alcohol and Substance Abuse Services Agencies	Project Implementation Support	State and county agencies are participating in CNYCC Regional Project Advisory Council meetings to inform and facilitate integration across PPS partners
HealtheConnections	Qualified Entity/RHIO/Health Information Exchange	HealtheConnections is the Regional Health Information Organization with which will assist CNYCC in developing an integrated system through information sharing strategies.

Central New York Care Collaborative, Inc. (PPS ID:8)

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.

1) Core Application Systems: CNYCC will establish a core application system enablement program focused on the penetration and effective utilization of the technologies required to capture and consolidate the data needed to successfully implement Population Health Management (PHM) strategies. Most notably is the acquisition and implementation of a dedicated PHM platform. This new community investment will enable collaborative care planning across the continuum, including real-time access to clinical information to facilitate transitions of care, and maintaining a shared, multidisciplinary care plan that will be accessible to all members of a patient's care team. The PHM platform will also enable analytics for predictive modeling to support clinical, fiscal, and operational decisions and ensure that high risk patients can be proactively managed. This will also allow for monitoring and measuring the effectiveness of the projects implemented by the DSRIP initiative thereby providing a critical feedback mechanism to the collaborative. Registry functionality available through the PHM platform will enable the tracking of target populations, including performance on the quality and outcome measures defined by the DSRIP initiatives, as well as other indicators that are deemed appropriate as the program evolves. Finally, the PHM platform will enable roles, and rules-based reporting, facilitating access to actionable data for CNYCC partners. In recognition of the fact that the PHM platform will only be as robust as the data that that is used to populate it, the CNYCC's core application systems enablement program will also focus on standardizing electronic health record (EHR) environments across eligible provider's offices. These efforts will include aligning existing EHR vendor capabilities around DSRIP and PHM goals, as well as a facilitated vendor selection process by which the CNYCC will help its partners without EHRs to identify robust vendor solutions.

2) Interoperability, Connectivity and Security: Securely connecting stakeholders to allow access to consolidated patient data and enable information sharing will be accomplished through the HealtheConnections RHIO. Functions provided by the RHIO include creating standard patient identification, transforming and standardizing data from multiple points of origin, "pushing" summary data to connected physicians, managing the exchange of unstructured data (i.e. Images/RAD), and providing alerts to CNYCC providers. Direct protocols will also be utilized for point-to-point connections to exchange clinical documentation to facilitate transitions of care. HealtheConnections, web-based, secure messaging portals that support Direct will be made available to partners without EHRs to facilitate the secure exchange of information among all applicable CNYCC partner organizations.

3) Engagement Technologies: Data consolidated in the RHIO will be available to eligible providers through the existing web-based portal. In addition, the selected population health management solution will provide role-based access to consolidated data for all providers across the continuum of care. Execution of this three-pronged strategy will ensure that the HIT and HIE infrastructure available to the CNYCC will provide a framework that enables the creation of a highly functioning integrated delivery network. It will also maximize the reach and efficacy of all of the projects that are being implemented as part of the DSRIP initiative.

IPQR Module 10.6 - Performance Monitoring

Instructions :

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

The CNYCC staffing structure will include individuals assigned to overseeing project implementation, monitoring and continuous quality improvement of projects and implementation activities. Each staff member will work with a committee of stakeholders consisting of partner representatives engaged in each of the 11 projects. CNYCC staff will report to and collaborate with the IT and Data Governance and Clinical Governance Committees to develop a strategy to consolidate quality metrics and measures utilizing an IT strategy. The Project Advisory Committee and its quality improvement structure will use the resulting data to provide performance feedback and inform learning collaborative baseline data, and to report to the Clinical Governance Committee and the Board of Directors regarding quality performance.

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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.

As part of the organizational onboarding process described previously CNYCC will engage CBOs by conducting a readiness assessment, developing training and TA approaches, providing supportive partner onboarding, and executing contracts that delineate CBO responsibilities and the financial and non-financial support that will be provided by the CNYCC.

Community engagement will be accomplished with a multi-level approach. The CNYCC has several key audience and stakeholder groups throughout its regional network. Various communication strategies will need to be executed to effectively engage each constituency including:

General Awareness/Promotion Campaign to establish CNYCC as a lead organization/healthcare resource in the region and promote program activities and relationship with Partner Network. The General Awareness Campaign will utilize a combination of General Advertising; Marketing; Public Relations; and Earned Media to reach out into the community. In addition to the General Public Awareness Campaign outlined above, CNYCC will work closely with Community Based Organizations to identify education and awareness building opportunities via public presentations, conferences, and other venues to help spread the word and increase CNYCC's presence in the community.

CNYCC has also established Regional Project Advisory Committees (RPACs) that will provide opportunities for community involvement and input. The RPACs are a key PPS partner link to CNYCC and DSRIP activities. They provide forums for an interactive process for education, problem solving, community and consumer education on services, and relationship building. The RPACs also respond to queries from the EPAC. The RPAC may create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All such ad-hoc committees would be required to formally report out at the quarterly RPAC meetings. The CNYCC staff as well as subject matter experts will support the RPACs. The CNYCC will also develop a comprehensive partner education and engagement strategy and consumer focus groups (TBD) will be convened to inform CNYCC activities, including the overall engagement approach.

Finally, CNYCC will continue to utilize effective outreach platforms (ex. website, newsletter, public presentations etc.) to provide resources, information, and updates that promote a culture of communication and transparency across all partners, providing a venue for sharing information, archiving recorded webinars and implementation plans, and fostering open dialog between PPS partners and the community.

IPQR Module 10.8 - IA Monitoring

Instructions :

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Delivery System Reform Incentive Payment Project

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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	0.00	7,419,375.00	0.00	9,821,250.00	0.00	9,821,250.00	0.00	12,294,375.00	0.00	9,821,250.00	49,177,500.00
Redeployment	0.00	375,000.00	0.00	500,000.00	0.00	500,000.00	0.00	625,000.00	0.00	500,000.00	2,500,000.00
New Hires	0.00	1,687,500.00	0.00	2,250,000.00	0.00	750,000.00	0.00	1,312,500.00	0.00	750,000.00	6,750,000.00
Other	0.00	206,250.00	68,250.00	131,750.00	87,250.00	112,750.00	87,250.00	181,500.00	87,250.00	112,750.00	1,075,000.00
Total Expenditures	**0.00**	**9,688,125.00**	**68,250.00**	**12,703,000.00**	**87,250.00**	**11,184,000.00**	**87,250.00**	**14,413,375.00**	**87,250.00**	**11,184,000.00**	**59,502,500.00**

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. Define reporting structure between existing workforce team; workforce workgroup; and CNYCC Board of Directors.	Completed	Outlining authority relationships between internal and external workforce stakeholders under the direction of the recently hired Executive Director (10/12/15).	10/30/2015	09/30/2016	10/30/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Map specific workforce requirements and challenges (i.e. turnover, hiring trends, etc.) on a project-by-project basis through surveys, interviews, data modeling, etc.	Completed	Identify facilitators and barriers for PPS partners with respect to recruitment, retention, and timelines for on boarding and training.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Tie workforce estimates resulting from Task 2 to Scale and Speed to identify timing and key dates for recruitment/retraining.	Completed	Identify timing and key dates for recruitment/retraining based on workforce trends and CNYCC DSRIP timelines.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Complete analysis of positions vulnerable to redeployment as a result of DSRIP goals.	On Hold	Confirm positions vulnerable to redeployment based on implementation of DSRIP projects in near term; DSRIP goals over long term..	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Identify positions that are eligible for redeployment given existing Human Resources (HR) policies/labor agreements.	On Hold	Identify positions that are eligible for redeployment given existing Human Resources (HR) policies/labor agreements.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. Based on data gathered in Tasks 2-5 above, finalize the Target Workforce State that defines a comprehensive view of project impacts across the CNYCC; identifies areas that require resource commitment; and guides timing of	Completed	Finalized Target Workforce State that defines a comprehensive view of project impacts across the CNYCC; identifies areas that require resource commitment; and guides timing of training/ recruitment/redeployment efforts.	05/01/2016	09/30/2016	05/01/2016	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
training/ recruitment/redeployment efforts.									
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. Develop governance/decision-making model that defines how and by whom any decisions around resource availability, allocation, and training will be made and signed off on. Obtain Board approval.	Completed	Outlining authority relationships between internal and external workforce stakeholders under the direction of the recently hired Executive Director (10/12/15).	10/30/2015	09/30/2016	10/30/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Develop means for communication/consensus with partners around workforce issues such as training, re-deployment, commitments to hiring re-deployed workers, etc.	Completed	Develop methods to disseminate information and engage PPS partners, in part to identify consensus with regard to recruitment and retention of healthcare workforce.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Work with Performance Reporting and IT to create and implement system for workforce data tracking and reporting.	Completed	Coordinate efforts to collect and report workforce data with internal and external stakeholders.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Based on the Target Workforce State (identified above) and the Detailed Gap Analysis (identified below), create the Transition Road Map that outlines specific workforce changes needed, along with associated plans and timeline, for achieving necessary workforce conversion.	Completed	Transition Road Map that outlines specific workforce changes needed, along with associated plans and timeline, for achieving necessary workforce conversion.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Obtain CNYCC Board approval on the Workforce Transition Road Map and timeline.	Completed	Board approval of Workforce Transition Road Map and timeline.	08/01/2016	09/30/2016	08/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 7. Identify and implement solutions for those positions that are difficult to recruit, train, or	Completed	Identify and implement solutions for those positions that are difficult to recruit, train, or retain.	01/01/2016	08/31/2016	01/01/2016	08/31/2016	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
retain.									
Task 8. Complete workforce budget analysis to establish revised workforce budget for the duration of DSRIP.	On Hold	Complete workforce budget analysis to establish revised workforce budget for the duration of DSRIP.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 9. Finalize current state assessment and obtain Board approval.	Completed	Finalize current state assessment and obtain Board approval.	05/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Identify non-traditional methods for filling workforce gaps (ex: telemedicine; subcontracting with CNYCC partners for existing workers; joint employment possibilities with current/future employers, etc.).	Completed	Identify non-traditional methods for filling workforce gaps (ex: telemedicine; subcontracting with CNYCC partners for existing workers; joint employment possibilities with current/future employers, etc.).	01/01/2016	08/31/2016	01/01/2016	08/31/2016	09/30/2016	DY2 Q2	
Task 4. Identify those positions that cannot be filled through re-deployment or non-traditional methods.	On Hold	4. Identify those positions that cannot be filled through re-deployment or non-traditional methods.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Create, implement, and promote CNYCC wide job board.	On Hold	Create, implement, and promote CNYCC wide job board.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. Create recruitment plan and timeline for new hires.	On Hold	Create recruitment plan and timeline for new hires.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 1. Perform detailed workforce analysis to include: a) transferrable skills between jobs to be reduced/eliminated vs. jobs to be created; b) direct re-deployment vs. up-training; and c) talents currently available in CNYCC labor pool through partner surveys, workforce workgroup, and online tools such as Health Workforce New York.	On Hold	Perform detailed workforce analysis to include: a) transferrable skills between jobs to be reduced/eliminated vs. jobs to be created; b) direct re-deployment vs. up-training; and c) talents currently available in CNYCC labor pool through partner surveys, workforce workgroup, and online tools such as Health Workforce New York.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2. Confirm staff eligible for re-deployment given project implementation and DSRIP goals, as well as existing HR policies and labor agreements.	On Hold	Confirm staff eligible for re-deployment given project implementation and DSRIP goals, as well as existing HR policies and labor agreements.	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
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	11/16/2015	06/30/2016	11/16/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task 5. Finalize compensation and benefit analysis for CNYCC Board of Directors review/approval.	Completed	Finalize compensation and benefit analysis for CNYCC Board of Directors review/approval.	04/30/2016	06/30/2016	04/30/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 1. Identify the projected patterns of re-deployment and re-training impact across projects and partners based on the Target Workforce State developed in Milestone #1.	On Hold	Identify the projected patterns of re-deployment and re-training impact across projects and partners based on the Target Workforce State developed in Milestone #1.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 2. Work with HR departments with respect to projected impacts include labor groups in discussions.	Completed	Work with HR departments with respect to projected impacts include labor groups in discussions.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Work with HR departments and additional workforce vendors (ex: Iroquois Healthcare Alliance) to conduct salary and benefit analyses for categories of affected employment and with CNYCC and partners' legal counsels to identify benefit restructuring and transition options.	Completed	Work with HR departments and additional workforce vendors (ex: Iroquois Healthcare Alliance) to conduct salary and benefit analyses for categories of affected employment and with CNYCC and partners' legal counsels to identify benefit restructuring and transition options.	11/16/2015	06/30/2016	11/16/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Work with HR and legal counsel to identify and assess existing policies and applicable labor agreements and law for staff who face partial placement, as well as those who refuse re-training or re-deployment.	On Hold	Work with HR and legal counsel to identify and assess existing policies and applicable labor agreements and law for staff who face partial placement, as well as those who refuse re-training or re-deployment.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
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. Develop process/system for reporting training	Completed	Develop process/system for reporting training numbers across CNYCC partners.	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
numbers across CNYCC partners.									
Task 2. Identify specific training needs by project and position (through project summaries, survey, and interviews).	Completed	Identify specific training needs by project and position (through project summaries, survey, and interviews).	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Identify internal/external training capacity.	Completed	Identify internal/external training capacity.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Engage labor representatives to identify options through union training fund programs.	Completed	Engage labor representatives to identify options through union training fund programs.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Identify existing programs and best practices for increasing training capacity and collaboration both within and across CNYCC territories.	Completed	Identify existing programs and best practices for increasing training capacity and collaboration both within and across CNYCC territories.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Ensure training plan meets the scope and sequence of project needs and accounts for operational and legal realities.	Completed	Ensure training plan meets the scope and sequence of project needs and accounts for operational and legal realities.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Finalize Training Strategy, including goals, objectives and guiding principles for the detailed training plan; process and approach to training (i.e. voluntary, mandatory, etc.); delivery methods, modes, and key messages based on project needs. This includes consideration of geography, language, and level of education. Obtain Board approval of training strategy.	Completed	Finalize Training Strategy, including goals, objectives and guiding principles for the detailed training plan; process and approach to training (i.e. voluntary, mandatory, etc.); delivery methods, modes, and key messages based on project needs. This includes consideration of geography, language, and level of education. Obtain Board approval of training strategy.	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

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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).	wetterhl	Meeting Materials	8_DY2Q4_WF_MDL112_PRES1_MM_Module_11.2_Milestone_1_WF_Meeting_Schedule_04.12.17_LES_14228.xlsx	Copy of meeting schedule regarding workforce state during the quarter.	04/28/2017 12:01 PM
Create a workforce transition roadmap for achieving defined target workforce state.	wetterhl	Meeting Materials	8_DY2Q4_WF_MDL112_PRES2_MM_Module_11.2_Milestone_2_WF_Meeting_Schedule_04.12.17_LES_14261.xlsx	Copy of meeting schedule regarding workforce transition roadmap during the quarter	04/28/2017 12:41 PM
Develop training strategy.	wetterhl	Training Documentation	8_DY2Q4_WF_MDL112_PRES5_TRAIN_Module_11.2_Milestone_5_8_Training_Schedule_04.28.17_LRW_14287.xlsx	Copy of training schedule to document training delivered during the quarter.	04/28/2017 01:34 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	CNYCC successfully completed Workforce Milestone #1/5 "Define target workforce state (in line with DSRIP program's goals)" in DY2 Q2. During Q4, strategies of the approved Workforce Transition roadmap were further refined by the PPS's Workforce Committee, which met regularly (their meeting schedule has been submitted with this milestone). There were no updates to the target workforce state during this quarter. During the quarter, CNYCC's Manager of Workforce Training stepped down from his position. Currently, the Workforce program is being managed by Lauren Wetterhahn, CNYCC's Director of Program Operations, with support from a local consultant (MS Hall & Associates). CNYCC is currently recruiting a full-time employee to fill the Workforce vacancy.
Create a workforce transition roadmap for achieving defined target workforce state.	CNYCC successfully completed Workforce Milestone #2/6 "Create a workforce transition roadmap for achieving your defined target workforce state" in DY2 Q2. During Q4, strategies of the approved Workforce Transition roadmap were further refined by the PPS's Workforce Committee, which met regularly (their meeting schedule has been submitted with this milestone). There were no updates to the workforce transition roadmap during this quarter. During the quarter, CNYCC's Manager of Workforce Training stepped down from his position. Currently, the Workforce program is being managed by Lauren Wetterhahn, CNYCC's Director of Program Operations, with support from a local consultant (MS Hall & Associates). CNYCC is currently recruiting a full-time employee to fill the Workforce vacancy.
Perform detailed gap analysis between current state assessment of workforce and projected future state.	CNYCC successfully completed Workforce Milestone #3/7 "Perform a detailed gap analysis between current state assessment of workforce and projected future state" in DY2 Q2. During Q4, strategies of the approved Workforce Transition roadmap were further refined by the PPS's Workforce Committee, which met regularly. There were no updates to the target workforce state during this quarter. There were no changes to the gap analysis during this quarter. During the quarter, CNYCC's Manager of Workforce Training stepped down from his position. Currently, the Workforce program is being managed by Lauren Wetterhahn, CNYCC's Director of Program Operations, with support from a local consultant (MS Hall & Associates). CNYCC is currently recruiting a full-time employee to fill the Workforce vacancy.
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires,	CNYCC successfully completed Workforce 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."), which was submitted in DY2 Q1. During Q4, strategies of the approved

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
particularly focusing on full and partial placements.	Workforce Transition roadmap were further refined by the PPS's Workforce Committee, which met regularly. However, there were no updates to the Compensation & Benefits survey during this quarter and no annual update has been generated, as the next update is due DY3 Q4. During the quarter, CNYCC's Manager of Workforce Training stepped down from his position. Currently, the Workforce program is being managed by Lauren Wetterhahn, CNYCC's Director of Program Operations, with support from a local consultant (MS Hall & Associates). CNYCC is currently recruiting a full-time employee to fill the Workforce vacancy.
Develop training strategy.	CNYCC successfully completed Workforce Milestone #5/8 "Develop Training Strategy" in DY2 Q2. During Q4, elements of CNYCC's training strategy have been implemented, including the successful delivery & uptake of PAM® training for community-based organization staff, clinical training on a number of cardiovascular disease management topics as well as regrading palliative care. A schedule of training sessions that were held this quarter have been uploaded to this milestone as evidence of up-take of training programs, including both individual training and training for new, multi-disciplinary team.

Milestone Review Status

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

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IPQR Module 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.

Risk 1: Successful project implementation and support for system-wide change requires effective training of the workforce to respond to and prepare for both internal and external changes. Currently, there is not consensus among our partners regarding the extent to which trainings and training delivery should be centrally supported by CNYCC versus being a delegated responsibility of partner organizations.

Potential Impact: Without it there will be resistance from front line employees and other key stakeholders, undermining the ability for changes to become institutionalized. At the same time, it is anticipated that great variability in training capacity exists across CNYCC partner organizations.

Mitigation: A key input in developing the workforce training strategy is assessing partners' organizational capacities for training and evaluation in order to be responsive to the diverse needs that exist in the region and to leverage available resources.

Risk 2: Competition both within and across CNYCC territories for particular, high-demand occupations such as social workers, care coordinators, and mental health workers is a risk to achieving workforce transformation.

Potential Impact: Competition may make it difficult to recruit and retain staff to fill the new health workforce needs.

Mitigation: Occupational evaluation of new positions in terms of key tasks, transferable skills, and required abilities, along with creating common language around job titles/descriptions, is key to ensuring the ability to match individuals with the new health workforce needs. Regulatory relief and a commitment to practicing at the "top of the license" are additional strategies to be pursued to meet workforce goals.

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.)

Workforce is integral and highly sensitive to all other DSRIP project workstreams. It is expected that all project and organizational workstreams will interface with Workforce to identify and coordinate training efforts to ensure alignment with the overall training strategy and data collection and reporting of staff trained.

In particular, Workforce has key interdependencies with the Cultural Competency/Health Literacy and Governance workstreams as follows:

Cultural Competency/Health Literacy – as CNYCC implements its CC/HL training strategy in response to the IA's Mid-Point recommendation, staff

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& consultants will align the work effort with the implementation of the PPS Training Strategy and seek the input & advice of the Workforce Committee and/or a workgroup appointed by the committee.

Governance – The Clinical Governance Committee will oversee identifying and developing training required for project implementation and workforce transition towards community based care.

In addition, Workforce will work with the following workstreams to verify new hire projections and monitor impact of system change on workforce: IT Systems and Processes, Performance Reporting, Financial Sustainability/VBP, Population Health Management, and Clinical Integration.

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IPQR Module 11.6 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Workforce Vendor	Anita Merrill, Northern and Central AHECs	Support development of comprehensive workforce strategy and assist with implementation and reporting, as well as supporting the CNYCC Workforce Workgroup.
CNYCC Workforce Lead	Lauren Wetterhahn, Director Program Operations; MS Hall & Associates (Consultant)	Oversee the development and implementation of the comprehensive workforce strategy, as well as required workforce reporting, and the coordination of the Workforce Workgroup.
CNYCC Workforce Committee	Representatives from: Hospitals; Labor Unions; Nursing Homes; CBOs; Public Health; Primary care; Post-secondary education, and other stakeholder organizations.	Provide insight and expertise into workforce impacts to assist with the development of the CNYCC workforce strategy.
Management, Oversight, and Operations	Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel; Joseph Maldonado, MD, Chief Medical Officer; Wendy Knight, Director Program Management Office; Michael Riley, Director of Finance	Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners and projects; monitor performance and progress of projects and corporation; report to Board.
Oversight and Approval	CNYCC Board of Directors	Review and approve workforce strategy.
Oversight and Recommendations	Clinical Governance and IT/Data Governance Committees	Review and approve key aspects of workforce strategy; update and make recommendations on strategy and policy to the Board.
CNYCC Workforce Lead	TBN, CNYCC Manager of Workforce Strategy	Oversee the development and implementation of the comprehensive workforce strategy, as well as required workforce reporting, as well as staffing the recently approved CNYCC Workforce Committee.
Workforce Vendor	Iroquois Healthcare Alliance	Organize, administer and compile results of Compensation and Benefits Survey of CNYCC partner organizations.

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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		
Human resource contacts at CNYCC Partner Organizations	Consultation and Reporting	Identify workforce challenges (hiring trends, turn-over, etc.); support data collection (wage/benefit, new hire, redeployment information, etc.); identify current workforce status; provide information with respect to existing labor agreements; assist in achieving job title consistency throughout the CNYCC.
Training contacts at CNYCC Partner Organizations	Consultation and Reporting	Provide oversight and input into development of training needs assessment, and subsequent training strategy/ plan. Also provide insight into existing partner technological capabilities for training.
IT contacts at CNYCC Partner Organizations	Consultation and Reporting	Assist in organizing and coordinating technological means of training and data reporting.
1199SEIU Training and Upgrading Fund	Potential vendor	Training
External Stakeholders		
Iroquois Healthcare Alliance	Potential vendor	Compensation and benefit analysis; training.
Labor Unions represented in CNYCC: SEIU 1199; PEF; CSEA; CWA; UUP; NYSNA; UFCW; AFSCME; PBANYS	Consultation and collaboration	Expertise and insight into workforce impacts, staffing models, retraining, redeployment, and communication with front-line workers.
Post-secondary training and education providers	Consultation and collaboration	Training, recruitment, and capacity building for training.
Workforce Leads from neighboring PPS's: Tracy Leonard (NCI); Lenore Boris (STRIPPS); Lottie Jameson (AHI)	Consultation and collaboration	Communicate best practices and share resources (training, etc).
Heather Eichen, SUNY RP2	Consultation and collaboration	Assist with post-secondary capacity for training needs; communicate training resources across PPSs; assist in achieving consistency of job titles across PPS boundaries.
ACT/WorkKeys	Potential vendor	Analyze job skills; create skill assessments and skill-gap analysis; training.
TBD	Vendors	Training

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IPQR Module 11.8 - IT Expectations

Instructions :

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

A shared IT infrastructure will support workforce efforts in the following areas: 1) training; 2) data collection and reporting; 3) ability to access an external "learning collaborative" to promote available trainings and best practices; and 4) promoting available job opportunities through CNYCC-wide job board functionality.

Training - CNYCC anticipates a high degree of training will be conducted via online methods. However, the ability of CNYCC partners to access and track online training via a Learning Management System (LMS) is not currently well documented. In the latest iteration of the Partner Survey, questions relative to LMS capability were included. Workforce will work with IT Systems and Processes to assess partner capability for training and required reporting.

Data collection and reporting – In addition to LMS data, there remains a need to connect partners within the CNYCC for the purpose of standardized workforce data collection and reporting. The Health Workforce New York (HWNY) platform is capable of serving as a data collection and reporting tool for workforce. AHEC will work with IT Systems and Processes and Performance Reporting workstreams to identify and develop a data collection process for workforce.

Sharing Best Practices & Curricula -- The ability to connect partners within and across the various PPS territories will allow access to existing, best-practices and trainings without having to re-create curricula, which should ultimately reduce the cost of training to the PPS. CNYCC is currently meeting with North Country Initiative (NCI), Adirondack Health Institute (AHI), Southern Tier Integrated PPS (STRIPPS), SUNY RP2, Iroquois Healthcare Association, and the Center for Health Workforce Studies with respect to ensuring regional communication around these issues. The AHECs are also pursuing outside funding opportunities to create a digital platform through Health Workforce New York (HWNY) that could serve as the framework for a learning collaborative that would ensure access on a PPS, regional, and statewide level.

IPQR Module 11.9 - Progress Reporting

Instructions :

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

The ability to capture training and the workforce implications of DSRIP (new hires, redeployed, etc.) across PPS partners is a key hallmark of success. Timely and relevant information will support workforce planning efforts at the local, as well as the state level. The Health WorkForce New York (HWNY) platform HWapps is capable of serving as a data collection and reporting tool for workforce measures. HWNY will work with CNYCC staff to develop, implement, and monitor a data collection process for workforce staff impact. Additionally, HWNY will work with CNYCC to

provide training for staff on accessing HWapps and the importance of workforce data collection/reporting. Workforce will also work with CNYCC staff to determine, implement, and monitor a process for reporting CNYCC partner workforce budget investments.

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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
wetterhl	Templates	8_DY2Q4_WF_MDL1110_TEMPL_CNYCC_Workforce_DY2_Q4_Report_Remediation_DY1_Staff_Impact_Actual_15667.xlsx	Redeployment, Retraining, and New Hires through the end of DY1.	06/20/2017 08:31 AM
wetterhl	Templates	8_DY2Q4_WF_MDL1110_TEMPL_DY2_Q3Q4_Workforce_Staffing_Impact_(Actuals)_Template_LRW_04.28.17_14311.xlsx	Updates on Redeployment, Retraining, and New Hires compared to the baseline projections.	04/28/2017 03:01 PM

Narrative Text :

DY2 Q4 Report Remediation (06/20/17):

In response to the IA's remediation request, CNYCC has provided a file that separates the Staffing Impact for the DY1 time period.

DY2 Q4 Report Initial Submission (04/30/17):

CNYCC has uploaded a file reflecting all reported PPS partner retraining, redeployment, and new hires reported as of 4/27/17. Owing to system issues within the reporting platform utilized by CNYCC, some responding partner organizations' facility types were not captured with their reporting and some staff impact reporting was not labeled with one of the DOH-defined job titles. In these cases, CNYCC has categorized the responding partner organizations' reported information according to what CNYCC understands their predominant facility type to be and has categorized unlabeled reported information according to other partner-supplied information about the respective job positions. Where no determination could be made with a high degree of confidence, CNYCC has not included the reported information in this submission. If permitted during the remediation period, CNYCC will provide the additional reported information after following up with the affected partner organizations.

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)	22,459,375.00

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	0.00	3,820,073.00	5,530,370.30	32.08%
Redeployment	0.00	1,800.00	416,271.96	47.57%
New Hires	0.00	757,273.00	1,985,302.54	50.42%
Other	68,500.00	1,299,784.00	2,753,533.80	677.79%
Total Expenditures	**68,500.00**	**5,878,930.00**	**10,685,478.60**	**47.58%**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
wetterhl	Other	8_DY2Q4_WF_MDL1111_OTH_Blank_document_uploaded_to_allow_for_submission_of_module_14103.docx	Blank document uploaded to allow for submission of module	04/28/2017 09:45 AM

Narrative Text :

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

The CNYCC PPS was not able to reach its DY2 Q4 Workforce Strategy Spending commitment. However, the PPS partners combined spending on training/retraining, redeployment, new hires, and other allowable types of workforce expenses in DY2 exceeded the PPS's DY1 total by over $1M.

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CNYCC believes this indicates the PPS's ongoing commitment to investing in the healthcare workforce, even with the knowledge that the PPS will forfeit DSRIP revenue associated with the Workforce Achievement Value owing to our difficulty reaching a very ambitious Workforce Strategy Spending target. CNYCC continues to advocate to DOH for a partial-AV approach to evaluating PPSs completion of the multiple milestones that comprise the Workforce AV so that some credit is given for PPS efforts to report Staff Impact, conduct Compensation & Benefits surveys, and implementation of Workforce Transition Roadmaps.

Module Review Status

Review Status	IA Formal Comments
Fail	The IA has determined that your DY2 actual spending failed to meet 80% of your budgeted DY2 spending.

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IPQR Module 11.12 - IA Monitoring:

Instructions :

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

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

Instructions :

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

Risk 1: Lack of coordination for clinical and health related services across the continuum of health are a barrier to achieving PPS goals. While clinical and operational protocols adhering to evidence based practices will be developed there is a possibility that parallel pathways among individual projects may overlap, creating duplication and inefficiencies in the provision of care. Impact: Overlap and duplication of effort has the potential to confuse both partners and patients and interrupt continuity of care, which would be counterproductive to attaining DSRIP goals. Mitigation: In order to create vertical and horizontal integration, the Clinical Governance Committee will be responsible for overseeing PPS care delivery, care coordination, quality standards and project quality improvement including review and approval of standardized processes, evidence-based pathways, and a rapid cycle improvement processes. The Committee will be responsible for overseeing adoption of clinical and operational guidelines for each project system-wide as well as identifying common guideline elements that will be consolidated to reduce duplication. Risk 2: The culture of provider based care is very strong and if unchecked will be counter-productive to DSRIP goals. Impact: Many partners find collaboration difficult and have built their own capacity rather than collaborate. In this cultural environment partners, such as primary care practices, are expected to do more and provide a scope of services for which they do not have capacity or resources to accomplish effectively. The result is an over-extension of partner resources and an incomplete approach to patient care. Mitigation: Regional multi-specialty and multi-service integrated delivery systems exist, albeit siloed within existing organizational alliances. These integrated systems can serve as foundational components of a region-wide IDS. These partners can lead local efforts, collaborate with their regional counterparts and lead IDS development using their experience and existing systems as a platform on which to build. Risk 3: Negotiation with MCOs by individual providers and local systems can result in disparate contracting arrangements and create a fragmented approach to care. Impact: Smaller partners do not have the capacity to conduct the cost benefit analysis to demonstrate effectiveness and successfully participate in MCO arrangements. Similarly, smaller organizations may not have sufficient numbers of patients to participate in Medicaid managed care. This may result in varying MCO contract parameters for care coordination and quality. Mitigation: CNYCC will explore options to support partners' access to resources for conducting cost benefit analysis and identification of collective contracting vehicles or subcontracting opportunities.

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY4 Q4	Project	N/A	In Progress	04/01/2016	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		In Progress	04/01/2016	03/31/2019	01/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task 1a. Disseminate information and materials via professional membership organizations including websites and newsletters a minimum of annually		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 1b. Present information regarding PPS activities at professional membership annual meetings		Project		In Progress	04/01/2016	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1c. Meet with individual providers or organization representatives as requested		Project		In Progress	04/01/2016	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1d. Conduct annual review of project progress and IDS composition to identify key partner shortfalls necessary to accomplish goals		Project		In Progress	04/01/2016	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1e. Assess service gaps and explore contracting options or, when available, partner additions		Project		In Progress	04/01/2016	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1f. Develop partner contract, MOU and other agreement templates.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1g. Identify partner-specific obligations including adoption of common system-wide clinical or operational protocols, and		Project		In Progress	04/01/2016	03/31/2019	01/01/2017	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
required reporting processes.										
Task 1h. Disseminate, negotiate and execute partner contracts, MOUs or agreements.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2A. Conduct gap analysis of HHs, ACOs and PPS system integration.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2b. Develop organization-specific plans to incorporate HHs and ACOs into IDS		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2c. Include HHs and ACOs in HIT/HIE assessment (see tasks below)		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Task PPS trains staff on IDS protocols and processes.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4a. HIT/HIE strategy incorporates tracking processes		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Related HIT IP Milestone: Develop roadmap to achieving secure clinical data sharing and interoperable systems across PPS network.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2a. Develop and present data sharing roadmap components to IT and Data Governance Board subcommittee including: HIE and data sharing current state assessment; data sharing rules and enforcement strategy; proposed technical standards for a common clinical data set; proposed training plan		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2b. Obtain board approval for data sharing roadmap		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Develop functional specifications for data exchange to support		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
project requirements and use cases including supported payloads and modes of exchange										
Task b. Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task c. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange		Project		Completed	04/01/2015	04/30/2016	04/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task d. Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based platforms		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Obtain board approval for data sharing rollout plan		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1a. Work with providers and vendors to align requirements with implementation strategies		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 1b. Develop plans to help community providers assess and provide EHR solutions		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2a. Identify all participating safety net primary care practices and associated providers		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2b. Establish HIT/HIE and Primary Care Transformation workgroups.		Project		Completed	04/01/2015	01/31/2016	04/01/2015	01/31/2016	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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DSRIP Implementation Plan Project

Central New York Care Collaborative, Inc. (PPS ID:8)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
2c1 Engage and collaborate with RHIO HealtheConnections to define Meaningful Use Stage 2 requirements and align/incorporate PPS project strategies with those requirements										
Task 2c2 Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate PPS project strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers.		Project		Completed	08/04/2015	12/31/2015	08/04/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2d Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process.		Project		Completed	08/04/2015	04/08/2016	08/04/2015	04/08/2016	06/30/2016	DY2 Q1
Task 2e Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice.		Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task 2f Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2g Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 2h Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2i Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement • Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation.										
Task 2j PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 2k Participating providers successfully complete MU Stage 2 attestation.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	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.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task 1. Convene with project participants/providers to inventory registries that would be useful for the identification, stratification, and engagement of patients for the project		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Work with project participants to define and inventory additional data required to facilitate care coordination among participating partners.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Finalize registry requirements, including inclusion/exclusion criteria and metric definitions.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Identify core data elements needed for registry/metric requirements as well as care coordination data and identify the expected sources of data.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Complete gap analysis to compare required data to currently available data.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 8. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
9. Work with participating partners and their EMR vendors to identify local registry capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform.										
Task 10. Complete inventory of HIT-related PHM deliverables and current use cases to support project requirements		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 11. Finalize required functionality and select a PHM software vendor		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 12. Finalize population health management roadmap to support identified data/analytics requirements, and care coordination strategies (including method for collaborative care planning)		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 13. Implement PHM roadmap		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6a. Work with providers and vendors to align requirements with implementation strategies		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 6b. Develop plans to help community providers assess and provide EHR solutions		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Related Workforce Milestone: Define target workforce state (in		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
line with DSRIP program's goals)										
Task 3. Related Workforce Milestone: Create a workforce transition roadmap for achieving your defined target workforce state.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Related Workforce Milestone: Perform detailed gap analysis between current state assessment of workforce and projected future state.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4a. Create recruitment plan and timeline for new hires.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4b. Identify and implement solutions for those positions that are difficult to recruit, train, or retain.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4c. Complete workforce budget analysis to establish revised workforce budget for the duration of DSRIP.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4d. Finalize current state assessment and obtain approval from the Board.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5A Identify all participating safety net primary care practices and associated providers		Project		Completed	08/04/2015	11/01/2015	08/04/2015	11/01/2015	12/31/2015	DY1 Q3
Task 5B Establish HIT/HIE and Primary Care Transformation workgroups.		Project		Completed	09/01/2015	01/31/2016	09/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 5C1a) Engage and collaborate with RHIO HealtheConnections to define Meaningful Use Stage 2 requirements and align/incorporate PPS project strategies with those requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5c1b Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate PPS project strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5dProvide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process.		Project		Completed	08/04/2015	04/08/2016	08/04/2015	04/08/2016	06/30/2016	DY2 Q1
Task		Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
5e Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice.										
Task 5f Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5g Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5h Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5i Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement • Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation.		Project		In Progress	09/01/2015	09/30/2017	09/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 5j PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 5k Participating providers successfully complete MU Stage 2 attestation.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS holds monthly meetings with Medicaid Managed Care plans		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task a. PPS develops standardized reporting and format.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY4 Q4	Project	N/A	In Progress	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task 1a. PPS conducts cost benefit analysis of 11 projects.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1b. PPS develops provider level value-based payment parameters possibly including PMPM fees, metrics, reporting and periodic evaluation/review		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 2a. PPS develops provider performance analysis		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 2b. PPS provides provider specific reports		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY4 Q4	Project	N/A	In Progress	10/01/2015	03/31/2019	10/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		In Progress	07/01/2016	03/31/2019	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task a. Develop CHW job descriptions and competencies		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task b. Develop standardized CHW training		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task c. Identify priority CBOs and clinical partners for CHW placement		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task d. Enter into contracts with CBOs and clinical partners for CHW		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 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
services (if necessary)										
Task e. Develop or identify CHW-applicable performance measures and monitoring		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task f. Conduct performance reviews of CHW programs		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	wetterhl	Documentation/Certification	8_DY2Q4_PROJ2ai_MDL2ai2_PRES1_DOC_Data_Sharing_Roadmap_Final_3.21_IA_Remediation_9722.pdf	Updated list of network providers as changes occur.	04/03/2017 03:02 PM
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	wetterhl	Implementation Plan & Periodic Updates	8_DY2Q4_PROJ2ai_MDL2ai2_PRES2_IMP_2ai_Milestone_2_Documentation_Requirements_13453.pdf	Periodic progress reports on implementation that demonstrate a path to evolve HH or ACO into IDS (Metric 2)	04/26/2017 08:13 PM
	wetterhl	Contracts and Agreements	8_DY2Q4_PROJ2ai_MDL2ai2_PRES2_CONTR_2ai_PR2_Participating_HH_Metric_1_13452.xlsx	List of participating HH (Metric 1)	04/26/2017 08:11 PM
	nol11932	Templates	8_DY2Q4_PROJ2ai_MDL2ai2_PRES2_TEMPL_Meeting_Schedule_Template_Project_2ai_Milestone_Metric_3_11146.xlsx	Metric 3 for 2.a.i PR2 includes list of meetings regarding collaborative care practices	04/20/2017 04:06 PM
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	nol11932	EHR/HIE Reports and Documentation	8_DY2Q4_PROJ2ai_MDL2ai2_PRES3_EHR_HIE_Systems_Report_15303.pdf	HIE Systems Report	06/16/2017 04:13 PM
	nol11932	Report(s)	8_DY2Q4_PROJ2ai_MDL2ai2_PRES3_RPT_2ai_Milestone_3_Documentation_Requirements_Metric_1_-_Remediation_15302.docx	MILESTONE 3 METRIC 1 STATE REMEDIATION AND ADDITIONAL CLARIFICATION	06/16/2017 04:12 PM
	nol11932	Templates	8_DY2Q4_PROJ2ai_MDL2ai2_PRES3_TEMPL_Regularly_Scheduled_Training_Project_2ai_Milestone_3_Metric_4__11153.xlsx	Metric 4 for 2.a.i Project Requirement 3, list/inventory of trainings for IDS related training	04/20/2017 04:14 PM
	nol11932	Report(s)	8_DY2Q4_PROJ2ai_MDL2ai2_PRES3_RPT_2ai_Milestone_3_Follow_Up_Report_Metric_3_11152.xlsx	Metric 3 for 2.a.i Project Requirement 3, sample report showing tracking care outside hospital	04/20/2017 04:14 PM
	nol11932	Report(s)	8_DY2Q4_PROJ2ai_MDL2ai2_PRES3_RPT_RHIO_Services_by_Org_Jan_2017_Metric_1_11148.xls	Metric 1 for 2.a.i Project Requirement 3, HIE system reporting showing service integration within the PPS	04/20/2017 04:10 PM
	nol11932	Other	8_DY2Q4_PROJ2ai_MDL2ai2_PRES3_OTH_2ai_Milestone_3_Documentation_Requirements_11147.pdf	2ai Project Requirement 3 documentation requirements, additional metric dos uploaded	04/20/2017 04:08 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
				separately with the exception of metric 2, Process flow diagrams are contained within	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	lbaum	Meeting Materials	8_DY2Q4_PROJ2ai_MDL2ai2_PRES9_MM_Meeting_Schedule_CNYCC_and_MCOs_11249.xlsx	Inventory of meeting dates, meeting agendas, meeting minutes (minutes contain list of attendees) with MCOs to discuss utilization trends, performance issues, payment reform.	04/21/2017 11:45 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Please see attached documentation pertaining to CNYCC's remediation of this milestone.
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	During DY2 Q4, CNYCC established monthly meetings with each of our Managed Care Organizations to discuss utilization trends, performance issues and payment reform and transformations. These meetings are documented though the meeting minutes (which also lists the attendees), and agendas which are reflected in the uploaded PPS meeting template.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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

Instructions :

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DSRIP Implementation Plan Project

Central New York Care Collaborative, Inc. (PPS ID:8)

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

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

Instructions :

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

1. Risk: Engagement of individuals who only have one chronic condition may be challenging. Potential Impact: CNYCC is not able to identify individuals with one chronic condition and/or engage them in care management services in order to reduce their risk of developing a second chronic condition. Mitigation: In order to mitigate this risk, CNYCC will work with partners to determine the best ways to identify individuals with one chronic condition as well as those that would benefit greatly from care management services. Collaborations at the community level among organizations who have relationships with eligible individuals will greatly assist with engagement.

2. Risk: Tracking all patients referred to this project and ensuring that providers across the PPS know patients are connected with care management will be a difficult issue compounded by the lack of EHRs among some providers. This project may endanger its own success if tracking systems are not adequate. Potential Impact: Without consistent and reliable HIT/HIE infrastructure or tools to track as many patients eligible for this project as possible, patients who could count towards the goals of this project may slip through the cracks of the infrastructure. Mitigation: HIT/HIE infrastructure must be brought up to working levels and accessible for partners involved in this project. Information exchange through the RHIO will be particularly key for partners to keep updated working records on patients referred to this program. Referral forms and tools must be provided to the community and distributed to all partners in this project who could end up referring to HHs.

3. Risk: Patients may decide to opt out of services or may be unresponsive to the efforts of care managers. Potential Impact: If patients refuse help from HHs or become disengaged from this project, they could exacerbate their chronic conditions, become more likely to be admitted or seek care in the ED, and harm both their own health and the ability of this project to meet its patient engagement numbers. Mitigation: Experience has shown that patients respond much more positively and openly to services when there are strong connections between care managers and primary care practices. When services are highly recommended by providers, they tend to be more successful in reaching and working with patients. As much as the team of providers and partners work together, the more successful this project is likely to be in reaching patients.

4. Risk: Many partners and providers within CNYCC network are not fully aware of HHs and the services they provide. Potential Impact: If providers are not fully aware or cognizant of HH services, they will be less likely to refer their patients who may benefit from the use of this program. Many providers hear about this program, and think it refers to home care services. Both care coordination and project speed and scale may suffer if there is not adequate provider education. Mitigation: Partner outreach and education will be a major priority for the HHs in order to ensure success of this project. HHs will make time to "introduce themselves" to partners. Providers and their administrative staff will be engaged to ensure sufficient awareness of HH services so that consistent numbers of patients are referred to this program. HHs will also make efforts to engage CBOs and other non-medical service providers to make sure connections can be made for patients in their own communities.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	22,600

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,650	2,200	4,450	6,700
	Quarterly Update	153	196	198	213
	Percent(%) of Commitment	9.27%	8.91%	4.45%	3.18%
IA Approved	Quarterly Update	0	43	0	213
	Percent(%) of Commitment	0.00%	1.95%	0.00%	3.18%

Warning: PPS Reported - Please note that your patients engaged to date (213) does not meet your committed amount (6,700) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mtreinin	Rosters	8_DY2Q4_PROJ2aiii_MDL2aiii2_PES_ROST_CNYCC_DSRIP_Care_Management_-_2.a.iii_-_Actively_Engaged_Patient_Roster_LRW_04.26.17_13289.xlsx	DSRIP Care Management DY2 Actively Engaged Patient Roster	04/26/2017 06:06 PM

Narrative Text :

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

Health Home At-Risk Intervention Program did not meet the Actively Engaged Patient Target. The PPS has had difficulty identifying patients that meet this criteria. Partners have signed onto this project and have struggled to identify patients to report. CNYCC is implementing several Mid-Point Assessment Action Plans to increase primary care provider knowledge of this project's care coordination model, provide assistance to partner organizations in identifying patients eligible for this model of care coordination, and to develop a care coordination resource for primary care practices. Even with all this work, the total number of reported patients for 2aiii, DY2Q4, is 213.

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Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2Q4.

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	DY2 Q4	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1.Convene PPS Health Homes in order to compile educational materials on DSRIP Health Home At Risk Intervention Program (HHRIP), for dissemination to PPS partner organizations.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1a. Define eligible patient criteria		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1b. Develop preliminary risk assessment tool for patient stratification		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1b1 Submit preliminary risk tool for critique by other PPS partner organizations		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1c. Given the main risk factors of patients that fall within the at-risk group, based on the CNA, determine possible care coordination interventions that will engage them in care and reduce their risk factors.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1d. Develop a standard care plan across Health Homes, including a standard set of DSRIP related goals/outcome, barriers to these goals, and options for addressing risk factors.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1e. Develop a standard referral/screening form and process for PCP's and other partner organizations to use.		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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1f. Survey PPS partners for interest in being a referral source and potential downstream partner for HHRIP patients										
Task 2. Outreach and educate partner organizations on HHRIP and referral process, begin engaging patients.		Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Convene Project PIC or group of PPS partners to delineate roles of PCP/ACP in care model and to develop success measures.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Solicit feedback on care management plans and answer questions from each partner organization as requested.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 5. Lead Health Homes will train current and new downstream partners (including PCPs) on HHRIP protocols, so they can begin care management of eligible patients		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Determine baseline measures for main risk factors of HH at-risk group and develop target measures.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Develop a tool to track implementation of care management plans and progress of monitoring and evaluation measures.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Share all tools with cohort through webinars and in-person meetings as appropriate.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1.1 Compile educational and informational materials on DSRIP Health Home At Risk Intervention Program (HHRIP), for dissemination to PPS partner organizations.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 1d1. Develop standard care plan elements across Health Homes and PCP's, including goals/outcomes, barriers to these goals, and options for addressing factors.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3.1 Convene Project PIC or group of PPS partners to delineate roles of PCP/ACP in care model.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5.1 Lead Health Home, downstream partners, and PCPs will create a training curriculum that is to be utilized by organizations providing care management services to eligible patients.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	08/01/2016	03/31/2017	08/01/2016	03/31/2017	03/31/2017	DY2 Q4

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6.1 Develop success measures for Health Home At-Risk Intervention Program.										
Milestone #2 Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and APCM standards		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify all providers/practices participating in project and identify those with NCQA PCMH 2011 Level 3 recognition.		Project		Completed	08/04/2015	11/01/2015	08/04/2015	11/01/2015	12/31/2015	DY1 Q3
Task 2. Establish HIT/HIE and Primary Care Transformation workgroups.		Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task 3a) Engage and collaborate with RHIO HealtheConnections to define Meaningful Use Stage 2 requirements and align/incorporate PPS project strategies with those requirements.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3b. Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate health home at risk strategies into PCMH baseline assessment tool and implementation strategy for primary care providers.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process.		Project		Completed	02/01/2016	04/08/2016	02/01/2016	04/08/2016	06/30/2016	DY2 Q1
Task 5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice.		Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2

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Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement • Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation.		Project		Completed	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 11. Participating providers successfully complete MU Stage 2 attestation.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY		Provider	Safety Net Case Management / Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements.			Home							
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Complete CNYCC partner HIT readiness assessment using surveys and provider specific follow-up, including HIE/RHIO participation and Direct Exchange capabilities		Project		Completed	04/04/2015	03/31/2016	04/04/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange		Project		Completed	04/01/2015	04/30/2016	04/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 5. Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based platforms		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Convene with project participants/providers to define alerting use cases to help support project activities.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 7. Work with applicable project partners and their respective vendors to implement connectivity strategy		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8. Roll out QE access to participating partner organizations, including patient lookup services and identified alerting use cases		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	DY3 Q4	Project	N/A	In Progress	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Provider	Safety Net Practitioner -	In Progress	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4

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PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.			Primary Care Provider (PCP)							
Task 1. Identify all providers/practices participating in project and identify those with NCQA PCMH 2011 Level 3 recognition.		Project		Completed	08/04/2015	11/01/2015	08/04/2015	11/01/2015	12/31/2015	DY1 Q3
Task 2. Establish HIT/HIE and Primary Care Transformation workgroups.		Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task 3a) Define Meaningful Use Stage 2 requirements and align/incorporate health home at risk strategies with those requirements.		Project		Completed	09/01/2015	01/31/2016	09/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 3b) Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate cardiovascular disease management strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process.		Project		Completed	02/01/2016	04/08/2016	02/01/2016	04/08/2016	06/30/2016	DY2 Q1
Task 5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice.		Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice.		Project		In Progress	03/01/2016	09/30/2017	03/01/2016	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
The project plan milestones include: • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement • Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation.										
Task 10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 11. Participating providers successfully complete MU Stage 2 attestation.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 Q4	Project	N/A	Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	03/31/2018	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners, including standards for defining the completion of a comprehensive care plans.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Work with participating safety net providers and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Convene with project participants/providers to inventory registries that would be useful for the identification, stratification, and engagement of patients for the project		Project		Completed	01/01/2016	07/31/2016	01/01/2016	07/31/2016	09/30/2016	DY2 Q2
Task 4. Work with project participants to define and inventory		Project		Completed	09/01/2015	06/30/2016	09/01/2015	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
additional data required to facilitate care coordination among participating partners.										
Task 5. Finalize registry requirements, including inclusion/exclusion criteria and metric definitions.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6. Identify core data elements needed for registry/metric requirements as well as care coordination data and identify the expected sources of data.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 7. Complete gap analysis to compare required data to currently available data.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 8. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. Work with participating safety net providers and their EMR vendors to identify local registry capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform.		Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 10. Complete inventory of HIT-related PHM deliverables and current use cases to support project requirements		Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 11. Finalize required functionality and select a PHM software vendor		Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 12. Finalize population health management roadmap to support identified data/analytics requirements, and care coordination strategies (including method for collaborative care planning) and obtain board approval.		Project		Completed	07/30/2016	11/30/2016	07/30/2016	11/30/2016	12/31/2016	DY2 Q3
Task 13. Implement PHM roadmap		Project		Completed	01/01/2016	03/31/2018	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Procedures to engage at-risk patients with care management		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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DSRIP Implementation Plan Project

Central New York Care Collaborative, Inc. (PPS ID:8)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
plan instituted.										
Task 1. With input from partner organizations in the PPS define care plan standards. Use existing care plans from current Health Homes program as a starting place.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Develop a draft process for the care team to initiate and track progress in the care plan in close partnership with the HH at-risk patients		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 3. Review draft process and provide feedback		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 4. Create a formal policy and procedure that outlines how the care team will complete and share the care plan with the patient.		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 5. Create curriculum for training staff and providers on care plan process, and 'tip sheets' with screen shots to support learning		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Roll-out training throughout partner organizations		Project		Not Started	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 7. Check-in with providers and care teams within one and three weeks after implementation to answer any questions		Project		Not Started	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 8. Audit target patient records to ensure care plans are being used		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9. Adjust process and conduct additional training as needed		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Bertrand Karen Irinda										
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Case Management / Health Home	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion:										

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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
Liberty Resources Inc										
Task 1. Survey PPS organizations to establish PCP and Health Home providers who will be participating in the project.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Assign leads for each PCP group and its local HH to manage the partnership process		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Gather leads' contact information		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Establish and support communication among PCPs and their local HH via routine meetings between PCPs and HHs		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Research best-practices of successful partnership models around care coordination		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Develop/compile sample partnership Memoranda of Agreement that PCPs and HHs can utilize		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Develop sample information sharing policies and procedures		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Review sample MOA's and information sharing policies with HHs and PCPs to confirm structure		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Share resources with all participating PCPs and HHs		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Set-up a mechanism for providing ongoing TA to partnerships		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Determine structure of partnership and establish formal partnership agreement that clearly delineate role of each party		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 12. Cross train Health Home and Primary Care staff to ensure familiarity with the services/role that each plays in the management of the patients.		Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 13. Determine baseline care coordination measures		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 14. Develop interim and long term strategies for collaborative care planning among project participants.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 15. Implement strategies for collaborative care planning.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 16. Monitor progress on care coordination measures		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8.1 Provide template service agreement for partnership and information sharing for Health Homes and PCPs.		Project		Completed	12/01/2016	03/31/2017	12/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abdelwahab Hend Mohamed										
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Case Management / Health Home	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Liberty Resources Inc										
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish standard, DSRIP related patient goals and identify/categorize barriers patients' face in achieving those goals.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Assess strengths and needs for your PCPs/local HH partnership, related to helping patients achieve DSRIP goals.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Conduct environmental scan of local organizations and services provided in service area and create a directory of services.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Analyze results and determine overlap and gaps.		Project		Completed	06/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Reach out to organizations that fill gaps.		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
6. Determine structure of partnership with network resource organizations and establish formal partnership agreement that clearly delineates role of each party, including as applicable use of EHRs and HIE system to facilitate and document partnerships										
Task 7. Create policies and procedures that support the partnership processes created including use of EHR and/or HIE system as applicable		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Determine baseline measures for established partnerships		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Monitor progress on established measures		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6.1. Facilitate and establish relationships with resource organizations in order to generate partnerships, including as applicable use of EHRs and HIE systems to facilitate and document partnerships.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7.1 Create forums that support the partnership process including use of EHR and/or HIE system as applicable.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9.1 Monitor progress on established and new partnerships.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.		Project		Completed	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 evidence-based care practices.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Use the CNA to identify the most common causes of adverse events in the population. Prioritize those for the creation of evidence-based care guidelines.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 2. Review existing evidence-based guidelines utilized by each provider/clinic as best practices according to literature.		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Determine the advantages and disadvantages of each set of guidelines and include these in a matrix		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Assist in determining how guidelines can be integrated into the EHR of most practices working close with clinic leads		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Create a guide and embed use of the guidelines into Health Home providers' workflow.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Gather lessons learned from clinics that are already using the selected evidence-based guidelines and have integrated them into their EHRs		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Train providers and Health Home staff on using the evidence-based guidelines selected and share best practices		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Establish a process to ensure that providers are using the selected evidence-based guidelines		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Monitor usage of evidence-based guidelines		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Provide additional training		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3.1 Examine single chronic conditions reported by partner organizations in order to determine most common condition		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3.2 Create workgroup to determine evidence-based guidelines for prevalent single chronic condition		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4.1 Recommend use of clinical decision support for evidence-based guidelines that align with PCMH certification		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7.1 Train providers on using the evidence-based guidelines		Project		Completed	10/01/2016	03/31/2017	10/01/2016	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
Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	tve007	Other	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES1_OTH_2aiii_M1_PR1_LRW_04.26.17_13951.pdf	Strategic Plan	04/27/2017 03:34 PM
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	mtreinin	Documentation/Certification	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES5_DOC_Actively_Engaged_Patient_Milestone_Documentation_-_DSRIP_Care_Management_-_2.a.iii_10972.pdf	Patient Tracking Documentation	04/19/2017 06:03 PM
Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	kweidman	Other	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_Project_2aiii_Milestone_7_Narrative_15312.docx	Remediation Information	06/19/2017 10:05 AM
	tve007	Other	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_2aiii_Milestone_7_PCP_List_04.27.17_LRW_14055.xlsx	Milestone 7 PCP List	04/28/2017 07:45 AM
	tve007	Other	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_OTH_2aiii_Milestone_7_HHCMA_List_04.27.17_LRW_13995.xlsx	Milestone 7 Health Home Case Management List	04/27/2017 04:55 PM
	mtreinin	Documentation/Certification	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES7_DOC_Number_of_Patients_Provided_Care_Management_Services_-_DY1_and_DY2_10973.xlsx	Number_of_Patients_Provided_Care_Management_Services_-_DY1_and_DY2	04/19/2017 06:04 PM
Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	kweidman	Other	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_OTH_2aiii_Milestone_8_Remediation_15311.docx	Remediation Additional Information/Response	06/19/2017 09:51 AM
	tve007	Other	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_OTH_2aiii_Milestone_8_PCP_List_04.27.17_LRW_14001.xlsx	Milestone 8 PCP List	04/27/2017 05:01 PM
	tve007	Other	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_OTH_2aiii_Milestone_8_HHCMA_List_04.27.17_LRW_13999.xlsx	Milestone 8 Health Home Care Management List	04/27/2017 05:00 PM
	tve007	Contracts and Agreements	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_CONTR_2aiii_M8_PR_1_13983.xlsx	M8 PR1 Inventory of Agreements	04/27/2017 04:37 PM
	nol11932	EHR/HIE Reports and Documentation	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES8_EHR_2aiii_Milestone_8_Metric_2_CHPL_EMRS_13665.XLSX	2aiii Milestone 8 Metric 2 List of Certified EMRs for project participants	04/27/2017 10:38 AM
Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	tve007	Other	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_OTH_2aiii_M9_PR_4_13962.xlsx	M9 PR4 Inventory - Hypertension Culturally Competent Education Materials	04/27/2017 03:52 PM
	tve007	Other	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_OTH_Million_Hearts_Patient_Resources_13961.pdf	M9 PR 4 Education Materials, Million Hearts Campaign	04/27/2017 03:50 PM
	tve007	Meeting Materials	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_MM_2aiii_M9_PR3_13959.xlsx	M9 PR3 Meeting Schedule	04/27/2017 03:47 PM
	tve007	Meeting Materials	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_MM_2aiii_M9_PR2_13957.xlsx	M9 PR2 Inventory of Meeting Schedules	04/27/2017 03:46 PM
	tve007	Policies/Procedures	8_DY2Q4_PROJ2aiii_MDL2aiii3_PRES9_P&P_2aiii_M9_PR1_KJ_LRW_04.26.17_13954.pdf	Evidence-based Guidelines for Management of Chronic Conditions	04/27/2017 03:42 PM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	
Ensure all eligible primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3.	
Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	
Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	This text is for the purpose of substantiating allowed documentation for number of providers. Remediation: In its initial submission, the PPS uploaded three documents for 2aiii Milestone 7: Document 1: Spreadsheet Entitled Number of Patients Provided Care Management Services DY1 and DY2 Document 2: Spreadsheet Entitled 2aiii Milestone 7 HHCMA List 04.27.17 Document 3: Spreadsheet Entitled 2aiii Milestone 7 PCP List 04.27.17 The IA asked for clarification, specifically: 'PPS provided 2 spreadsheets but did not provide a narrative to describe what these spreadsheets represent. PPS must clarify the documentation submitted and how it meets the project requirement.' Document 1 satisfies the documentation requirement for Data Source #2, which asks for a "List/inventory providing the number of patients provided care management services." Documents 2 and 3 are participating provider lists of Health Homes/Care Management Agencies (HHCMA) and Primary Care Providers (PCP), respectively. The correlation between Documents 2 and 3 are to substantiate the partners that are reporting completed care plans via Document 1. The partners listed in Documents 2 and 3 are contracted with CNYCC and partnering in order to complete project activities and actively engage patients in their care. Service Agreements between PCPs and Health Homes are in place for those entities that have reported completed care plans. These documents are available upon request.
Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services.	This text is for the purpose of substantiating allowed documentation for number of providers.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	For the remediation response, please see attached document: 2aiii Milestone 8 Remediation.
Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Complete	
Milestone #8	Fail	The PPS did not submit a data source to demonstrates that the PPS uses EHRs and HIE system to facilitate and document partnerships with needed services as required for this milestone.
Milestone #9	Pass & Complete	

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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

Instructions :

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

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

Instructions :

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

1. Risk: Lack of primary care capacity in hospital catchment areas to which patients can be triaged. Triaging patients to community primary care providers will increase demand on already strained primary care and behavioral health services across CNYCC as well as required additional outpatient resources. Potential Impact: ED Triage is dependent on having primary care and other community-based providers available to see the patients in a timely manner. The lack of options particularly in the more rural areas could hinder progress on attaining the milestones for some of the projects. Mitigation: This will be addressed in multiple ways including implementing a comprehensive workforce strategy and encouraging integration of primary care and behavioral health.

2. Risk: Inadequate electronic communication capabilities could hinder the ability to coordinate and monitor the care of triaged patients. The PCPs, hospitals and community partners vary widely in the EHR systems they use – including not presently having any electronic systems. Potential Impact: One of the critical elements of the ED Triage project is to ensure that patients with non-urgent conditions are successfully hooked up with PCPs and that they receive the full breadth of services they need. Without adequate real-time information systems this may not happen. Mitigation: CNYCC benefits greatly from HealtheConnections, the local RHIO, which will enable providers to get up to speed more quickly, and to benefit from the expertise it offers.

3. Risk: The workforce is already limited in many of the CNYCC regions – particularly rural areas. Recruiting adequate numbers of appropriately trained patient navigators in the required timeframe could prove difficult. Potential Impact: The Patient Navigators are the lynchpins of this project. Without adequate staffing it will be difficult to efficiently and effectively triage patients. Mitigation: The first step in the project implementation is to assess the readiness and capacity of each of the hospitals and their community partners. Each will be assessed for staffing capacity. Implementation of the projects will be rolled-out starting where staffing is adequate and working with those partners who require more significant changes or augmentation. CNYCC benefits greatly from having three Health Homes in the PPS as well as multiple FQHCs that provide critical resources for the patient navigator function. Finally, the CNYCC Workforce Workgroup is assessing workforce needs across all of CNYCC and will be an additional resource.

4. Risk: State and federal regulations and insurance liabilities create barriers to implementing ED Triage for some of the partners, for example rules that require SNF to transport a patient to the ED if they have fallen. Potential Impact: Concerns about liability will prevent critical partners from engaging with the project. Mitigation: CNYCC is actively engaged with the NYDOH in addressing the need for waivers to allow the partners to participate in the ED Triage project without fear of liability or regulatory issues.

5. Risk: Connecting to outpatient or community services can be difficult outside of Monday-Friday, 9/5 working hours. Potential Impact: Patients may present back at the ED if outpatient or community services are contacting patient in a reasonable time after presentation to the ED. Mitigation: Stronger connections between hospital EDs and outpatient services such as Health Homes in order to connect with a patient after their ED presentation. Additionally, community-based providers and Health Homes could pursue embedding staff within hospital EDs to further smooth transitions and establish immediate contact while patient is still in the ED in order to inform about next steps in their care.

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DSRIP Implementation Plan Project

Central New York Care Collaborative, Inc. (PPS ID:8)

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	14,490

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,440	2,880	4,320	8,640
	Quarterly Update	1,590	2,616	3,979	7,219
	Percent(%) of Commitment	110.42%	90.83%	92.11%	83.55%
IA Approved	Quarterly Update	0	1,026	0	7,161
	Percent(%) of Commitment	0.00%	35.62%	0.00%	82.88%

Warning: PPS Reported - Please note that your patients engaged to date (7,219) does not meet your committed amount (8,640) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mtreinin	Rosters	8_DY2Q4_PROJ2biii_MDL2biii2_PES_ROST_CNYCC_ED_Care_Triage_-_2.b.iii_-_Actively_Engaged_Patient_Roster_LRW_04.27.17_13982.xlsx	CNYCC DY2 ED Care Triage Patient Roster	04/27/2017 04:37 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Central New York Care Collaborative, Inc. (PPS ID:8)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Stand up program based on project requirements		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Conduct literature review of evidence-based ED Triage programs		Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task 2. Collect data on ED visits by diagnosis/acuity for each hospital; develop profiles for each hospital of patients by type of visit and geographic origin		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Conduct key informant interviews at each hospital to assess readiness and identify barriers to implementation. Must identify scope of triage program they would like to implement.		Project		Completed	12/14/2015	03/31/2016	12/14/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Conduct environmental survey to assess potential partners; map locations by type of provider including PCPs, home health agencies, clinics, ancillary service providers.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Develop ED Triage manual including job descriptions; implementation strategies; community provider engagement; patient management protocols; medical information sharing protocols		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop implementation plan for each hospital including workforce needs		Project		Completed	03/15/2016	09/30/2016	03/15/2016	09/30/2016	09/30/2016	DY2 Q2
Task 7. Provide training on triage protocols with ED dedicated – Patient Navigators and ED medical providers (especially if planning to divert patients from ED).		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Triage protocols and agreements developed with all hospitals with community partners including PCPs, home health agencies,		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
clinics, and ancillary service providers.										
Task 9. All hospitals have compliant functioning ED Triage programs in place		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4.1 Conduct environmental survey of local organizations and services provided in service area and create a directory of services		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8.1 Create relationships with all hospitals with community partners including PCPs, home health agencies, clinics, and ancillary service providers		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	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	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify all providers/practices participating in project		Project		Completed	08/04/2015	03/31/2016	08/04/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Establish HIT/HIE and Primary Care Transformation work		Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
groups.										
Task 3. a) Define Meaningful Use Stage 2 requirements and align/incorporate ED care triage strategies with those requirements. b) Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate ED care triage strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process.		Project		Completed	02/01/2016	04/08/2016	02/01/2016	04/08/2016	06/30/2016	DY2 Q1
Task 5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice.		Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice.		Project		In Progress	03/01/2016	09/30/2017	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 11. Participating providers successfully complete MU Stage 2 attestation.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 12. Develop functional specifications for data exchange to support project requirements and use cases including supported		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
payloads and modes of exchange										
Task 13. Complete participating partner HIT readiness assessment using surveys and provider specific follow-up, including HIE/RHIO participation and Direct Exchange capabilities		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 14. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 15. Convene with project participants/providers to define alerting use cases (encounter notification services)		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 16. Work with applicable project partners and their respective vendors to implement connectivity strategy		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 17. Roll out QE services to participating partner organizations to support identified alerting use cases		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 18. Develop and implement orientation meetings with community PCPs		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 19. Execute triage and patient management agreements with PCPs at all hospitals		Project		In Progress	04/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 20. Identify/develop and implement procedures and protocols that connect the ED with community PCPs and track the transition of the patient from the ED to the PCP.		Project		In Progress	04/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 21. Develop and implement protocol for determining additional care management/community based (social) needs of triaged patients. Protocols must also establish connectivity between ED and PCP's/CBO's.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.	DY3 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).										
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop process for identifying PCP's capacity and availability for appointments		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Develop rapid appointment making process – coordinated scheduling with PCPs		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Develop and implement patient-PCP best match protocol		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Train Patient Navigators on community resources and services, including Health Homes that are available to patients.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop assessment procedure and checklist for identifying needed community resources . Construct a "directory" of community resources.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Interface with existing PCP to schedule timely appointment and track completion		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Create educational materials meant to develop self-management skills, so that patients avoid unnecessary ED use in the future.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Develop method to track connection of patients with community resources		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1.1 Develop process for identifying PCP's capacity and availability for scheduling appointments		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5.1 Develop a procedure to identify needed community resources. Construct a "directory" of community resources		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
6.1 Interface with existing PCP to schedule timely appointments										
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).		Provider	Safety Net Hospital	Completed	04/01/2015	03/31/2020	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Auburn Memorial Hospital; Community Memorial Hospital; Crouse Hospital; Faxton-St Lukes Healthcare; Lewis County General Hospital; Oneida Healthcare Center; Oswego Hospital; Rome Memorial Hosp Inc; St Elizabeth Med Ctr; St.Joseph'S Hsp Hlth Ctr; University Hsp Suny Hlth Sc										
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	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		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.		Project		Completed	10/01/2015	04/30/2016	10/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 3. Identify core data elements needed for patient tracking requirements as well as care coordination data and identify the expected sources of data.		Project		Completed	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 4. Complete gap analysis to compare required data to currently available data.		Project		Completed	02/22/2016	06/30/2016	02/22/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.		Project		Completed	02/22/2016	07/31/2016	02/22/2016	07/31/2016	09/30/2016	DY2 Q2
Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements		Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	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
for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish ED care triage program for at-risk populations	klane15	Other	8_DY2Q4_PROJ2biii_MDL2biii3_PRES1_OTH_2biii_M1_PR1_12831.pdf	ED Care Triage Project Description	04/26/2017 12:32 PM
For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	klane15	Policies/Procedures	8_DY2Q4_PROJ2biii_MDL2biii3_PRES3_P&P_Upstate_University_Hospital_Completed_Patient_Navigation_Manual_11963.pdf	Upstate University Hospital Downtown and Community Campus	04/25/2017 08:59 AM
	klane15	Policies/Procedures	8_DY2Q4_PROJ2biii_MDL2biii3_PRES3_P&P_St._Joes_Patient_Navigation_Manual_11962.pdf	St. Joseph's Healthcare	04/25/2017 08:58 AM
	klane15	Policies/Procedures	8_DY2Q4_PROJ2biii_MDL2biii3_PRES3_P&P_Rome_Completed_Patient_Navigation_Manual_11961.pdf	Rome Memorial Hospital	04/25/2017 08:58 AM
	klane15	Policies/Procedures	8_DY2Q4_PROJ2biii_MDL2biii3_PRES3_P&P_Oswego_Completed_Patient_Navigation_Manual_11960.pdf	Oswego Health	04/25/2017 08:57 AM
	klane15	Policies/Procedures	8_DY2Q4_PROJ2biii_MDL2biii3_PRES3_P&P_Oneida_Healthcare_Completed_Patient_Navigation_Manual_11959.pdf	Oneida Healthcare	04/25/2017 08:56 AM
	klane15	Policies/Procedures	8_DY2Q4_PROJ2biii_MDL2biii3_PRES3_P&P_MVHS_Completed_Patient_Navigation_Manual_11958.pdf	Mohawk Valley Health System (MVHS) is inclusive of Faxton-St. Luke's and St. Elizabeth's Hospitals	04/25/2017 08:51 AM
	klane15	Policies/Procedures	8_DY2Q4_PROJ2biii_MDL2biii3_PRES3_P&P_Lewis_Completed_Patient_Navigation_Manual_11957.pdf	Lewis County General Hospital	04/25/2017 08:50 AM
	klane15	Policies/Procedures	8_DY2Q4_PROJ2biii_MDL2biii3_PRES3_P&P_Crouse_Hospital_Completed_Patient_Navigation_Manual_11956.pdf	Crouse Hospital	04/25/2017 08:49 AM
	klane15	Policies/Procedures	8_DY2Q4_PROJ2biii_MDL2biii3_PRES3_P&P_Community_Memorial_Hospital_Completed_Patient_Navigation_Manual_11955.pdf	Community Memorial Hospital	04/25/2017 08:49 AM
	klane15	Policies/Procedures	8_DY2Q4_PROJ2biii_MDL2biii3_PRES3_P&P_Auburn_Completed_Patient_Navigation_Manual_11954.pdf	Auburn Memorial Hospital	04/25/2017 08:48 AM
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	kweidman	Other	8_DY2Q4_PROJ2biii_MDL2biii3_PRES4_OTH_2biii_Milestone_4_MAPP_Upload_15037.docx	Upload to circumvent MAPP requirement to upload a document when Milestone marked 'COMPLETE'. Please see Remediation document for 2biii Milestone 4.	06/14/2017 03:57 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Use EHRs and other technical platforms to track all patients engaged in the project.	mtreinin	Documentation/Certification	8_DY2Q4_PROJ2biii_MDL2biii3_PRES5_DOC_Actively_Engaged_Patient_Milestone_Documentation_-_ED_Care_Triage_-_2.b.iii_10974.pdf	Patient Tracking Milestone Documentation	04/19/2017 06:06 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	The end date for Milestone 2, Task 21 "Develop and implement protocol for determining additional care management/community based (social) needs of triaged patients" has been extended from 03/31/2017 to 12/31/2017 to align with other tasks that involve enhancements to the capacity of Patient Navigation Programs.
For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Hospital protocols describing patient navigation processes and procedures have uploaded to demonstrate completion of this milestone. Each document is labeled with the individual hospital name.
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	It is the intention of the Central NY Care Collaborative to not complete this Milestone Requirement within the 2biii, ED Care Triage. CNYCC will work to incorporate the Milestone requirement into the 3aii Crisis Stabilization project, in which Milestone 2 (Establish clear linkages with Health Homes, ED and hospitals services to develop and implement protocols for diversion or patients from emergency room and inpatient services) includes similar aspects. In that alignment, it is our intention to include 2biii stakeholders in these workgroups and identify a model of diversion that can be applicable across settings. CNYCC will focus on 3aii Crisis Stabilization Milestone 2 that is due March 2018.
Use EHRs and other technical platforms to track all patients engaged in the project.	

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Milestone Review Status

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

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment narrative	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
Mid-Point Assessment	

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

Instructions :

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

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

Instructions :

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

1. Risk: Health care providers may not see the value in the Care Transitions Protocol in its entirety. They may choose to comply with some parts of the protocol and not with other parts. Potential Impact: This would reduce the impact of Care Transitions Protocol as a PPS wide tool, lead to confusion among providers and patients, and, ultimately result in potential avoidable readmissions. Mitigation: The Care Transitions Protocol will be developed with as broad an input process as possible. PDSA cycles will be used throughout the continued development, implementation and roll out to make improvements in the tool and process. There is also flexibility built into the provider roll out strategy to allow for some differences in the Care Transitions Protocol to account for regional differences in staffing, normal communication channels, and other differences that may exist in terms of provider mix, and personnel responsible for successful transitions, etc. Each roll out will be individually evaluated to ensure the Care Transition Protocol meets the needs of the providers and also functions to reduce avoidable admissions.

2. Risk: There may be provider concerns with applying Care Transitions Protocol to Medicaid population. Providers will need to treat Medicaid patients in a different manner than all other patients in terms of using the Care Transitions Protocol. This may be problematic for providers in identifying patients and being able to adequately track their patients. Potential Impact: Providers may have difficulty identifying and tracking which of their patients should be included in the Care Transitions program and which are not. This may result in practice inefficiency and frustration with the program. Mitigation: Transitions staff will be the focal point for identifying and tracking patients, and communicating to each provider included in the patient's care team as well as tracking the patient's care within this team. This strategy is dependent on robust information technology and communication strategies.

3. Risk: Patients may be unwilling to participate in care transitions program. Patients may view the transition care program as intrusive. They may not be willing to share information among the various levels of community partners or may not want care providers coming to their homes or speaking with their families. They may also not comply or be unable to comply with discharge regimens owing to factors including health literacy, language issues, and lack of engagement. Potential Impact: Inability to promote a team approach with some patients. Decreased numbers of patients involved with care transitions. Reduced number of potential avoidable readmissions. Mitigation: The Care Transitions (CT) staff will identify a provider whom the patient trusts (Primary Care Provider, nurse within PCP practice, etc.) to help make the case for following a care transitions plan, if possible. The CT staff will work one-on-one with the patient to identify the relevant factors for engagement and tailored solutions for each patient.

4. Risk: Fragmented care for patients with behavioral health issues, particularly for those with co-morbid medical and BH issues, due to the two service systems operating in silos. Potential Impact: Patients with BH issues have additional needs and barriers to care. If care transition plans do not take these into account, there may be lack of compliance with the plan and potential for readmissions. Mitigation: Patients with BH diagnoses are included in the target population for this project and when possible, BH focused staff will be part of the CT staff to ensure that BH issues are appropriately diagnosed and given adequate consideration in the development of a treatment plan upon discharge. The developed protocol will also include linkages to Health Homes for the provision of community-based care management.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	11,880

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	743	1,485	2,228	2,970
	Quarterly Update	2,170	4,410	6,549	7,769
	Percent(%) of Commitment	292.06%	296.97%	293.94%	261.58%
IA Approved	Quarterly Update	0	2,240	0	7,765
	Percent(%) of Commitment	0.00%	150.84%	0.00%	261.45%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mtreinin	Rosters	8_DY2Q4_PROJ2biv_MDL2biv2_PES_ROST_CNYCC_-_Care_Transitions_-_2biv_-_Actively_Engaged_Patient_Roster_LRW_04.26.17_13296.xlsx	Care Transitions DY2 Actively Engaged Patient Roster	04/26/2017 06:09 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.		Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Update Literature Review of evidence-based readmission reduction program and best practices		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Present most recent research to the Project Implementation Collaboratives		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Hospitals collect and assess data on patient volume and mix for readmissions		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Project Implementation Collaboratives review other organizations' strategies/programs and perceived barriers and opportunities to existing strategies and programs and those that may occur as applied to the Medicaid population		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 5. Create an inventory of existing chronic disease readmission reduction programs		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Comparing results of updated literature review with evidence-based and best practices to the inventory of existing chronic disease readmission reduction programs, conduct partner-specific Capacity/Gap analysis		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Modify models/tools to fill identified gaps, consider modifications to models/tools based on Medicare populations to better meet the needs of the Medicaid population; i.e. child care, timing of appointments, transportation		Project		Completed	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
Task 8. Conduct PIC/Key Stakeholders meeting(s) to present findings and to identify and prioritize remaining gaps, develop plan to address each priority develop means to meet them through employment, new program development, etc.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 9. Partners develop Multi-Disciplinary Transition Team		Project		On Hold	04/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Develop standardized draft care transitions protocols and tool		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 11. Share draft protocols with Project Implementation Collaboratives to elicit feedback		Project		Completed	06/01/2015	12/31/2016	06/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 12. Partners develop Roll-Out Plan for protocol implementation.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 13. Develop Protocol Implementation Training, include cultural sensitivity training in the curriculum		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 14. Train key staff; such as Intensive Transition Team members, Transition Coaches, Peer Coaches and Health Home Care Managers in protocol implementation		Project		On Hold	12/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 15. Conduct Roll-Out/Pilot meetings with Hospital, Home Care, PCPs and Non-PCP providers, Hospice, other facilities such as SNF, ICF, rehabilitation		Project		On Hold	04/01/2015	02/28/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 16. Develop Evaluation Plan for protocol implementation and rapid cycle evaluation		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 17. Implement evaluation		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	DY3 Q4	Project	N/A	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.		Project		In Progress	08/01/2016	03/31/2018	08/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health		Project		In Progress	08/01/2016	03/31/2018	08/01/2016	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
Homes.										
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.		Project		In Progress	08/01/2016	03/31/2018	08/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Share standardized draft care transitions protocols Revision A with Medicaid Managed Care Organizations and Health Homes		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 2. Present draft protocols Revision A during a meeting with Medicaid Managed Care Organizations		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 3. Present draft protocols Revision A during a meeting with Health Homes		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 4. Using feedback from Medicaid Managed Care Organizations and Health Homes, further revise protocols (Revision B)		Project		In Progress	05/01/2016	08/15/2017	05/01/2016	08/15/2017	09/30/2017	DY3 Q2
Task 5.Draft protocols Revision B shared with Key Stakeholders		Project		In Progress	06/01/2016	09/30/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Final protocols shared with Medicaid Managed Care Organizations and Health Homes		Project		In Progress	07/01/2016	10/31/2017	07/01/2016	10/31/2017	12/31/2017	DY3 Q3
Task 9. Develop process to identify Health-Home eligible patients and link them to services as required under ACA		Project		In Progress	09/01/2016	10/31/2017	09/01/2016	10/31/2017	12/31/2017	DY3 Q3
Milestone #3 Ensure required social services participate in the project.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Required network social services, including medically tailored home food services, are provided in care transitions.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Include Community-Based organizations and Social Services agencies in the Multi-Disciplinary Transition Team		Project		In Progress	04/01/2015	07/31/2017	04/01/2015	07/31/2017	09/30/2017	DY3 Q2
Task 2. Include provision of required network social services, including medically tailored home food services, in care transitions		Project		In Progress	04/01/2015	07/31/2017	04/01/2015	07/31/2017	09/30/2017	DY3 Q2
Task 3. Present draft protocol Revision during meeting of Community-Based organizations and Social Services		Project		In Progress	04/01/2015	07/31/2017	04/01/2015	07/31/2017	09/30/2017	DY3 Q2
Task 4. Collect feedback from Community-Based organizations and Social Services and revise protocols as necessary		Project		In Progress	04/01/2015	07/31/2017	04/01/2015	07/31/2017	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 5. Communicate final revisions of protocols with Multi-Disciplinary Transition Team		Project		In Progress	04/01/2015	08/31/2017	04/01/2015	08/31/2017	09/30/2017	DY3 Q2
Task 6. Conduct Roll-Out/Pilot meetings with Community-Based Organizations, Social Services and All Other Organizations		Project		In Progress	06/01/2015	09/30/2017	06/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 7. Conduct Evaluation of Social Service Agency participation in project and/or include in rapid cycle evaluation approach.		Project		In Progress	12/01/2015	09/30/2017	12/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 8. Present findings of Social Service Agency participation evaluation to Key Stakeholders and propose improvements to increase participation as necessary		Project		In Progress	04/01/2016	10/31/2017	04/01/2016	10/31/2017	12/31/2017	DY3 Q3
Task 9. Include agreed upon improvements in protocols		Project		In Progress	05/01/2016	12/31/2017	05/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abdelwahab Hend Mohamed										
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: 019400857freedman Linda										
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Hospital	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Auburn Memorial Hospital										
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task A. Develop policies and procedures for early notification of planned discharges		Project		Completed	04/01/2015	02/28/2017	04/01/2015	02/28/2017	03/31/2017	DY2 Q4
Task B. Include program in each facility that allows case managers access to visit patients in the hospital and provide care transition services		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Complete participating partner HIT readiness assessment using surveys and provider specific follow-up, including HIE/RHIO participation and Direct Exchange capabilities		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange		Project		Completed	04/01/2015	04/30/2016	04/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 5. Establish rapid cycle evaluation to monitor adherence		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Work with applicable project partners and their respective vendors to implement connectivity strategy		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Establish rapid cycle evaluation to monitor adherence		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	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		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.		Project		Completed	10/01/2015	04/30/2016	10/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 3. Identify core data elements needed for patient tracking requirements as well as care coordination data and identify the expected sources of data.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Complete gap analysis to compare required data to currently available data.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.		Project		Completed	04/01/2016	07/31/2016	04/01/2016	07/31/2016	09/30/2016	DY2 Q2
Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform.		Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	tve007	Implementation Plan & Periodic Updates	8_DY2Q4_PROJ2biv_MDL2biv3_PRES1_IMP_Comprehensive_Hospital_Implementation_Plans_15529.xlsx	Comprehensive Hospital Implementation Plans	06/19/2017 05:43 PM
	tve007	Implementation Plan & Periodic Updates	8_DY2Q4_PROJ2biv_MDL2biv3_PRES1_IMP_PR_1_Implementation_Plan_Standardized_Protocol_for_Care_Transition_Intervention_Model_13881.pdf	Supporting documentation for Implementation Plan	04/27/2017 02:00 PM
	tve007	Implementation Plan & Periodic Updates	8_DY2Q4_PROJ2biv_MDL2biv3_PRES1_IMP_Implementation_Plan_for_Care_Transitions_Intervention_Mode	Implementation Plan for Care Transitions Intervention Model	04/27/2017 01:57 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			l_13876.xlsx		
	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES1_P&P_PR_(1)_Standardized_Protocol_Care_Transitions_Final_12830.pdf	Standardized Protocol Care Transitions	04/26/2017 12:32 PM
	tve007	Implementation Plan & Periodic Updates	8_DY2Q4_PROJ2biv_MDL2biv3_PRES1_IMP_PR_(1)_Elements_of_the_Care_Transition_Final_12824.pdf	Elements of the Care Transition for the Standardized Protocol	04/26/2017 12:29 PM
Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	tve007	Other	8_DY2Q4_PROJ2biv_MDL2biv3_PRES4_OTH_2biv_Milestone_4_Metric_1_PCPs_Final_04.28.17_LRW_14147.xlsx	Milestone 4 Metric 1 PCPs list	04/28/2017 10:29 AM
	tve007	Other	8_DY2Q4_PROJ2biv_MDL2biv3_PRES4_OTH_2biv_Milestone_4_Metric_1_Non-PCPs_Final_04.28.17_14146.xlsx	Milestone 4 Metric 1 Non-PCPs list	04/28/2017 10:28 AM
	tve007	Other	8_DY2Q4_PROJ2biv_MDL2biv3_PRES4_OTH_2biv_Milestone_4_Metric_1_Hospital_Final_04.28.17_LRW_14143.xlsx	Milestone 4 Metric 1 Hospital List	04/28/2017 10:27 AM
	tve007	Implementation Plan & Periodic Updates	8_DY2Q4_PROJ2biv_MDL2biv3_PRES4_IMP_Implementation_Plan_for_Care_Transitions_Intervention_Model_13896.xlsx	Metric 1 Implementation Plan for Care Transitions Intervention Model	04/27/2017 02:11 PM
	tve007	Implementation Plan & Periodic Updates	8_DY2Q4_PROJ2biv_MDL2biv3_PRES4_IMP_PR_4_(1)_Implementation_Plan_Standardized_Protocol_for_Care_Transition_Intervention_Model_13895.pdf	Metric 1 Supporting Documentation for Implementation Plan for Care Transitions	04/27/2017 02:10 PM
	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES4_P&P_PR_4_(2)_Standardized_Protocol_Care_Transitions_Final_12868.pdf	Metric 2 Documentation - Standardized Protocol for Care Transition	04/26/2017 12:49 PM
	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES4_P&P_PR_4_(2)_Elements_of_the_Care_Transition_Final_12863.pdf	Metric 2 Documentation - Elements of the Care Transition	04/26/2017 12:48 PM
	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES4_P&P_PR_4_(1)_Standardized_Protocol_Care_Transitions_Final_12858.pdf	Metric 1 Documentation - Standardized Protocol Care Transition	04/26/2017 12:43 PM
	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES4_P&P_PR_4_(1)_Elements_of_the_Care_Transition_Final_12851.pdf	Metric 1 Documentation - Elements of the Care Transition	04/26/2017 12:40 PM
Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	mtreinin	Documentation/Certification	8_DY2Q4_PROJ2biv_MDL2biv3_PRES5_DOC_Periodic_Self-Audit_List_for_Care_Transitions_10976.xlsx	Periodic_Self-Audit_List_for_Care_Transitions	04/19/2017 06:11 PM
Ensure that a 30-day transition of care period is established.	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES6_P&P_Oneida_Health_Care_High_Risk_Readmissions_Policy_15538.pdf	Sample Hospital Policies and Procedures - Oneida Health Care	06/19/2017 06:01 PM
	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES6_P&P_Lewis_County_General_High_Risk_Readmission_Policy_1553	Sample Hospital Policies and Procedures - Lewis County Hospital	06/19/2017 06:00 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			7.pdf		
	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES6_P&P_PR_6_Elements_of_the_Care_Transition_Remediation_15536.pdf	Elements of the Care Transition Numbered Model	06/19/2017 05:58 PM
	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES6_P&P_Remediation_To_address_Milestone_6_for_2biv_that_states_v2_15534.pdf	Remediation Narrative to address 2biv Milestone 6	06/19/2017 05:57 PM
	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES6_P&P_PR_6_Standardized_Protocol_Care_Transitions_Final_12875.pdf	Documentation of 30 Day - Standardized Protocol for Care Transition	04/26/2017 12:56 PM
	tve007	Policies/Procedures	8_DY2Q4_PROJ2biv_MDL2biv3_PRES6_P&P_PR_6_Elements_of_the_Care_Transition_Final_12874.pdf	Documentation of 30 Day - Elements of the Care Transition	04/26/2017 12:55 PM
Use EHRs and other technical platforms to track all patients engaged in the project.	mtreinin	Documentation/Certification	8_DY2Q4_PROJ2biv_MDL2biv3_PRES7_DOC_Actively_Engaged_Patient_Milestone_Documentation_-_Care_Transitions_-_2.b.iv_10975.pdf	Patient Tracking Documentation	04/19/2017 06:10 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	For the Care Transitions Project, Milestone 1, Metric: "Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place," the CNY Care Collaborative PPS partners developed a standardized protocol to address the needs of those patients at high risk of re-admission (See document titled, Standardized Protocol Care Transitions). The Standardized Protocol for Care Transitions outlines specific elements that consider a patient's course starting with admission, continuing through post-discharge. (See document titled, Elements of the Care Transition). Hospitals participating in 2biv took the Standardized Protocol for Care Transitions and used this model as a framework for creating policies and procedures specific to their organizations. Hospitals were then asked to complete an implementation plan to demonstrate the adoption of the Standardized Protocol and the specific Elements of the Care Transition. In the initial MAPP documentation submission for Milestone 1, this document was provided. (See document titled, Implementation Plan for Care Transition Intervention Model). To further demonstrate and clarify the responsible party executing each state of the model, CNYCC submits for review, the completed implementation plan for each of the participating hospitals. Each plan includes: the Elements of the Standardized Protocol, the due date, the state of implementation, and a listing of key personnel responsible for each element based upon each individual organization's structure and staffing capabilities. (See Comprehensive Hospital Implementation Plans).
Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
post-discharge protocols are followed.	
Ensure required social services participate in the project.	
Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Text for the purpose of submitting project partner lists
Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	
Ensure that a 30-day transition of care period is established.	Remediation Response June 19, 2017: Included in the documents is CNYCC"s response to the IA"s comments.
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

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

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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IPQR Module 2.b.iv.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.

1. Risk: Inability to identify and capture individuals who are uninsured (UI), low-utilizers (LU) and non-utilizers (NU) and track them over time. This is a generally transient population, many of whom may not have a fixed address or telephone number. Many wish to remain anonymous and reluctance to impart personal information may also play a role in preventing follow up with patients. Potential Impact: This could result in a gradual loss to follow up and the inability to meet project milestones. Additional resources and outreach will be required to reach out and engage this population. Mitigation: To address this, CNYCC will engage with target population via multiple channels, including in-person and mobile/online engagement, as well as via clinical personnel and laypeople/peers in order to increase chances for establishing a meaningful connection. Specifically, CNYCC will partner with community based organizations (CBOs) and advocacy groups who have established a trusting relationship with the target population. The partnering CBOs are important resources for identifying those who are not engaged in care. Through these agencies, CNYCC will learn about the health care needs and preferences of the UI, LU, NU population so as to devise a responsive follow up strategy. CNYCC will also utilize reports from Medicaid MCOs to help identify eligible individuals and also explore use of incentives for patients to participate in patient activation activities or reach certain thresholds and will conduct education campaign around potential benefits of coverage and use of preventive services. Initially, EHRs utilized by providers will be built out to accommodate tracking of the target population, including the development of registries and reports. For providers that do not have EHRs, other logging/tracking mechanisms will be developed. With the establishment of a population health management platform, tracking of these patients, including the care they receive throughout the continuum, will be centralized.

2. Risk: CNYCC may face cultural biases against seeking care or receiving services among the target population. In addition, low health literacy may be a barrier to effectively administer the PAM(R). Potential Impact: Often, the biases and barriers experienced by this population prevent them from seeking care. However, the success of this project rests on the ability to connect with the most vulnerable individuals who are on the periphery of the health care system. Mitigation: The PPS will engage members of the applicable communities, through contracts with community-based organizations, and train them in the PAM® methodology. The tool will be administered in several ways (e.g. spoken or read). For language-related literacy barriers, laypeople employed by CBOs in the non-English speaking communities will trained to administer the tool. Resources in the community will be engaged early in the project to partner in meeting the needs for interpreter training and services.

3. Risk: It is anticipated that by successfully implementing patient activation activities, the increased volume of non-emergent care provided to UI, NU, and LU will heighten the demand for outpatient services. As a result, capacity constraints may be magnified beyond what is currently expected. Potential Impact: If the capacity of outpatient/primary care services are not able to meet the new demand for care, this will result in long waits, loss of potential new patients, loss of trust and interest by the target population. Mitigation: Forming strong partnerships with clinical providers and supporting them in implementing needed strategies, such as hiring additional staff, conducting more telephonic visits, and ensuring adequate pre-visit planning to assign responsibilities appropriately throughout the care team, will be very important.

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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**
DY3,Q4	22,300

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	0	5,600	9,750	13,900
	Quarterly Update	0	955	1,522	2,622
	Percent(%) of Commitment		17.05%	15.61%	18.86%
IA Approved	Quarterly Update	0	955	0	2,609
	Percent(%) of Commitment		17.05%	0.00%	18.77%

Warning: PPS Reported - Please note that your patients engaged to date (2,622) does not meet your committed amount (13,900) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mtreinin	Rosters	8_DY2Q4_PROJ2di_MDL2di2_PES_ROST_DY2Q4_CNYCC_-_Patient_Activation_-_2.d.i_-_Actively_Engaged_Patient_Roster_LRW_04.26.17_13297.xlsx	Patient Activation DY2 Actively Engaged Patient Roster	04/26/2017 06:12 PM

Narrative Text :

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

For Project 2.d.i our actively engaged patient targets were not met. This project continues to struggle to meet its actively engaged patient targets due to identified barriers and issues:
• CNYCC currently has 42 contracted organizations but only 21 are reporting. Due to strategies to engage new partners, we contracted with 3 new partner organizations. This increased the number from 39 to 42. CNYCC offered on-site training to assist organizations with implementation.
• Organizations continue to have difficulties in identifying eligible patients (uninsured, low-utilizing, non-utilizing). CNYCC continues to work with partners with trained staff in deploying them to "hot spot" areas.
• Organizations report not having the staffing resource to dedicate staff specifically to this project. Most organizations have incorporated this

project into the workflow of their current staff, but other duties are often prioritized over conducting PAM® Screenings. CNYCC continues to work with organizations providing guidance and strategies for better implementation of this project.
CNYCC currently has 358 trained PAM® Coaches, 29 are PAM® Trainers. CNYCC continues to provide quarterly trainings in the Patient Activation Measure® and Coaching For Activation®. In addition, CNYCC also offers on-site training for organizations who demonstrate a need during periods training is not offered. CNYCC continues to work to engage new organizations within the "hot spot" areas in effort to outreach to the uninsured, low-utilizing, and non-utilizing population.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2Q4.

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	DY3 Q4	Project	N/A	In Progress	08/31/2015	03/31/2018	08/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.		Project		In Progress	08/31/2015	03/31/2018	08/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task A. Conduct environmental scan of local CBOs, services provided and populations served		Project		Completed	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task B. Analyze results and determine which CBOs to partner/contract with given capacity and priorities		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task C. Establish formal partnership agreement or contract that clearly delineates role of each party (e.g., trainer/coach, surveyor, data collection & analysis), and reimbursement models including target measures to achieve		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task D. Hold regular meetings between PPS and CBOs to address hurdles, share successes and monitor progress on established measures		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	DY2 Q4	Project	N/A	Completed	09/30/2015	03/31/2017	09/30/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patient Activation Measure(R) (PAM(R)) training team established.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A. Convene partner organizations to determine the range of skill and qualifications necessary for the PPS-wide training team,		Project		Completed	10/01/2015	10/31/2015	10/01/2015	10/31/2015	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
particularly experience in patient engagement, practice context reflects priority to engage UI/LU/NU population, including immigrants and non-English speakers, homeless, transitional housing.										
Task B. Generate a list of providers across the PPS who have been or plan to be trained in PAM® and engage in training team		Project		Completed	11/01/2015	12/31/2016	11/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task C. Establish training team charter, including purpose, goals and activities, terms of commitment, expectations, deliverables, etc.		Project		Completed	04/01/2016	04/30/2016	04/01/2016	04/30/2016	06/30/2016	DY2 Q1
Task D. Create training manual and protocol for both training of implementers (ToI) and training of trainers (ToT); pilot and revise, translate as needed		Project		Completed	05/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task E. Establish monitoring and evaluation process of PAM® training (quality assurance, performance measures)		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	DY2 Q4	Project	N/A	Completed	08/31/2015	03/31/2017	08/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.		Project		Completed	08/31/2015	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task A. Elicit qualitative feedback from PPS participants and others as appropriate about perceived "hot spot" areas for IU/NU/LU beneficiaries		Project		Completed	08/31/2015	11/30/2015	08/31/2015	11/30/2015	12/31/2015	DY1 Q3
Task B. Using Salient data, identify ZIP codes of residence & high volume providers of care to NU & LU beneficiaries		Project		Completed	10/30/2015	11/15/2015	10/30/2015	11/15/2015	12/31/2015	DY1 Q3
Task C. From findings of research determine and map hot spot areas for UI, NU and LU in each county/community		Project		Completed	11/16/2015	11/30/2015	11/16/2015	11/30/2015	12/31/2015	DY1 Q3
Task D. Engage CBOs located in or near identified hotspots in to create standard elements of IU/NI/LU outreach strategy and to establish target measures for contracts		Project		On Hold	10/15/2016	03/15/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task E. Contract with engaged CBOs to provide outreach to UI, NU and LU beneficiaries		Project		Completed	01/01/2016	04/30/2016	01/01/2016	04/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task F. Monitor progress on outreach activities		Project		Completed	10/01/2016	03/15/2017	01/01/2017	03/15/2017	03/31/2017	DY2 Q4
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	DY2 Q4	Project	N/A	Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A. Outline purpose of the listening sessions and steps to follow up on findings		Project		Completed	11/01/2015	11/15/2015	11/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task B. Engage partnering CBOs to host listening sessions (community forums, focus groups) to document the health care needs of UI/LU/NU		Project		Completed	11/16/2015	12/31/2016	11/16/2015	12/31/2016	12/31/2016	DY2 Q3
Task C. Plan and schedule community forums with partnering CBOs to engage target populations – logistics, location, agenda, facilitation, topics for discussion (barriers to accessing health care system, enrollment, insurance options, etc.)		Project		Completed	12/01/2015	01/31/2017	12/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task D. CBOs and other partners to conduct outreach/ promotion of community forums – emphasizing representation of target population (UI/LU/NU)		Project		Completed	12/01/2015	02/28/2017	12/01/2015	02/28/2017	03/31/2017	DY2 Q4
Task E. Develop a brief survey for listening session participants (include demographics, insurance status, utilization in last 12 months)		Project		Completed	11/01/2015	11/15/2015	11/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task F. Conduct listening sessions as planned and document responses		Project		Completed	01/01/2016	02/28/2017	01/01/2016	02/28/2017	03/31/2017	DY2 Q4
Task G. Gather and analyze results of listening sessions, incorporate into training strategy & adjust methodology for future listening forums		Project		Completed	03/01/2016	03/31/2017	03/01/2016	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 Q4	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient		Project		In Progress	12/01/2015	03/31/2018	12/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
activation techniques by "PAM(R) trainers".										
Task A. From list of hot spots, identify and engage providers located in the hot spot areas (partnering or contracted CBO) to receive PAM training		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task B. Plan PAM® training schedule		Project		Completed	01/01/2016	01/31/2016	01/01/2016	01/31/2016	03/31/2016	DY1 Q4
Task C. Contract with Insignia to license the PAM® tool and to deliver training on PAM® techniques		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task D. Evaluate PAM® training for quality assurance purposes		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task E. Provide technical assistance and booster sessions as needed		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect 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.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task A. With MCO & CNYCC leadership, establish data sharing model; formalize via MOUs/contracts (if data not directly obtainable)		Project		On Hold	01/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task B. Following State opt-out period, establish procedures that permits PPS partners, with beneficiary consent (if required), to		Project		On Hold	03/31/2016	03/31/2017	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
access Patient information in order to reconnect them with their assigned PCP (if data not more directly obtainable)										
Task C. Under formalized data sharing agreement, transmit lists of identified NU and LU beneficiaries with MCOs to obtain their assigned PCP (if data not directly obtainable)		Project		On Hold	05/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task D. Develop standardized talking points for CBOs, as well as educational materials on insurance coverage, language resources, and availability of primary and preventive care service among others to share with beneficiaries with appropriate State approval		Project		On Hold	03/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task E. Distribute materials created to each participating PPS partner including CBOs		Project		On Hold	06/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task F. As they are identified during outreach and PAM® screening, reconnect NU/LU beneficiaries with their assigned PCP and provide educational materials		Project		On Hold	07/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 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 Q4	Project	N/A	In Progress	05/01/2016	03/31/2018	05/01/2016	03/31/2018	03/31/2018	DY3 Q4
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	05/01/2016	03/31/2018	05/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task A. Identify Medicaid patients according to status: uninsured, low- and non-utilizing members		Project		Completed	05/01/2016	05/31/2016	05/01/2016	05/31/2016	06/30/2016	DY2 Q1
Task B. Calculate baseline report for each cohort & set improvement target		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task C. Calculate improvement report for each cohort against baseline.		Project		Not Started	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	DY2 Q4	Project	N/A	Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A. Create a Beneficiary Advisory Group representing UI, NU, LU patients		Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task B. Establish role of the beneficiaries in patient activation/outreach/promotion of preventive care		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task C. Identify beneficiaries to be trained about PAM® and access and prevention		Project		On Hold	12/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task D. Include 2-3 members from the Beneficiary Advisory Group to participate in the program development and awareness efforts		Project		Completed	03/01/2016	03/31/2017	03/01/2016	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.	DY3 Q4	Project	N/A	In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4

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• 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.										
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task A. Collect demographic and additional information from prospective screenees to determine patient status (UI/NU/LU) and PCP assignment		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task B. Provide PAM® screening to UI, those without assigned PCPs, or whose PCP is a member of the PPS		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task C. For NU/LU with PCPs not part of the PPS, counsel the patient about how to utilize their health care benefits and encourage them to reconnect with their assigned PCP (do not PAM® screen)		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task D. Each month, provide member engagement lists to relevant MCOs		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task E. Average first year and subsequent cohorts' PAM® scores to create baseline report, set improvement targets		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task F. After one year, average first year and subsequent cohorts' PAM® scores to create improvement report for each cohort against baseline.		Project		Not Started	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task G. Share data including member engagement lists by PAM®		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4

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cohort, with key groups involved in the process.										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	DY3 Q4	Project	N/A	In Progress	11/01/2015	03/31/2018	11/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.		Project		In Progress	11/01/2015	03/31/2018	11/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task A. Determine best reports to pull to determine non-emergent care use per UI, NU and LU beneficiary and ensure data validation is conducted		Project		In Progress	11/01/2015	06/30/2017	11/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task B. Baseline the volume of non-emergent care currently provided to NU and LU beneficiaries		Project		In Progress	12/01/2015	06/30/2017	12/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task C. Baseline the volume of non-emergent care currently provided to UI beneficiaries		Project		In Progress	12/01/2015	06/30/2017	12/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task D. Pull reports on a quarterly basis to determine increase in non-emergent care by beneficiary cohorts & share information with key participants		Project		In Progress	03/31/2016	03/31/2018	03/31/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	DY3 Q4	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators identified and contracted.		Provider	PAM(R) Providers	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 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	05/01/2016	03/31/2018	05/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task A. Determine CBOs with community navigators having capacity and skills to provide patient education regarding connectivity to healthcare coverage community health care resources, including for primary and preventive services		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task B. Identify CBOs with capacity to provide training to other community navigators regarding connectivity to healthcare coverage community health care resources, including for primary		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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and preventive services										
Task C. Contract with CBOs to provide training and/or to have their community navigators trained regarding connectivity to healthcare coverage community health care resources, including for primary and preventive services		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task D. Monitor training program and schedule booster sessions as needed		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	DY2 Q4	Project	N/A	Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures for customer service complaints and appeals developed.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A. Develop a recommended process for Medicaid recipients and project participants to report complaints and received customer service		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task B. Create policy and procedure that documents the tailored process and assigns lead roles & educate participating partners regarding the policy & procedure		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task C. Monitor use of complaint system and follow-up		Project		Completed	07/01/2016	03/31/2017	07/01/2016	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	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).		Provider	PAM(R) Providers	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abdelwahab Hend Mohamed										
Task 2A. Identify and engage community navigators to receive PAM training		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task B. Plan PAM® training schedule		Project		Completed	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task C. Contract with Insignia to license the PAM® tool and to deliver		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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training on PAM® techniques										
Task D. Evaluate PAM® training for quality assurance purposes		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task E. Provide technical assistance and booster sessions as needed		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	DY3 Q4	Project	N/A	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.		Provider	PAM(R) Providers	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task A. Create a navigator hand-off protocol at PAM® implementing sites/hot spots		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task B. Develop a workflow redesign to incorporate direct hand-offs to navigators at "hot spots", emergency departments, partnered CBOs and community events		Project		Completed	05/01/2016	12/31/2016	05/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task C. Train providers and navigators in hand-off protocol providing supportive training materials		Project		In Progress	06/01/2016	06/30/2017	06/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task D. Ensure navigators are placed in highly visible locations to facilitate seamless hand –off		Project		In Progress	06/01/2016	06/30/2017	06/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task E. Implement hand-off protocol and monitor use data for quality improvement		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Navigators educated about insurance options and healthcare resources available to populations in this project.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task A. Create list of relevant insurance options and healthcare resources for UI, NU and LU beneficiaries		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task B. As part of the training of community navigators addressed in		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1

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Milestone #11 and #13, ensure to inform and educate them about insurance options and healthcare resources available to UI, NU, and LU beneficiaries										
Task C. Update resources as necessary and maintain navigators current on updates		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	DY3 Q4	Project	N/A	In Progress	10/31/2015	03/31/2018	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Timely access for navigator when connecting members to services.		Project		In Progress	10/31/2015	03/31/2018	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task A. Review existing policies and procedures for intake/scheduling at PPS primary care sites		Project		Completed	10/31/2015	12/31/2015	10/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task B. Revise policies and procedures, if needed, to accommodate calls from navigators (e.g., designate a phone line/intake staff to work with navigators)		Project		In Progress	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task C. Train intake/scheduling staff on new policies and procedures		Project		In Progress	03/31/2016	06/30/2017	03/31/2016	06/30/2017	06/30/2017	DY3 Q1
Task D. Implement and monitor for quality improvement purposes		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.		Project		Completed	09/01/2015	05/31/2016	09/01/2015	05/31/2016	06/30/2016	DY2 Q1
Task B. Convene with project participants/providers to inventory registries that would be useful for the identification, stratification, and engagement of patients for the project		Project		Completed	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	05/01/2016	07/31/2016	05/01/2016	07/31/2016	09/30/2016	DY2 Q2

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C. Finalize registry requirements, including inclusion/exclusion criteria and metric definitions.										
Task D. Work with participating partners and their EMR vendors to identify local registry capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform.		Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task E. Complete inventory of HIT-related PHM deliverables and current use cases to support project requirements		Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task F. Finalize required functionality and select a PHM software vendor		Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task G. Finalize population health management roadmap to support identified data/analytics requirements, and care coordination strategies (including method for collaborative care planning) and obtain board approval.		Project		Completed	07/01/2016	11/30/2016	07/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task H. Implement PHM roadmap		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES2_PAM_MASTER_LIST_Trained_PAM_Coaches_Spreadsheet_CNYCC_11078.xlsx	List/inventory of names and respective roles of team staff trained in PAM® or other patient activation methods.	04/20/2017 01:47 PM
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.	wknight	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES3_PAM_UnInsuredMap_20170316_15544.pdf	"Hot Spot" map UI Map by County	06/19/2017 06:17 PM
	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES3_PAM_LowUtil_CNYCC_PPS_with_EDs_15502.pdf	"Hot Spot" map delineated by LU types and Emergency Departments located within specified area.	06/19/2017 04:18 PM
	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES3_PAM_Non_Utilizing_Medicaid_Member_By_Zip_15310.xlsx	"Hot Spot" map delineated by NU types.	06/19/2017 09:36 AM
	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES3_PAM_LowUtil_CNYCC_PPS_15309.pdf	"Hot Spot" map delineated by LU types.	06/19/2017 09:33 AM
	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES3_PAM_Low_Utilizers_By_Zip_Code_15308.xlsx	Data demonstrating Low-Utilizers by zip code.	06/19/2017 09:31 AM
	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES3_PAM_UnInsure	"Hot spot" map delineated by UI types.	04/20/2017 01:51 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			dMap__11081.pdf		
Survey the targeted population about healthcare needs in the PPS' region.	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES4_PAM_HEALTHCARE_NEEDS_SURVEY_11082.pdf	Documentation of surveys or other information-gathering techniques performed by the PPS to survey the targeted population about healthcare needs in the PPS' region.	04/20/2017 01:55 PM
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.	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES6_PAM_FINAL_Privacy_and_Data_Sharing_within_DSRIP_June_5_2017_(002)_15494.pdf	Privacy and Data Sharing Document referenced in documentation.	06/19/2017 04:00 PM
	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES6_PAM_2di_Milestone_6_documentation_for_MCO_Procedure._KM.Wk.LB_15482.pdf	Documentation of the procedures and protocols established to allow the PPS Network PCP Partners to work with the member's MCO and current process for re/connecting patients to PCP.	06/19/2017 03:18 PM
	kmont319	Policies/Procedures	8_DY2Q4_PROJ2di_MDL2di3_PRES6_P&P_2di_Milestone_6_documentation_for_MCO_Procedure_WK_4.7.2017_11806.pdf	Documentation of the procedures and protocols established to allow the PPS Network PCP Partners to work with the member's MCO and assigned PCP.	04/24/2017 03:20 PM
Include beneficiaries in development team to promote preventive care.	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES8_PAM_List_of_Beneficiaries_11083.xlsx	List/inventory of contributing patient members participating in program development and awareness efforts. Documentation should be consistent with Patient Engagement requirements.	04/20/2017 01:58 PM
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	lbaum	Policies/Procedures	8_DY2Q4_PROJ2di_MDL2di3_PRES12_P&P_Dispute_Resolution_Policy_First_Edition_11008.pdf	Documentation of the procedures and protocols developed for PPS partners to submit complaints/disputes (in addition to the complaint/hotline policy and process).	04/20/2017 09:48 AM
	lbaum	Policies/Procedures	8_DY2Q4_PROJ2di_MDL2di3_PRES12_P&P_Policy_on_Complaints_and_Hotline_Revised_March_2017_11003.pdf	Documentation of the procedures and protocols developed for Medicaid recipients/project participants to report complaints and receive customer service, including appeals (Policy)	04/20/2017 09:41 AM
	lbaum	Screenshots	8_DY2Q4_PROJ2di_MDL2di3_PRES12_SS_Screen_Shot_Message_about_Reporting_Complaints_March_2017_11000.pdf	Documentation of the procedures developed for Medicaid recipients and project participants to report complaints and receive customer service (CNYCC	04/20/2017 09:36 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
				website message).	
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	wetterhl	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES13_PAM_2di_PAM_Coaches_List_LRW_15684.xlsx	PAM Provider List (previously submitted on 04/27) of the names of 358 PAM(R) Providers trained in patient activation/education including the use of PAM(R), exceeding 200 committed.	06/20/2017 09:03 AM
	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES13_PAM_MASTER_LIST_Trained_PAM_Coaches_Spreadsheet_CNYCC_FOR_UPLOAD_13973.xlsx	List/inventory of the community navigators formally trained in the PAM®.	04/27/2017 04:15 PM
	kmont319	PAM Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES13_PAM_2di_PAM_Coaches_List_LRW_04.26.17_ALSO_FOR_UPLOAD_13547.xlsx	PAM Provider List.	04/27/2017 09:01 AM
	kmont319	Training Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES13_TRAIN_Training_Materials_2_of_2_11092.pdf	Training Materials.	04/20/2017 02:12 PM
	kmont319	Training Documentation	8_DY2Q4_PROJ2di_MDL2di3_PRES13_TRAIN_Training_Materials_1_of_2_11091.pdf	Training Materials.	04/20/2017 02:11 PM
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.	mtreinin	Documentation/Certification	8_DY2Q4_PROJ2di_MDL2di3_PRES17_DOC_Actively_Engaged_Patient_Milestone_Documentation_-_Patient_Activation_-_2.d.i_11199.pdf	Patient Tracking Documentation	04/21/2017 09:24 AM

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 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.	For Project 2.d.i Milestone 2 "Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement" has been completed. CNYCC has trained 358 individuals in the Patient Activation Measure® (PAM®) and/or Coaching For Activation® (CFA®) across a network of 39 organizations. Of the 358 individuals, 29 are trained as "PAM Trainers." PAM Trainers have the ability to train others in the PAM® and CFA®. Project Manager, Kelsie Montaque of CNYCC and Kristin Bateman of Transitional Living Services of Northern New York were trained as "Super Users." Super Users have the added ability to train other trainers. CNYCC developed a Training Team Charter, which established purpose, procedures, and deliverables for all PAM Trainers. In addition, a "PAM Coach Training Manual" was created to walk each individual through the CNYCC Patient Activation process and the utilization of the Insignia platform as it pertains to the CNY Care Collaborative PPS. The manual is distributed at every training. CNYCC also distributes a training evaluation to each participant. The results of the evaluations helps to monitor and evaluate training components and contents for quality improvement.
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.	For Project 2.d.i 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." Previously, CNYCC submitted the maps for the NU and UI, but not the LU. The LU map has been uploaded, which also includes the physical locations of our Emergency Departments ("hots pots"), which CNYCC believes will satisfy the requirement to identify the UI, LU, and NU hotspots. CNYCC has utilized the Salient

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	Interactive Miner (SIM) tool to conduct an environmental scan based on claims data to identify the location (by zip codes) of the Medicaid Low/Non-Utilizing population within the Central New York counties. This information was then used to identify Community Based Organizations within these locations to contract with. Identifying the uninsured population posed more of a challenge, in order to obtain this information CNYCC's partner organizations (Hospitals, FQHCs, and Planned Parenthoods) supplied lists of their uninsured patients, which helped to identify their locations.
Survey the targeted population about healthcare needs in the PPS' region.	For Project 2.d.i Milestone 4 "Survey the targeted population about healthcare needs in the PPS' region." In order to survey the healthcare needs of the targeted population within our PPS region, CNYCC issued a Request For Proposal (RFP) to identify partner organizations to conduct Community Engagement Forums. Four of our partner organizations received the award to conduct the forums. The awards were given to The Salvation Army of Syracuse to survey Onondaga, Lewis, and Oswego County. Upstate Cerebral Palsy surveyed Oneida County, Oneida Healthcare surveyed Madison County, and Cayuga Community Health Network surveyed Cayuga County. The forums utilized the "Healthcare Needs Assessment Survey" developed and reviewed by CNYCC and its partners. Organization were given the ability to edit the survey to add questions that were more relevant to their communities. These forums occurred in February 2017 and March 2017. Organization submitted an analysis of the surveyed responses to the community forums. Organizations will present this information at their county's Regional Project Advisory Committee Meeting (RPAC).
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	For Project 2.d.i 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)" CNYCC respectfully submits documentation illustrating its established and implemented processes to connect our NU/LU patients with primary care practices. Since April 2016, CNYCC has trained PAM Coaches to utilize the Primary Care Practice Scheduling Resource (list of all PCPs within our PPS's six counties accepting Medicaid patients) to connect or reconnect the NU and LU populations to a Primary Care Practice. This process is outlined in the newly submitted documentation. The documentation CNYCC previously submitted (which resulted in this remediation) showed the processes established with the MCOs to share NU/LU data (pending publication of applicable DOH Data Sharing Guidelines). We understand that the IA was concerned that our previous documentation described a future state process for connecting NU/LU patients to their PCPs. CNYCC is pleased to have this remediation opportunity to submit documentation which more fully describes and clarifies our established practices to reconnect NU/LU population with PCPs. Please note, the newly submitted documentation still includes CNYCC's processes for the MCOs to share their NU/LU data with CNYCC. The routine meetings between the MCOs and CNYCC (which were established in DY2) include discussions regarding the data sharing processes and related challenges faced by the MCO and PPS. These meetings continue in DY3, including most recently, shortly following the DOH's publication of its June 5, 2017 Data Sharing Guidance.
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	
Include beneficiaries in development team to promote preventive care.	For Project 2.d.i Milestone 8 "Include beneficiaries in development team to promote preventive care." CNYCC utilized the Community Engagement Forums and our Community Advisory Committee to utilize beneficiaries as resources to provide input and feedback on the development of program initiatives and awareness efforts of

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	preventive care services. The Community Engagement Forums and the Community Advisory Committee consisted of but was not limited to Medicaid Low/Non-Utilizers and Uninsured participants. Participants and members provided input on their healthcare experiences, healthcare needs, and knowledge of preventive services and resources within their community. Information was gathered in order to outline priority areas of need based on beneficiary feedback and input in order to drive the development of program initiatives. Beneficiaries also were provided with information on healthcare and community resources within their community.
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.	
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	For Project 2.d.i. Milestone 12, CNYCC has developed a process for Medicaid recipients and project participants to report complaints and receive customer services. Accordingly, CNYCC provides a well-advertised and communicated means for all persons, including Medicaid recipients, their advocates, and partner organizations (and other project participants) to bring complaints and concerns to CNYCC about CNYCC, the PPS and DSRIP Projects. To accomplish this, CNYCC prominently posts on its website a message to Medicaid recipients and others how they may contact CNYCC's compliance officer directly, or if preferred, via our 24/7 compliance line or via online

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	reporting. Anonymous reporting is an option. A screen shot of this message and process has been uploaded. Additionally, CNYCC shares with its PPS partners (via Webinar and direct email communication to PPS compliance officers) our complaint reporting contact information for such partners to provide to their customers. CNYCC's written policy addressing complaints was originally adopted in 2015, with revisions made in March 2017. The revised policy is pending approval by our compliance committee of the recent changes. The revised policy has been uploaded. CNYCC also provides a means for partner organizations to submit disputes relative to the PPS and their participation. This process is set forth in CNYCC's Dispute Resolution Policy, which has been uploaded.
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	For Project 2.d.i Milestone 13 "Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R)." CNYCC previously submitted the list of 358 Community Navigators who were trained to administer PAM screenings which meets the committed number of 200 PAM Providers. We submitted this information based on the new PIT Replacement Guidance. Additionally, CNYCC refers to Community Navigators as "Coaches" which were called out in the original report submission. Community Navigators and Coaches are equivalent titles.
Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	

Milestone Review Status

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

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Milestone Review Status

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

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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 Mid-Point Assessment	Completed	Mid-Point Assessment narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone C&G CAHPS for the Uninsured - MY2 Survey Results	Completed	Survey results for C&G CAHPS for the Uninsured	12/01/2016	12/31/2016	12/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone PAM Data File - MY1 & 2	Completed	CNYCC's PAM Results for MY1 & 2	12/01/2016	12/31/2016	12/01/2016	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

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	
C&G CAHPS for the Uninsured - MY2 Survey Results	
PAM Data File - MY1 & 2	

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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.

1 Risk: Shortages of trained behavioral health providers is a threat to this project, including psychiatrists and other prescribers. Historically, it has been difficult to recruit health care professionals to rural areas. Participant feedback from the CNYCC Partner meetings indicates PCPs are hesitant to conduct mental health screenings if referral services are lacking or there is a long wait to for an appointment. While integration is expected to resolve some of this access problem, there will be patients identified through the behavioral health screening who require more intense or higher level behavioral health services than can be accommodated in an integrated model. Providers fear identifying a potentially intensifying mental health condition that they are not trained to treat. When behavioral health screenings are routinely conducted as part of the integration plans, the number of patients requiring mental health services will increase thereby exacerbating the provider shortage. Potential Impact: The lack of mental health providers has the potential to destabilize integrated care. If there is a shortage of behavioral health providers, CNYCC will be unable to meet goals for integrating behavioral health and primary care, and patient health will suffer. Mitigation: Approaches are required to optimize the use of existing resources as well as to recruit new providers. One solution may be to explore best practices for the use of providers' time with regard to optimizing the ratio of walk-in appointments for urgent care and scheduled appointments. Tele-psychiatry is another way to maximize the use provider time by saving the time required to drive between sites because many providers contract to multiple health care organizations. An additional solution to the shortage of prescribers may result from the successful co-location of PC and BH, in which a primary care provider will feel more comfortable prescribing to a patient with a psychiatric colleague as a consult. A final approach to expand the work force for behavioral health services is to actively engage and recruit students in the NP psychiatry program.

2. Risk: Partial or incomplete integration of PC and BH is a risk, especially for sites that are newly integrating, due to differences in training and culture between BH and physical health. Simply co-locating services without developing evidence-based standards to integrate clinical practices and cultures will lead to services that are housed under the same roof, but lack coordination and provider support. A theme that arose during the Regional Partner Meetings was the necessity to integrate clinical cultures. Potential Impact: Poorly integrated services could result in possessiveness of patients, poor care coordination, and the perception that one practice type is inferior to the other. Any of these scenarios could hinder provider engagement in the project and result in low patient satisfaction. Mitigation: It takes time and training to learn how to share in the responsibility for a patient, to conduct warm hand-offs, and to develop joint care plans. CNYCC partners suggest that there is a central support team to support this activity; for example, employing a learning collaborative approach where all integrating practices join together to learn from one another as well as engage external training where needed. Clarification of the regulations for sharing patient information and interoperable EMRs will also facilitate the complexities of integration. DY 2 Q1 6/30/2016 Update: Cross project collaboration has also supported culture shift as cross collaborative work has been addressing topics of joint care plans, overlap of PCMH and multi-function staffing models.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	56,950

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	4,250	8,500	14,875	21,250
	Quarterly Update	6,136	14,006	20,684	29,121
	Percent(%) of Commitment	144.38%	164.78%	139.05%	137.04%
IA Approved	Quarterly Update	0	7,553	0	26,730
	Percent(%) of Commitment	0.00%	88.86%	0.00%	125.79%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mtreinin	Rosters	8_DY2Q4_PROJ3ai_MDL3ai2_PES_ROST_DY2_-_CNYCC_-_Behavioral_Health_-_Primary_Care_Integration_-_3.a.i._-_Actively_Engaged_Patient_Attestations_LRW_04.26.17_13307.pdf	Behavioral Health Primary Care Integration DY2 Actively Engaged Patient Attestations	04/26/2017 06:15 PM
mtreinin	Rosters	8_DY2Q4_PROJ3ai_MDL3ai2_PES_ROST_DY2_-_CNYCC_-_Behavioral_Health_-_Primary_Care_Integration_-_3.a.i_-_Actively_Engaged_Patient_Roster_LRW_04.26.17_13304.xlsx	Behavioral Health Primary Care Integration DY2 Actively Engaged Patient Roster	04/26/2017 06:14 PM

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 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	08/04/2015	03/31/2018	08/04/2015	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	08/04/2015	03/31/2018	08/04/2015	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	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify all participating safety net primary care practices and associated providers			Project		Completed	08/04/2015	12/31/2015	08/04/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Establish HIT/HIE and Primary Care Transformation workgroups.			Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task 3.a) Engage and collaborate with RHIO HealtheConnections to define Meaningful Use Stage 2 requirements and align/incorporate PPS project strategies with those requirements.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3b) Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate PPS project strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers.			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	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 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process.			Project		Completed	02/01/2016	04/08/2016	02/01/2016	04/08/2016	06/30/2016	DY2 Q1
Task 5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice.			Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses.			Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7 Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations.			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently.			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement			Project		Completed	07/01/2016	09/01/2016	07/01/2016	09/01/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
• Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation.											
Task 10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices.			Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 11. Participating providers successfully complete MU Stage 2 attestation.			Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 11. Co-locate behavioral health provider(s) within PCMH practices			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 12. PCMH hires BH providers or PCMH contracts with BH organization			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Completed	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	06/15/2015	06/30/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Completed	06/15/2015	12/31/2016	06/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1. Convene Project Implementation Collaborative (PIC)			Project		Completed	06/15/2015	09/30/2015	06/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1a. Schedule meetings of PICs to develop integrated care practices			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2a. Collect protocols in use by practices			Project		Completed	06/15/2015	06/30/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2b. Review literature for evidence-based protocols related to integrated services			Project		Completed	06/15/2015	06/30/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1
Task			Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
2b. Review literature for evidence-based protocols related to integrated services											
Task 2c. Recommend evidence-based protocols for review by CNYCC Clinical Governance Committee			Project		Completed	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2d. Disseminate evidence-based protocols to all participating practices			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Review OMH, OASAS, and DOH regulations, licensing, and reimbursement policies regarding integrated services			Project		Completed	06/15/2015	12/31/2015	06/15/2015	12/31/2015	12/31/2015	DY1 Q3
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	06/15/2015	03/31/2018	06/15/2015	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	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.			Project		In Progress	06/15/2015	03/30/2018	06/15/2015	03/30/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	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	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Evidence-based protocols are in place to facilitate screening			Project		Completed	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1a. Identify target conditions to capture with screening			Project		Completed	06/15/2015	06/30/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1
Task 1b. Identify screening tool(s) appropriate to target conditions			Project		Completed	06/15/2015	06/30/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1

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Task 1c. Identify workflows (i.e., who does screening, how are results shared with patient/care team, what happens with positive screen/negative screen, frequency of screen, where are screen results documented)			Project		In Progress	06/15/2015	03/31/2017	06/15/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1. Work with participating partners and their EMR vendors to identify alerting mechanisms and documentation implications.			Project		Completed	10/01/2015	04/30/2016	10/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 2. Implement alerting mechanisms and documentation requirements in EMR.			Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	Completed	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	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		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.			Project		Completed	10/01/2015	04/30/2016	10/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 3. Identify core data elements needed for patient tracking requirements.			Project		Completed	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Complete gap analysis to compare required data to currently available data.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is			Project		Completed	04/01/2016	07/31/2016	04/01/2016	07/31/2016	09/30/2016	DY2 Q2

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captured consistently and timely.											
Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform.			Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2
Milestone #5 Co-locate primary care services at behavioral health sites.	DY3 Q4	Model 2	Project	N/A	In Progress	08/04/2015	03/31/2018	08/04/2015	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	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify all participating safety net primary care practices and associated providers			Project		Completed	08/04/2015	12/31/2015	08/04/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Establish HIT/HIE and Primary Care Transformation workgroups.			Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task 3a) Engage and collaborate with RHIO HealtheConnections to define Meaningful Use Stage 2 requirements and align/incorporate PPS project strategies with those requirements.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3b) Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate PPS project strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers.			Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process.			Project		Completed	02/01/2016	04/08/2016	02/01/2016	04/08/2016	06/30/2016	DY2 Q1
Task			Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4

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5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice.											
Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses.			Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations.			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently.			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement • Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation.			Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task			Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3

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10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices.											
Task 11. Participating providers successfully complete MU Stage 2 attestation.			Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 12. Co-locate primary care services within behavioral health services			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 13. BH organization hires PC providers or BH organization contracts with PC practice			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	Completed	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	03/15/2016	12/31/2016	03/15/2016	12/31/2016	12/31/2016	DY2 Q3
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		Completed	06/15/2015	12/31/2016	06/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1. Convene Project Implementation Collaborative (PIC)			Project		Completed	06/15/2015	09/30/2015	06/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1a. Schedule meetings of PICs to develop integrated care practices			Project		Completed	06/15/2015	06/30/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2a. Collect protocols in use by practices			Project		Completed	06/15/2015	06/30/2016	06/15/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2b. Review literature for evidence-based protocols related to integrated services			Project		Completed	06/15/2015	12/31/2015	06/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2c. Recommend evidence-based protocols for review by CNYCC Clinical Governance Committee			Project		Completed	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2d. Disseminate evidence-based protocols to all participating practices			Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Review OMH, OASAS, and DOH regulations,			Project		Completed	06/15/2015	12/31/2015	06/15/2015	12/31/2015	12/31/2015	DY1 Q3

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licensing, and reimbursement policies regarding integrated services											
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY3 Q4	Model 2	Project	N/A	In Progress	06/15/2015	03/31/2018	06/15/2015	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	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.			Project		In Progress	06/15/2015	03/30/2018	06/15/2015	03/30/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health).			Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
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	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
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	09/01/2016	12/31/2017	09/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 1. Evidence-based protocols are in place to facilitate screening			Project		Completed	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1a. Identify screening tool(s) appropriate for assessing primary care needs			Project		Completed	06/15/2015	09/30/2016	06/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task 1b. Identify workflows (i.e., who does screening, how are results shared with patient/care team, what happens with positive screen/negative screen,			Project		In Progress	06/15/2015	03/31/2017	06/15/2015	09/30/2017	09/30/2017	DY3 Q2

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frequency of screen, where are screen results documented)											
Task 2. Work with participating partners and their EMR vendors to identify alerting mechanisms and documentation implications.			Project		Completed	10/01/2015	04/30/2016	10/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 3. Implement alerting mechanisms and documentation requirements in EMR.			Project		In Progress	10/01/2015	12/31/2017	10/01/2015	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	Completed	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	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		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners.			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.			Project		Completed	10/01/2015	04/30/2016	10/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 3. Identify core data elements needed for patient tracking requirements.			Project		Completed	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 4. Complete gap analysis to compare required data to currently available data.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.			Project		Completed	04/01/2016	07/31/2016	04/01/2016	07/31/2016	09/30/2016	DY2 Q2
Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share			Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2

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required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform.											
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 IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop collaborative evidence-based standards of care including medication management and care engagement process.	klane15	Documentation/Certification	8_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_3ai_Milestone_2_Metric_2_CNYCC_Standards_of_Care_Model_1_11747.pdf	CNYCC Standards of Care Model 1	04/24/2017 02:37 PM
	klane15	Meeting Materials	8_DY2Q4_PROJ3ai_MDL3ai3_PRES2_MM_3ai_Milestone_2_Metric_1_Standards_of_Care_Meeting_Schedule_11741.pdf	Meeting inventory of partner meetings used to develop 3ai Standards of Care.	04/24/2017 02:35 PM
Develop collaborative evidence-based standards of care including medication management and care engagement process.	klane15	Documentation/Certification	8_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_3ai_Milestone_6_Metric_2_CNYCC_Standards_of_Care_Model_2_11762.pdf	CNYCC Standards of Care Model 2	04/24/2017 02:46 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	klane15	Meeting Materials	8_DY2Q4_PROJ3ai_MDL3ai3_PRES6_MM_3ai_Milestone_6_Metric_1_Standards_of_Care_Meeting_Schedule_11759.pdf	Meeting inventory of partner meetings used to develop 3ai Standards of Care.	04/24/2017 02:45 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	mtreinin	Documentation/Certification	8_DY2Q4_PROJ3ai_MDL3ai3_PRES8_DOC_Actively_Engaged_Patient_Milestone_Documentation_-_Behavioral_Health_-_Primary_Care_Integration_-_3.a.i_13863.pdf	Project Requirement 8 Documentation: Medical & Behavioral Health EHR Integration and Patient Tracking Documentation	04/27/2017 01:26 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	mtreinin	Documentation/Certification	8_DY2Q4_PROJ3ai_MDL3ai3_PRES4_DOC_Actively_Engaged_Patient_Milestone_Documentation_-_Behavioral_Health_-_Primary_Care_Integration_-_3.a.i_13858.pdf	Project Requirement 4 Documentation: Medical & Behavioral Health EHR Integration and Patient Tracking Documentation	04/27/2017 01:21 PM

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.	The end date for Milestone 3, Task 1c "Identify workflows" has been pushed back from 3/31/2017 until 9/30/2017. The 3ai Standards of Care were released in January and partners are still in the process of identifying workflows and assigning staff responsibilities. Focus in many PCPs has been on achievement of PCMH Recognition, which aligns well with this work. Workflows will be evident in the documentation required to meet this Milestone.
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including physical and behavioral health screenings.	The end date for Milestone 7, Task 1b "Identify workflows" has been pushed back from 3/31/2017 until 9/30/2017. The 3ai Standards of Care were released in January and partners are still in the process of identifying workflows and assigning staff responsibilities. Focus in many PCPs has been on achievement of PCMH Recognition, which aligns well with this work. Workflows will be evident in the documentation required to meet this Milestone.
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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

Instructions :

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

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

Instructions :

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

1. Risk: Shortages of trained behavioral health (BH) providers, particularly psychiatrists and other "prescribers" is a threat to this project. The need for pediatric psychiatry and support services for families with children in crisis is particularly high. In some regions of CNY, inpatient BH services are so scant that families must travel to other parts of the State. The remote nature of communities poses a particular challenge in recruitment of such professionals, but it is a region-wide issue. Potential Impact: Without accessibility of trained behavioral health professionals, patients are more likely to reach a crisis condition and more likely to seek care at the ED or hospital. Mitigation: One means of addressing this challenge is to employ the use of telepsychiatry to link crisis intervention hubs to spoke locations and facilitate the sharing of specialized psychiatry resources. Telepsychiatry may be particularly beneficial in rural areas where it is difficult to recruit providers and patients and their families need to drive long distances in order to access mental health services.

2. Risk: The success of this project hinges on collaboration and coordination with police, school staff such as nurses and guidance counselors, as well as first responders. Training of police, school, and emergency responder personnel to the availability of crisis stabilization services and when and how to access such services is needed. Potential Impact: If key professionals are not trained in the existence of crisis stabilization services as part of the project implementation process they will not be aware of the crisis stabilization services and individuals in crisis will be unnecessarily brought to the ED or hospitalized. Mitigation: Some partners have already implemented such trainings and will provide direction and lessons learned. Mobile outreach services also exist in a number of other CNYCC counties. Partners have identified the Memphis Crisis Intervention Team model as a robust approach to implement crisis stabilization services. The Memphis model is an innovative police-based first responder program that diverts those in mental health crisis from incarceration and links them to mental health services. The program provides law enforcement based crisis intervention training to support individuals with mental illness. Mental Health First Aid trainings can also be offered to any provider or community support agency in an effort to increase awareness and improve prevention efforts.

3. Risk: Transportation is a challenge. This includes transportation to assessment and evaluation sites, to CPEP if needed, as well as to and from appointments outside of the crisis incident. A specific challenge for Lewis County is that there are no inpatient care or outpatient mental health services and the nearest transfer center is not in the PPS. Potential Impact: If transportation services are not available patients may not be able to access BH services when they are in a crisis state or outside of the crisis when ongoing care is required. Mitigation: ACT programs and Health Homes may serve as potential resources to alleviate transportation challenges for BH services and more broadly for other types of health care. For patients who are not in a crisis state, telepsychiatry is an approach to address the long distance that patients may need to travel to access services. Telepsychiatry may also be helpful in rural ERs that provide care to individuals in crisis, but do not have a psychiatrist on staff. Mobile Crisis Teams may be utilized to improve communication for parents, whose children are hospitalized in outside areas.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	32,670

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	2,700	5,400	9,450	13,500
	Quarterly Update	4,134	6,621	9,884	14,503
	Percent(%) of Commitment	153.11%	122.61%	104.59%	107.43%
IA Approved	Quarterly Update	0	1,982	0	12,534
	Percent(%) of Commitment	0.00%	36.70%	0.00%	92.84%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mtreinin	Rosters	8_DY2Q4_PROJ3aii_MDL3aii2_PES_ROST_DY2_-_CNYCC_-_Behavioral_Health_Crisis_Stabilization_-_3.a.ii_-_Actively_Engaged_Patient_Attestations_LRW_04.26.17_13310.pdf	Behavioral Health Crisis Stabilization DY2 Actively Engaged Patient Attestations	04/26/2017 06:17 PM
mtreinin	Rosters	8_DY2Q4_PROJ3aii_MDL3aii2_PES_ROST_DY2_-_CNYCC_-_Behavioral_Health_Crisis_Stabilization_-_3.a.ii_-_Actively_Engaged_Patient_Roster_LRW_04.26.17_13308.xlsx	Behavioral Health Crisis Stabilization DY2 Actively Engaged Patient Roster	04/26/2017 06:17 PM

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 3.a.ii.3 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	DY3 Q4	Project	N/A	In Progress	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.		Project		In Progress	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services		Project		In Progress	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1a. Convene Project Implementation Collaborative		Project		Completed	06/15/2015	09/30/2015	06/15/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1b. PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Project		In Progress	06/15/2015	03/31/2017	06/15/2015	06/30/2017	06/30/2017	DY3 Q1
Task 1c. Crisis intervention program established in each of six counties		Project		In Progress	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	DY3 Q4	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1a. Current ED diversion protocols shared with PIC and RPAC members		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1b. Assess literature for other evidence-based protocols related		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to ED diversion for patients in BH crisis										
Task 1c. Recommend to Clinical Governance Committee protocols to adopt		Project		Not Started	07/01/2017	12/16/2017	07/01/2017	12/16/2017	12/31/2017	DY3 Q3
Task 1d. Project Managers adopt or revises protocol based on local needs		Project		Not Started	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1e. Clinical Governance Committee and Project Managers review and updates diversion management protocol at least annually		Project		Not Started	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1f. First responders (EMS, police, schools, etc.) are trained in diversion protocols		Project		Not Started	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	DY3 Q4	Project	N/A	In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1. PPS staff, along with PPS partners as appropriate, meet with selected Medicaid Managed Care (MCO) organizations to explore agreements or pilots between the PPS and or individual partners within the PPS		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 2. PPS staff, with partners and consultants as appropriate, conduct the necessary ground work required to establish sound VBP agreements between the MCOs and project 3aii partners, including work to understand service requirements, costs, impact of services on reducing MCO costs and inappropriate utilization, and payment		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 3. Based on initial discussions with MCOs and groundwork conducted, PPS staff and 3aii partners engage MCO in negotiating the details of a pilot program that would cover the services provided by the 3aii project		Project		Not Started	01/01/2017	03/31/2018	06/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 4. Assess impact of pilot and meet with MCO on periodic basis to		Project		Not Started	01/01/2017	03/31/2018	01/01/2018	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
perfect service requirements and core elements of VBP agreement so as to create the most appropriate inventive arrangements between the full breadth of appropriate clinical, social service, housing, and CBO partners,										
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 1. Convene PICs		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2a. Collect protocols in use by partners		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2b. Review literature for evidence-based protocols related to project		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2c. Recommend evidence-based protocols for review by CNYCC Clinical Governance Committee		Project		Completed	09/01/2016	03/31/2017	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2d. Disseminate evidence-based protocols to all participating partners		Project		Completed	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 2e. Clinical Governance Committee and Project Managers review and updates treatment care protocol at least annually		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2f. Treatment protocols include plan for annual review by Clinical Governance Committee and project manager		Project		Completed	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of		Provider	Safety Net Hospital	Completed	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.										
Providers Associated with Completion: Lewis County General Hospital										
Task 1. PPS compiles new and existing information on community and consumer need as well as the capacity of the current network of specialty psychiatric and crisis- oriented psychiatric services throughout service area so as to understand service related gaps		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. PPS conducts gap analysis to understand where additional specialty psychiatric and crisis- oriented psychiatric services are needed and establishes priorities with respect to these gaps		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. PPS integrates work across its three mental, emotional, and behavioral health projects (3ai, 3aii, and 4aiii) so as to leverage resources and activities across projects		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Based on information collected on need and capacity, the PPS includes at least one hospital with specialty psychiatric services and crisis- oriented		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	DY3 Q4	Project	N/A	In Progress	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		In Progress	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	09/01/2016	03/31/2018	09/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Clinic	In Progress	09/01/2016	03/31/2018	09/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Provider	Safety Net Mental Health	In Progress	09/01/2016	03/31/2018	09/01/2016	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
PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.										
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	DY3 Q4	Project	N/A	In Progress	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.		Project		In Progress	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.		Project		In Progress	06/15/2015	03/31/2018	06/15/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1a. Review operations, lessons learned, and protocols from current partner mobile crisis teams		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1b. Assess literature for other evidence-based protocols for mobile crisis teams		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 1c. Recommend to Clinical Governance Committee protocols to adopt		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 1d. Develop implementation plan for developing and training mobile crisis teams (based on environmental scan conducted of all crisis needs, services, and resources conducted)		Project		In Progress	12/01/2016	03/31/2018	12/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1b .Hire or contract mobile crisis team staff		Project		In Progress	12/01/2016	03/31/2018	12/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1d. Project Managers adopt or revises protocol based on local needs		Project		Not Started	09/01/2017	12/31/2017	09/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task 1e. Clinical Governance Committee and Project Managers review and protocols at least annually		Project		Not Started	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1d. First responders (EMS, police, schools, etc.) are trained in mobile crisis protocols		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Complete CNYCC partner HIT readiness assessment using surveys and provider specific follow-up, including HIE/RHIO participation and Direct Exchange capabilities		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange		Project		Completed	04/01/2015	04/30/2016	04/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 5. Develop plan to standardize on Direct Messaging and the C-		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
CDA, including the rollout of Direct enabled web-based platforms										
Task 6. Convene with project participants/providers to define alerting use cases to help support project activities.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7. Work with applicable project partners and their respective vendors to implement connectivity strategy		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8. Roll out QE access to participating partner organizations, including patient lookup services and identified alerting use cases		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	DY3 Q4	Project	N/A	In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1. PPS compiles new and existing information on community and consumer need as well as the capacity of the central or decentralized triage services across the network so as to understand service related gaps, particularly for psychiatrists and behavioral health providers.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 2. PPS conducts gap analysis to understand where additional triage services are needed and establishes priorities with respect to these gaps		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 3. PPS explores options with respect to developing a centralized triage resource particularly for psychiatrists and behavioral health providers.		Project		Not Started	01/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 4. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.		Project		Not Started	01/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and		Project		Completed	10/31/2015	03/31/2017	10/31/2015	03/31/2017	03/31/2017	DY2 Q4

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Central New York Care Collaborative, Inc. (PPS ID:8)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		Completed	10/31/2015	03/31/2017	10/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.		Project		Completed	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.		Project		Completed	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify PIC sub-committee to serve as oversight and surveillance of compliance with protocols and quality of care (called 3aii QI Sub Committee)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop procedures for oversight and surveillance		Project		Completed	12/01/2016	03/31/2017	12/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Solicit CNYCC's Clinical Governance Committee approval for oversight and surveillance procedures		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 4. Initiate oversight and surveillance		Project		Completed	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	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		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.		Project		Completed	09/01/2015	04/30/2016	09/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 3. Identify core data elements needed for patient tracking requirements.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Complete gap analysis to compare required data to currently available data.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.		Project		Completed	04/01/2016	07/31/2016	04/01/2016	07/31/2016	09/30/2016	DY2 Q2
Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform.		Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop written treatment protocols with consensus from participating providers and facilities.	klane15	Other	8_DY2Q4_PROJ3aii_MDL3aii3_PRES4_OTH_3aii_Milestone_4_Metric_2_Funded_Project_Process_Map_with_Service_Line_Breakout_11729.pdf	Protocols outlining linkage between mobile crisis, respite and warm line services funded by CNYCC.	04/24/2017 02:10 PM
	klane15	Other	8_DY2Q4_PROJ3aii_MDL3aii3_PRES4_OTH_3aii_Milestone_4_Metric_2_Crisis_Stabilization_Services_Model_CGC_Approved_2_19_2016_11728.pdf	This model of mobile crisis, respite and warm line services (modeled after the Parachute Program in NYC, and HCBS services) was approved at the Clinical Governance Committee.	04/24/2017 02:08 PM
	klane15	Meeting Materials	8_DY2Q4_PROJ3aii_MDL3aii3_PRES4_MM_3aii_Milestone_4_Metric_1_Mobile_Crisis,_Respite,_Warm_Line_Workgroup_Meeting_Inventory_11725.pdf	Meeting inventory of workgroup meetings that took place to select a model and to develop protocols.	04/24/2017 02:01 PM
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	wetterhl	Templates	8_DY2Q4_PROJ3aii_MDL3aii3_PRES5_TEMPL_CNYCC_DY2Q4_PIT_4-13-2017_-_Remediation_Update_15697.csv	Updated version of our PIT file indicating 9 selected safety net hospitals for Project 3aii, of which 7 participated in meeting Milestone 5 Metric 2.	06/20/2017 09:37 AM
	wetterhl	Other	8_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_3aii_Milestone_5_Remediation_BH_Physician-Practitioner_List_LRW_06.19.17_v2_15546.xlsx	Physician/practitioner list for the 6 other safety-net hospitals (St. Joseph's attached separately, total of 7) in Excel form.	06/19/2017 06:23 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	wetterhl	Other	8_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_3aii_Milestone_5_Metric_1_St._Josephs_Health_Participating_Provider_List_15480.xlsx	Provider list for St. Joseph's Healthcare Comprehensive Psychiatric Emergency Program (CPEP) in Excel form.	06/19/2017 03:15 PM
	wetterhl	Other	8_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_3aii_Milestone_5_Metric_2_Hospital_List_LRW_04.26.17_14320.xlsx	List of safety-net hospitals (5) indicating achievement of committed provider target (7).	04/28/2017 03:25 PM
	klane15	Other	8_DY2Q4_PROJ3aii_MDL3aii3_PRES5_OTH_3aii_Milestone_5_Metric_1_St._Josephs_Health_Participating_Provider_List_13610.pdf	Provider list for St. Joseph's Healthcare Comprehensive Psychiatric Emergency Program (CPEP).	04/27/2017 10:13 AM
	klane15	Report(s)	8_DY2Q4_PROJ3aii_MDL3aii3_PRES5_RPT_3aii_Milestone_5_Metric_2_Access_Report_Summary_of_Hospital_Data_Wait_Time_and_Geographic_Access_13604.pdf	Access Report Summary of Hospital Data - Wait Time and Geographic Access	04/27/2017 10:08 AM
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	klane15	Meeting Materials	8_DY2Q4_PROJ3aii_MDL3aii3_PRES10_MM_3aii_Milestone_10_Metric_5_Inventory_of_Minutes_Pertaining_to_PPS-wide_data_sharing_13210.pdf	PPS-wide data sharing	04/26/2017 04:33 PM
	klane15	Other	8_DY2Q4_PROJ3aii_MDL3aii3_PRES10_OTH_Self-Audit_Reports_-_Milestone_10,_Metric_4_13208.pdf	Self Audit Reports	04/26/2017 04:33 PM
	klane15	Meeting Materials	8_DY2Q4_PROJ3aii_MDL3aii3_PRES10_MM_3aii_Milestone_10_Metric_3_Inventory_of_Minutes_Pertaining_to_Action_Plans_13196.pdf	Inventory of Meeting Minutes Pertaining to Action Plans	04/26/2017 04:27 PM
	klane15	Meeting Materials	8_DY2Q4_PROJ3aii_MDL3aii3_PRES10_MM_3aii_Milestone_10_Metric_2_Inventory_of_Committee_Meetings_-_BH_Sub_Committee_13191.pdf	Inventory of Committee Meetings	04/26/2017 04:23 PM
	klane15	Meeting Materials	8_DY2Q4_PROJ3aii_MDL3aii3_PRES10_MM_3aii_Milestone_10_Metric_1_Inventory_of_Committee_Members_-_BH_Sub_Committee_13187.pdf	Inventory of Committee Members	04/26/2017 04:20 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	mtreinin	Documentation/Certification	8_DY2Q4_PROJ3aii_MDL3aii3_PRES11_DOC_Actively_Engaged_Patient_Milestone_Documentation_-_Behavioral_Health_Crisis_Stabilization_-_3.a.ii_11200.pdf	Patient Tracking Documentation	04/21/2017 09:45 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	The end date for Milestone 1, task 1b "PPS evaluates access to psychiatric services" has been extended from 3/31/2017 to 6/30/2017 to allow for local discussions about protocol development to drive data collection and an uncovering of needs. The behavioral health clinical quality subcommittee will be involved in a review of all data.
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	06/19/17 (Remediation): CNYCC has provided additional documentation to further substantiate our completion of Project 3aii Milestone 5, which comprises two separate metrics with different reporting levels: Metric 1 which is "Project" level and Metric 2 which is "Provider – Safety Net Hospital" level. For Project 3aii Milestone 5, Metric 1 ("PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network"), with our initial DY2 Q4 report CNYCC submitted the Participating Provider List for St. Joseph's Health, the hospital in our PPS that has specialty psychiatric services and crisis-oriented psychiatric services through its CPEP, in PDF form. That document included the name, license #, contract start/end date, provider type, and address of all physicians and providers associated with St. Joseph Health's CPEP. In this remediation, CNYCC is resubmitting that document in Excel form along with an Excel list of the names, NPIs, license #, contract start/end date, provider type, and address of the psychiatric physicians and providers associated with the other safety-net hospitals that contributed to Metric 2 (below). For Project 3aii Milestone 5, Metric 2 ("PPS evaluates access to psychiatric services [in terms of community needs assessment, geographic access, wait times, and other measures], identifies improvement areas, and implements improvement steps"), with our initial DY2 Q4 report CNYCC submitted two documents; an Access Report Summary including geographic access and service wait times as well as an Excel list of safety-net hospitals that contributed to that Metric and in doing so met our provider level commitment of 7 safety-net hospitals. Please note that CNYCC did not choose to utilize the PIT replacement or update our PIT selected providers to prove that we met our committed target; instead, we provided the list of safety net hospitals in Excel form as directed in the DOH PIT replacement guidance. It is CNYCC's contention that it has in fact met the provider commitment for this Milestone with the Excel list of 7 safety-net hospitals that we provided with our initial DY2 Q4 report. Excel lists of those hospitals' psychiatric physicians/providers were submitted or resubmitted with Metric 1 (described above). Please note that because the PIT has been disabled, CNYCC was not able to update the number of "selected" safety net hospitals for this project that appear in the "Providers Participating in Projects" table in our MAPP report. CNYCC is attaching an updated copy of the PIT file itself to this milestone that shows 9 hospitals selected for this project, of which 7 participated in meeting this metric which meets our committed target of 7. 04/28/17 (Initial Report Submission): A uploaded contracted partner list will superseded selected partners in this Milestone. The uploaded list will accurately reflect the Safety Net Partners contracted with this project.
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Complete	
Milestone #5	Fail	PPS failed to engage sufficient number of Safety Net Hospitals to meet Provider Level commitment.
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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

Instructions :

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

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

Instructions :

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

1. Risk: Primary care providers are a critical partner for this project. They are reporting actively engaged patients and will be a critical part of the team of providers who will help patients develop a care management plan. A risk is that CNYCC does not engage enough primary care providers to complete the project work. Potential Impact: If primary care providers do not participate in the project, these complex patients risk moving forward without a care management plan. This means that CNYCC will not meet patient activation numbers, and further that the patients' health will fail to improve. Mitigation: In the short term, CNYCC will outreach specifically to PCPs who have yet to attest to the project to encourage them to join. Additionally, CNYCC will continue to educate primary care providers on the alignment of 3.b.i project activities with PCMH implementation. CNYCC sees strong alignment between these initiatives, and communicating this may allay some hesitations of PCPs that participation in the project will cause significant added burden.

2. Risk: There is an overall lack of awareness of available community resources that could benefit our most at risk patients, and thus services that could benefit patients in managing their own care are not being promoted. Information regarding service availability has been fragmented and there has been no vehicle for maintaining current information. This could impact the ability for patients to manage their own care and place more pressure than necessary on primary care providers to maintain current resources. In addition, community linkages are vital to a more population focused model of care. Mitigation: CNYCC is considering a software platform to maintain current available community resources. In addition, primary care providers will be working with internal and external care managers (Health Homes) on transformative processes to follow-up with community resources to validate their effectiveness to individual patients and whether they collectively serve the needs of their patient population. In addition, CNYCC will continue to promote communications to build awareness and facilitate conversations between health care and community partners to work together to explore how programs, practices, and policies affect the health of individuals, families, and communities. We will continue to establish common goals, complementary roles, and ongoing constructive relationships between the health sector and community resource providers.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	25,460

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,758	3,230	4,845	6,460
	Quarterly Update	1,844	3,412	5,090	7,119
	Percent(%) of Commitment	104.89%	105.63%	105.06%	110.20%
IA Approved	Quarterly Update	0	1,568	0	7,088
	Percent(%) of Commitment	0.00%	48.54%	0.00%	109.72%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mtreinin	Rosters	8_DY2Q4_PROJ3bi_MDL3bi2_PES_ROST_DY2_-_CNYCC_-_Cardiovascular_Disease_Management_-_3.b.i_-_Actively_Engaged_Patient_Roster_LRW_04.26.17_13311.xlsx	Cardiovascular Disease Management DY2 Actively Engaged Patient Roster	04/26/2017 06:19 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	DY3 Q4	Project	N/A	In Progress	06/15/2015	03/30/2018	06/15/2015	03/30/2018	03/31/2018	DY3 Q4
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Project		In Progress	06/15/2015	03/31/2017	06/15/2015	03/30/2018	03/31/2018	DY3 Q4
Task 1. Convene Project Implementation Collaborative (PIC)		Project		Completed	06/15/2015	03/31/2016	06/15/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Conduct a systematic review and environmental scan of participating partners/providers' practices regarding CVD		Project		Completed	09/01/2015	05/31/2016	09/01/2015	05/31/2016	06/30/2016	DY2 Q1
Task 3. Conduct a review of community CVD needs, resources, and service/system gaps		Project		Completed	09/01/2015	05/31/2016	09/01/2015	05/31/2016	06/30/2016	DY2 Q1
Task 4. Review literature and identify evidence based strategies for best practices		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Compare current organizational practices with best practice and adopt evidence-based protocols		Project		Completed	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Educate health care providers and administrators about the importance/benefit of systematic approaches and/or organizational changes needed to enhance population health		Project		On Hold	07/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Identify strategic priorities endorsed by providers and administrators		Project		Completed	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 8. Develop a strategic improvement and monitoring plan and implement		Project		In Progress	06/01/2016	06/30/2017	06/01/2016	06/30/2017	06/30/2017	DY3 Q1
Milestone #2 Ensure that all PPS safety net providers are actively connected to	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Complete CNYCC partner HIT readiness assessment using surveys and provider specific follow-up, including HIE/RHIO participation and Direct Exchange capabilities		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange		Project		Completed	04/01/2015	04/30/2016	04/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 5. Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based platforms		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Convene with project participants/providers to define alerting use cases to help support project activities.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Work with applicable project partners and their respective vendors to implement connectivity strategy		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
Task 8. Roll out QE access to participating partner organizations, including patient lookup services and identified alerting use cases		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify all participating safety net primary care practices and associated providers		Project		Completed	08/04/2015	12/31/2015	08/04/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Establish HIT/HIE and Primary Care Transformation workgroups.		Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task 3.a) Define Meaningful Use Stage 2 requirements and align/incorporate cardiovascular disease management strategies with those requirements.		Project		Completed	09/01/2015	01/31/2016	09/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 3b) Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate cardiovascular disease management strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers.		Project		Completed	09/01/2015	01/31/2016	09/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process.		Project		Completed	02/01/2016	04/08/2016	02/01/2016	04/08/2016	06/30/2016	DY2 Q1
Task 5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice.		Project		Completed	08/04/2015	03/31/2016	08/04/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 11. Participating providers successfully complete MU Stage 2 attestation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	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		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.		Project		Completed	09/01/2015	04/30/2016	09/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 3. Identify core data elements needed for patient tracking requirements as well as care cardiovascular disease management and identify the expected sources of data.		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Complete gap analysis to compare required data to currently available data.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and		Project		Completed	04/01/2016	07/31/2016	04/01/2016	07/31/2016	09/30/2016	DY2 Q2

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timely.										
Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform.		Project		Completed	09/01/2015	08/31/2016	09/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task 7. Finalize definition for actively engaged patients to be used by participating CNYCC partners.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	DY2 Q4	Project	N/A	In Progress	09/01/2015	03/31/2017	01/02/2017	03/30/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.		Project		In Progress	04/01/2016	03/31/2017	01/02/2017	03/30/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.		Project		In Progress	04/01/2016	03/31/2017	01/02/2017	03/30/2018	03/31/2018	DY3 Q4
Task 1. Work with Public Health staff and partner organizations to conduct trainings (i.e. in person, train the trainer, etc.) on 1) the 5A model, including the value in linking patients to community organizations, 2) motivational interviewing, 3) cultural competency, and 4) tobacco treatment resources		Project		In Progress	04/01/2016	03/31/2017	01/02/2017	12/31/2017	12/31/2017	DY3 Q3
Task 2. Create an inventory of linguistically appropriate tobacco treatment resources (local, regional and statewide) and work towards a bi-lateral referral process among health care and community-based organizations		Project		Completed	01/01/2016	08/01/2016	01/01/2016	08/01/2016	09/30/2016	DY2 Q2
Task 3. Work with project partners and their respective EHR vendors to assess their capability to support workflow automation		Project		Completed	09/01/2015	04/30/2016	09/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 4. Develop 5A's script and workflow for brief intervention to be offered by providers if patient tobacco use is identified		Project		Completed	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task 5. Train providers (via written materials, in-person meetings, or		Project		Completed	04/01/2016	03/31/2017	01/02/2017	03/31/2017	03/31/2017	DY2 Q4

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training the trainer approaches) how to input consistent information (for example tobacco use diagnosis, billing codes and patient referral response) into the EHR										
Task 6. In collaboration with Public Health Department, develop and disseminate brochures, PowerPoint slides, and job aids to implement the 5A's (including a chart that explains insurance coverage, pharmacotherapy and dosing guide, and which reinforces combination therapy)		Project		In Progress	04/01/2016	03/31/2017	01/02/2017	06/30/2017	06/30/2017	DY3 Q1
Task 7. Provide ongoing technical assistance on tobacco treatment, motivational interviewing, cultural competency, and resources to clinic staff		Project		In Progress	04/01/2016	03/31/2017	01/02/2017	12/31/2017	12/31/2017	DY3 Q3
Task 8. Work with partners and their respective EMR vendors to implement automated workflow for identified interventions and required prompts		Project		Completed	04/01/2016	03/31/2017	01/02/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify and institutionalize a standardized hypertension protocol through the 3bi PIC. The PIC will draw from its literature review of best/prove practices to develop the standardized protocol and then will conduct trainings ((i.e. in person, train the trainer, etc.) to standardized protocol in a participating practices		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Designate hypertension champions within organization		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Create an inventory of linguistically appropriate hypertension and cholesterol treatment resources (local, regional and statewide) and work towards a referral process among health care and community based organizations		Project		Completed	01/01/2016	08/01/2016	01/01/2016	08/01/2016	09/30/2016	DY2 Q2
Task 4. Work with Public Health staff and other partner organizations to provide trainings (i.e. in person, train the trainer, etc.) on 1) current screening and treatment protocols for hypertension and		Project		On Hold	04/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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elevated cholesterol, 2) motivational interviewing, 3) cultural competency, 4) treatment value in linking patients to community organizations/resources										
Task 5. Develop motivational interviewing script and work flow for brief intervention to be offered by providers if risk factors are identified		Project		Completed	05/04/2016	07/29/2016	05/04/2016	07/29/2016	09/30/2016	DY2 Q2
Task 6. Train providers (via written materials, in-person meetings, or training the trainer approaches) on how to input consistent information on risk factors and test results into the EHR		Project		On Hold	04/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. In collaboration with Public Health Department and other health and community organizations, develop and disseminate brochures, PowerPoint slides, and job aids to implement the hypertension and high cholesterol prevention and treatment protocols (including a chart that explains insurance coverage, medication and dosing guide)		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8. Provide ongoing technical assistance on hypertension and high cholesterol treatment, motivational interviewing, cultural competency, and resources to clinical and other staff as appropriate		Project		On Hold	04/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Work with partners and their respective EMR vendors to implement automated workflow for identified interventions and required prompts		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	07/01/2016	02/28/2017	07/01/2016	02/28/2017	03/31/2017	DY2 Q4

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1. Identify financing and care coordination tools (e g , Care Coordination Measures Atlas, developed by the Agency for Healthcare Research and Quality) and codes which allow physicians to document and bill for coordinating care between community service agencies, linking patients to resources, supporting the transition of patients from inpatient to other settings, and working to limit preventable readmissions										
Task 2. Develop and institutionalize a care coordination team model that outlines multidisciplinary member roles and responsibilities and is centered on the comprehensive needs of the patient and family, leading to decreased health care costs, reduction in fragmented care, and improvement in the patient/family experience of care		Project		Completed	07/01/2016	02/28/2017	07/01/2016	02/28/2017	03/31/2017	DY2 Q4
Task 3. Using identified tools, increase awareness among multi-disciplinary health care and community workers about the benefits of care coordination		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Work with project partners and their respective EHR vendors to assess their capability to document patients' lifestyle behaviors and medication adherence according to the care coordination model and which considers health literacy issues, patient self-efficacy		Project		Completed	09/01/2015	04/30/2016	09/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 5. Develop and institutionalize a mobile care coordination team to travel to high-risk/need areas (or a system for transporting high-risk patients to the care coordination team)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Train care coordination team (i.e. in person, train the trainer, etc.) in the development of a culturally appropriate coordinated care plan to be used across the continuum of care by medical, educational, mental health, community, and home care provider		Project		On Hold	07/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Develop monitoring plan for ensuring effective coordinated care and patient plans		Project		Completed	10/01/2016	02/28/2017	01/02/2017	03/31/2017	03/31/2017	DY2 Q4
Task 8. Work with partners and their respective EMR vendors to implement care coordination documentation requirements		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Provide opportunities for follow-up blood pressure checks without	DY3 Q4	Project	N/A	In Progress	01/02/2017	03/31/2018	01/02/2017	03/31/2018	03/31/2018	DY3 Q4

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a copayment or advanced appointment.										
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Project		In Progress	04/03/2017	03/31/2018	03/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify and promote existing health care facilities and community-based organizations/events which have properly maintained blood pressure monitors and walk-in clinics		Project		In Progress	01/02/2017	03/31/2017	01/02/2017	12/29/2017	12/31/2017	DY3 Q3
Task 2. Develop and institutionalize a mobile health van to travel to high-risk/high-need areas (places where high-risk people may congregate such as WIC clinics, refugee resettlement agencies, social service settings, etc.)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Develop and disseminate materials/digital communications that guide patients in the use of home-based blood pressure devices and availability of drop-in blood pressure readings		Project		In Progress	04/03/2017	03/31/2018	03/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task 4. Train (i.e. in person, train the trainer, etc.) clerical personnel in proper blood pressure measurement technique so they are capable of obtaining drop-in blood pressure readings		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	DY2 Q4	Project	N/A	Completed	08/01/2016	03/31/2017	08/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.		Project		Completed	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop an evidence-based protocol for training staff on blood pressure measurement and equipment maintenance		Project		Completed	11/01/2016	12/31/2016	11/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. Conduct annual mandatory trainings to all new and existing staff involved in measuring and recording blood pressure to ensure competency		Project		Completed	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Designate champions within the organizations		Project		Completed	08/01/2016	09/30/2016	08/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Develop a tracking system for monitoring training and proficiency		Project		Completed	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10	DY3 Q4	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.		Project		In Progress	09/22/2016	03/31/2018	09/22/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		In Progress	01/02/2017	03/31/2018	01/02/2017	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.		Project		Not Started	01/02/2017	03/31/2018	07/03/2017	03/31/2018	03/31/2018	DY3 Q4
Task 1. Convene with project participants/providers to inventory criteria that would be required for the identification, risk stratification, and engagement of patients for the project		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. Finalize risk stratification requirements, including inclusion/exclusion criteria, metric definitions, clinical value thresholds and risk scoring algorithm.		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Develop motivational interviewing script and work flow for brief intervention to be offered by providers if repeated elevated blood pressure readings are identified and patient is scheduled for hypertension visit		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Identify core data elements needed for risk stratification requirements.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Work with project partners and their respective EHR vendors to assess their capability to support workflow automation to facilitate scheduling of target patient population		Project		Completed	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task 6. Complete gap analysis to compare required data to currently available data.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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8. Work with participating partners and their EMR vendors to identify local risk stratification capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform.										
Task 9. Complete inventory of HIT-related PHM deliverables and current use cases to support project requirements		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 10. Finalize required functionality and select a PHM software vendor		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 11. Finalize population health management roadmap to support identified data/analytics requirements, and care coordination strategies (including method for collaborative care planning) and obtain board approval.		Project		Completed	04/01/2016	11/30/2016	04/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task 12. Work with partners and their respective EMR vendors to implement automated workflow for appointment scheduling		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 13. Implement PHM roadmap		Project		In Progress	01/02/2017	03/31/2018	01/02/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.		Project		Completed	01/01/2016	08/01/2016	01/01/2016	08/01/2016	09/30/2016	DY2 Q2
Task 1. Identify and institutionalize a standardized hypertension protocol		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. Designate hypertension champions within organization		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Prescribe once-daily regimens or fixed-dose combination pills when appropriate		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	DY3 Q4	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Self-management goals are documented in the clinical record.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4

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PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.										
Task 1. Provide trainings (i.e. in person, train the trainer, etc.) on 1) the value of patient driven self-management goals in the medical record 2) motivational interviewing, and 3) cultural competency		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Work with project partners and their respective EHR vendors to assess their capability to document patients' self-management goals		Project		Completed	09/01/2015	04/30/2016	09/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task 3. Develop scripts and workflow for review of self-management goals to be used by providers at each visit		Project		In Progress	05/02/2016	04/01/2017	05/02/2016	04/01/2017	06/30/2017	DY3 Q1
Task 4. Train providers how to input consistent self-management goals into the medical record		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Provide ongoing technical assistance on patient driven self-management goals in the medical record to clinic staff		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9. Work with partners and their respective EMR vendors to implement care coordination documentation requirements		Project		In Progress	08/01/2016	03/31/2018	08/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	DY3 Q4	Project	N/A	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Provide trainings (i.e. in person, train the trainer, etc.) on 1) the value of patient driven self-management goals in the medical record 2) motivational interviewing, and 3) cultural competency		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	09/29/2017	09/30/2017	DY3 Q2

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2. Contact community based organizations and engage administration in planning for referral systems Develop MOU's regarding referral workflows and how to address referral issues/problems Establish Business Associate Agreements (BAA), which adhere to HIPAA requirements										
Task 3. To the degree possible establish mechanisms for community based organizations to report back client status changes in a manner that upholds HIPAA requirements		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	09/29/2017	09/30/2017	DY3 Q2
Task 4. Create and systematize a referral mechanism to each health and community based organization involved, which meets their referral criteria and format Include verbal referral or warmline transfer, paper fax or direct EMR referrals		Project		In Progress	07/02/2016	03/31/2018	07/02/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create an inventory of protocols and identify most appropriate ones for target population		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 2. Provide trainings on the value of home blood pressure monitoring		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Provide blood pressure monitoring training to patients		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Assign appropriate person to conduct follow ups		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task 1. Establish criteria for selecting patients with hypertension in need of follow-up visits		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking follow-up.		Project		Completed	09/01/2015	12/30/2016	09/01/2015	12/30/2016	12/31/2016	DY2 Q3
Task 3. Work with project partners and their respective EHR vendors to assess their capability to support workflow automation to facilitate scheduling of target patient population identified in reports.		Project		Completed	09/01/2015	12/30/2016	09/01/2015	12/30/2016	12/31/2016	DY2 Q3
Task 4. Run an analysis of prior visit dates against list of patients with hypertension and identify those in need of a follow up appointment		Project		Completed	12/01/2016	03/31/2017	12/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Work with partners and their respective EMR vendors to implement care coordination documentation requirements		Project		Completed	01/02/2017	03/31/2017	01/02/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	DY2 Q4	Project	N/A	Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Train ((i.e. in person, train the trainer, etc.) providers in understanding the efficacy of and services provided by the NYS Smoker's Quitline Services Reinforce the 5A's so that providers a) identify tobacco users at every patient encounter, b) intervene with each tobacco user and c) refer to the Quitline		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Utilize the comprehensive training and guidance materials that are available on the NYS Smokers' Quitline website		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Implement 5A's script and workflow for brief intervention to be offered by providers if patient tobacco use is identified		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Implement an EMR system that has the capacity to make on the spot NYS Smokers' Quitline referrals through their secure on-line referral or fax referral system		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task 5. Create a mechanism for NYS Smokers' Quitline progress report to be added to the patient record once received		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	DY3 Q4	Project	N/A	In Progress	11/01/2016	03/31/2018	11/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.		Project		In Progress	11/01/2016	03/31/2018	11/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		In Progress	11/01/2016	09/30/2017	11/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		In Progress	11/01/2016	03/31/2018	11/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Convene with project participants/providers to inventory criteria that would be required for the identification, risk stratification, and engagement of patients for the project		Project		In Progress	11/01/2016	03/31/2017	11/01/2016	05/31/2017	06/30/2017	DY3 Q1
Task 2. Finalize risk stratification requirements, including inclusion/exclusion criteria, metric definitions, clinical value thresholds and risk scoring algorithm.		Project		In Progress	11/01/2016	04/28/2017	11/01/2016	04/28/2017	06/30/2017	DY3 Q1
Task 3. Identify and train individuals to facilitate chronic disease self-management workshops in community settings such as senior centers, churches, libraries, clinics, and hospitals		Project		Completed	11/01/2016	12/30/2016	11/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task 4. Schedule workshops in high-risk neighborhoods		Project		In Progress	11/01/2016	03/31/2018	11/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Provide trainings on Stanford Model for chronic diseases including the value in linking patients to community organizations/resources to healthcare providers		Project		In Progress	11/01/2016	03/31/2018	11/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Identify core data elements needed for risk stratification requirements.		Project		In Progress	11/01/2016	04/28/2017	11/01/2016	04/28/2017	06/30/2017	DY3 Q1
Task		Project		In Progress	11/01/2016	04/28/2017	11/01/2016	04/28/2017	06/30/2017	DY3 Q1

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7. Complete gap analysis to compare required data to currently available data.										
Task 8. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.		Project		In Progress	11/01/2016	04/28/2017	11/01/2016	04/28/2017	06/30/2017	DY3 Q1
Task 9. Work with participating partners and their EMR vendors to identify local risk stratification capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform.		Project		In Progress	11/01/2016	03/31/2018	11/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abdelwahab Hend Mohamed										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abouelsoud Kareem										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Mental Health	Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Alao Adekola O Md										
Task 1. Identify local and regional contacts and linkages who have participated in the Million Hearts Campaign planning, implementation and evaluation activities		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 2. Develop an inclusive and multi-disciplinary leadership group made up of health care institutions, community based		Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3

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organizations and individual stakeholders										
Task 3. Join the Guiding Coalition by signing up on-line to access resources and get involved		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 4. Review Million Hearts Campaign report and identify asset based core strategies implemented through workgroups		Project		Completed	06/01/2016	12/01/2016	06/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task 5. Register for and participate in scheduled member connection calls/webinars		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Establish hypertension and high level cholesterol work groups to develop an implementation plan for each of the six core strategies, which focus on improving health care systems through community collaboration and partnership and sustainable business models co-designed with people who the health care systems are designed to serve		Project		On Hold	04/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Strategy: Identify and use data to ascertain problem areas		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 8. Strategy: Identify interventions with the highest probability of decreasing harm, mortality, or readmission rates Ensure strategies are appropriate for intended short, intermediate and long term outcomes		Project		Completed	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task 9. Strategy: Start in areas that are likely to show early success		Project		Completed	04/01/2016	12/30/2016	04/01/2016	12/30/2016	12/31/2016	DY2 Q3
Task 10. Develop monitoring plan for ensuring implementation of strategies		Project		Completed	01/01/2016	02/28/2017	01/01/2016	02/28/2017	03/31/2017	DY2 Q4
Task 11. Evaluate progress at regular intervals and identify areas needing revision/adjustment		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.		Project		Not Started	01/02/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Investigate MCOs serving affected populations to assess its market share, service area, stability, solvency, and reputation		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Identify the most relevant MCOs to form agreements with by considering the answers to the following questions: Is the MCO actuarially sound? Does it have a good reputation among patients and other providers? Is the plan coverage booklet clear and comprehensive? Do enrollees switch frequently from one primary care physician to another? What is the role of the primary care physician? Does it pay providers on time in accordance with its contractual obligations?		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 3. Determine and finalize the conditions of the agreement including service coordination		Project		Not Started	01/02/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	DY2 Q4	Project	N/A	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abdelwahab Hend Mohamed; Mittiga Matthew Anthony										
Task 1. PPS will inventory the number of primary care practices that have attested to this project and compare it to the list of adult primary care practices that are part of the PPS' network		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. PPS will identify the primary care practices that have not engaged in this project and develop a multi-pronged action plan to promote engagement and participation of practices in this project		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. PPS Staff and consultants as appropriate will engage practices in a series of training and technical assistance activities to ensure that primary care practices are provided the support they need to adopt the broad range of practices, protocols, and processes that are part of the Millions Heart Initiative. (The body of evidence and experience suggests that simply distributing the protocols and policies to practices will not lead to		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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broad, far reaching change.)										
Task 4. PPS will assess participation rates on a regular basis and continue to implement its action plan until the PPS achieves the 80% threshold		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Use EHRs or other technical platforms to track all patients engaged in this project.	mtreinin	Documentation/Certification	8_DY2Q4_PROJ3bi_MDL3bi3_PRES4_DOC_Actively_Engaged_Patient_Milestone_Documentation_-_Cardiovascular_Disease_Management_-_3.b.i_10978.pdf	Patient Tracking Documentation	04/19/2017 06:22 PM
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES6_P&P_Renato_Y._Mandanas,_MD_PolicyandProcedureHypertension_15528.pdf	Policy from an independent primary care partner validating the adoption and implementation for Hypertension Mgmt standardized protocol from CNYCC recommended national guideline.	06/19/2017 05:39 PM
	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES6_P&P_Renato_Y._Mandanas,_MD_PolicyandProcedureCholesterolManagement_15525.docx	Policy from an independent primary care partner validating the adoption and implementation of Cholesterol Mgmt standardized protocol from CNYCC recommended national guideline.	06/19/2017 05:36 PM
	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES6_P&P_NOCHSI_CL_001.17_Clinical_Practice_Guidelines_15522.pdf	Policy from an FQHC primary care partner validating the adoption and implementation of standardized treatment protocols from CNYCC recommended national guidelines.	06/19/2017 05:35 PM
	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES6_P&P_MVHS_MDG-_103_Management_of_High_Blood_Pressure_in_Adults_15519.pdf	Policy from a Hospital based primary care partner validating the adoption and implementation of standardized treatment protocols from CNYCC recommended national guidelines.	06/19/2017 05:31 PM
	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES6_P&P_3bi_Milestone_6_CVDM_Standards_of_Care_15518.pdf	CVDM standards of care, adopted national guidelines and partner implementation requirements communicated in a CVDM Reference Guide.	06/19/2017 05:27 PM
	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES6_P&P_Milestone_6_Narrative_15516.pdf	Summary of CNYCC narrative response and uploaded as validation of the PPS adoption and implementation of standardized treatment protocols.	06/19/2017 05:22 PM
	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES6_P&P_3bi_Milestone_6_Metric_1_Inventory_of_standardized_treatment_protocols_KMJ_WK_LW_4.3.17_11112.pdf	List/inventory of the standardized treatment protocols aligned with national guidelines for hypertension and elevated cholesterol.	04/20/2017 02:45 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	joncas	Other	8_DY2Q4_PROJ3bi_MDL3bi3_PRES7_OTH_Milestone_7_narrative_6.20.17_15540.pdf	Narrative response to the IA comments clarifying the source of EHR vendor certifications validating the Clinically Interoperable System.	06/19/2017 06:06 PM
	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES7_P&P_Care_Coordination_Process_&_Workflow_3.23.17_11854.pdf	Documentation of the process and workflow demonstrating how care coordination processes are developed, including responsible parties at every stage as defined in the project.	04/24/2017 05:00 PM
	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES7_P&P_Cardiovascular_Disease_Management_Standards_of_Care_Care_Coordination_v1_2-2-17_11849.pdf	Documentation of the care coordination policies and procedures to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy/confidence.	04/24/2017 04:57 PM
	joncas	EHR/HIE Reports and Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES7_EHR_Project3bi_Milestone_7_Metric_1_EHR_Vendor_Certification_11848.pdf	Evidence that the system is an EHR certified vendor.	04/24/2017 04:56 PM
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES9_P&P_3bi_-_Milestone_9_Metric_1CGC_Board_Standards_of_Care_Blood_pressure-4-4-17_KJ_11117.pdf	Documentation of the policies and procedures developed by the PPS to ensure blood pressure measurements are taken correctly with the correct equipment.	04/20/2017 02:55 PM
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES11_P&P_CVDM_Clinical_Workgroup_-_Approved_Protocol_2-16-merged_11098.pdf	Documentation of the policies and procedures determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.	04/20/2017 02:22 PM
Develop and implement protocols for home blood pressure monitoring with follow up support.	joncas	Training Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_Oneida_Healthcare_BP_Training_15567.xlsx	Partner Oneida Healthcare Ambulatory Blood Pressure Training reports (multiple tabs) completed DY3Q1 including Self-Measured BP.	06/19/2017 08:07 PM
	joncas	Training Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_Lewis_County_General_Blood_Pressure_Training_15566.xls	Lewis County General Ambulatory Blood Pressure Training Reports (multiple tabs) including Self-Measured BP.	06/19/2017 08:05 PM
	joncas	Training Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_RPCN_Blood_pressure_training_3.28.17_15563.xlsx	Partner RPCN Detection and Management of High Blood Pressure Training including Self-Measured BP report.	06/19/2017 07:31 PM
	joncas	Training Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_Rome_Memorial_Training_CVDM_All_Primary_Care_15562.xlsx	Partner Rome Memorial All Primary Care Detection and Management of High Blood Pressure Training report.	06/19/2017 07:28 PM
	joncas	Training Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_MVHS_BP_Modules_Completion_as_of_3-27-17_15561.xlsx	Partner MVHS report dated 3.27.17 from their Learning Management System of staff completing the Detection and Management of High Blood pressure training.	06/19/2017 07:26 PM
	joncas	Training Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_The_	Cover sheet, on-demand webinar slide deck and	06/19/2017 07:23 PM

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Central New York Care Collaborative, Inc. (PPS ID:8)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			Detection_and_Management_of_High_Blood_Pressure-Self-Measure_BP_Monitoring_Training_Slides_and_Handouts_15560.pdf	available handouts for The Self-Measured BP Monitoring module of The Detection and Management of High BP series.	
	joncas	Training Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_Milestone_14_Narrative_6.19.17_15559.pdf	Narrative on CNYCC response to the IA comments as well as the documents included as further validation of training that aligns with the documentation to validate metric completion.	06/19/2017 07:18 PM
	joncas	Training Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES14_TRAIN_3bi_Milestone_14_Metric_3_Training_Template_12358.pdf	An inventory of training including topic, format and number of staff trained.	04/25/2017 05:08 PM
	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES14_P&P_3bi_-_Milestone_14_Metric_1_2_Linked_SOC_4.4.17_KJ_12356.pdf	Documentation of the policies and procedures developed by the PPS to provide follow up support to patients including equipment evaluation and f/u for abnormal results.	04/25/2017 05:05 PM
	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES14_P&P_3bi_-_Milestone_14_Metric_1_2_Linked_SOC_4.4.17_KJ_12355.pdf	Documentation of the policies and procedures developed by the PPS for home blood pressure monitoring as defined in the project requirement.	04/25/2017 05:04 PM
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	joncas	Other	8_DY2Q4_PROJ3bi_MDL3bi3_PRES15_OTH_Milestone_15_narrative_6.19.17_15545.pdf	Narrative clarifying the evidence of the partners EHR certified vendors used to facilitate scheduling of targeted hypertensive patients.	06/19/2017 06:18 PM
	joncas	EHR/HIE Reports and Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES15_EHR_3bi_Milestone__15_Metric_1_EHR_Certified_Vendor_4.3.17_PN_KJ._WK_11406.pdf	Evidence that the system is an EHR certified vendor.	04/21/2017 05:36 PM
Facilitate referrals to NYS Smoker's Quitline.	joncas	Policies/Procedures	8_DY2Q4_PROJ3bi_MDL3bi3_PRES16_P&P_3bi_Milestone_16_Metric_1_Approved_CGC_Smoking_Standards_of_Care_with_Process_Flow_11405.pdf	Documentation of the policies and procedures of the referral process, protocols for including warm transfers.	04/21/2017 05:30 PM
Adopt strategies from the Million Hearts Campaign.	joncas	Other	8_DY2Q4_PROJ3bi_MDL3bi3_PRES18_OTH_3bi_Milestone_18_Metric_3_Mental_Health_List_4.26.17_KJ_13286.xlsx	List of Mental Health Practitioners with NPIs.	04/26/2017 05:51 PM
	joncas	Other	8_DY2Q4_PROJ3bi_MDL3bi3_PRES18_OTH_3bi_Milestone_18_Metric_2_Non_Primary_Care_Provider_4.26.17_KJ_13283.xlsx	List of Practitioner-Non Primary Care Provider with NPIs.	04/26/2017 05:42 PM
	joncas	Other	8_DY2Q4_PROJ3bi_MDL3bi3_PRES18_OTH_3bi_Milestone_18_Metric_1_PCP_list_KJ_4.26.17_KJ_13264.xlsx	List of Practitioners-Primary Care Provider with NPIs.	04/26/2017 05:21 PM
	joncas	Training Documentation	8_DY2Q4_PROJ3bi_MDL3bi3_PRES18_TRAIN_3bi_Milestone_18_Training_Materials_Multiple_13259.xlsx	Inventory of training materials developed for this project.	04/26/2017 05:10 PM
Engage a majority (at least 80%) of primary care providers in this project.	joncas	Other	8_DY2Q4_PROJ3bi_MDL3bi3_PRES20_OTH_3bi_Milestone_20_List_of_Engaged_PCPs_LRW_04.26.17_132	List of PCPs engaged in this activity comprising name, license #, provider type, full address.	04/26/2017 05:04 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			53.xlsx		
	joncas	Other	8_DY2Q4_PROJ3bi_MDL3bi3_PRES20_OTH_3bi_Milestone_20_List_of_Total_PCPs_in_PPS_LRW_04.26.17_13251.xlsx	List/inventory of total participating PCPs with name, license #, provider type, full address.	04/26/2017 05:03 PM
	joncas	Other	8_DY2Q4_PROJ3bi_MDL3bi3_PRES20_OTH_3bi_Milestone_20_PCP_List_LRW_04.26.17_13248.xlsx	List of Engaged Providers with NPI.	04/26/2017 04:59 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project 3bi Milestone 1, Metric 1, ("PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.") has been extended to 3/30/18 to align with the associated milestone. The milestone end date was corrected to 3/30/18 in the last quarter reporting. Project 3bi Milestone 1, Task 6, (" Educate health care providers and administrators about the importance/benefit of systematic approaches and/or organizational changes needed to enhance population health") has been put on hold due to the vacancy in the workforce/training manager position.
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Project 3bi Milestone 5, Metric 1, ("PPS has implemented an automated scheduling system to facilitate tobacco control protocols") has been extended to 3/30/18 to align with the State's extension of the Milestone to 3/30/18. Project 3bi Milestone 5, Metric 2, ("PPS provides periodic training to staff to incorporate the use of the EHR prompt the use of the 5A's of tobacco control.") has been extended to 3/30/18 to align with the State's extension of the Milestone to 3/30/18. Project 3bi Milestone 5, Task 1 ("Work with Public Health staff and partner organizations to conduct trainings (i.e. in person, train the trainer, etc.) on 1) the 5A model, including the value in linking patients to community organizations, 2) motivational interviewing, 3) cultural competency, and 4) tobacco treatment resources.") has been delayed until 12/31/17 due to the vacancy in the Workforce/Training manager position. Project 3bi Milestone 5, Task 6 ("In collaboration with Public Health Department, develop and disseminate brochures, PowerPoint slides, and job aids to implement the 5A's (including a chart that explains insurance coverage, pharmacotherapy and dosing guide, and which reinforces combination therapy).") has been moved to 6/30/17 to allow

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	our training partner to develop additional resources related to pharmacotherapy and dosing guides along with a continued emphasis on combination therapy. Project 3bi Milestone 5, Task 7, ("Provide ongoing technical assistance on tobacco treatment, motivational interviewing, cultural competency, and resources to clinic staff.") has been delayed until 12/31/17 due to the vacancy in the Workforce/Training manager position.
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Remediation Submission 6/20/17 Documentation has been uploaded in response to the IA comments further validating the completion of the milestone. Documents include a narrative summary, CNYCC published standards of care and policies from a sample of providers from across our primary care delivery system, including a private practice PCP, a hospital based PCP practice and an FQHC. Initial Submission 4/20/17 Project 3bi Milestone 6, Task 4, ("Work with Public Health staff and other partner organizations to provide trainings (i.e. in person, train the trainer, etc.) on 1) current screening and treatment protocols for hypertension and elevated cholesterol, 2) motivational interviewing, 3) cultural competency, 4) treatment value in linking patients to community organizations/resources "), due 3/31/17 has been put on hold due to the vacancy in the workforce/training manager. Project 3bi Milestone 6, Task 6, ("Train providers (via written materials, in-person meetings, or training the trainer approaches) on how to input consistent information on risk factors and test results into the EHR"),due 3/31/17 has been put on hold due to the vacancy in the workforce/training manager. Project 3bi Milestone 6, Task 8, ("Provide ongoing technical assistance on hypertension and high cholesterol treatment, motivational interviewing, cultural competency, and resources to clinical and other staff as appropriate."), due 3/31/17 has been put on hold due to the vacancy in the workforce/training manager.
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Remediation Narrative: 6/20/17 Included as an attached document is CNYCC's response to the IA comments and additional clarification to validate completion of the Milestone. Initial Narrative 4/20/17 Project 3bi Milestone 7, Task 6, ("Train care coordination team (i.e. in person, train the trainer, etc. in the development of a culturally appropriate coordinated care plan to be used across the continuum of care by medical, educational, mental health, community, and home care provider".) has been put on hold due to the vacancy in the workforce/training manager position.
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Project 3bi Milestone 8, Task 1, ("Identify and promote existing health care facilities and community-based organizations/events which have properly maintained blood pressure monitors and walk-in clinics") due 3/31/17 has been extended to 12/29/17 to allow for partner organizations to implement walk in appointments and determine community based organizations and events that offer acceptable blood pressure screenings.
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Project 3bi Milestone 11, Metric 1, ("Prescribe once-daily regimens or fixed-dose combination pills when appropriate.") due 3/31/17 has been completed as evidenced by the attached evidence-based best practices for pharmacologic therapy which includes fixed dose and combination therapies. This documentation is being resubmitted from DYQ2 to reflect the completion of the milestone. No updates to the documentation have been recommended since the DY2Q2 submission of this medication recommendation.
Document patient driven self-management goals in the medical record and review with patients at each visit.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Project 3bi Milestone 13, Task 2, ("Contact community based organizations and engage administration in planning for referral systems. Develop MOU's regarding referral workflows and how to address referral issues/problems. Establish Business Associate Agreements (BAA), which adhere to HIPAA requirements ") due 3/31/17 has been delayed until 9/29/17. CNYCC will be convening a cross project workgroup with primary care and community based and/or public health representatives to address referrals needs, gaps in care and feedback and solutions. Project 3bi Milestone 13, Task 3, ("To the degree possible establish mechanisms for community based organizations to report back client status changes in a manner that upholds HIPAA requirements ") due 3/31/17 has been delayed until 9/29/17. CNYCC will be convening a cross project workgroup with primary care and community based and/or public health representatives to address referral needs, gaps in care and feedback and solutions.
Develop and implement protocols for home blood pressure monitoring with follow up support.	Remediation submission 6/20/17 CNYCC has submitted documents to further validate the completion of the milestone through self-measured blood pressure training on warm referrals and follow-up. Included in the documentation is a narrative summary, slides and handouts from the training and an inventory of those completing the on demand web based training in lieu of traditional sign in sheets. Initial submission 4/20/17 Project 3bi Milestone 14, Metric 1, ("PPS has developed and implemented protocols for home blood pressure monitoring.") due 3/31/17 has been completed, as evidenced by the attached documentation of policies and procedures developed by the PPS. The Clinical Governance Committee approved the standards of care developed by CVD Clinical Workgroups. The attached documentation represent a summary of the approved standard of care related to this milestone and the resources recommended to practices to support the implementation of the standard of care.
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Remediation Narrative: 6/20/17 Included as an attached document is CNYCC's response to the IA comments and additional clarification to validate completion of the Milestone.
Facilitate referrals to NYS Smoker's Quitline.	
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Project 3bi Milestone 17, Task 1, ("Convene with project participants/providers to inventory criteria that would be required for the identification, risk stratification, and engagement of patients for the project") due 3/31/17 has been delayed until 4/28/17. CNYCC is working with the clinical governance committee to identify key data elements (beginning with those currently available in EMRs and other systems that can be extracted and integrated into the IBM Watson PHM system) for identifying and risk stratifying care planning for high risk patients. Collaboratives and/or workgroups with representatives across the care continuum (including primary care and community based and/or public health representatives) will recommend best practices for serving the needs of the high risk patients.
Adopt strategies from the Million Hearts Campaign.	Narrative is being added to circumvent error statement created by checking only one practitioner name for each metric.
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	
Engage a majority (at least 80%) of primary care providers in this project.	Narrative being added to circumvent the error statement for only checking off one provider.

Milestone Review Status

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

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Complete	
Milestone #7	Fail	The PPS failed to submit the necessary documentation to evidence that its vendors are CHPL certified. Copies of certificates, certification numbers, etc. were needed for IA review. In addition, the PPS' response stated that approximately 90% of its vendors are CPHL certified. Metric #1 requires that Clinically Interoperable Systems be place for all participating providers. This requirement is due upon completion of the milestone in DY2 Q4.
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Complete	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Complete	
Milestone #15	Fail	The PPS failed to submit the necessary documentation to evidence that its vendors are CHPL certified. Copies of certificates, certification numbers, etc. were needed for IA review.
Milestone #16	Pass & Complete	
Milestone #17	Pass & Ongoing	
Milestone #18	Pass & Complete	
Milestone #19	Pass & Ongoing	
Milestone #20	Pass & Complete	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment narrative	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
Mid-Point Assessment	

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IPQR Module 3.b.i.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.

1. Risk: Societal views on death and dying may stymie the full potential of this project. Furthermore, health professionals are not always adequately trained and prepared to deliver "basic" or "primary" palliative care to patients, including lack of communication skills among providers to have honest, sensitive, and culturally competent conversations with patients and their caregivers on health status, goals, and advance directives. Potential Impact: Processes and systems may be put in place within PCMHs to provide basic palliative care services to patients in the primary care setting that ultimately are not meaningful to the patient and therefore not fully or even adequately addressing pain and symptom management of their disease or discussion of their health and treatment goals. As a result, palliative care patients may not have full understanding of their disease process, inability to self-manage and utilize services or resources within the community or health system to support management, and continue accessing urgent care through the ED, which could otherwise be prevented. Furthermore, patients may receive unwanted treatment if they haven't fully considered and/or documented their treatment options and preferences. Mitigation: Mitigation of this risk will depend on ensuring available and supported training opportunities for health care professionals participating in 3gi on palliative care and patient communication skills to develop competency and capacity in conversations on health status, care goals, and advance directives. The Conversation Ready Project (Institutes for Healthcare Improvement), Compassion and Support, and Centers to Advance Palliative Care are resources for these training needs. Second, providing public education and engagement about death, dying, and end-of-life care issues at the individual/patient, family/caregiver and community levels will help normalize conversations about death and dying and facilitate thoughtful and meaningful discussions with health care providers in establishing care goals, plans, and advance directives.
2. Risk: Palliative care is not a clear priority among primary care providers. Potential Impact: If this project and/or palliative care are not adopted as a priority component of providing comprehensive, quality, patient-centered care, there may be slow uptake and implementation of this project that will result in the PPS not achieving project milestones on time nor engaging patients per the planned timeline. Mitigation of this risk will require leadership at the PPS, regional, and practice levels, physician champions in each 3gi project practice, to provide vision and direction to comprehensively integrate palliative care into the outpatient/primary care setting.
3. Risk: A systematic way to identify and monitor palliative care patients is lacking. Potential Impact: If eligible palliative care patients are not identified within a practice and monitored for provision of appropriate services and supports to manage pain and symptoms associated with their disease, they will likely experience poor control and/or worsening of their symptoms that may result in otherwise preventable use of the ED and hospital. Mitigation: Introduction of a population health management platform within the PPS will enable the systematic identification and tracking of high risk populations and the ability to track their care throughout the continuum. In the interim, the outpatient palliative care population will be tracked through registries or reports built directly in the participating practice/organization EMRs.

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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	7,920

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	0	0	0	990
	Quarterly Update	0	0	0	6
	Percent(%) of Commitment				0.61%
IA Approved	Quarterly Update	0	0	0	6
	Percent(%) of Commitment				0.61%

Warning: PPS Reported - Please note that your patients engaged to date (6) does not meet your committed amount (990) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
mtreinin	Rosters	8_DY2Q4_PROJ3gi_MDL3gi2_PES_ROST_DY2Q4_CNYCC_Palliative_Care_Integration_-_3.g.i_-_Actively_Engaged_Patient_Roster_LRW_04.26.17_13314.xlsx	Palliative Care Integration DY2 Actively Engaged Patient Roster	04/26/2017 06:24 PM

Narrative Text :

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

For Project 3gi Actively Engaged Patient targets were not met. Currently, the number of organizations contracting for this project have been lower than anticipated, leading to low Actively Engaged Patient Reporting. This, in part, is due to the fact that partner organizations identified that the incentives for engagement in the project were misaligned. In response, CNYCC revised payment structures to help ensure alignment resulting in a re-contracting period beginning in December of 2016. Currently 5 Primary Care Practices have contracted for the project. CNYCC has conducted outreach to improve active engagement with the Palliative Care project. However, partners are now citing additional challenges interfering with engagement and contracting including: the perceived burden of IPOS implementation, needing to concentrate on PCMH recognition activities, and/or having undertaken too many projects at one time leading to a lack of resources to incorporate the 3gi project.

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CNYCC is working to continue to encourage engagement with interested partners and is also working to develop a model that demonstrates how PCPs can integrate palliative care initiatives into the workflows of their current PCMH practices more fluidly.

Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2Q4.

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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	08/04/2015	03/31/2018	08/04/2015	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	08/04/2015	03/31/2018	08/04/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. PCMH Level 1 Recognition		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1a Identify all providers/practices participating in project and identify those with or who will achieve NCQA PCMH 2014 Level 1 recognition.		Project		Completed	08/04/2015	03/01/2016	08/04/2015	03/01/2016	03/31/2016	DY1 Q4
Task 1b. Establish HIT/HIE and Primary Care Transformation workgroups.		Project		Completed	08/04/2015	03/31/2016	08/04/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1c. Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate palliative care strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers.		Project		Completed	01/31/2016	03/31/2016	01/31/2016	03/31/2016	03/31/2016	DY1 Q4
Task 1d. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding NCQA PCMH 2014. Education will include review of, NCQA 2014 standards, scoring, and recognition process.		Project		Completed	02/01/2016	04/08/2016	02/01/2016	04/08/2016	06/30/2016	DY2 Q1
Task 1e. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice.		Project		Completed	08/04/2015	01/31/2016	08/04/2015	01/31/2016	03/31/2016	DY1 Q4
Task		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
1f. Conduct baseline assessments of providers/practices' PCMH 2014 statuses.										
Task 1g. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful PCMH 2014 implementations.		Project		In Progress	06/01/2016	09/30/2017	06/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 1h. Devise a detailed PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 1i. Deploy PCMH 2014 or APCM implementation plans for each participating provider/practice.		Project		Completed	06/01/2016	09/30/2016	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 1j. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices.		Project		In Progress	09/01/2015	12/31/2017	09/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 2. Establish regional Palliative Care Resource Teams composed of palliative care physician, mid-level and nurse case manager.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Implement palliative care change package (i.e., palliative care patient panel, palliative care patient assessment protocol, and palliative care patient care plan protocol) in PCMHs. See also Requirement #3		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3a Introduce palliative care change package to PCMH cohorts		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3b Provide Technical Assistance to PCMH cohorts to guide implementation of palliative care change package		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3d. Participating practices conduct workflow analysis to assess capacity for integrating palliative care into practice		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3e. Participating PCPs establish palliative care patient panel of patients at highest risk for ED/Inpatient use(patient finding and targeting)		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3f. Participating PCPs implement palliative care patient assessment and care plan protocols		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	01/01/2018	03/31/2018	DY3 Q4

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Central New York Care Collaborative, Inc. (PPS ID:8)

Project Requirements (Milestone/Task Name)	Prescribed Due 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. Providers/practices engage community partners and resources and establish referral mechanisms										
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	DY2 Q4	Project	N/A	Completed	08/04/2015	03/31/2017	08/04/2015	03/31/2017	03/31/2017	DY2 Q4
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.		Project		Completed	08/04/2015	03/31/2017	08/04/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Review and document community partners, resources and social support services available regionally and within communities for PCMHs to coordinate with regarding palliative care services (e.g., hospitals, hospices, home care, nursing homes, social services, economic services, public health programs)		Project		Completed	08/04/2015	08/31/2016	08/04/2015	08/31/2016	09/30/2016	DY2 Q2
Task 2. Identify which services and resources to link to or integrate into practices providing palliative care services		Project		Completed	08/04/2015	03/31/2017	08/04/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Identify and engage core partner agencies and related services/resources		Project		Completed	08/04/2015	03/31/2017	08/04/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Develop guide for referral protocols and procedures with partners agencies and other provider/community resources		Project		On Hold	08/04/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	DY2 Q4	Project	N/A	Completed	06/15/2015	03/31/2017	06/15/2015	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		Completed	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Convene Project Implementation Collaborative meetings to steer the initiative		Project		Completed	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Define scope of palliative care services and change package		Project		Completed	06/15/2015	12/31/2016	06/15/2015	12/31/2016	12/31/2016	DY2 Q3

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to be integrated in PCMHs (e.g., pain and symptom assessment and management, advance care planning, panel management)										
Task 3a. Conduct review of existing palliative care clinical guidelines		Project		Completed	06/15/2015	03/31/2017	06/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3b. Define palliative care guidelines to be integrated in PCMHs		Project		Completed	06/15/2015	12/31/2016	06/15/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3c. Define general patient eligibility criteria for receipt of palliative care services in PCMH		Project		Completed	06/15/2015	09/30/2016	06/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3d. Define general criteria for patient referral to specialty, hospital, home care, nursing home, and/or hospice services		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3e. Review palliative care services and change package with PPS partners; establish consensus on defined palliative care clinical guidelines, eligibility, and referral		Project		Completed	06/15/2015	10/31/2016	06/15/2015	10/31/2016	12/31/2016	DY2 Q3
Task 3. Develop or identify a patient health severity assessment tool for PCMHs		Project		Completed	06/15/2015	09/30/2016	06/15/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Develop a patient palliative care plan template for PCMHs		Project		On Hold	06/15/2015	02/28/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	DY2 Q4	Project	N/A	Completed	10/31/2015	03/31/2017	10/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.		Project		Completed	10/31/2015	03/31/2017	10/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify core competencies for providing palliative care in PCMH setting		Project		Completed	10/31/2015	12/31/2016	10/31/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Develop or identify online and in-person training for palliative care competency, including cultural competency		Project		Completed	12/01/2015	12/31/2016	12/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Implement trainings		Project		Completed	10/31/2015	03/31/2017	10/31/2015	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	04/01/2016	03/31/2020	04/01/2016	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		Not Started	09/30/2017	03/31/2018	09/30/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS conducts analysis of the scope of services identified for the defined population		Project		Not Started	04/30/2017	06/30/2017	04/30/2017	06/30/2017	06/30/2017	DY3 Q1
Task servicesPPS develops preliminary value based payment option for project based on previous step (Total Care, Bundled Care etc)		Project		In Progress	12/01/2016	01/31/2017	12/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 3. PPS conducts cost benefit analysis of projects and adjusts value based payment option (including services and population definition).		Project		Not Started	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 4. PPS develops measures and metrics for the value-based payment strategy		Project		Not Started	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task . PPS collaborates with MCOs to assure proposed approaches are synergistic with MCO efforts.		Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task 6. PPS engages partners to review and refine preliminary value-based approaches, with particular focus on assuring their participation.		Project		In Progress	10/01/2017	12/31/2017	10/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task 7. PPS engages MCOs in contractual discussions regarding project, finalizes scope, population, approach, measures; resulting in contractual agreement with PPS.		Project		In Progress	01/01/2018	03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task 8. PPS engages partners in contractual discussions regarding project; resulting in contractual agreement with PPS.		Project		In Progress	01/01/2018	03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task 9. Engage MCOs in Project Implementation Collaboratives		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Share program protocols, patient inclusion criteria and scope of services with MCOs for feedback.		Project		Not Started	05/31/2017	06/30/2017	05/31/2017	06/30/2017	06/30/2017	DY3 Q1
Task 11. Revise protocols, patient inclusion and scope of services based upon MCO feedback.		Project		Not Started	06/30/2017	08/31/2017	06/30/2017	08/31/2017	09/30/2017	DY3 Q2
Task 12. Collaborative with MCOs to identify MCO patients who would benefit from inclusion in the project.		Project		Not Started	09/30/2017	11/30/2017	09/30/2017	11/30/2017	12/31/2017	DY3 Q3
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners.		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Identify core data elements needed for patient tracking requirements as well as care coordination data and identify the expected sources of data.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Complete gap analysis to compare required data to currently available data.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	tve007	Contracts and Agreements	8_DY2Q4_PROJ3gi_MDL3gi3_PRES2_CONTR_PR_(2)_List_Inventory_13788.xlsx	Inventory of Agreements	04/27/2017 12:19 PM
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	tve007	Other	8_DY2Q4_PROJ3gi_MDL3gi3_PRES3_OTH_PR_3_Standards_of_Care_Doc_V1_13540.pdf	Clinical Guidelines, Standards of Care	04/27/2017 08:31 AM
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	tve007	Training Documentation	8_DY2Q4_PROJ3gi_MDL3gi3_PRES4_TRAIN_PR_4_3gi_Training_Final_13986.xlsx	Training Inventory	04/27/2017 04:45 PM
Use EHRs or other IT platforms to track all patients engaged in this project.	mtreinin	Documentation/Certification	8_DY2Q4_PROJ3gi_MDL3gi3_PRES6_DOC_Actively_Engaged_Patient_Milestone_Documentation_-	Patient Tracking Milestone	04/19/2017 06:28 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			_Palliative_Care_Integration_-_3.g.i_10980.pdf		

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.	For Project 3gi Milestone 1, Task 4 (Providers/practices engage community partners and resources and establish referral mechanisms) the end date of 3/31/17 has been changed to 1/1/18. This is due to the project being in the early stages of PCP engagement. Once PCPs have partnered, additional work will be done to identify and link community partners with the contracted PCPs. Those PCPs that have contracted for this project have begun the work of identifying key community partnerships with the intent of establishing more formal referral processes.
Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	For 3gi, Palliative Care Integration into PCMH, Milestone 2 (Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice), it should be noted that CNYCC is engaging Hospice of CNY, Hospice & Palliative Care, Inc., and Psychological Healthcare as partnering organizations. These organizations have not contracted specifically for 3gi. However, CNYCC has been working with those CNYCC 3gi contracted primary care practices and the above listed organizations to develop relationships for the purpose of delivering and integrating Primary Palliative Care into the PCMH. Discussions and meetings taken place with the above named palliative care service providers and the PCPs with the intent that formal agreements and partnerships will be established. For Project 3.g.i, Milestone 2, Task 4 (Develop guide for referral protocols and procedures with partner agencies and other provider/community resources) has been changed to "On Hold" status. This is due to the fact that participating PCPs are beginning the process of identifying and engaging partnering agencies such as Hospice. These agencies are being identified locally and protocols and procedures around referral procedures may also need to be developed locally. The PPS has developed a model service agreement that may act as a guide for cross-referrals. However, this activity needs to be on hold until better engagement has been established.
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	For Project 3.g.i, Milestone 3, Task 4 (Develop a patient palliative care plan template for PCMHs) has been place "On Hold." With the development of clinical guidelines and the on-boarding of PCPs, review of this task is underway to determine if a template is still necessary in light of the developed workflow model. CNYCC will review the need for this task with our partnering organizations as more PCPs are engaged in the project.
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	
Engage with Medicaid Managed Care to address coverage of services.	
Use EHRs or other IT platforms to track all patients engaged in this project.	

Milestone Review Status

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

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Milestone Review Status

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

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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 Mid-Point Assessment	Completed	Mid-Point Assessment narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point 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.

RISK: Geographic diversity is a challenge for project implementation; the CNYCC region is large and includes urban and rural areas, leading to differing priorities among partners. IMPACT: Failure of the Partnership to identify relevant strategic objectives, will result in continued operation under fragmented systems. MITIGATION: The RFP CNYCC will develop to fund new programs will require or reward cross-setting and regional collaborations. RISK: There is a significant need for workforce training for this project both in building provider capacity for service provision and supporting needed development that will in turn support project implementation across projects. IMPACT: Failure to build provider capacity will result in a continued strain on existing resources. Waiting lists for patients to be seen by a mental health provider remain long. MITIGATION: Partners have already begun exploring strategies to build provider capacity. Some rural partners are exploring telehealth and CNYCC will continue to support and learn from this effort. Other creative strategies are being employed. Encouraging shared language among behavioral health and primary care workforces has begun and will continue as part of the broader CNYCC Workforce strategy. RISK Population health management requires involvement from healthcare, public health, social institutions, and policymakers. Some providers have the capability to implement population health practices; many other organizations have a fairly steep learning curve, and may need time to prepare to implement these practices. IMPACT A PHM structure is necessary to better understand risk aggregation and embrace the tools to mitigate potential costs that come with caring for a set population. Technology in population health strategies is needed to continually identify, assess, and stratify provider panels. Moreover, physician groups can use technology and automation to augment integration and care, better manage patient populations, drive better outcomes, and decrease overall cost. MITIGATION First, it is going to be critical that training opportunities on PHM are available and marketed for multidisciplinary stakeholders and their partners. Second, some organizational leaders may need to diminish focus on individual health behavior but instead include knowledge and skill building on community engagement/empowerment, and advocacy for policy, systems, and environmental change that support healthy behaviors. Third, there will need to be an increased reliance on "experts" in a community. Much of this shift in thinking is already underway, where partners are raising these issues and using the knowledge that exists within the community to develop steps forward. RISK Stigmatization of people with mental disorders continues to persist. Stigmatization leads to marginalization and deters the public from seeking care. IMPACT If the stigmatization associated with mental health and substance abuse persists, prevention and treatment of mental illness and substance abuse disorders will continue to be a challenge. Reducing stigmatization associated with mental health and substance abuse will heighten public (including physicians and other influential individuals) awareness of the importance of preventing and treating mental health and substance abuse and subsequent funding opportunities. MITIGATION Overall approaches to stigma reduction involve programs of advocacy and contact with persons with mental illness through schools and other societal institutions. Awareness campaigns and training opportunities should be an integral part of the effort and can include facts about mental illness and substance use disorders; health literacy/language around mental health; and cultural competency.

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Convene Mental Emotional and Behavioral (MEB) Health Promotion and Disorder Prevention Regional Partnership, Designate a CNYCC Representative, and Assist the Partnership to Develop a Strategic Plan that is Aligned with DSRIP and Project 4aiii	In Progress	Convene Mental Emotional and Behavioral (MEB) Health Promotion and Disorder Prevention Regional Partnership, Designate a CNYCC Representative, and Assist the Partnership to Develop a Strategic Plan that is Aligned with DSRIP and Project 4aiii	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Create an inventory of stakeholders, including organizations directly (e.g., public health) and in-directly (e.g., social services) related to MEB, and that also includes cohorts or specific populations targets members of the population served.	Completed	Create an inventory of stakeholders, including organizations directly (e.g., public health) and in-directly (e.g., social services) related to MEB, as well members of the population served.	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Either identify an existing entity that would be willing to take on the work of the Partnership and align their efforts with the CNYCC's Project 4aiii goals/objectives or develop a new entity or organization willing to take on this work	Completed	The Partnership could be developed through an RFP process. In this case, the guidance for the RFP would be developed by the PIC and the CNYCC. Requirements and expectations would be laid out in clear terms based on 4aiii project guidance and the will of the PIC and CNYCC staff	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Determine Prevention Partnership's organizational structure, by-laws, vision, mission, role, and core goals and activities	In Progress	Determine Prevention Partnership's organizational structure, by-laws, vision, mission, role, and core goals and activities	12/15/2016	03/31/2020	12/15/2016	03/31/2020	03/31/2020	DY5 Q4
Task 4. Consolidate, review and summarize information from existing community needs assessment to clarify needs, underlying determinants of health, population segments most at-risk, barrier to care/service, and service gaps.	Completed	Consolidate, review and summarize information from existing community needs assessment to clarify needs, underlying determinants of health, population segments most at-risk, barrier to care/service, and service gaps.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Conduct a broad MEB policy or structural assessment and identify opportunities for	On Hold	Conduct a broad MEB policy or structural assessment and identify opportunities for promoting access to care, care coordination, service integration, client engagement, and outreach/education, particularly with	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
promoting access to care, care coordination, service integration, client engagement, and outreach/education, particularly with respect to integrating and coordinating mental health and substance abuse services or breaking down the barriers to integration in these area,		respect to integrating and coordinating mental health and substance abuse services or breaking down the barriers to integration in these area,						
Task 6. Conduct resource mapping and develop an inventory of community and clinical providers, resources, and services available to support MEB health promotion, prevention, capacity building and overall MEB strengthening efforts	Completed	Conduct resource mapping and develop an inventory of community and clinical providers, resources, and services available to support MEB health promotion, prevention, capacity building and overall MEB strengthening efforts	02/01/2017	03/31/2017	02/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 7. Work with other CNYCC PICs and the CNYCC staff to explore and identify synergies and collaborative opportunities across the CNYCC's projects	In Progress	Work with other CNYCC PICs and the CNYCC staff to explore and identify synergies and collaborative opportunities across the CNYCC's projects	10/01/2016	06/30/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task 8. Engage the CNYCC's Workforce Coordination and the Workforce Working Group to explore overlapping objectives related to strengthening MEB Health workforce and building capacity, related to quality improvement, rapid cycle evaluation, and evidence-based approaches	In Progress	Engage the CNYCC's Workforce Coordination and the Workforce Working Group to explore overlapping objectives related to strengthening MEB Health workforce and building capacity, including capacity quality improvement, rapid cycle evaluation, and evidence-based approaches	10/01/2016	03/31/2020	10/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 9. Engage the CNYCC's Cultural Competency/ Health Literacy Working group to explore overlapping objectives related to ensuring that MEB health services are provided in a culturally competent way. Ensure that organizations are "health literate", as well as promoting health literacy related to MEB Health, particularly amongst those most at-risk	In Progress	Engage the CNYCC's Cultural Competency/ Health Literacy Working group to explore overlapping objectives related to ensuring that MEB health services are provided in a culturally competent way. Ensure that organizations are "health literate", as well as promoting health literacy related to MEB Health, particularly amongst those most at-risk	09/01/2015	06/30/2017	09/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 10. Develop priorities for the partnership as well as a detailed work plan that will allow the partnership to achieve the identified priorities.	In Progress	Emphasis should be placed on identifying activities that will support the other work of the CNYCC and achievement of DSRIP goals. Priorities would likely fall into the following three categories 1) Capacity building efforts (e.g., psychiatry, telehealth, MH/SA/primary care integration, care management, medication management, etc.), 2) MEB Health Promotion, Wellness, and Prevention Activities (e.g., children/youth	12/15/2016	03/31/2020	12/15/2016	03/31/2020	03/31/2020	DY5 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
		in schools, racial/ethnic minority populations, older adults, geographic service gaps, dual diagnosed individuals (MH & SA), etc., and 3) Advocacy and structural changes related to Broad MHSA Strengthening (policy consideration, licensure issues, training gaps, facility waivers and other regulatory waivers, etc.)						
Task 11. Designate a CNYCC representative by Year 1 Quarter 3 that would represent the CNYCC on the Partnership's leadership team	On Hold	Designate a CNYCC representative by Year 1 Quarter 3 that would represent the CNYCC on the Partnership's leadership team	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 12. Require that all CNYCC partners participate in Prevention Partnership	On Hold	Require that all CNYCC partners participate in Prevention Partnership	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6.1 Facilitate the development of a strategic plan to inform activities to enhance infrastructure that will promote access to care, care coordination, service integration, client engagement, and outreach/education, particularly with respect to integrating and coordinating mental health and substance abuse services or breaking down the barriers to integration in these area,	Completed	Facilitate the development of a strategic plan to inform activities to enhance infrastructure that will promote access to care, care coordination, service integration, client engagement, and outreach/education, particularly with respect to integrating and coordinating mental health and substance abuse services or breaking down the barriers to integration in these area,	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 10.1 Using the developed strategic plan as a framework, create and disseminate RFP to seek creative, collaborative, and innovative solutions to strengthen infrastructure.	Completed	Using the developed strategic plan as a framework, create and disseminate RFP to seek creative, collaborative, and innovative solutions to strengthen infrastructure.	12/15/2016	03/31/2017	12/15/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Implement at Least Two Short-term and Two Long-term Objectives that are aligned with DSRIP Project 4aiii from the Prevention Partnership's Strategic Plan	In Progress	Implement at Least Two Short-term and Two Long-term Objectives that are aligned with DSRIP Project 4aiii from the Prevention Partnership's Strategic Plan	12/15/2016	03/31/2018	12/15/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify existing resources that can be applied to achieve each of the identified short-term and long-term objectives.	Not Started	Identify existing resources that can be applied to achieve each of the identified short-term and long-term objectives.	02/01/2017	07/01/2017	07/01/2017	07/01/2017	09/30/2017	DY3 Q2
Task 2. Identify relevant "inputs" or activities required to achieve each of the short term and long-term objectives.	Not Started	Identify relevant "inputs" or activities required to achieve each of the short term and long-term objectives.	02/01/2017	07/01/2017	07/01/2017	07/01/2017	09/30/2017	DY3 Q2
Task	On Hold	Develop logic model for each objective	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
3. Develop logic model for each objective								
Task 4. Develop detailed work plan with clear activities, timelines, measures/milestones for success and responsible parties for each objective	Not Started	Develop detailed work plan with clear activities, timelines, measures/milestones for success and responsible parties for each objective	02/01/2017	07/01/2017	07/01/2017	07/01/2017	09/30/2017	DY3 Q2
Task 5. Implement and monitor activities and use data for quality/progress improvement	Not Started	Implement and monitor activities and use data for quality/progress improvement.	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone Conduct Annual Reviews of Objectives and Activities to Determine Progress and Selection of New objectives and Activities.	Not Started	Conduct Annual Reviews of Objectives and Activities to Determine Progress and Selection of New objectives and Activities.	04/01/2017	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 Q4
Task 1. Train Prevention Partnership members on the principles and practices related to quality/performance improvement and rapid cycle evaluation	Not Started	Train Prevention Partnership members on the principles and practices related to quality/performance improvement and rapid cycle evaluation	04/01/2018	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 Q4
Task 2. Based on the logic model and the work plan, develop an evaluation plan for each objective	Not Started	Based on the logic model and the work plan, develop an evaluation plan for each objective	04/01/2018	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 Q4
Task 3. Track identified measure(s) and milestones for each activity.	Not Started	Track identified measure(s) and milestones for each activity.	04/01/2017	03/29/2020	04/01/2018	03/29/2020	03/31/2020	DY5 Q4
Task 4. Create or modify data collection tool(s) and establish frequency for data collection.	Not Started	Create or modify data collection tool(s) and establish frequency for data collection.	04/01/2017	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 Q4
Task 5. Collect data according to evaluation plan.	Not Started	Collect data according to evaluation plan.	04/01/2017	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 Q4
Task 6. Analyze and report results.	Not Started	Analyze and report results.	04/01/2017	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 Q4
Task 7. Review and share results with partners.	Not Started	Review and share results with partners	04/01/2017	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 Q4
Task 8. Identify new objectives/activities.	Not Started	Identify new objectives/activities.	04/01/2017	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 Q4
Task 9. Implement new objectives/activities.	Not Started	Implement new objectives/activities.	04/01/2017	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Convene Mental Emotional and Behavioral (MEB) Health Promotion and Disorder Prevention Regional Partnership, Designate a CNYCC Representative, and Assist the Partnership to Develop a Strategic Plan that is Aligned with DSRIP and Project 4aiii	
Implement at Least Two Short-term and Two Long-term Objectives that are aligned with DSRIP Project 4aiii from the Prevention Partnership's Strategic Plan	
Conduct Annual Reviews of Objectives and Activities to Determine Progress and Selection of New objectives and Activities.	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

Project 4.d.i – Reduce premature births

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

Instructions :

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

The primary challenge will be to establish referral and information sharing systems between community-based non-clinical organizations and PCPs. Preventing preterm births remains a challenge because the causes of preterm births are numerous and complex and reducing the risk of preterm birth and improving health will require a collaborative approach between clinicians focusing on health improvement and community non-clinical organizations focusing on outreach, engagement, prevention, intervention and addressing issues related to social determinants of health. As a result, a focus will be the development of standardized protocols outlining referral steps, and minimum data sets, obtaining patient consent and defining critical information needing to be collected and shared. Collected information will be aggregated in the RHIO, as well as exchanged point-to-point through the use of Direct protocols. The establishment of a population health management platform by DY 3 will enable the systematic identification of high risk patients and the ability to track their care throughout the continuum. In the interim, the population will be tracked through registries or reports built directly in the EMRs.

An information sharing solution will be developed to take into account the varying levels, or entire lack thereof, of IT to assure timely and secure exchange of information between partners. The scarcity of Medicaid providers in some remote and rural locations in the region, exacerbated by the lack of transportation, presents added barriers to accessing timely prenatal care. Paraprofessionals such as lay health workers, peer counselors and community health workers being deployed in these areas will help to navigate Medicaid transportation services.

While activated and engaged clinical and non-clinical providers are a cornerstone to the project success, it will be necessary to work across DSRIP projects to assure CNYCC promotes systemness (Health Homes, 2.a.iii; Integration of BH and PC, 3.a.i) and develops an activated and engaged patients (PAM, 2.d.i). To address this issue the CNYCC will develop cross project objectives shared with the requisite Implementation Teams and to the extent necessary, appoint common Implementation Team members to assure cross-project collaboration.

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IPQR Module 4.d.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 Create methodology for consistent identification of high risk pregnancy to inform prenatal service referral protocol(s)	Completed	Create methodology for consistent identification of high risk pregnancy to inform prenatal service referral protocol(s)	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 1. Convene participating prenatal care providers and assess current high risk identification methodologies	Completed	1. Convene participating prenatal care providers and assess current high risk identification methodologies	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. Survey the best practice literature regarding identification of high risk pregnancy, especially for Medicaid patients if available	Completed	2. Survey the best practice literature regarding identification of high risk pregnancy, especially for Medicaid patients if available	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. With representative workgroup of partners, draft high risk definition and link to appropriate levels of prenatal care services	Completed	3. With representative workgroup of partners, draft high risk definition and link to appropriate levels of prenatal care services	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Present consensus document to clinical governance committee to review & approval	Completed	4. Present consensus document to clinical governance committee to review & approval	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone Training on: 5A's, presumptive eligibility, prenatal care standards and current guidelines on the management of preterm labor	On Hold	Training on: 5A's, presumptive eligibility, prenatal care standards and current guidelines on the management of preterm labor	10/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Assess and determine an approach to integrating or enhancing 1) tobacco & other substance screening and referral and 2) presumptive eligibility enrollment at participating organizations/providers	On Hold	1. Assess and determine an approach to integrating or enhancing 1) tobacco & other substance screening and referral and 2) presumptive eligibility enrollment at participating organizations/providers	10/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Identify clinical providers and practices from PPS to be trained on tobacco & other substance screening and referral including the 5A's, such as	On Hold	2. Identify clinical providers and practices from PPS to be trained on tobacco & other substance screening and referral including the 5A's, such as FQHCs, health homes, private practices	10/01/2015	03/31/2017	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
FQHCs, health homes, private practices								
Task 3. Identify community providers and practices from PPS to be trained on tobacco & other substance screening and referral using the 5A's, such as home visiting, community health workers, WIC	On Hold	3. Identify community providers and practices from PPS to be trained on tobacco & other substance screening and referral using the 5A's, such as home visiting, community health workers, WIC	10/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Collaborate with regional Tobacco-Free Coalition(s),NYS Tobacco Control Program, and other substance abuse coalitions to coordinate and deliver clinical and community provider trainings on integrating tobacco & other substance screening and referral processes (per the 5As—Ask, Advise, Assess, Assist, and Arrange) into their scope of care/services targeting pregnant women who smoke	On Hold	4. Collaborate with regional Tobacco-Free Coalition(s),NYS Tobacco Control Program, and other substance abuse coalitions to coordinate and deliver clinical and community provider trainings on integrating tobacco & other substance screening and referral processes (per the 5As—Ask, Advise, Assess, Assist, and Arrange) into their scope of care/services targeting pregnant women who smoke	10/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Identify/define a list of entities PPS to target for training to become presumptive eligibility qualified entities (e.g., WIC, FQHCs, hospitals, homeless shelters)	On Hold	5. Identify/define a list of entities PPS to target for training to become presumptive eligibility qualified entities (e.g., WIC, FQHCs, hospitals, homeless shelters	10/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Train entities to become qualified entities/providers for Medicaid presumptive eligibility, specifically targeting pregnant women	On Hold	6. Train entities to become qualified entities/providers for Medicaid presumptive eligibility, specifically targeting pregnant women	10/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Review Medicaid prenatal care standards and clinical guidelines for preterm labor with participating providers to establish consensus minimum standards	On Hold	7. Review Medicaid prenatal care standards and clinical guidelines for preterm labor with participating providers to establish consensus minimum standards	10/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Identify priority PPS providers/practices to implement consensus minimum standards for prenatal care & preterm birth and engaged in learning collaboratives	On Hold	8. Identify priority PPS providers/practices to implement consensus minimum standards for prenatal care & preterm birth and engaged in learning collaboratives	10/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Engage model providers to support identified PPS providers/practices in the incorporation prenatal care and preterm birth standards and	On Hold	9. Engage model providers to support identified PPS providers/practices in the incorporation prenatal care and preterm birth standards and guidelines into practice	10/01/2015	03/31/2017	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
guidelines into practice								
Milestone Establish common resource and referral protocols and extend to include existing, new, and expanded programs	Completed	Establish common resource and referral protocols and extend to include existing, new, and expanded programs	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Convene working group of partners, potentially across projects, to steer the initiative	Completed	1. Convene working group of partners, potentially across projects, to steer the initiative	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Conduct resource mapping and develop an inventory of community and clinical providers, resources, and services available to support pregnant women	Completed	2. Conduct resource mapping and develop an inventory of community and clinical providers, resources, and services available to support pregnant women	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Select and engage key/primary providers and organizations to be part of the initial referral network in which standard screening, referral, and information sharing practices are established across organizations/agencies	Completed	3. Select and engage key/primary providers and organizations to be part of the initial referral network in which standard screening, referral, and information sharing practices are established across organizations/agencies	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Develop a standard referral process/protocol across organizations/agencies	Completed	4. Develop a standard referral process/protocol across organizations/agencies	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4a Establish multi-agency/organization consent for release of information within the referral network (as appropriate)	Completed	4a Establish multi-agency/organization consent for release of information within the referral network (as appropriate)	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4b Assess and define referral information sharing systems across the referral network (e.g., fax, EHR, other)	Completed	4c Assess and define referral information sharing systems across the referral network (e.g., fax, EHR, other)	07/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 4c Develop a referral tracking process/system	Completed	4d Develop a referral tracking process/system	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Implement the standard referral protocol across the initial referral network	Completed	5. Implement the standard referral protocol across the initial referral network	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task 6. Conduct continuous quality improvement (e.g., PDSA cycles) to assess and refine the functioning and performance of the standard referral protocol in the initial referral network	On Hold	6. Conduct continuous quality improvement (e.g., PDSA cycles) to assess and refine the functioning and performance of the standard referral protocol in the initial referral network	01/01/2017	03/31/2017	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
Task 7. Revise the referral protocol as needed to improve efficiency and effectiveness	On Hold	7. Revise the referral protocol as needed to improve efficiency and effectiveness	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Recruitment and establishment of a network of paraprofessionals	In Progress	Recruitment and establishment of a network of paraprofessionals	10/01/2015	03/31/2020	10/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Define type of paraprofessionals to include in the network, including qualifications and competencies (e.g., community health workers, home visitors, home health aides)	Completed	1. Define type of paraprofessionals to include in the network, including qualifications and competencies (e.g., community health workers, home visitors, home health aides)	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Assess existing paraprofessional workforce capacity within PPS organizations and agencies; identify additional capacity needed to ensure paraprofessional services are distributed throughout the PPS region	Completed	2. Assess existing paraprofessional workforce capacity within PPS organizations and agencies; identify additional capacity needed to ensure paraprofessional services are distributed throughout the PPS region	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Identify organizations or programs to engage in partnerships and implement or expand paraprofessional capacity	In Progress	3. Identify organizations or programs to engage in partnerships and implement or expand paraprofessional capacity	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 4. Support partner organizations and programs in recruiting additional paraprofessional capacity (e.g., coordinate recruitment partnerships)	In Progress	4. Support partner organizations and programs in recruiting additional paraprofessional capacity (e.g., coordinate recruitment partnerships)	10/01/2015	03/31/2020	10/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Provide or coordinate trainings for PPS paraprofessionals to enhance knowledge and competencies to work with pregnant women (e.g., deliver basic health education, promote health care service use, and provide social support)	In Progress	5. Provide or coordinate trainings for PPS paraprofessionals to enhance knowledge and competencies to work with pregnant women (e.g., deliver basic health education, promote health care service use, and provide social support)	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Milestone Expansion of CenteringPregnancy® and/or other innovated pregnancy education programs in areas where none currently exist	In Progress	Expansion of CenteringPregnancy® and/or other innovated pregnancy education programs in areas where none currently exist	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify and assess the availability of existing CenteringPregnancy® and other similar programs	Completed	1. Identify and assess the availability of existing CenteringPregnancy® and other similar programs	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Gather lessons from the establishment and	Completed	2. Gather lessons from the establishment and ongoing operation of the existing CenteringPregnancy® and similar programs	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
ongoing operation of the existing CenteringPregnancy® and similar programs								
Task 3. Identify and engage additional sites to expand/implement CenteringPregnancy® or similar programs where none currently exist or capacity does not meet demand	Completed	3. Identify and engage additional sites to expand/implement CenteringPregnancy® or similar programs where none currently exist or capacity does not meet demand	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. For sites planning to implement CenteringPregnancy ®, coordinate with Centering Healthcare Institute to conduct an information seminar for the identified sites and other interested programs or organizations	Completed	4. For sites planning to implement CenteringPregnancy ®, coordinate with Centering Healthcare Institute to conduct an information seminar for the identified sites and other interested programs or organizations	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. Review program elements and assess site readiness and capacity to implement the CenteringPregnancy® or other similar programs	Completed	5. Review program elements and assess site readiness and capacity to implement the CenteringPregnancy® or other similar programs	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Identify and establish a referral source or mechanism for recruiting women into the CenteringPregnancy® or other similar programs	Completed	6. Identify and establish a referral source or mechanism for recruiting women into the CenteringPregnancy® or other similar programs	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7. Develop implementation plans responsive to site capacity and readiness for each site	Completed	7. Develop implementation plans responsive to site capacity and readiness for each site	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 8. Implement CenteringPregnancy® or other similar programs at new sites	Completed	8. Implement CenteringPregnancy® or other similar programs at new sites	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Conduct continuous quality improvement of CenteringPregnancy® and other similar programs at each site to assess and refine implementation (e.g., PDSA cycles to assess recruitment, enrollment, participant completion, etc.)	In Progress	9. Conduct continuous quality improvement of CenteringPregnancy® and other similar programs at each site to assess and refine implementation (e.g., PDSA cycles to assess recruitment, enrollment, participant completion, etc.)	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 10. For sites implementing CenteringPregnancy®, gain site approval establishing model fidelity and sustainability (see Centering Healthcare Institute website)	In Progress	10. For sites implementing CenteringPregnancy®, gain site approval establishing model fidelity and sustainability (see Centering Healthcare Institute website)	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone Establishment and integration of common intake	In Progress	Establishment and integration of common intake and enrollment protocols, referral, follow-up, and coordination of practices, and integration into	08/04/2015	03/31/2020	08/04/2015	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
and enrollment protocols, referral, follow-up, and coordination of practices, and integration into information technology platforms.		information technology platforms.						
Task 1. With CNYCC HIT and RHIO staff and 4di participants including clinicians, review and inventory existing candidate HIT platforms within the PPS related to project requirements, including intake and enrollment, screening and risk assessment (e.g., tobacco, preterm birth), referral and follow-up,	Completed	With CNYCC HIT and RHIO staff, review and inventory existing candidate HIT platforms within the PPS related to project requirements, including intake and enrollment, screening and risk assessment (e.g., tobacco, preterm birth), referral and follow-up,	08/04/2015	10/31/2016	08/04/2015	10/31/2016	12/31/2016	DY2 Q3
Task 2. With CNYCC HIT and RHIO staff and 4di participants including clinicians, review and inventory existing candidate PHM platforms for relevance to project requirement	Completed	2. With CNYCC HIT and RHIO staff, review and inventory existing candidate PHM platforms for relevance to project requirement	08/04/2015	10/31/2016	08/04/2015	10/31/2016	12/31/2016	DY2 Q3
Task 3. With CNYCC HIT and RHIO staff and 4di participants including clinicians, develop a strategic plan for addressing the HIT needs of 4di and review with IT & Data Governance Committee for approval.	In Progress	3. With CNYCC HIT and RHIO staff and 4di participants including clinicians, develop a strategic plan for addressing the HIT needs of 4di and review with IT & Data Governance Committee for approval.	11/01/2015	06/30/2017	11/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 4. Implement 4di HIT strategy with 4di participants and RHIO staff, with support from CNYCC HIT staff	In Progress	4. Implement 4di HIT strategy with 4di participants and RHIO staff, with support from CNYCC HIT staff	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. On-going monitoring and improvement opportunities coordinated by CNYCC, the RHIO, and local perinatal health coalitions.	Not Started	5. On-going monitoring and improvement opportunities coordinated by CNYCC, the RHIO, and local perinatal health coalitions.	04/01/2018	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish common resource and referral protocols and extend to include existing, new, and expanded programs	kmont319	Other	8_DY2Q4_PROJ4di_MDL4di2_PPS1394_OTH_DOH_5007_Form_11076.pdf	Paper version of referral coordination form for PeerPlace platform.	04/20/2017 01:42 PM

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PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	kmont319	Other	8_DY2Q4_PROJ4di_MDL4di2_PPS1394_OTH_PeerPlace_Platform_Screenshot_11075.pdf	Screenshot of PeerPlace electronic Platform.	04/20/2017 01:41 PM
	kmont319	Other	8_DY2Q4_PROJ4di_MDL4di2_PPS1394_OTH_Resource_Mapping_Document_11074.xlsx	List of prenatal care providers that will be outreached to utilize referral platform.	04/20/2017 01:38 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Create methodology for consistent identification of high risk pregnancy to inform prenatal service referral protocol(s)	
Training on: 5A's, presumptive eligibility, prenatal care standards and current guidelines on the management of preterm labor	For Project 4.d.i Milestone 2, "Training on: 5A's, presumptive eligibility, prenatal care standards and current guidelines on the management of preterm labor" has been placed on hold. The purpose of this is that CNYCC previously issued a Request For Proposal (RFP) for the Clinical Standards Component of this project. The Clinical Standards RFP was developed to solicit organizations to partner with CNYCC to create a Clinical Standards Educational Protocol Model(s) to educate, integrate, and train all birthing hospitals and outpatient obstetrical care providers in the adoption and implementation of the newly developed clinical standard protocols. CNYCC have obtained the results of the RFP process and will be announcing the awardees. CNYCC is placing this milestone on hold because we recognize the time it will take to contract with organization and also for the organization to develop these clinical standards in order to educate, train, and integrate these protocols.
Establish common resource and referral protocols and extend to include existing, new, and expanded programs	For Project 4.d.i Milestone 3, "Establish common resource and referral protocols and extend to include existing, new, and expanded programs." In order to link pregnant women to appropriate levels of care CNYCC sought to establish a common resource and referral protocol. Through our clinical workgroup to establish these protocols it was decided to collaborate with Onondaga County Department of Health (DOH) who presently license PeerPlace, an electronic platform that provides a common referral resource for pregnant women to be assessed and appropriate referrals to be made to link them to the appropriate level of care. Initially, Onondaga County DOH was only able to provide this resource to Onondaga County but now they've received funding to help to expand the utilization of this platform to other counties and regions. Onondaga County DOH has agreed to prioritize CNYCC's partner organizations who are prenatal care providers and also expand to the additional counties of Lewis, Oswego, Oneida, Cayuga, and Madison. In order to execute this, CNYCC provided a "Resource Mapping" document listing partner organizations and non-partner prenatal care providers within the CNYCC PPS region in the outreach and expansion of the PeerPlace platform. Onondaga County DOH is working with HealtheConnections to undertake the outreach and engagement of these organizations.
Recruitment and establishment of a network of paraprofessionals	
Expansion of CenteringPregnancy® and/or other innovated pregnancy education programs in areas where none currently exist	
Establishment and integration of common intake and enrollment protocols, referral, follow-up, and coordination of practices, and integration into information technology platforms.	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	The IA recognizes the completion of the Milestone: "Create methodology for consistent identification of high risk pregnancy to inform prenatal service referral protocol(s)"

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IPQR Module 4.d.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 'Central New York Care Collaborative, Inc. ', 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:	UNIVERSITY HSP SUNY HLTH SC
Secondary Lead PPS Provider:	
Lead Representative:	Virginia Opipare
Submission Date:	06/20/2017 11:35 AM

Comments:	

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY2, Q4	Adjudicated	Virginia Opipare	sacolema	06/30/2017 01:18 PM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The DY2, Q4 Quarterly Report has been adjudicated.	sacolema	06/30/2017 01:18 PM
Returned	The DY2, Q4 Quarterly Report has been returned for Remediation.	sacolema	05/31/2017 05:14 PM

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

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

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

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

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

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

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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Complete	
	Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Complete	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Complete	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Complete	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & 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 & Complete	
	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 & Ongoing	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Ongoing	
	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 & Ongoing	
Section 11	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete	
	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Complete	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Complete	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Complete	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Complete	
	Milestone #5 Develop training strategy.	Pass & Complete	
	Module 11.10 - Staff Impact	Pass & Ongoing	
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Fail	

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

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Ongoing	
	Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Complete	
	Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Pass & Ongoing	
	Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.	Pass & Complete	
	Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Fail	
	Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population.	Pass & Complete	
2.b.iii	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Complete	
	Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	Pass & Ongoing	
	Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Complete	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass (with Exception) & Complete	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
2.b.iv	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iv.3 - Prescribed Milestones		

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Central New York Care Collaborative, Inc. (PPS ID:8)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Complete	
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Ongoing	
	Milestone #3 Ensure required social services participate in the project.	Pass & Ongoing	
	Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Pass & Complete	
	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Complete	
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Complete	
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
2.d.i	Module 2.d.i.2 - Patient Engagement Speed	Fail	
	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 & Complete	
	Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Pass & Complete	
	Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Pass & Complete	
	Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Pass & 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 & Complete	
	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 & Complete	

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Central New York Care Collaborative, Inc. (PPS ID:8)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	Pass & Ongoing	
	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 & Complete	
	Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Pass & Complete	
	Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Pass & 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 & Complete	
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	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	
	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 & Complete	
	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.ii	Module 3.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.ii.3 - Prescribed Milestones		
	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Ongoing	
	Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Pass & Ongoing	
	Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Complete	
	Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Fail	
	Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Pass & Ongoing	
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	medical staff.		
	Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Ongoing	
	Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Complete	
	Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
3.b.i	Module 3.b.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.b.i.3 - Prescribed Milestones		
	Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Pass & Ongoing	
	Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Pass & Ongoing	
	Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Pass & Ongoing	
	Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Pass & Complete	
	Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Fail	
	Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Pass & Ongoing	
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Pass & Complete	
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Pass & Ongoing	
	Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Pass & Complete	
	Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Pass & Ongoing	
	Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status
	Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Pass & Complete
	Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Fail
	Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Pass & Complete
	Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Pass & Ongoing
	Milestone #18 Adopt strategies from the Million Hearts Campaign.	Pass & Complete
	Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Pass & Ongoing
	Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Pass & Complete
3.g.i	Module 3.g.i.2 - Patient Engagement Speed	Fail
	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 & Complete
	Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	Pass & Complete
	Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Pass & Complete
	Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	Pass & Ongoing
	Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Complete
4.a.iii	Module 4.a.iii.2 - PPS Defined Milestones	Pass & Ongoing
4.d.i	Module 4.d.i.2 - PPS Defined Milestones	Pass & Ongoing

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Providers Participating in Projects

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

Provider Category		**Project 2.a.i**		**Project 2.a.iii**		**Project 2.b.iii**		**Project 2.b.iv**		**Project 2.d.i**		**Project 3.a.i**		**Project 3.a.ii**		**Project 3.b.i**		**Project 3.g.i**		**Project 4.a.iii**		**Project 4.d.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	447	291	221	153	323	-	306	148	291	-	397	256	159	-	395	206	122	171	0	-	237	-
	Safety Net	110	50	59	43	103	45	91	39	99	43	104	47	47	17	102	31	18	41	0	-	82	-
Practitioner - Non-Primary Care Provider (PCP)	Total	1,672	776	625	462	1,416	-	1,464	504	1,477	-	1,554	510	1,123	-	1,323	429	383	459	0	-	1,240	-
	Safety Net	232	201	28	126	207	-	198	135	210	126	216	136	192	93	208	100	14	115	0	-	196	-
Hospital	Total	11	9	7	-	11	-	11	6	9	-	10	-	5	-	10	-	5	-	0	-	9	-
	Safety Net	11	10	7	-	11	8	11	8	9	8	10	-	5	7	10	-	5	-	0	-	9	-
Clinic	Total	32	32	14	14	21	-	21	-	21	-	22	21	12	-	18	13	9	11	0	-	13	-
	Safety Net	26	33	12	20	18	16	18	-	17	21	18	29	9	23	16	18	9	13	0	-	12	-
Case Management / Health Home	Total	24	15	16	13	10	-	15	10	16	-	12	-	12	-	4	7	3	-	0	-	6	-
	Safety Net	10	7	7	6	3	3	7	5	8	-	6	-	6	6	4	3	3	-	0	-	5	-
Mental Health	Total	143	76	69	45	108	-	115	-	124	-	136	58	116	-	89	25	39	-	0	-	76	-
	Safety Net	37	34	18	20	19	-	22	-	26	-	30	26	28	22	16	13	6	-	0	-	17	-
Substance Abuse	Total	16	17	3	10	3	-	3	-	5	-	11	14	7	-	2	4	1	-	0	-	3	-
	Safety Net	14	16	3	10	3	-	3	-	4	-	11	14	7	10	2	4	1	-	0	-	3	-
Nursing Home	Total	17	27	3	-	4	-	14	-	4	-	2	-	1	-	5	-	7	-	0	-	3	-
	Safety Net	16	26	3	-	4	-	13	-	4	-	2	-	1	-	5	-	7	-	0	-	3	-
Pharmacy	Total	47	6	6	3	42	-	41	-	4	-	4	-	0	-	44	5	5	-	0	-	5	-
	Safety Net	2	0	2	0	2	-	1	-	1	0	1	-	0	-	1	0	1	-	0	-	1	-
Hospice	Total	6	3	2	-	3	-	4	-	3	-	2	-	1	-	3	-	1	3	0	-	2	-

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Provider Category		Project 2.a.i		Project 2.a.iii		Project 2.b.iii		Project 2.b.iv		Project 2.d.i		Project 3.a.i		Project 3.a.ii		Project 3.b.i		Project 3.g.i		Project 4.a.iii		Project 4.d.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	3	0	1	-	2	-	3	-	2	-	1	-	0	-	2	-	0	0	0	-	1	-
Community Based Organizations	Total	4	29	0	8	0	-	0	12	2	-	0	12	0	-	0	6	0	4	0	-	0	-
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
All Other	Total	1,432	686	547	355	1,128	-	1,131	391	1,089	-	1,243	479	792	-	1,208	429	356	389	0	-	936	-
	Safety Net	346	178	104	93	275	-	274	111	273	95	287	102	196	78	278	103	48	94	0	-	233	-
Uncategorized	Total	213	-	74	-	158	-	176	-	165	-	170	-	115	-	133	-	60	-	0	-	108	-
	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
Emergency Departments with Care Triage	2.b.iii	0	11
PAM(R) Providers	2.d.i	358	200
Expected Number of Crisis Intervention Programs Established	3.a.ii	0	6

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.a.iii	2.b.iii	2.b.iv	2.d.i	3.a.i	3.a.ii	3.b.i	3.g.i	4.a.iii	4.d.i
Krause William F 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)	✓										
Houck John F Jr Md	Practitioner - Primary Care Provider (PCP)											

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.iii**	**2.b.iii**	**2.b.iv**	**2.d.i**	**3.a.i**	**3.a.ii**	**3.b.i**	**3.g.i**	**4.a.iii**	**4.d.i**
Brodey Mitchell Victor Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Novak Larry I Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Tucker James B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Osborn Thomas I Md	Practitioner - Primary Care Provider (PCP)											
Weinberger Howard L Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Delorme Robert Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Watts James P Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Parke Robert G Md	Practitioner - Primary Care Provider (PCP)											
Dispenza James A Pc Md	Practitioner - Primary Care Provider (PCP)											
Lodolce James G Md	Practitioner - Primary Care Provider (PCP)											
Amann Howard Md	Practitioner - Primary Care Provider (PCP)											
Chi Jang Boo Md Pc	Practitioner - Primary Care Provider (PCP)											
Laclair Thomas J Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Gooldy Samuel K Md Pc	Practitioner - Primary Care Provider (PCP)											
Patel Suryakant Z Md	Practitioner - Primary Care Provider (PCP)											
Gioia Phillip C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Dhabhar Pourushasp Jamshed Md	Practitioner - Primary Care Provider (PCP)	✓										
Madden Celeste Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Chapman Patricia Gail L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Hall William W	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Rushville Health Center Inc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓	✓		
Graceffo Anthony James Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Nupuf Michael S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Greenwald James L M D	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Sneider Jeffrey Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Mastrolia Carmine R Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Chabot Francis E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Flaks Ethan G Md	Practitioner - Primary Care Provider (PCP)											
Kim Young Hee Md Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Newsom Marcia K Md	Practitioner - Primary Care Provider (PCP)											
Carlberg Jeffrey H Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.iii**	**2.b.iii**	**2.b.iv**	**2.d.i**	**3.a.i**	**3.a.ii**	**3.b.i**	**3.g.i**	**4.a.iii**	**4.d.i**
Carlberg Marybeth Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Kim Soo R Md Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hafner Karl F Md	Practitioner - Primary Care Provider (PCP)											
Connor Barbara Ann Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Patrick Chester Louis Jr Md	Practitioner - Primary Care Provider (PCP)											
Talev John Nikola Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Dube David Harvey Md	Practitioner - Primary Care Provider (PCP)											
Eppolito John F Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Friedman John Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ryan William Donald Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Schoeneck Henry W Iii Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Small David Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Daly Dennis D Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Werner Kenneth Ira Md	Practitioner - Primary Care Provider (PCP)											
Iannolo Patsy M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Fuchs William D Md	Practitioner - Primary Care Provider (PCP)	✓										
Jackson Mary J Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Page David T Md Pc	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Schreiber William D Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Cleary Lynn Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lapsker Terry H Md	Practitioner - Primary Care Provider (PCP)											
Varnum Corliss Adam Md	Practitioner - Primary Care Provider (PCP)											
Sloan Jerry Bryan Md	Practitioner - Primary Care Provider (PCP)	✓										
Mchugh Ellen Margaret	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Slagle Bruce Calvern Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Cronkright Peter Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Polachek Robert S Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Krenzer Barbara E Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Goodman Daniel C Md	Practitioner - Primary Care Provider (PCP)	✓										
Eadline Stephen David Md	Practitioner - Primary Care Provider (PCP)	✓										
Weitzel Martin Kress Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Clark David Christopher	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Morgan Robert Charles Md	Practitioner - Primary Care Provider (PCP)	✓	✓				✓		✓	✓		
Lawless James Francis Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Traver James Anthony Md	Practitioner - Primary Care Provider (PCP)											
Kernan Michael Timothy Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Tallim Gibran Aslim Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Hamilton Laura Elizabeth Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Simon David G Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Ulahannan Mathew Joseph Md	Practitioner - Primary Care Provider (PCP)											
Ivins Rhea Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Driesch Mary D Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Popuri Purnachandra Rao Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Vecchio Paula Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Mandanas Renato Y Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓	✓			✓	✓		
Connolly Steven Michael Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Lax Michael Benjamin Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rutkowski Michael David Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Blatt Steven David Md	Practitioner - Primary Care Provider (PCP)											
Norton Roger W Md	Practitioner - Primary Care Provider (PCP)	✓										
Mccormick Kevin Charles Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Pisaniello Daniel Patrick Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Pisaniello Martha Lynn M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Williams Catherine Louise Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Root Daniel T Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Alessi Brian C Md	Practitioner - Primary Care Provider (PCP)											
Andrake John S Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sperling Steven R 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)	✓										
Vounas Demetra A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Socash Thomas J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓

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Miller Lynn E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dator Carlos Oblena Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chaudhary Farzana S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Mcmahon Gerald Vincent Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Husovsky Harold L Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Parker William M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Petrie David Paul Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Warfel Mark E Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Gaetano Sandra E	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Silverstein Bruce Ned	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Howard Myles B Md	Practitioner - Primary Care Provider (PCP)											
Sulik Sandra Marie Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bailey R Eugene Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Johnson Janet Lee Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Porcari Angelo Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Elwell Bruce Robert Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Coveney Carolyn L Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Wolken Denise C Md	Practitioner - Primary Care Provider (PCP)											
Ristoff Kime John Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Nguyen Elizabeth A Md	Practitioner - Primary Care Provider (PCP)											
Dibble William J Md	Practitioner - Primary Care Provider (PCP)											
Cannariato Catherine J	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Feldman Robert Md	Practitioner - Primary Care Provider (PCP)											
Alinea Christopher M Md	Practitioner - Primary Care Provider (PCP)	✓										
Lagrant Steven H Md	Practitioner - Primary Care Provider (PCP)	✓										
Pisik Mark R Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Charles John A Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Valentino Carol A Md	Practitioner - Primary Care Provider (PCP)											
Allyn William Scott Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Triana Ted Jose Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Bhopale Shashikant Govind Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Vora Manoj Rasiklal Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Edinger James Earnest	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Dana Lori A	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Knudsen Alexander Brian Md	Practitioner - Primary Care Provider (PCP)											
Barry Joseph Timothy Md	Practitioner - Primary Care Provider (PCP)											
Snedeker Jeffrey David Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Edwards Gerald P Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Tomy George K	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Lafond Yves Jacques V Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tuttle-Malone Shirley Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Briggs Eva Farkas Md	Practitioner - Primary Care Provider (PCP)											
Sangani Geeta Physician Md.Pc	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Buchan Debra Ann Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Frechette Vincent E Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Laroche Eddy Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Meguid Victoria Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lipsky Theresa L Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Chapman Jay Walter	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Jorgensen William Arthur Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Ring Elyn Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Samad Imtiaz Renza Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Cummings Deann	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Lamanna Suzanne Do	Practitioner - Primary Care Provider (PCP)											
Ratnarajah Daniel M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Barash Anne Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Zavilyansky Sergey David Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓				
Perlanski Julie Ann Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Martin Laura Mckenzie Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Anderson Lori Lee Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Matijas Christine Griswold	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Sveen Anne Guerra Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Olson Bradley Garrett Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Scialdone Vincent N Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Taylor Toby A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Irri Chakrapani Md	Practitioner - Primary Care Provider (PCP)											
Hanna Thomas A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Anwer Farrukh Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Picone Matthew L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Humphrey Lynne Allen Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Satterly Clyde H Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Martyn Marina A R Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Constantine Francis-Of-Mary M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Ackerman Neil B Md	Practitioner - Primary Care Provider (PCP)											
Saarie Elizabeth P Md	Practitioner - Primary Care Provider (PCP)											
Beckman Karen E Md	Practitioner - Primary Care Provider (PCP)											
Alkhouri Hani Md	Practitioner - Primary Care Provider (PCP)											
Pizarro Emerita A	Practitioner - Primary Care Provider (PCP)	✓										
Taylor Vivienne Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Kannan Arul Pugazhenthi Md	Practitioner - Primary Care Provider (PCP)											
Glowacki Michael J Ii Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Padmanabhan Melanie Ann Rn	Practitioner - Primary Care Provider (PCP)	✓										
Le Thang Quoc Md	Practitioner - Primary Care Provider (PCP)	✓										
Bonavita Jr. Louis	Practitioner - Primary Care Provider (PCP)											
Coppola Devin A Md	Practitioner - Primary Care Provider (PCP)											
Ocallaghan Sally Anne Np	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Nanavati Kaushal B Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Brown Jennie Lynn Md	Practitioner - Primary Care Provider (PCP)											
Humphrey Mark A Md	Practitioner - Primary Care Provider (PCP)	✓	✓				✓		✓	✓		
Federico Carmen J Md	Practitioner - Primary Care Provider (PCP)											
Steinberg Esther Md	Practitioner - Primary Care Provider (PCP)											
Castro Luis J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dirubbo Anthony Malcolm Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Shawl Ajaz Bashir Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Mclaughlin Joanne Virginia	Practitioner - Primary Care Provider (PCP)											
John Thomas Md	Practitioner - Primary Care Provider (PCP)	✓										
Van Gorder Scott C Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Carguello Patrick John Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Swarnkar Suman Amarsingh Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Soderberg Peer Allyn Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Gleasman Elizabeth Bitely	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Gleason Loriann	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Wade Margaret Vinette	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Kroeger Karin Gae Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Shaikh Jawad Faroog Md	Practitioner - Primary Care Provider (PCP)											
Kandiah Vigneswaran Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Scott Norman Bruce Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
O'Connor Linda A	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Garber Aaron Md	Practitioner - Primary Care Provider (PCP)											
Garbooshian Kathleen Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Charlamb Jayne R Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Castillo Marie Margaret E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rounds Karen Washburn	Practitioner - Primary Care Provider (PCP)	✓										
John Rekha Anne Md	Practitioner - Primary Care Provider (PCP)	✓										
Mulholland Jeffrey M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Wiedeman Beth Thomas	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Capone Harry E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Keenen Gail B Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Epling John W Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Colvin Julie Yu	Practitioner - Primary Care Provider (PCP)											
Gabriel Daniel Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Dornau Carolee Rita	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Keenen Charles H Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Nanavati Digant	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			

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Quinones-Guzman Maribel	Practitioner - Primary Care Provider (PCP)											
Creedon Kathleen A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Vera Edwin Anthony	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Schurman Ellen Marie	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Shik Mikhail B Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Desravines Marie-Jeanne Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Echeruo Rose N Md	Practitioner - Primary Care Provider (PCP)											
Springer Sharon Sara Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Shefner Kathleen M	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bradshaw John A Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kresel Tobey Ann Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mcguire Nancy Ellen	Practitioner - Primary Care Provider (PCP)	✓										
Thibault Glenn	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Barber David	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Cook Jolene Beatrice	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Casanova Bonnie Mae	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Chambrone Michelle L	Practitioner - Primary Care Provider (PCP)	✓										
Leach Kathy A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Rogers Carol J Np	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Sanger Kathleen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Lambert Erika Christine Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Jansen Mashelle Marie	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Hunsiker Celesta M Md	Practitioner - Primary Care Provider (PCP)	✓										
Levy David Md	Practitioner - Primary Care Provider (PCP)											
Koehler Richard	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Valencia Mauricio Md	Practitioner - Primary Care Provider (PCP)	✓										
Augustin Yola Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Pastore Paolo S Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Flores Michael A Md	Practitioner - Primary Care Provider (PCP)											
O'Malley Anita Rpa	Practitioner - Primary Care Provider (PCP)											
Patil Mangala Kantilal	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓

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Cambareri Joseph Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Freeman Gary Michael Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Paris Samuel	Practitioner - Primary Care Provider (PCP)											
Marrello Patricia C	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Halpern Andrew Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Shaw Jana Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Schreiber Linda	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Botsford Mary G	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Tong Michael H	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Carmen Bautista-Dator Md Pc	Practitioner - Primary Care Provider (PCP)											
Stephens Micheal David Md	Practitioner - Primary Care Provider (PCP)	✓	✓				✓		✓	✓		
Peterson Jill Christine Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Davis Kathleen M	Practitioner - Primary Care Provider (PCP)	✓										
Simon Julius Henry Md	Practitioner - Primary Care Provider (PCP)	✓										
Brezinsky Darlene D	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Lampert Lenore	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Hughes Jeffrey	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Finger Heather Md	Practitioner - Primary Care Provider (PCP)											
Araouzos Paraskos Md	Practitioner - Primary Care Provider (PCP)											
Vilma Junio Physician Pllc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Christenson Jeffrey	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Markwardt George L	Practitioner - Primary Care Provider (PCP)	✓										
Liepke Mathew John Md	Practitioner - Primary Care Provider (PCP)											
Liepke Christina Marie Md	Practitioner - Primary Care Provider (PCP)											
Sevier E Marleah	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Lupo Linda	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Chekansky Joanne E	Practitioner - Primary Care Provider (PCP)											
Pekarsky Alicia Renee Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Stepkovitch Khatuna N Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Waldron Martin Francis Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dulkin Oleg	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓

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Braga Antonio Carvalho Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Brink-Cymerman Dawn M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Aliwalas Martha Md	Practitioner - Primary Care Provider (PCP)											
Islam Quazi Md	Practitioner - Primary Care Provider (PCP)											
Thomas Elizabeth Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Walsh Michael	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Pfau Kristen Guest Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Glidden Matthew Gordon	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Shaben Elaine J	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Wike Jeffrey W Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Mccaul Jennifer W Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Nguyen Hung Dinh Md	Practitioner - Primary Care Provider (PCP)											
Salomon Adrienne Lara Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Depaulis Jacqueline Cristine	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Tsai Austin Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Guenter Douglas P Md	Practitioner - Primary Care Provider (PCP)	✓	✓				✓		✓	✓		
Freeman Deborah Jean	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Iskander Nahed S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dunham Melanie Ann	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Richardson William B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Chang Yiling Katharine Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mcnamara Kristen Ann Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
O'Brien John P Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Meyers Jennifer Laundy Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Birk Thomas Peter	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Niranjan Marino Selvarajah Md	Practitioner - Primary Care Provider (PCP)	✓										
Stephen D Hoag Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kalil Marissa Z	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Nancy Anne Jones	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Patil Vandana B Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Eveleigh Tricia	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			

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Peniston Reo	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Kumar Brij	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Ryan Renee Anne Md	Practitioner - Primary Care Provider (PCP)											
Mcnany Elizabeth Humphrey Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Broton Wendy Lynn	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mckay Matthew	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Win Lwin M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Lappin Sarah	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nemitz Sharlene Anne	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Usmani Shakeel Ahmad	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Ayaz Rozeena	Practitioner - Primary Care Provider (PCP)											
Margaret Anne Sennett	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Alice Carrin Miller	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Foster Rosanne E	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Mapara Hashim Abdulrehman	Practitioner - Primary Care Provider (PCP)											
Patel Twinkle Sanjay	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Misyulya Tatyana V	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Sapkota Pandey Sushma	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Aranda Christina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Swiderski Danielle	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Weaver Kelly Suzanne	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Eagleson Elizabeth	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Rio Taryn Wiley	Practitioner - Primary Care Provider (PCP)	✓										
Duckett Adam Gary	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Nimeh Joseph William	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nelsen Elizabeth Erin	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lewis Maryellen Cathleen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Pecha Megan Michelle	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Parent Colleen E Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Campbell Sarah M	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Cummings Thomas R	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Ladd-Falanga Lorraine Ann	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Seigers Adam	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Protasovitskiy Liliya	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Pavlyukovets Olga	Practitioner - Primary Care Provider (PCP)											
Stresing Cynthia Marie	Practitioner - Primary Care Provider (PCP)	✓		✓		✓			✓			
Stemmer Carrie	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Tarala James	Practitioner - Primary Care Provider (PCP)											
Reid Ofrona Atta	Practitioner - Primary Care Provider (PCP)											
Tramontana Timothy Frank	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Wojtasiewicz Agata	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Cooley Elizabeth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Jones Cynthia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓	✓		
Coppola Joshu Eric	Practitioner - Primary Care Provider (PCP)											
Shelly Robert	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Stornelli Kathleen M	Practitioner - Primary Care Provider (PCP)	✓										
Subedi Dinesh	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mittiga Matthew Anthony	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Gedela Satish Kumar	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Attilio Michael	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Gorski Derek P	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mincolla Michael Paul	Practitioner - Primary Care Provider (PCP)											
Kokot Irena Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Fike Holly	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Clapper Stephanie Anne Md	Practitioner - Primary Care Provider (PCP)											
Newell Joan	Practitioner - Primary Care Provider (PCP)											
Hicks Kelly Dean Smith	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Cemer Adnan	Practitioner - Primary Care Provider (PCP)	✓										
Gigon Heather	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Ouyang David	Practitioner - Primary Care Provider (PCP)											
Hipple Jody	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Wani Lubna	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Khaliq Anila	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Lavigne Joanne B	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Syed Mohsin M	Practitioner - Primary Care Provider (PCP)	✓										
Teelin Karen L	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Xavier Flanagan Mary Ellen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Cooper Margaret M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Rotella Anthony Dominick	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Bertrand Karen Irinda	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rodriguez Eric	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Quinn Jennifer L	Practitioner - Primary Care Provider (PCP)											
Nead Jennifer A	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Elnour Elwaleed Mohamed	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Depalmo Michelle Lou	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Marano Sheila Anne Mcauliffe	Practitioner - Primary Care Provider (PCP)											
King Julie Patricia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Thompson Erin Wight	Practitioner - Primary Care Provider (PCP)											
Sommer Benjamin	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Jha Shalinee	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bud Colleen Michele	Practitioner - Primary Care Provider (PCP)											
Sancrown Maysae	Practitioner - Primary Care Provider (PCP)											
Bowers Tracey	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Spangenberg Daniel Keith	Practitioner - Primary Care Provider (PCP)											
Wilson Elizabeth A	Practitioner - Primary Care Provider (PCP)	✓										
Forbes Lorna C	Practitioner - Primary Care Provider (PCP)											
Williams Carshena M	Practitioner - Primary Care Provider (PCP)											
Baker Joyce S	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rutagarama Yvonne	Practitioner - Primary Care Provider (PCP)											
Bailey Nancy F	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Murchie Elizabeth G	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kenney Michael Patrick	Practitioner - Primary Care Provider (PCP)											
Abdelwahab Hend Mohamed	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓

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Lee Ching Yin	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Hathaway Andrew Palmer	Practitioner - Primary Care Provider (PCP)											
Brederson J Derek	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Del Pilar Alberto	Practitioner - Primary Care Provider (PCP)											
Mullin Heather Ann	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Serfer Gregory Todd	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Schlegel Kathryn Catlin	Practitioner - Primary Care Provider (PCP)											
Francis Desmond	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Elkins Cinthia Lisa	Practitioner - Primary Care Provider (PCP)	✓		✓			✓		✓			
Berry Winter Saxon	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Schug Molly Elizabeth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Ray Amanda L	Practitioner - Primary Care Provider (PCP)											
Hobart Travis Roswell	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Loomis James A	Practitioner - Primary Care Provider (PCP)											
Richardson Dawn C	Practitioner - Primary Care Provider (PCP)											
Stupp Laina Marlene	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Khouzam Joan Marie	Practitioner - Primary Care Provider (PCP)											
Doane Jennie M	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Stokes Tafiea A	Practitioner - Primary Care Provider (PCP)											
Kirkland Cristin A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Adams Carolyn Lee	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Cruz-Tolentino Minnie	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Hegland Erika	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ryan Elizabeth Bogel	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Robertson John Stewart	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Roberts Stephanie M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Seepana Vijaya	Practitioner - Primary Care Provider (PCP)											
Yelakanti Kiran	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Lalley-Demong Vanessa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Freeman Katherine	Practitioner - Primary Care Provider (PCP)											
Khouzam Nadine	Practitioner - Primary Care Provider (PCP)											

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Le Jessica Alice	Practitioner - Primary Care Provider (PCP)											
Toth Elaine Elizabeth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Shkane Julie Betro Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Cunningham Lynn	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Horst Pamela S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Wickert Karen L	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Vigliotti Anthony Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Carmine R Mastrolia Md	Practitioner - Primary Care Provider (PCP)											
Okonkwo Amogechukwu Ngozi Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
York Daria Np	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Gill Chrystal	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mattern Cheryl C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Bapana Emmanuel V Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Fitch Ellen D	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Dator Carlos O	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sullivan Mallory	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Kaul Priuanka	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Okafor Francis	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Shah Rushikesh	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Suh Eun Jung	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Wright Brandi Lynn	Practitioner - Primary Care Provider (PCP)											
Siddiqui Sarmad Mohammed Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Liu David Da Wei Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Lorenc Heather Kathleen	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Macadam Heather M Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Petrovets Viktor	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
O'Brien Richard Lee Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Adeyeye Olubukola T	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Sivalingam Devamohan	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bykovich Svetlana	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Graves Kristen Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Nelson Sunny N Thompson Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Devine Donna	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Valentine Stephanie Diane	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Noble Matthew Louis	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Lavalley Rebecca	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Green El Diane F Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Taylor Kerri Anne Do	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Erlebacher Mark Steven Md	Practitioner - Primary Care Provider (PCP)	✓	✓		✓				✓	✓		
Curry Catherine Scanlin	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mcdonnell Kathleen Elizabeth	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Vargas Jose Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Strine Teri L	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Phelps Rachael Heather Md	Practitioner - Primary Care Provider (PCP)	✓		✓		✓	✓		✓			✓
Bach Janice Eastman Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Boehlert Sandra Jean	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Chionuma Henry Nduka Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dolorico-Magsino Joy Ellen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Cuda Tina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Digiovanna Anthony J Jr Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Marshall Cindy Fnp	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Isabell Lisa Julia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Jorgensen Marylou	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Aziz Suraiya Abdul Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Smith Marla	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Moloff Lawrence Michael Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Surman Laura	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Champagne Lynette H Np	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Chaudhry Shazia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Bakshi Fozia	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Ellis Sharon	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Awayda Moustafa M K Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Burns Kristin	Practitioner - Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓	✓		
Daly Ian Trevor	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Khizar Shehzad	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Gilchrist Lindsey	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Filipski Alexander	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Belfon-Kornyoh Latrice Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Di Giovanna Patricia Jean Np	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Rajeev Yalamanchili Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Sisskind Jaclyn S	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lee Sylvia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Carney Brenda Marie	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Gardner Nola Jean	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Tervo Kristina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Chionuma Chima Ogan Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Saeed-Malik Muhammad	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Okoniewski Patricia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ischia Beverly G	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Kline Brian	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Lampman Amanda J	Practitioner - Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Friedman Robert T Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Roublick Amanda Marie	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Hunsberger Cassandra B	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Steinmann Richard J Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Lee Debora Susan Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Snow Randolph Landgrave	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Marshall Keith Morgan	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rogers Jennifer Marie	Practitioner - Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Mathis Timothy Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Johnson Cindy Swan Md	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
North Kelly Marie	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Jeffries Cindy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			

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Coleman Caitlin M	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Lashley Eustace Lauriston Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Currado Beth Ann	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Youker Cheryl	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Frederick James Edward	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Catalone Andrew	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Shaw Andrea	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Martinez-Dulmer Karla	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Biondi Nicholas Charles Do	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Dang Sudershan K Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Lingam Diwakar V Md	Practitioner - Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Gautam Kamal	Practitioner - Primary Care Provider (PCP)	✓					✓		✓			
Mendizabal Edgar M Md	Practitioner - Non-Primary Care Provider (PCP)											
Ramineni Subbarao V Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Torrisi Paul F Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Fuller Paul G Md Jr	Practitioner - Non-Primary Care Provider (PCP)											
Decarlo Robert L Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shende Michael C Md	Practitioner - Non-Primary Care Provider (PCP)											
Michiel Robert R Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Runge Lorne A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hammond Robert Elliot Md	Practitioner - Non-Primary Care Provider (PCP)											
Deiorio Anthony V Md	Practitioner - Non-Primary Care Provider (PCP)											
Makhuli Zahi Md	Practitioner - Non-Primary Care Provider (PCP)											
Miller Merrill Md	Practitioner - Non-Primary Care Provider (PCP)											
Nicholson John D Md	Practitioner - Non-Primary Care Provider (PCP)											
Mookherjee Saktipada Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Moses Arnold M Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Smulyan Harold Md	Practitioner - Non-Primary Care Provider (PCP)											
Ashutosh Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Blair Donald C Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Holtzapple Philip G Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Murphy Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Marasigan Antonio V Md	Practitioner - Non-Primary Care Provider (PCP)											
Griffin John F Md	Practitioner - Non-Primary Care Provider (PCP)											
Poiesz Bernard J Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sills Richard H Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Weiner Leonard B Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mather Joseph E Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Uva Ronald Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Dewan Mantosh Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kanter Robert K Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dyer R Stuart M D	Practitioner - Non-Primary Care Provider (PCP)											
Welch Thomas R Md	Practitioner - Non-Primary Care Provider (PCP)											
Naim Muhammad M Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Badawy Shawky Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kim Kenneth K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Slavens Robert L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bifano Ellen M Md	Practitioner - Non-Primary Care Provider (PCP)											
Kinsey James A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mango Charles A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Merriam Walter W Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lin Tung Hui Md	Practitioner - Non-Primary Care Provider (PCP)											
Gibson John Ace	Practitioner - Non-Primary Care Provider (PCP)											
Richman Joel Leonard Phd	Practitioner - Non-Primary Care Provider (PCP)											
Wasserman Louis A Md	Practitioner - Non-Primary Care Provider (PCP)											
Weinstein Howard Martin Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cooke Carlton P Md	Practitioner - Non-Primary Care Provider (PCP)											
Sheridan Selma J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Culebras Antonio Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Buerkle August R Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gillis Richard J Md	Practitioner - Non-Primary Care Provider (PCP)											
Kanter Allan I Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Provider Name	**Provider Category**	**2.a.i**	**2.a.iii**	**2.b.iii**	**2.b.iv**	**2.d.i**	**3.a.i**	**3.a.ii**	**3.b.i**	**3.g.i**	**4.a.iii**	**4.d.i**
Leroy Cooley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Harmand William Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Hoepner John Arthur Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Santos Amado S Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Westlake Robert Elmer Jr Mdpc	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Meltzer Stanley P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ehrich Dennis A Md	Practitioner - Non-Primary Care Provider (PCP)											
Kaplan Eugene A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Reitz Russell E Md	Practitioner - Non-Primary Care Provider (PCP)											
Ferro Philip Leonard Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Grosack Marc A Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dexter David J Od	Practitioner - Non-Primary Care Provider (PCP)											
Pickels Robert F Md	Practitioner - Non-Primary Care Provider (PCP)											
Feinberg Halbert J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Harkulich John F	Practitioner - Non-Primary Care Provider (PCP)											
Cantor Richard M Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Manring John	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pierz Joseph J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bishop Jeanne E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Edelman Freddie L Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rosenblum Saul Md	Practitioner - Non-Primary Care Provider (PCP)											
Kohman Leslie J Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Byrum Craig J Md	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Parakulam S Md	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Joanne M Phd	Practitioner - Non-Primary Care Provider (PCP)											
Tan Domingo Josefina Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Lenox Robert James Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kellman Robert M Md	Practitioner - Non-Primary Care Provider (PCP)											
Dean Grosack Nancy Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Jacobs Gary Lee Od	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Raphael Irving G Pc Md	Practitioner - Non-Primary Care Provider (PCP)											

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Kussin Steven Md	Practitioner - Non-Primary Care Provider (PCP)											
Huszonek John Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Syed Riaz Sibtain Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Hampton George Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Consenstein Larry Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Omidian Bahram Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Patil Suresh F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Koss Marvin Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Haher Thomas Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Sills Irene Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Powell Douglass N Md	Practitioner - Non-Primary Care Provider (PCP)											
Roy Ajoy K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Krumpholz Mark Douglas Md	Practitioner - Non-Primary Care Provider (PCP)											
Gordon Wendy Evers Phd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
O'Leary Colleen Enwright	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Elliott William Clayton Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Touchstone W Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Cheng David Chih Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Mani Srinivasan S Md	Practitioner - Non-Primary Care Provider (PCP)											
Wellenstein David E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Roy Geeta Md	Practitioner - Non-Primary Care Provider (PCP)											
Silverman Russell Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Margaret Albanese	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Lee Edward Byung Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Halleran David R Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sternick Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Grossman Bonnie Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Shah Mukesh Dhirajlal Md	Practitioner - Non-Primary Care Provider (PCP)											
Eid Mervat Ahmed Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Prasad N Heramba Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ellie John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Sivakumar Balasubramaniam Md	Practitioner - Non-Primary Care Provider (PCP)											
Kirshner Jeffrey Jay	Practitioner - Non-Primary Care Provider (PCP)											
Samad Naeem Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sadowitz Peter D Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ghaly Nasri N Md	Practitioner - Non-Primary Care Provider (PCP)											
Guevara Charles Edward Dds	Practitioner - Non-Primary Care Provider (PCP)											
Simon Howard Marshall Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Steinman James A Md	Practitioner - Non-Primary Care Provider (PCP)											
Weiselberg Stanley P	Practitioner - Non-Primary Care Provider (PCP)											
Gross Steven J Md	Practitioner - Non-Primary Care Provider (PCP)											
Quint Karen Md	Practitioner - Non-Primary Care Provider (PCP)											
Aranda Zenaida Pena Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Vitkus Robert J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
O Neill Richard M Phd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Zakariyya Hasan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pyke Robert F Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Adelson Mark D Md	Practitioner - Non-Primary Care Provider (PCP)											
Hanig Carl Jesse Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lindsey William Frank Md	Practitioner - Non-Primary Care Provider (PCP)											
Gordon Michael Phd	Practitioner - Non-Primary Care Provider (PCP)											
Greenberg Roger P	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hannan William Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Klotz Henry Mark Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Bishop Anne Georgia Md	Practitioner - Non-Primary Care Provider (PCP)											
Veeder Civitello Mary E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Post Mark S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kopecky Richard T Md	Practitioner - Non-Primary Care Provider (PCP)											
Smith Frank C Md	Practitioner - Non-Primary Care Provider (PCP)											
Ramachrandran Melanie D Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Masten Thomas D Md	Practitioner - Non-Primary Care Provider (PCP)											
Kenneth Ortega	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓

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Teitelbaum Charles S Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Durgin Francis John Md	Practitioner - Non-Primary Care Provider (PCP)											
Duggan David B Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Certo Thomas F Md	Practitioner - Non-Primary Care Provider (PCP)											
Albanese Stephen A Md	Practitioner - Non-Primary Care Provider (PCP)											
Saponara Gerard Charles Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Hsieh Jong Hwa Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Felter Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Weinstock Ruth S Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lozner Eugene C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Newman P James	Practitioner - Non-Primary Care Provider (PCP)											
Taddeo Andrew A	Practitioner - Non-Primary Care Provider (PCP)											
Hurwitz Jessica L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Clark Kimball G Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Wojtowycz Andrij R Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Vercillo Arthur P Md	Practitioner - Non-Primary Care Provider (PCP)											
Vella Ignatius Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Shenker David Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Neslin Norman Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Crawford Gerard A Ii Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Parker Michael James Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Stewart Lawrence C Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mccabe John B Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Werner Irene O Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Manfredi David C Md	Practitioner - Non-Primary Care Provider (PCP)											
Hemmer Gerald F Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Bersani Thomas Amedeo Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Falero Jorge Luis Md	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Kevin Williams Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Apone Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Rabin Barry Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Mariani Peter John Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rothschild Mark A	Practitioner - Non-Primary Care Provider (PCP)											
Parlato Cynthia J Md	Practitioner - Non-Primary Care Provider (PCP)											
Sullivan Thomas J Md	Practitioner - Non-Primary Care Provider (PCP)											
Silverman Robert Keer Md	Practitioner - Non-Primary Care Provider (PCP)											
Poster Robert Brian Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hargrave Teresa Menke	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Weisenthal Robert William Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Aploks Bruno Ivar Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bramley James Leland Md	Practitioner - Non-Primary Care Provider (PCP)											
Ho Andrew Tat Chuen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Keith David Vernon Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dunton Robert F Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cartledge Gregory L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bogin Dennis L Phd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ciaccio A James Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Iosilevich Miron A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Izant Timothy Holman Md	Practitioner - Non-Primary Care Provider (PCP)											
Goel Ajay Md	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Hal E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Marx William H Do	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Spalding Samuel Clyde Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sullivan Leo Patrick Md	Practitioner - Non-Primary Care Provider (PCP)											
Pfeiff James Louis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bragdon Andrew C Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Coyle Thomas E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Holland Michael G Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Harris Alan D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jubelt Burk Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Immerman Marc Md	Practitioner - Non-Primary Care Provider (PCP)											
Connor Barbara J Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			

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Krasniak Carl Leon Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weber Robert J Md	Practitioner - Non-Primary Care Provider (PCP)											
Turk Margaret A Md	Practitioner - Non-Primary Care Provider (PCP)											
Smiley Allan M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wright Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Botash Ann S Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hodgman Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Beers Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Riccardi Timothy James Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Asaju Sunday Olanrewaju	Practitioner - Non-Primary Care Provider (PCP)	✓										
Botash Robert Joseph Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kelly John Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hojnowski Leonard Stanley Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Omarbasha Bashar Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Woods Charles Ira Iii	Practitioner - Non-Primary Care Provider (PCP)											
Temnycky George Omelan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Johnson Gary Allen Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lafrate Donna Frances	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Arastu Jameel Husain Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yoss Eric Bruce Md	Practitioner - Non-Primary Care Provider (PCP)											
Wnorowski Daniel C Md	Practitioner - Non-Primary Care Provider (PCP)											
Pelkey Deborah M	Practitioner - Non-Primary Care Provider (PCP)											
Stred Susan E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bradshaw Deborah Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ragosta Kevin G Do	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kaempffe Frederick A Iv Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Muok Joseph Nyakwamba Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hingre Robert V Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pavelock Robert Richard Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Sperling John F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Mcgrath Mary Anne Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Scalzetti Ernest M Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Wasiczko Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Davidson Paul G Md	Practitioner - Non-Primary Care Provider (PCP)											
Coli Arthur F Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Billinson Mark Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Huober Giampaolo Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Loftus Jon Berry Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Patil Arun B Md	Practitioner - Non-Primary Care Provider (PCP)											
Mortelliti Anthony Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Staple Deborah Lee	Practitioner - Non-Primary Care Provider (PCP)											
Sze Eddie Hung Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nazem Ahmad Md	Practitioner - Non-Primary Care Provider (PCP)											
Cunningham Mary Jadhon	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Maresca Glauco Michael M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Murray Keith S	Practitioner - Non-Primary Care Provider (PCP)											
Spohr George E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Feuerstein Barbara L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Proano Ivan G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nancollas Michael P Md	Practitioner - Non-Primary Care Provider (PCP)											
Arndt Laura E	Practitioner - Non-Primary Care Provider (PCP)											
Ahmed Mohamed M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cesare James F Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Karjoo Manoochehr Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Suriani Sammy Frank	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Dickson Douglas J Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Crandall M Christine	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Orzechowski Steve M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Simons Alan Jay Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Palmer Scott Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Cherrick Irene Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Finley Andrew L Md	Practitioner - Non-Primary Care Provider (PCP)											

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Shaw Michael Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lemke Sheila M Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Greenky Brett B Md	Practitioner - Non-Primary Care Provider (PCP)											
Greenky Seth S Md	Practitioner - Non-Primary Care Provider (PCP)											
Albert Waleed Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Kou Jane Md	Practitioner - Non-Primary Care Provider (PCP)											
Barker-Griffith Ann E Md	Practitioner - Non-Primary Care Provider (PCP)											
Monsour David S Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Tatum Sherard Austin Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Pellegrino Louis Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rayancha Suresh Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Sklar Bradley Frisch Md	Practitioner - Non-Primary Care Provider (PCP)											
Perl Andras Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Calimlim Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bogart Jeffrey Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Burghardt Beth Cady Md	Practitioner - Non-Primary Care Provider (PCP)											
Sopchak Andrew M Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Tom Vivian Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Calzolaio Donald L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Stern Jud M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Olsson Daniel J Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dreiner Ute H Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mccarthy Mary T Od	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Murphy Daniel James Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Lebduska Stephen R Md	Practitioner - Non-Primary Care Provider (PCP)											
Pipas Lauren Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Reinhart Scott C Md	Practitioner - Non-Primary Care Provider (PCP)											
Farnsworth Wayne J Md	Practitioner - Non-Primary Care Provider (PCP)											
Gregory Robert Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Bulawa Erick C Md	Practitioner - Non-Primary Care Provider (PCP)											
Mols-Kowalczewski Barbara Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Levine Steven A Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Zacharewicz Dana Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Holsapple James W Md	Practitioner - Non-Primary Care Provider (PCP)											
Scioscia Charles	Practitioner - Non-Primary Care Provider (PCP)											
Foster James M T Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dellerba Peter	Practitioner - Non-Primary Care Provider (PCP)											
Rubinovich Robert Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Teixeira Kathi Farfaglia Md P	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Damron Timothy A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Chlebowski Susan Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Izquierdo Roberto E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lehmann David F Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Martinez Jorge L	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Kelley Richard T Md	Practitioner - Non-Primary Care Provider (PCP)											
Brangman Sharon A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dinu Lucian C Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Johnson Gail Converse 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)	✓										
Folk John Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jaffe Norman D Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Gorji Reza Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Anbar Ran D Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Edison Scott A Md	Practitioner - Non-Primary Care Provider (PCP)											
Buckingham Tracy L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Betcher Sylvia L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Feiglin David H Md	Practitioner - Non-Primary Care Provider (PCP)											
Zaborowski Dana Jean Np	Practitioner - Non-Primary Care Provider (PCP)											
Wuest Maureen Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chahfe Fayez F Md	Practitioner - Non-Primary Care Provider (PCP)											
Lamberto Ralph J Od	Practitioner - Non-Primary Care Provider (PCP)											

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John J Costello Jr Do	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Zimmer Theresa Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Distefano Richard J Md	Practitioner - Non-Primary Care Provider (PCP)											
Cannizzarro John P Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dhingra Arun K Md	Practitioner - Non-Primary Care Provider (PCP)											
Armenta Wendy A	Practitioner - Non-Primary Care Provider (PCP)											
Byrne Richard Mark Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Lopez Carlos Javier Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Geiss Iii Michael Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Noel Leon-Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Prince Louise Anna Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Safran Marc Jay Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Romano David J Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hahn Seung Shin Md	Practitioner - Non-Primary Care Provider (PCP)											
Meder Tommy John Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Scott Kenroy Md	Practitioner - Non-Primary Care Provider (PCP)											
Mahajan Raj K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kennedy Gloria A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Savici Dana Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nosovitch John T Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Verma Sanjeev Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Levinson Bruce Arthur Od	Practitioner - Non-Primary Care Provider (PCP)											
Megna James L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Marr Bonnie Lee Md	Practitioner - Non-Primary Care Provider (PCP)											
Furlong Nancy A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Caputo Ronald Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Narsipur Sriram Saligram Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dennison James Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Desai Ankur Manojkumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Gentile Teresa Caroline Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Razia Sultana Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Rutledge Bryan Kyle Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rodriguez Elliot Md	Practitioner - Non-Primary Care Provider (PCP)											
Giustra Lauren Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Alberti Martha B	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Kent Paul Frederick Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Farkouh Toufik Philip Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Riccio John Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Mary Ellen Greco Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ruparella Ashutosh Harish Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Roldan Ernesto	Practitioner - Non-Primary Care Provider (PCP)											
Angleton M Shane	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Nicholas Coral Denise	Practitioner - Non-Primary Care Provider (PCP)											
Concilla J Kurt Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bunn Wiley Douglas	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Eng David Yan Md	Practitioner - Non-Primary Care Provider (PCP)											
Destian Sylvie Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kim Jung-Ah C Md	Practitioner - Non-Primary Care Provider (PCP)											
Shefner Jeremy Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Smallman Thomas Victor Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Hartman Mary Cannella	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Delaney Laura Bishop	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Nostrame Susan Anne Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Calkins Anne M Md	Practitioner - Non-Primary Care Provider (PCP)											
Myers Joan Marie Csw	Practitioner - Non-Primary Care Provider (PCP)											
Garrett Judith Cuthbert	Practitioner - Non-Primary Care Provider (PCP)											
Ford Timothy David Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Al-Mudamgha Ali Anwar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Carhart Robert Leo Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Folk Diane M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Del Pino Alberto Jose Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Leggat John Elliott Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Mihai Cornelia Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sveen John Bjarne Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Guarino Ross Louis	Practitioner - Non-Primary Care Provider (PCP)											
Bedell Janice Amelia Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Del Pino Mehri Lynne Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Gale Joseph P Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Spencer Jacquelyn A Rn	Practitioner - Non-Primary Care Provider (PCP)											
Domachowke Joseph B Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lapinsky Anthony S	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mathew Thomas C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Burke Daniel Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Lisick Daria Ann	Practitioner - Non-Primary Care Provider (PCP)											
Williams Steven Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Smallman Bettina Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jones Cari Allen Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Dirubbo Mary Ciotoli	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Howard Wendy S Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mooney Scott Peale	Practitioner - Non-Primary Care Provider (PCP)											
Czerwinski Maria H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓					✓
Dimarco Judith	Practitioner - Non-Primary Care Provider (PCP)											
Clemans Carolyn P	Practitioner - Non-Primary Care Provider (PCP)											
Max Gregory Asa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Alcasid Michael B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cunningham Michael A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Rosenfeld Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Fremont Wanda	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kaul Sushma Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Druger Robert K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mcginn Raymond Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Farenga Debra Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Martin Barbara Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓

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King John M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ripich Gregory Guido Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Pietropaoli Marc P Md	Practitioner - Non-Primary Care Provider (PCP)											
Williams Mark Edward Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Strominger Robert N Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Tambroni-Parker Catherine	Practitioner - Non-Primary Care Provider (PCP)											
Grady Thomas A Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Sexton James F Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hager Jon Ralph	Practitioner - Non-Primary Care Provider (PCP)											
Stanley George L Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Montgomery Craig T Md	Practitioner - Non-Primary Care Provider (PCP)											
Dombrowski Sharon Irene	Practitioner - Non-Primary Care Provider (PCP)											
Mallette Dyan Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arquette Bridget Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Alao Adekola O Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gahtan Vivian Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Szyjkowski Ronald D Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Swarnkar Amar S Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Zygmont Steven V Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Engle Gary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kent Wendy	Practitioner - Non-Primary Care Provider (PCP)											
Bean Samuel Stewart	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Alexander James W Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Griffith Stacy Pt	Practitioner - Non-Primary Care Provider (PCP)											
Marino Vincent M Jr Pt	Practitioner - Non-Primary Care Provider (PCP)											
Coty Daniel G	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mizro Elizabeth Conradsen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Schwartz Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Oehlsen Maurice L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Moretz Joseph Alfred Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Berwind Stephen P	Practitioner - Non-Primary Care Provider (PCP)											

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Mitchell Nancy P	Practitioner - Non-Primary Care Provider (PCP)											
Sciera David	Practitioner - Non-Primary Care Provider (PCP)											
Shaw Diana M	Practitioner - Non-Primary Care Provider (PCP)											
Stanley Karen A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Carrillo Mario Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Kort Kara C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Tracy Marjoria Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Mazza Mary F	Practitioner - Non-Primary Care Provider (PCP)											
Mann Deborah Jane Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gandhi Brett Ratilal Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Beach Robert L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kerr Karol Hicks Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kittur Dilip S Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Prussin Richard	Practitioner - Non-Primary Care Provider (PCP)											
Carter David Alexander Md	Practitioner - Non-Primary Care Provider (PCP)											
Klein Richard P Pt	Practitioner - Non-Primary Care Provider (PCP)											
Nichols Margaret Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Westpfal Edith Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Perkins Tanya Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Lipeski Lauren Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cooper Kathryn Jeanne	Practitioner - Non-Primary Care Provider (PCP)											
Darmody David W Pa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Fink Gregory W Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kantor Walter John Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Morris Deborah Ann	Practitioner - Non-Primary Care Provider (PCP)											
Oguntola Adebowale O Md	Practitioner - Non-Primary Care Provider (PCP)											
Parker John F Md	Practitioner - Non-Primary Care Provider (PCP)											
Krishnamurthy Satish Md	Practitioner - Non-Primary Care Provider (PCP)											
Wormuth David Wilson Md	Practitioner - Non-Primary Care Provider (PCP)											
Oconnor Kathleen M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Dlamini-Ndeze Ruth Bethusile	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Lok Jason Md	Practitioner - Non-Primary Care Provider (PCP)											
Paul Tanya Renee Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Allam Fatme Ali Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Seidberg Neal Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Namassivaya Devayani Md	Practitioner - Non-Primary Care Provider (PCP)											
Farah Ramsay Sami Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mejico Luis Md	Practitioner - Non-Primary Care Provider (PCP)											
Ashbarry Kristin	Practitioner - Non-Primary Care Provider (PCP)											
Villarreal Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Daliva Agnes Lopez Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Mirza Aamer Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Morason Robert Todd Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Samuel B Rameas Dpm P C	Practitioner - Non-Primary Care Provider (PCP)											
Bratt Kathleen Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Groth Diane M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Shea-Contello Kathie Anne	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lindenmayer Barbara Allen	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bahn Christine Heagle	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sheffield Susan Martha	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mathis Audrey Ann	Practitioner - Non-Primary Care Provider (PCP)											
Lavoie Thomas R Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ramamurthy A Gita Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Shaw Palma Maria Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cymerman Raymond Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Evans Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Yang Zhong Jin Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Harris Helen L Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Vertino Michael L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hsu Jack M	Practitioner - Non-Primary Care Provider (PCP)											
Kim Taewan Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Duggan Allison A Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			

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Chukiert Komgrit Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Curtin Patricia Jean	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Schurman Scott John Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Palomino Kathryn E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Barr Terese Anne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Gemelli Vincent	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Mahan Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mckillop, Ph.D Dennis	Practitioner - Non-Primary Care Provider (PCP)											
Mettelman Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Trusty George	Practitioner - Non-Primary Care Provider (PCP)											
Patil Vilas Jadhav Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Hughes Selina Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Andrews Anthony P Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Doyle Lisa Ann Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Devendorf Pauline Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gellert Wendy L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Al-Salameh Ahmad Mahmoud Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Camba Victoria Aquino	Practitioner - Non-Primary Care Provider (PCP)											
Giufre Melissa Stell	Practitioner - Non-Primary Care Provider (PCP)											
Stalteri Marianne Lasowski	Practitioner - Non-Primary Care Provider (PCP)											
Richardson Brenda	Practitioner - Non-Primary Care Provider (PCP)											
Antonini Thomas Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Detraglia Vannostran	Practitioner - Non-Primary Care Provider (PCP)											
Koening Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Lawrence Gilbert Anthony	Practitioner - Non-Primary Care Provider (PCP)											
Ondocin Philip Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Wickline Andrew Brian Md	Practitioner - Non-Primary Care Provider (PCP)											
Lott Ralph William Od	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dosa Nienke Prins Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kirch Pamela Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Drucker Judy A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Randall-Mantella Susan Marie	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Hall Elizabeth Geralyn	Practitioner - Non-Primary Care Provider (PCP)											
Essi Eileen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Harley Brian James Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Conley Lawrence	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shah Paru Mukesh Dds	Practitioner - Non-Primary Care Provider (PCP)											
Saxton Colleen Colbert	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Green Gary Randall Md	Practitioner - Non-Primary Care Provider (PCP)											
Ali Syed T Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Harter Sandra Jean	Practitioner - Non-Primary Care Provider (PCP)											
Singh Chanderdeep Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kaufman Leah A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Wright Gregory Joseph Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Sullivan Shannon Pt	Practitioner - Non-Primary Care Provider (PCP)	✓										
Naprawa Steven A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Siddiqui Danish Suboor Md	Practitioner - Non-Primary Care Provider (PCP)											
Aiken Andrew P	Practitioner - Non-Primary Care Provider (PCP)											
Zhou Zhandong Md	Practitioner - Non-Primary Care Provider (PCP)											
Pekis Ramazan Cenk Md	Practitioner - Non-Primary Care Provider (PCP)											
Hartenstein Julie	Practitioner - Non-Primary Care Provider (PCP)											
Wolfe James Arthur	Practitioner - Non-Primary Care Provider (PCP)											
Newton Kimberly	Practitioner - Non-Primary Care Provider (PCP)											
Vanmeter Robert Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Cole Deborah	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Dyne Judith Bahouth	Practitioner - Non-Primary Care Provider (PCP)											
Flick Karen C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Delaney Joel P Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Wirtz David Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Weiss Carl A Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Deblois Barbara M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hilton Diane S	Practitioner - Non-Primary Care Provider (PCP)											

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Krisch Albert	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Metott Mary	Practitioner - Non-Primary Care Provider (PCP)	✓										
Scalise Diane	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Trela Paul Henry	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bazan Catherine M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Vajpayee Neerja Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Haymes Allyson A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bem Jiri Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ignacio Renante Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Litwak Karen Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Van Riper Loren G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Brady Michael B Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Iannuzzi Michael Charles Md	Practitioner - Non-Primary Care Provider (PCP)											
Nicotra Priscilla A	Practitioner - Non-Primary Care Provider (PCP)											
Connelly Elizabeth Ann	Practitioner - Non-Primary Care Provider (PCP)											
Iannettoni Dolores Joyce	Practitioner - Non-Primary Care Provider (PCP)											
Snyder Kathryn Gumprecht	Practitioner - Non-Primary Care Provider (PCP)											
Wolfe Edward G Pa	Practitioner - Non-Primary Care Provider (PCP)											
Yager Pamela Ann	Practitioner - Non-Primary Care Provider (PCP)											
Fassinger Michelle L Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Katz Danielle A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cleveland Karen M	Practitioner - Non-Primary Care Provider (PCP)											
Miller Kathi J Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lisi Michele Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Antshel Kevin M Phd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Winter Tina Marie	Practitioner - Non-Primary Care Provider (PCP)											
Olson Dinah	Practitioner - Non-Primary Care Provider (PCP)											
Amzuta Ioana Gabriela Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Shannon Heather Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Grage Rolf Albert Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Okoniewski Catherine Mary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Mihaila Dragos L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Herbert Ronayne Terese	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Knohl Stephen Jarrod Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pohar Bobby	Practitioner - Non-Primary Care Provider (PCP)											
Thomson-Chmielewski Anne J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weinheimer Ruthanne Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Carter Kennett	Practitioner - Non-Primary Care Provider (PCP)											
Baker Stephen	Practitioner - Non-Primary Care Provider (PCP)											
Lafont Debra	Practitioner - Non-Primary Care Provider (PCP)											
Miles Jean Ann Rpt	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Malinowski Jill C	Practitioner - Non-Primary Care Provider (PCP)											
Rigdon Angela K Pt	Practitioner - Non-Primary Care Provider (PCP)											
Sgarlata Cherie Kathryn	Practitioner - Non-Primary Care Provider (PCP)											
Leso Laura	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Casab Denise Roseanne	Practitioner - Non-Primary Care Provider (PCP)											
Clarke Michael Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Scalise Maria Cristina S	Practitioner - Non-Primary Care Provider (PCP)	✓										
Syrett James Iain Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Henning Harold J Jr	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kozman Hani Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Alpert Samuel Grillot Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Warmuth Jacqueline	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Riccelli James	Practitioner - Non-Primary Care Provider (PCP)											
Cardi Todd	Practitioner - Non-Primary Care Provider (PCP)											
Sorensen Gussie Mae Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Fraser Cynthia H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Harden Keith	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Massa Nicholas T Iii Md	Practitioner - Non-Primary Care Provider (PCP)											
Bhatta Luna Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Soultan Zafer N Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Burnett Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Taggart Tina Sita Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Badger Deborah A	Practitioner - Non-Primary Care Provider (PCP)											
Berry Brian J Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Gesualdo Maria B Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sarwar Muhammed Faisal Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Barber Christi A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hall Catherine A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Azzarello Erin M	Practitioner - Non-Primary Care Provider (PCP)											
Zirath Monika	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Curran Katie L	Practitioner - Non-Primary Care Provider (PCP)											
Merola Joseph A	Practitioner - Non-Primary Care Provider (PCP)											
Norris Deborah L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hood Matthew D Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Brown Brandi Belinda Boyanski	Practitioner - Non-Primary Care Provider (PCP)											
Mastroleo Michael	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓			✓			
Thayer Luann M	Practitioner - Non-Primary Care Provider (PCP)											
Polacek Carol Shaw	Practitioner - Non-Primary Care Provider (PCP)											
Kyobe Moses Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Thompson Brian W Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Macdonald Jill A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Meier Andreas H Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Levi Dana Md	Practitioner - Non-Primary Care Provider (PCP)											
Cahill-Hoy Lynn C	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Ezidiegwu Christian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Maxian Tina Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Kelly Jennifer J Do	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hoyt Kevin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Rix Robert Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Rozanski James	Practitioner - Non-Primary Care Provider (PCP)											
Sullivan John Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Spitzer Stephen G Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Scuderi Matthew G Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Weaver Brandon	Practitioner - Non-Primary Care Provider (PCP)											
Campbell Garry Edward	Practitioner - Non-Primary Care Provider (PCP)											
Cerminaro Anthony F	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Costello Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Costanza Michael James Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dinh Khanh H	Practitioner - Non-Primary Care Provider (PCP)											
Garasia Shaila	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Brown Noah	Practitioner - Non-Primary Care Provider (PCP)											
Mendicino Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Petroski Judith Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Sojewicz Jr Joseph A	Practitioner - Non-Primary Care Provider (PCP)											
Karwacki Ellen	Practitioner - Non-Primary Care Provider (PCP)											
Hearn Shelly L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Merluzzi Jill A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Doolittle Terri J Np	Practitioner - Non-Primary Care Provider (PCP)											
Groat Lindsay C Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Sharkey Janice A Np	Practitioner - Non-Primary Care Provider (PCP)											
Bair Alicia K Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Malaisoodumperumal Thangam Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fullagar Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Woodcock Jr Leslie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Van Every Monica Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Burgess Susan Jayne	Practitioner - Non-Primary Care Provider (PCP)											
Ross Julia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zollo Joseph Dominic Md	Practitioner - Non-Primary Care Provider (PCP)											
Cunningham Jill A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Amankwah Kwame Sarpong Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Maini Atul Md	Practitioner - Non-Primary Care Provider (PCP)											
Ochotorena Florica R V Md	Practitioner - Non-Primary Care Provider (PCP)											

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Simmonds-Brady Karen S Dds	Practitioner - Non-Primary Care Provider (PCP)											
Iskander Ayman Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Jean Marie Kelly	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Iqbal Uzma Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Oben Felix T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Beg Mirza Bedar B Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rose Brenda J	Practitioner - Non-Primary Care Provider (PCP)											
Failing Jennifer Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Hopkins Rachel L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
De Perno Marc	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Linsky William Martin	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Elsner Karl Richard J	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pellegrino Joan Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Flowers James J Do	Practitioner - Non-Primary Care Provider (PCP)											
El-Khally Ziad A Md	Practitioner - Non-Primary Care Provider (PCP)											
Rao Rajesh S K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Meade John J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Berthoff Donna M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kent Kristin M Np	Practitioner - Non-Primary Care Provider (PCP)											
Gao Wenshi Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cloonan Deborah L Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Lubinga Stanley L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
De Luna Joy Lin Chan Md	Practitioner - Non-Primary Care Provider (PCP)											
Downey David	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Wiseman Jean Marie	Practitioner - Non-Primary Care Provider (PCP)											
Jones Natalie Chante	Practitioner - Non-Primary Care Provider (PCP)											
Guarino Dinah	Practitioner - Non-Primary Care Provider (PCP)											
Zhang Xiuli	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cooney Robert Nickerson	Practitioner - Non-Primary Care Provider (PCP)											
Dingman Diane Marie	Practitioner - Non-Primary Care Provider (PCP)											
Trevisani Elaine Marie	Practitioner - Non-Primary Care Provider (PCP)											

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Moreau Zoryana	Practitioner - Non-Primary Care Provider (PCP)											
Setter Kevin Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rawlins Sekou Robertson Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Korfonta Kara Pelli	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Shaw Eric Gorgon	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Baker Danielle M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Walkup Shannon Leigh Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Kirk Robert David	Practitioner - Non-Primary Care Provider (PCP)											
Vavala Carla Ann	Practitioner - Non-Primary Care Provider (PCP)											
Neupane Hom Prasad	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Fergerson Jacqueline M Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Loi Thuan Dds	Practitioner - Non-Primary Care Provider (PCP)											
Nolan Robert Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Murthy Bala Md	Practitioner - Non-Primary Care Provider (PCP)											
Sun Xiwu John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Del Pino Pedro Jose Md	Practitioner - Non-Primary Care Provider (PCP)											
Seth Rahul Do	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cryer Jonathan Eric	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Edelman Eric Ean Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Millson Joanne Louise Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Beabes Justin C Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ahmed Abdulhafiz A	Practitioner - Non-Primary Care Provider (PCP)											
Van Horne Kathleen A	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Craig Kirk A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Suppon Jessica M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Keyes David L Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Ashfaq Afshan Md	Practitioner - Non-Primary Care Provider (PCP)											
Woods Carmelita Rose Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kendrick Timothy E Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Higgins Melissa Renee Np	Practitioner - Non-Primary Care Provider (PCP)											
Swiecki Frances I Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Jones Linda Susan Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Simpson Robert B Md	Practitioner - Non-Primary Care Provider (PCP)											
Schklair Peter Alan Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Farrell Paula Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Becker Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Oliva Anthony Stephen Md	Practitioner - Non-Primary Care Provider (PCP)											
Connor Benjamin I Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓			✓			
Robertson Mya D Np	Practitioner - Non-Primary Care Provider (PCP)											
Keeney Kristine M Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Waite Susan	Practitioner - Non-Primary Care Provider (PCP)											
Fitzsimmons Lunei Lacerna Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Endy Timothy Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Colaneri Mark J Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sidoni Stephanie	Practitioner - Non-Primary Care Provider (PCP)											
Homack Jacquileen	Practitioner - Non-Primary Care Provider (PCP)											
King Richard James Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sun Mike Han-Te Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Iqbal Mohammad Masud Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Amankwah Kwaku A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tallarico Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Spagnola Denise Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Leo Belile Kristine M Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Spadola Alexanda Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lessin Marc Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ward Claudine Abellera Tinio Md	Practitioner - Non-Primary Care Provider (PCP)											
Gajra Ajeet Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lemley Frederick Russell Md	Practitioner - Non-Primary Care Provider (PCP)											
Kaylor Cynthia J Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Goyal Parul Md	Practitioner - Non-Primary Care Provider (PCP)											
Hurlong Shernaz K Md	Practitioner - Non-Primary Care Provider (PCP)											
Rossetti David	Practitioner - Non-Primary Care Provider (PCP)											

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Demers Elizabeth Anne Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Guisinger Betty	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mielnicki Terrance Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Lamay Brenda Guyle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Szombathy Tomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Neri Albert Jr Dds	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Schiano Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Freiberger Eric J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Merriam Stephen Woodhull Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Buchberger Dale John Rpt	Practitioner - Non-Primary Care Provider (PCP)											
Aly Ashraf Samir Bakry Md	Practitioner - Non-Primary Care Provider (PCP)											
Hovak Michal Elizabeth Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tomaiuoli Catherine Marie Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Vanderhoff Holly Ann Phd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Selinsky Linda Marie Np	Practitioner - Non-Primary Care Provider (PCP)											
Lipes Brian M Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mutabdzic Marija	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Marshall Todd A Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Mcsweeney Colleen	Practitioner - Non-Primary Care Provider (PCP)											
Campoli Jennifer Do	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cali Mark J Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Schader Brenda Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Peek Nancy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Neely Cheryl Lynn Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wallen Maureen Od	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Barrett Iv George	Practitioner - Non-Primary Care Provider (PCP)											
Kircher Barbara Jean Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Nizar Ahmed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bednarczyk Jadwiga J Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Zirilli Thomas Anthony Rpt	Practitioner - Non-Primary Care Provider (PCP)											
Cohen David Joshua Md	Practitioner - Non-Primary Care Provider (PCP)											

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Ramani Shoba	Practitioner - Non-Primary Care Provider (PCP)											
Hall Walter Allan Md	Practitioner - Non-Primary Care Provider (PCP)											
Abrams Laurie A Md	Practitioner - Non-Primary Care Provider (PCP)											
Li Fenghua Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gould Nathaniel Stuart Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Payne Melinda Lee Md	Practitioner - Non-Primary Care Provider (PCP)											
Makayan Michael Acesor Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shute Matthew S Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Morbidini-Gaffney Stefania Md	Practitioner - Non-Primary Care Provider (PCP)											
Hassan Moustafa Adel Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Simionescu Laura Eugenia Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cooney Norma Laurel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Brenner Jay Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Carissimi Charina Annette Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kligerman Olga Dobrogniewa Md	Practitioner - Non-Primary Care Provider (PCP)											
Wong Benny Man Yiu Md	Practitioner - Non-Primary Care Provider (PCP)											
Mingin Gerald C Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cooney Derek Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rivera Marcus R Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nsouli Imad Salah Md	Practitioner - Non-Primary Care Provider (PCP)											
Deshaies Eric Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Hopkins Geoffrey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Zuccaro Jennifer Carbone Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Latorre Julius Gene Silva Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cooper Kenneth A Do	Practitioner - Non-Primary Care Provider (PCP)											
Loi Allison Meredith Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Oliverio Pio Lamprea Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cecchi Lawrence Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Leggat Christopher Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Quash Michelle D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shafer Suzanne M	Practitioner - Non-Primary Care Provider (PCP)											

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Hall Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bhatt Shashank Md	Practitioner - Non-Primary Care Provider (PCP)											
Heyboer Marvin Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ziad Mk El Zammar Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kanter David Michael	Practitioner - Non-Primary Care Provider (PCP)											
Swan Ann E	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mcfalls Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Moore Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Behling Joyce Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tamoutselis Belinda	Practitioner - Non-Primary Care Provider (PCP)											
Farah Joyce	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Clarissa H Del Rosario Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rubina Ahmed Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
David Zaffino	Practitioner - Non-Primary Care Provider (PCP)											
Welsh Mark	Practitioner - Non-Primary Care Provider (PCP)											
Sullivan Lisa M	Practitioner - Non-Primary Care Provider (PCP)											
Killian Raelynn Marie Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Rachel Lacelle	Practitioner - Non-Primary Care Provider (PCP)											
Banach Nicole Marie	Practitioner - Non-Primary Care Provider (PCP)											
Doolittle Jessica Marie Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Becker Tammy Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Zullo Carolyn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pratap Thirunavuk	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Simardeep S Mangat	Practitioner - Non-Primary Care Provider (PCP)											
Scozzari Mary K Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Ko Melissa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Karmel Mitchell I Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Knutsen Christian Conrad Meyer Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gregory John Tillou	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Tooker Kristin Deanne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Oakes Anna	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Goldiner Lev	Practitioner - Non-Primary Care Provider (PCP)	✓										
Baruah Monideepa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kloss Brian Timothy	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Henriquez Barbara Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Smith Mary Elizabeth Rpt	Practitioner - Non-Primary Care Provider (PCP)											
Goutham K Malempati Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Devincentis Anthony Francis Iii	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Todd C Battaglia	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Amy Elaine Sanders	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Santiago William George	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jessica L Hoff P A C	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Lebel Robert Roger	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Tyler Melissa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Daskalakis Katherine	Practitioner - Non-Primary Care Provider (PCP)											
Sima Jody	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Evis Petrela	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Walker Maria Socorro Baston	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Elif N Erim Md	Practitioner - Non-Primary Care Provider (PCP)											
Foster Mary M Rn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kier-Merrihew Susan Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Adler Bonnie E Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Case Karen Braun	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ko Paul Yun-Kee	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
O'Connor Kevin Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bilal Ahmad	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Makhlouf Fadi	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ho Suehun	Practitioner - Non-Primary Care Provider (PCP)											
Stuart Sarah Bronwyn Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ali Fahd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lavelle William	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
019400857freedman Linda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓

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Szombathyne Meszaros	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Darjany Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Shapiro Oleg Md	Practitioner - Non-Primary Care Provider (PCP)											
Lewis Katherine	Practitioner - Non-Primary Care Provider (PCP)											
Mustata Georgian Tiberiu Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ventura Kristy Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Siddiqui Faisal Md	Practitioner - Non-Primary Care Provider (PCP)											
Samenfeld-Specht James	Practitioner - Non-Primary Care Provider (PCP)											
Sana Wajeeh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Flint Krislyn Leigh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Jawed Mohammed	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Wassel Anwar	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Sturtz Anna	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Esteban P Onate	Practitioner - Non-Primary Care Provider (PCP)											
Tormey Laura J	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Germakovskaya Anna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Baluk Svetlana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Mcmahon Kathleen Dermady	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Scullion Amanda M	Practitioner - Non-Primary Care Provider (PCP)											
Baker Carolyn Marie Rpa-C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chappell Mary Lou	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Aleksandr Sokolovsky Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nelson Patricia Joan Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Reimenschneider Justin	Practitioner - Non-Primary Care Provider (PCP)											
White Sha-Wanda E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Holman Dawn Michelle Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Desimone Cathleen Anne	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Andrade Olivia	Practitioner - Non-Primary Care Provider (PCP)											
Mcgarry Ariel Shippee Pa	Practitioner - Non-Primary Care Provider (PCP)											
Lampert Mary Anne Pa	Practitioner - Non-Primary Care Provider (PCP)											
Tovar Spinoza Zulma Sarah	Practitioner - Non-Primary Care Provider (PCP)											

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Boyle Michael F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gorman Patricia A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Steencken Gregory Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Khanna Apurv Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hanifin Craig Michael	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Brian	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Butunoi Catalin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Suryadevara Amar C	Practitioner - Non-Primary Care Provider (PCP)											
Neches Norman	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Shapiro Anna Md	Practitioner - Non-Primary Care Provider (PCP)											
Vaughn Whittaker Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Erin Marie Malay	Practitioner - Non-Primary Care Provider (PCP)											
Nader Elgharib	Practitioner - Non-Primary Care Provider (PCP)											
Brady Christina Marie	Practitioner - Non-Primary Care Provider (PCP)											
Paolo William	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sarsfield Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mccrone Alison	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Seth Naveen Brij	Practitioner - Non-Primary Care Provider (PCP)											
David Austin Macgregor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Matteson Ashleigh Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
O'Donnell Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Wilson Jennifer A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hegazy Housam Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Trussell J C	Practitioner - Non-Primary Care Provider (PCP)											
Liu Kan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
John Colianni Md	Practitioner - Non-Primary Care Provider (PCP)											
Albro Sheri	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Labella Matthew G Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Anne Marie Trevisani	Practitioner - Non-Primary Care Provider (PCP)											
Heidi Roloson Rpac	Practitioner - Non-Primary Care Provider (PCP)	✓										
Oberoi Navpriya	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			

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Dayal Davis Raja	Practitioner - Non-Primary Care Provider (PCP)	✓										
Delucia-Deranja Evan Owen	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sitaraman Karthikeyan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Trusilo Mary Catherine	Practitioner - Non-Primary Care Provider (PCP)											
Leroy Kevin Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kosinski Robert W	Practitioner - Non-Primary Care Provider (PCP)											
Mcnulty Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
George Tanya	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sherman Robert Adam	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Javaid Waleed	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
James Alan Lemley	Practitioner - Non-Primary Care Provider (PCP)											
Hazem M Qalla Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Nguyen Duc Thanh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Kulick David Marshall	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Denise Marie Lougee	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Salah Ali K	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Edmunds Anne-Marie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Elfar Mohamed Soliman Ahmed	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sinnott Tracy Lynn Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Werchinski Amy Lynn Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Karikehalli Shridevi	Practitioner - Non-Primary Care Provider (PCP)											
Dimaria Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Wallace James	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Wallace Diana Renee	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Mark A Profetto	Practitioner - Non-Primary Care Provider (PCP)											
Cardinal Deborah Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Ives Jillian Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcdonald Matthew Dennis	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Shwe Yee Win	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Cheney Kimberly Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Jones Maxine Elise	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓

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Brown Morales Dennis	Practitioner - Non-Primary Care Provider (PCP)											
Atkinson Megan Lorraine	Practitioner - Non-Primary Care Provider (PCP)											
Sikder Manzurul A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kazanikova Galina Alexandrovna	Practitioner - Non-Primary Care Provider (PCP)											
Otaibi Wael	Practitioner - Non-Primary Care Provider (PCP)											
Armstrong Shellie	Practitioner - Non-Primary Care Provider (PCP)											
Ian A Madom	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dowe Anne	Practitioner - Non-Primary Care Provider (PCP)											
Shirazi Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Mobeen Haris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Andrea Johnson	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Rashid Ijaz	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Koehler Jeffrey Alan Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Joslin Jeremy David	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Knight William	Practitioner - Non-Primary Care Provider (PCP)											
Sengstake Frederick Douglass Ii	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Manta Dragos Nicolae	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Joseph Rosamma	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Munson-Burke Michael Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Lamichhane Jivan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Elaine S Jablonka	Practitioner - Non-Primary Care Provider (PCP)											
Courtney Christine Amelia	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Smart Lawson Ryan	Practitioner - Non-Primary Care Provider (PCP)											
Eksioglu Yaman Zorlu	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Harris Colin	Practitioner - Non-Primary Care Provider (PCP)											
Valentine Roberta	Practitioner - Non-Primary Care Provider (PCP)											
Weidman Thomas Keith	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bilal Rahila Mbbs	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Piek Lian Tan	Practitioner - Non-Primary Care Provider (PCP)											
Sampathi Venkata Satish Kumar	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hassan Islam Ahmed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Wali Prateek Dhar	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Brown Dedra Deanne	Practitioner - Non-Primary Care Provider (PCP)											
Rutherford Kristin Lee	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Munir Affaf	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Hall Christopher T	Practitioner - Non-Primary Care Provider (PCP)											
Hamam Waleed	Practitioner - Non-Primary Care Provider (PCP)											
Kamalia Sonal	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ellis Brennan Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Melissa Cullinan	Practitioner - Non-Primary Care Provider (PCP)											
Mestad Renee Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jamin Scott Brown Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Britt Melissa A Anp	Practitioner - Non-Primary Care Provider (PCP)	✓										
Azer Emil	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mendelson Kim	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Parish Amy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lazzari Emily	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Phaneuf Leah Kathryn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Tina L Finlayson Cfnp	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Westmoreland Samuel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Ahmed Tamer	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Carnevale Laura	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Piraino Karen Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Gilligan Diana M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Harris Tucker Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee Kwi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Linder Martha Freeborn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Marlow Carrie Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mo Fred	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Burnside Scott	Practitioner - Non-Primary Care Provider (PCP)											
David Scolnick Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Erali Richard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓

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Doolittle Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ryan Damico Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Golub Vitaly Md	Practitioner - Non-Primary Care Provider (PCP)											
Sheggrud Samantha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Barkley Jacqueline Z	Practitioner - Non-Primary Care Provider (PCP)											
Thabet Ibrahim	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rickert Fedder Stacey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sullivan Ross William	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pietrzak Jeanne Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Frawley Renee Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Desimone Marisa E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ipson Alan Vesten	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Grover David B Pa	Practitioner - Non-Primary Care Provider (PCP)											
Sousou Tarek Joey	Practitioner - Non-Primary Care Provider (PCP)											
Colino Jonathan Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Hafeez Aliya	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Carruth Bryant Paul	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jennings Julian James	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kennedy Byron S	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bratslavsky Gennady	Practitioner - Non-Primary Care Provider (PCP)											
Grenier Yannick Y Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Head Tina K	Practitioner - Non-Primary Care Provider (PCP)											
Van Arnam Thomas W Jr	Practitioner - Non-Primary Care Provider (PCP)											
Riddell Jonathan Van Buren	Practitioner - Non-Primary Care Provider (PCP)											
Sapkota Bishnu	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Emmons Jerry R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Barus Carl E	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kevin C Lake	Practitioner - Non-Primary Care Provider (PCP)											
Kertesz Matthew F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Shah Rita	Practitioner - Non-Primary Care Provider (PCP)											
Marsh Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓

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Ravi Anand	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Sah Birendra Prasad	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dunn Bernadette	Practitioner - Non-Primary Care Provider (PCP)											
Scialdone Elizabeth M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Phillips Loretta Lynne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Geatrakas Christina Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Hanley Erin M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jacob Glady	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Farber-Heath Risa Lauren	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ames Sarah Anne	Practitioner - Non-Primary Care Provider (PCP)											
George Avrille	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pan Dorothy Chera	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ajagbe Olamide Ayotola	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Niedziolka Barbara	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Khanna Rakesh Vijay	Practitioner - Non-Primary Care Provider (PCP)											
Mehta Rashi I Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rana Shraddha	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Zhang Dianbo	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ercanli Muzeyyen	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Christopher J Fatti	Practitioner - Non-Primary Care Provider (PCP)											
Poiesz Michael	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Iannolo Maria	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Fazili Tasaduq Nazir	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pletka Joshua	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Madhira Bhaskara Reddy	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kamel Elokda Adham	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Robinson Barbara	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Polhemus Mark Edward	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Melinda A Rosner Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Macconaghy Lindsay C	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dasari Venkata Ramani	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Dhamoon Amit Singh	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kelly Beisel Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Bryan Patrick Masterson	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dexter Justin Michael	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Raphael Bradley Scott	Practitioner - Non-Primary Care Provider (PCP)											
Dimeis Heidi Leigh	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Benjamin Sam	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Wrzeszcz-Onyenma Karolina	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Chin Lawrence	Practitioner - Non-Primary Care Provider (PCP)											
Yonge Isabel Jennie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Zonno Alan Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ofole Obiora Jude	Practitioner - Non-Primary Care Provider (PCP)											
Kato Hiroshi Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Siddiqui Sharifuzza	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pflugh Deborah	Practitioner - Non-Primary Care Provider (PCP)											
Sgarlat Caitlin Moira	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lopinto Melissa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lacombe Michael Andrew	Practitioner - Non-Primary Care Provider (PCP)											
Checola Elizabeth Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Mandava Anupa Rani Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Campagna James D	Practitioner - Non-Primary Care Provider (PCP)											
Tornabene Katherine Mcdermott	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mcginty Marianne Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Sweet Jaime Ann Fnp-Bc	Practitioner - Non-Primary Care Provider (PCP)											
Schafer Melissa Susan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Duleep Anuradha K Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Donato Kara Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gibson Vanessa R Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Madana M Vallem Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Willer Katherine Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jablonka Scott Allen	Practitioner - Non-Primary Care Provider (PCP)											

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Costello Molly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Nadkarni Anupa Prashant	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Olson-Gugerty Lisa Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ross Jenny Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Ghimire Anil K	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nadkarni Prashant V	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Carolyn Smith Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Youngman Lori	Practitioner - Non-Primary Care Provider (PCP)											
Donnery Gail Mccue	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Linnenbach Joyce Armani Basil	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mietz Michael Keith	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Gero Nicole Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ord Jessica	Practitioner - Non-Primary Care Provider (PCP)											
Massaro Melissa Ann	Practitioner - Non-Primary Care Provider (PCP)											
Kang David Euimo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Tson Irina	Practitioner - Non-Primary Care Provider (PCP)											
Hillary Marie Holden	Practitioner - Non-Primary Care Provider (PCP)	✓										
Amundson Gary Mark	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Shoemaker Lawrence R Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Stack Kelsey Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nichita Elena C	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Erin K Scullion Pa	Practitioner - Non-Primary Care Provider (PCP)											
Mahoney Kevin M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Long Desiree Woods	Practitioner - Non-Primary Care Provider (PCP)											
Oneill Tina Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Troia Linda K	Practitioner - Non-Primary Care Provider (PCP)											
Czajkowski Heidi M	Practitioner - Non-Primary Care Provider (PCP)											
Stanbridge-Maine Katherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fortner Christopher Neil	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
De La Vega Maria Teresa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Krug Colleen Mary	Practitioner - Non-Primary Care Provider (PCP)											

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Jennifer Marie Godlewski	Practitioner - Non-Primary Care Provider (PCP)											
Das Subhash Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Murphy Andrew R Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Sousou Lisa J	Practitioner - Non-Primary Care Provider (PCP)											
Fawcett Blythe Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Anthony Francis Colosimo	Practitioner - Non-Primary Care Provider (PCP)											
Bader Taryn A	Practitioner - Non-Primary Care Provider (PCP)											
Antonevich Ivan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kristin Noel Kline	Practitioner - Non-Primary Care Provider (PCP)											
Mestin Fassil B	Practitioner - Non-Primary Care Provider (PCP)											
Garguilo Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Hoover Rachel Therese	Practitioner - Non-Primary Care Provider (PCP)											
Bianco Aaron James	Practitioner - Non-Primary Care Provider (PCP)											
Iqbal Marc Ryan	Practitioner - Non-Primary Care Provider (PCP)											
Wagner Kristin Lee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Adhikary Ravi	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gilbert Kimberly Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Keegan Catherine Nguyen	Practitioner - Non-Primary Care Provider (PCP)											
Yu Jianghong Julie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Izadyar Shahram	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Werner Klaus Georg Erich	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Morabito Joseph Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Khan Valerie Jeanne	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
John Savio	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Zhang Yi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Leonard Katherine Esther	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Antonevich Tatyana	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kinsley Joseph L	Practitioner - Non-Primary Care Provider (PCP)											
Daniel Birklin Pa	Practitioner - Non-Primary Care Provider (PCP)											
Brittani Bickel Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Suryadevara Manika	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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O'Connor Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)											
Thakur Nikhil Anand	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dhaliwal Mandeep Kaur	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Thota Srinivasa Sarvabhouma	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hill Robert H	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nguyen Long Van	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Zerah Zane Ali	Practitioner - Non-Primary Care Provider (PCP)											
Nikolavsky Dmitriy	Practitioner - Non-Primary Care Provider (PCP)											
Fisher Mariah K	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Singh Gaganjot	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Leo Sarah Kathryn	Practitioner - Non-Primary Care Provider (PCP)											
Changlai Brian	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Padalino David	Practitioner - Non-Primary Care Provider (PCP)											
Dvorak Andrea Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Megan Lafave	Practitioner - Non-Primary Care Provider (PCP)											
Dino G Mazzara	Practitioner - Non-Primary Care Provider (PCP)											
Otokiti Victor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jennings M Shane	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Coombs Amy Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Din Hannah S	Practitioner - Non-Primary Care Provider (PCP)											
Nayeri Unzila Ali	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Moore Leila Channaoui	Practitioner - Non-Primary Care Provider (PCP)											
Hurd Kelly Leigh	Practitioner - Non-Primary Care Provider (PCP)											
Stilwell William H	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Christner Jennifer Gold	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Carter Denise Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dolinak Joan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lalonde Sarah Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lovallo Sean Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Root Tammy A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Aslam Jessica Lefebvre	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Longo Lauren E	Practitioner - Non-Primary Care Provider (PCP)											
Coffey Joseph A	Practitioner - Non-Primary Care Provider (PCP)											
Agen Janice Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Baier Meghan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Young Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Schoonmaker Tansy	Practitioner - Non-Primary Care Provider (PCP)											
Cico Lisa A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Wunderlich Kathleen L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Conlon Jonathan F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dizon Emma D	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Balmir Marvin	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bernardo Leandro Antonio De Leon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dottolo Rebecca L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Seth Rajeev Kumar	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cowart Harry	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Roper Virginia	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Chohaney Kathleen Marie	Practitioner - Non-Primary Care Provider (PCP)											
Levy Nicole E	Practitioner - Non-Primary Care Provider (PCP)											
Tuzzolino Jessica L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Monna Jennifer Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Dewitt Sarah M	Practitioner - Non-Primary Care Provider (PCP)											
Hammack David N	Practitioner - Non-Primary Care Provider (PCP)											
Vanriper Erica L	Practitioner - Non-Primary Care Provider (PCP)											
Mohiuddin Md	Practitioner - Non-Primary Care Provider (PCP)											
Connolly Jacqueline M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Parker Davida F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Johnson-Whitlock Tyonna L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Stack Kenneth P	Practitioner - Non-Primary Care Provider (PCP)											
Wolniak Lisa L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Isabelle Rachel Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Tschudi Diane Beth	Practitioner - Non-Primary Care Provider (PCP)											

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Khan Ali Amir	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Coghlan Megan Renee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dupree Erin M	Practitioner - Non-Primary Care Provider (PCP)											
Kobayashi Katsuhiro	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ezomo Eronmwon J	Practitioner - Non-Primary Care Provider (PCP)											
Henderson Heather K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
York Yancy	Practitioner - Non-Primary Care Provider (PCP)											
Rapke Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Ingalls Kiersten	Practitioner - Non-Primary Care Provider (PCP)											
Mellman David	Practitioner - Non-Primary Care Provider (PCP)											
Syed Saira	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Del Orbe Radaranys	Practitioner - Non-Primary Care Provider (PCP)											
Cary Ashley S	Practitioner - Non-Primary Care Provider (PCP)											
Hodell Michael G	Practitioner - Non-Primary Care Provider (PCP)											
Procopio Gregory	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Aslam Sunny Padiath	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Trent Kimberly A Santas	Practitioner - Non-Primary Care Provider (PCP)											
Warren Lesli E	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Chang Roslyn Jui-Lin	Practitioner - Non-Primary Care Provider (PCP)											
Nastasi Robert Michael	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Barbara Mary Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Mar Thet Thet	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Polniak Noelle Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Edelstein Adam	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Duggal Naven	Practitioner - Non-Primary Care Provider (PCP)											
Clendenin Carol	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Agarwal Rinki	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kidwai Farook	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Aridgides Paul Demetrios	Practitioner - Non-Primary Care Provider (PCP)											
Mckay Jeremy Larvadain	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
D'Haenens Matthew Allan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Demarche Chad J	Practitioner - Non-Primary Care Provider (PCP)											
Nacca Nicholas Erik	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Waskiewicz Sarah A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brimmer Adrienne Larie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Bradley Scott	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Curia Luciana Maria	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Upadhyaya Prashant Kudigram	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mincolla Marissa Lynne	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Vella Jacob Anthony	Practitioner - Non-Primary Care Provider (PCP)											
Recore Rachel Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Adcock Patrick Randall	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Greenfield Tyler Christopher	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Wilson Emily Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Izzo Nicole M	Practitioner - Non-Primary Care Provider (PCP)											
Goyal Amit	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Curran Rita E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Callan Aileen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nacca Katherine Michele	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kohlitz Patrick Jean	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Oddy Shirley A	Practitioner - Non-Primary Care Provider (PCP)											
Larson Anderew P	Practitioner - Non-Primary Care Provider (PCP)											
Campola David N	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mantelli Paul J	Practitioner - Non-Primary Care Provider (PCP)											
Pratts Michael	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mularella Joshua Michael	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Egnaczak Susan M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Abouelsoud Kareem	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Fedors Nathan	Practitioner - Non-Primary Care Provider (PCP)											
Chapple Crystal B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hong Cindy	Practitioner - Non-Primary Care Provider (PCP)											
Degirolamo Kathryn Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Paul Manju P	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hall Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Giannelli Frank Richard Iii	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Kellogg Sharon	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Demartini Susan Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Schreffler Susan Maria	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dimitris Kristen Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Perez Jayson Bruce	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Macher Amy Nichole	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Adhikari Pramila	Practitioner - Non-Primary Care Provider (PCP)											
Albert Scott Paul	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dowling Nanette Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Odrzywolski Karen J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Howell Ronald D	Practitioner - Non-Primary Care Provider (PCP)											
Grice Stephanie Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nicholas Brian Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Tibbitts Brandon L	Practitioner - Non-Primary Care Provider (PCP)											
Groch Nicholas	Practitioner - Non-Primary Care Provider (PCP)											
Frey David K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hernandez Selman Ingrid Carolina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Vourganti Srinivas	Practitioner - Non-Primary Care Provider (PCP)											
Wallis Jodi Beth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kunkle Herbert L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Demer James Steven	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Zeppa Jillian	Practitioner - Non-Primary Care Provider (PCP)											
Gerace Kimberly Marie	Practitioner - Non-Primary Care Provider (PCP)											
Hunter Elizabeth Grace	Practitioner - Non-Primary Care Provider (PCP)											
Galshauser Kelly	Practitioner - Non-Primary Care Provider (PCP)											
Gribetz Michael D	Practitioner - Non-Primary Care Provider (PCP)											
Adhikari Nabin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Pylman John	Practitioner - Non-Primary Care Provider (PCP)											

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Harnan Maureen	Practitioner - Non-Primary Care Provider (PCP)											
Russell Emily	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Latif Sundus	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Melancon Joseph Keith	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Manganiello Kristen	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Oda Ninos	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Bushchor Mary	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nicholas Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sandra Pinko Ford	Practitioner - Non-Primary Care Provider (PCP)											
Dixon Sarah Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Totaro Cathi-Anne	Practitioner - Non-Primary Care Provider (PCP)											
Siletchnik Mark David	Practitioner - Non-Primary Care Provider (PCP)											
Calcagnino Denise Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Stevens Carol Melinda	Practitioner - Non-Primary Care Provider (PCP)											
Miller Patricia Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Brennan Maureen G	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Hess Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Podzimek Jana	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pence Melanie Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Hartle Valerie	Practitioner - Non-Primary Care Provider (PCP)											
Forshier Tonya Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dhaliwal Ruban	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Berg Andrea Intartaglia	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rinn Charles Frederick Jr	Practitioner - Non-Primary Care Provider (PCP)											
Mattes Nicole L	Practitioner - Non-Primary Care Provider (PCP)											
Parrish Susan Elissa	Practitioner - Non-Primary Care Provider (PCP)											
Duquette Jacquelynn Schultz	Practitioner - Non-Primary Care Provider (PCP)											
Champlin Florence M	Practitioner - Non-Primary Care Provider (PCP)											
Santopietro Kelly M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Komanecky Amelia L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Baldacci Susan L	Practitioner - Non-Primary Care Provider (PCP)											

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Fenstermacher Suzan Sara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Capucilli Janine	Practitioner - Non-Primary Care Provider (PCP)											
Pascarella Teresa	Practitioner - Non-Primary Care Provider (PCP)											
Usev Toni	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Curr Colleen Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Popilevskaya Yana	Practitioner - Non-Primary Care Provider (PCP)											
Paddock Adam W	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓			✓			
Glaza Julie	Practitioner - Non-Primary Care Provider (PCP)											
Houseman Brittany L	Practitioner - Non-Primary Care Provider (PCP)											
Barrie Dawn Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Wojciechowski Katina J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sharma Vandana	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Weiss Anthony Peter	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Walia Katherine Terese	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pavia Anna	Practitioner - Non-Primary Care Provider (PCP)											
Gottschalk Karah Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jain Ajay	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Giuliani Jeffrey Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Sevarino Laura Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Gray Wendy Jo	Practitioner - Non-Primary Care Provider (PCP)											
Mihm Timothy Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Colin Coniski Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bozeman Gary Douglas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Theodore Mark	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Giuffrida Lashawnda L	Practitioner - Non-Primary Care Provider (PCP)											
Clark Eric Lynell	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Piotrowicz Teresa M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Schrader Jennifer L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Check Theresa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Elizabeth Bozeman Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Frazier Nancy Mccollum	Practitioner - Non-Primary Care Provider (PCP)											

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Mansour Ahmed Mansour	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓			✓		
Ritchie Mark Salvatore	Practitioner - Non-Primary Care Provider (PCP)											
Thabet Adam A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Peppers Lori B	Practitioner - Non-Primary Care Provider (PCP)											
Romans Jeffrey R	Practitioner - Non-Primary Care Provider (PCP)											
Thabet Nagib A	Practitioner - Non-Primary Care Provider (PCP)											
Martinson Larry G	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Gosson Dana Jill	Practitioner - Non-Primary Care Provider (PCP)											
Davidson Brooke Alison	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gorczynski Julie Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Okolica David H	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Daly Jay M	Practitioner - Non-Primary Care Provider (PCP)											
Pecorella Bruce Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hobbs Theresa M	Practitioner - Non-Primary Care Provider (PCP)											
Sekuterski Sandra E	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Everding Nathan Gerald	Practitioner - Non-Primary Care Provider (PCP)											
Lumbrazo Maria Constance	Practitioner - Non-Primary Care Provider (PCP)											
Correa Candace Rebecca	Practitioner - Non-Primary Care Provider (PCP)											
Russell Amy Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Krider Claudia	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Yager Valerie Margaret	Practitioner - Non-Primary Care Provider (PCP)											
Petrarca Kathryn Marie	Practitioner - Non-Primary Care Provider (PCP)											
Berlin Richard M	Practitioner - Non-Primary Care Provider (PCP)											
Naylor Suzanne Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pike Sandra A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mohammed Ilyas K	Practitioner - Non-Primary Care Provider (PCP)											
Kudagi Vinod Shrishail	Practitioner - Non-Primary Care Provider (PCP)											
Garman Matthew John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lefort Michelle Pauline	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Paolini Sheila S	Practitioner - Non-Primary Care Provider (PCP)											
Torelli Tracy A	Practitioner - Non-Primary Care Provider (PCP)											

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Guinard Ellen D	Practitioner - Non-Primary Care Provider (PCP)											
Milone Andrew John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Jimmerson Cathy E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Bierwagen David M	Practitioner - Non-Primary Care Provider (PCP)											
Napierski Julie K	Practitioner - Non-Primary Care Provider (PCP)											
Lambert Theodore D	Practitioner - Non-Primary Care Provider (PCP)											
Ayala Melissa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Allan Scott	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Paonessa Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mulry Hannah M	Practitioner - Non-Primary Care Provider (PCP)											
Kistler Brian Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Switzer Krista L	Practitioner - Non-Primary Care Provider (PCP)											
Florian Michele R	Practitioner - Non-Primary Care Provider (PCP)	✓										
Quilty Nicole B	Practitioner - Non-Primary Care Provider (PCP)											
Strine Kelly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Amendolare Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ojha Abha	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Berrios Caroline E	Practitioner - Non-Primary Care Provider (PCP)											
Singh Jai Prakash	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Malek Joanne H	Practitioner - Non-Primary Care Provider (PCP)											
Yonaty Sari-Ann	Practitioner - Non-Primary Care Provider (PCP)											
Bova Tracy M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Spina Shannon K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hines Jerod	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Klimek Iii Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Miller Allison Grace	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fager Judith Hunter	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Suslik Althea	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Yang Xi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Crandall Brandon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kerzuma Elina	Practitioner - Non-Primary Care Provider (PCP)											

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Rensy Rebecca J	Practitioner - Non-Primary Care Provider (PCP)											
Torrez Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Kurlyandchik Diana	Practitioner - Non-Primary Care Provider (PCP)											
Kumar Prasanna	Practitioner - Non-Primary Care Provider (PCP)	✓										
Neal Mackenzie Allison	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Johnston Shae Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Linden Eva	Practitioner - Non-Primary Care Provider (PCP)	✓										
White Paula A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vicks Kristen L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Sampo Lindsey	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Christopherson Brianna L	Practitioner - Non-Primary Care Provider (PCP)											
Hipkens-Viggiano Sherri Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Dorman Kelly Maria	Practitioner - Non-Primary Care Provider (PCP)											
Palmowski Kimberly T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Peplinski Scott	Practitioner - Non-Primary Care Provider (PCP)	✓										
Longley Deborah	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Donofrio Jennifer Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Demarche Erika	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cavedine Shannon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pierce Allie K	Practitioner - Non-Primary Care Provider (PCP)											
Drake Jennifer E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lang Thomas M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mack Andrew William	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Eli-Phillips Jonathan G	Practitioner - Non-Primary Care Provider (PCP)											
Mangione Kelly	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Somers Megan Melissa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Moore Anne	Practitioner - Non-Primary Care Provider (PCP)											
Chou Wei-Yu Wayne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ahmed Masood	Practitioner - Non-Primary Care Provider (PCP)											
Brooks Brenda Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Okwor Maria Chimdi	Practitioner - Non-Primary Care Provider (PCP)											

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.iii**	**2.b.iii**	**2.b.iv**	**2.d.i**	**3.a.i**	**3.a.ii**	**3.b.i**	**3.g.i**	**4.a.iii**	**4.d.i**
Huysman Kaitlyn Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Friemann Rebecca Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓				✓			✓
Defurio Nicole Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Confer Linda L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bannigan Danielle M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Conger Clinton C	Practitioner - Non-Primary Care Provider (PCP)											
Brown Keith B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Girshab Rashid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Emily Barrett	Practitioner - Non-Primary Care Provider (PCP)											
Singletary Robert L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Luthern Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Namassivaya Nalini J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Balch Coleen A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Seeley David Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Stormon Sally Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Curtiss Christophe	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hansel Tracey Elizabeth Beard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Tanski Christopher Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kelly Lori A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
De Jong Alida A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Saintjean Emmanuel Hilaire Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Davis Monica A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Gabris Michael Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Misiaszek Walter Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Dziok Karen Csw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Badila Filofteia Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ramsey Nathaniel Jay	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Thornton Matthew D	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Fields Jennifer L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓					✓
Lopez Alfredo Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mitchell Patricia J	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓

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Karim Anwarul	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Cassel Stefanie A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Phillips Sean	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Paige Ouimette	Practitioner - Non-Primary Care Provider (PCP)											
Wagner Eilis B Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Elkins Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Webster Lindsey Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Fazzino Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Seguinot Elizabeth Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Fuzesi Laszlo Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Weinheimer Robert T Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gaskin Kevin E	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Murphy Maggie Anne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Valente Alfredo	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Poreba Stanley Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Sarah Oddo Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Bennett Leah M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Amedro Courtney	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cuffy Nadine	Practitioner - Non-Primary Care Provider (PCP)											
Winters Brooke	Practitioner - Non-Primary Care Provider (PCP)											
Cox Philip John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Hinman Elisha Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓					✓
Stanton Christina Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓		✓	✓		
Corona Robert	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Akhtar Amina	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Burkett Catherine	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Lois Amanda Sue	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
O'Connell Ryan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Zaidi Samana Batool	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
O'Dwyer Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hueber Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				

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Torres Yaimara Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Laporte Frederic	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Spadola Madeline L	Practitioner - Non-Primary Care Provider (PCP)											
Laftavi Mark Reza Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Steve Banbury	Practitioner - Non-Primary Care Provider (PCP)											
Lee Mijung	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Brown Amy	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Docous Catherine Taylor Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ranjbaran-Jahromi Hooman	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Oquinn Adrianne Baer Monaco	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bansal Nidhi	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dacia Mcbean	Practitioner - Non-Primary Care Provider (PCP)											
Rachel Michaels	Practitioner - Non-Primary Care Provider (PCP)											
Reagan Anne	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Geurtsen Aart Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nardone Christopher A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Murphy Marilyn Diane	Practitioner - Non-Primary Care Provider (PCP)											
Smith Colleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Anwar Mohammad Mubashar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Vanvalkenburg Scott	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mary Anderson	Practitioner - Non-Primary Care Provider (PCP)											
Teitelbaum Lesley M	Practitioner - Non-Primary Care Provider (PCP)											
Middleton Julie A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ascioti Anthony Alfred Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Trociuk Michael W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Owen Michael P Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ferreiro Jorge L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Baker-Campola Marilyn L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Murphy Linda Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Rodriguez Yajaira Yuri	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
White Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Ingrassia Chelsea Leigh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Horowitz Harold Asher Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Woodruff Kathleen Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Faccioli Andrea Marie	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Riggall Christina Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Agne Jill M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Petrou Panayotis Loukas Phd	Practitioner - Non-Primary Care Provider (PCP)											
Lopez-Dwyer Christine Ann Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gonzalez Lorena	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Speach Christa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Engelbrecht Eric William Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Adamek Kathleen Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Kumar Surya Rama Chandran	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Vangorder Bobbie Rae Faivus	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Duggan Constance M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Choumarov Kyril	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Banki Katalin	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Spektor Zhanna	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ortiz Shannon Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Amir Audrey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Glisson Emily M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Rinwalske Michelle Anne	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Colletta Marilyn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Law Cynthia Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Cobb Timothy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Leontieva Lubov	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Shah Apurva	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Swagart Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Pesci Michael P Pa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Travis Scott Myers	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Carnie David Dr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				

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Amy Joelle Roe	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Urbiztondo Ned Guirey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sutter Johanna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dance Maryellen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Walz Debra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Lemura Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Roach Patricia Alice	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Powers Angela Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Ciccone Heather	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Murphy Karen E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Klein Andrea	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Pankewycz Oleh G Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Chawla Ankur	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Scott Kathryn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ruth-Setek Dana Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Brigano Palma Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Burgess Corrie L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Feliu Christine Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dubin Stephen Jon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mizro David A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Griffiths Lenore Leigh	Practitioner - Non-Primary Care Provider (PCP)											
Azizi Parvin	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Huang Dongmei	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Smith Zarina Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Gordon David Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mason David	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Jackowski Stephen John Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Gyukeri Edward Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lutwin Rachael D Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Marzouk Haidy	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Stulb John Riordan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Mikhael Atef Fouaad-Fahmy	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Bartek Mary E Phd	Practitioner - Non-Primary Care Provider (PCP)											
Morkevicius Matas	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Chaudhuri Debanik	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Conte Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Weigand Kristin M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Levine Roger Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ian Pinto Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Green Tanya Renita	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Milewski-Craner Anne M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Stoeckel Nina Jasmin	Practitioner - Non-Primary Care Provider (PCP)											
Maldonado Alberto	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Schmidt Elena	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ginzburg Natasha	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mauro Marino O	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Boulos Karen Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Mcgraw Tracy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Rosenberg Kevin Irwin	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jennifer Forster-Green	Practitioner - Non-Primary Care Provider (PCP)											
Burke Maureen	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mohamed Ayan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Warren Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Skopek John Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Abraham Jerrold	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Miller Alan S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Abel Eleanor H Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Chacko Riya S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Morrell Ryan	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Sattora Jeffrey J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Carnes Celeste Inez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Wright Deborah Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓					✓

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Participating in Projects												
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Doyle Niamh	Practitioner - Non-Primary Care Provider (PCP)											
Kolloori Monika R	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Fahsel Kristin L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Ryan Rosanne M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Resetarits Dennis E Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pitzer Nicole R Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Jennifer A Shepherd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ryan Jesse	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Coffin, Lucinda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kashif Khawaja Muhammad	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Fredericks Sarah Lynne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Trent Ross W	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Roulan Gracia Lynnette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Callahan Cassidy Leigh	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Campbell Wendy Fordham	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Heather Redmond	Practitioner - Non-Primary Care Provider (PCP)											
Bailey Anna	Practitioner - Non-Primary Care Provider (PCP)											
Pfau Taylor Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Barry Ashley Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Johnstone Erin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Song Wei	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dawson Damien	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Elly Barhydt	Practitioner - Non-Primary Care Provider (PCP)											
Blunt Jackie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mancini Stephanie M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jones Timothy Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Gerlach Christopher B Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Smith Cheryl Joanne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Aggarwal Vikram	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Naqvi Muhammad	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Marko Matt	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓

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Guadalupe Dominique Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Melnick Benedetta M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Joyce Frederic Shaw Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Reddy Narayana P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Esrig Barry C Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Stein Tracy Furlong	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Cahill Anne Therese	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Wai Kyaw Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Dolan Kathryn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Gould Grahame	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Yalamanchili Santhi	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Bauer Susanne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Sharma Rajeev	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Norman Christophe	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Daniel O'Brien	Practitioner - Non-Primary Care Provider (PCP)											
Gillespie Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Natale Michael Angelo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kaplan Robert Brian Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Dunham Gordon B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Williams Agnieszka Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
De La Roza Gustavo	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jones Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Sullivan Kezia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Anthony Dean	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Birmingham Shannon K	Practitioner - Non-Primary Care Provider (PCP)											
Balcom Wesleyann Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Visconti Stephanie Ann	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Fuentes Juanita Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Loomis Cheryl L	Practitioner - Non-Primary Care Provider (PCP)											
Crehan Ellen Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Larkin Richard S Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				

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Prendergast Jane	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Abraham Lora Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Stucker Sue A	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Del Rosario Jonathan R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Sanchez Antonio Alberto Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Debeer Kelly Ann Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Abdelaziz Bahgat	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Masoud Hesham E	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Resti Joseph Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bhole Anita D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Boulos Fouad S Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Carter Cindy	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Smith Bonnie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mangla Rajiv	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jones Samantha	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Leuenberger John Rober	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Coyne Jennifer Lynn Fnp	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Stanger Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Charlamb Larry Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Goodwater Ellen T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Flintrop Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bailey David Nelson Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kamps Celia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Myers Melinda Marie Atkinson	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Simmons Caitlin Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Sardo Marie Carol	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Reddy Mike Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Guyder Janet A Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mccormick Toni M Phd	Practitioner - Non-Primary Care Provider (PCP)											
Brennan Michele Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Coppola Joanne L	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			

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Malik Nyla	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Leibelsperger Evan M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Vitkus Karen K	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Carrie-Anne Milham	Practitioner - Non-Primary Care Provider (PCP)											
Wulff Warren Edgar A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Young-Mayka Cynthia Jane	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Khan Muslim Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Deroberts Dean	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Khan Afsar Ali Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Kosciewicz Francis	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Wheeler Kelly Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Berube Maxime Jacques	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Jackson Jaclyn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Azar Antoine	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Marshall Karen Hannum	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Wills Jordan Marcus	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Snyder Jaclyn K	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Hunt Hayley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Rogalia Elizabeth Miss	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Borgos Laura Salzano	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Bates Debbie Phd	Practitioner - Non-Primary Care Provider (PCP)											
Coleman Patricia D	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Suchowiecki Mark J	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pryor Lindsey Lannon	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Millar Maryann E	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Biter Scott Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Goodyear Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Harpster Tami S Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Harrell-Delamater Lisa Phd	Practitioner - Non-Primary Care Provider (PCP)											
Singh Avneet	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Larusso Ellen L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓

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Yegerov Arthur	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Derosa Nicole M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Lagrow Lauren Magnotta	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hines William	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Alfaro-Berg Lisette Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Dix Michelle A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Reddy Cheruku B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Vickery Zevidah	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Reddy Elizabeth A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sherburne Alan Charles	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Trikha Girish	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sullivan Stephanie E	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Burns Daniel Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Taylor Angela	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Blanchard Raymond Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Bushnell Andrew Charles Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Burden Kenyatta Lebay	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Jurdi Adham	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gaetano William	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Surowiec Rosemarie Lanza	Practitioner - Non-Primary Care Provider (PCP)											
Zaika Christina Elise	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Quarles Frankie Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Chaudhary Mehreen Shahid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Christopher P Lott	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Sohl Jennifer A Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Marshall Stephen N Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Martinez Carmen M Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sitnik Margaret Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Durham Cynthia B	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Claire Crawley	Practitioner - Non-Primary Care Provider (PCP)											
Jacobson Erik Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				

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Nelson Catherine Stuart	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Urbina Emily Anne C	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Saville Donna Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			
Baxi Vaishali R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Jacoby Helen Maj	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mcminn Melinda Beth Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Wiegand Timothy Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Roane Henry	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Difabio Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Joseph David Oommen	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Topor Cristina Alina Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Gangireddy Ravi	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Moses Joel E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Chirinos Daniel O	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Gay Olumuyiwa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Wagner Gerhardt Stefan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Fischer Molly	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Wong Jan R	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Beattie Amanda Treese	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Dellacorino Christina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Cassagnol Hans Patrique	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gruessner Rainer	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Swan Robert	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Udekwu Adaora	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Alexander Savich	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Nesbitt Kerrie Leigh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Lukacz Amy L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Dasher David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Compagni Kathryn Hayes Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Saletsky Ronald	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Qandah Juleen Jandali	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓

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Cady Mark D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Scimone Lawrence S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bem Sylva	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Swan Rebecca L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Malik Tamer	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Sidebottom Ryan C	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Eanniello Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Raasch Bernard Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Soults Clifford B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Hudyncia Stephen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Crolick Mary Ellen Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Mc Donald Jocelyn Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mark F Marzouk	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Tripp Kristin Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Mills, Kathy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Speck David Dean Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Graziano Stephen L Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Qandah Nicholas Aziz-Basem	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Pellecchia Andrew Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Chambers Angelique Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Freeman Scott D	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Morrill Jillian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Martinez Ingrid Vanessa	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Muraca Stephanie	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Brown James E Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kosar John Peter Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Gonzales Santos	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Kuliesius Dina V Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Nowark Alice Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Carr Robert G Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Raju Jayaraju Pasmathoor Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				

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Jordan Katie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Bex Jaclyn	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Stirpe Anthony M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Engan Virginia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Mcguire Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Stephen Oby	Practitioner - Non-Primary Care Provider (PCP)											
Berstein Helene	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pasniciuc Silviu V	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Shivanand Bharathi N Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Casella Gizelda	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Felver Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Singarayer Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Winslow Jamie L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Smith Jeffrey M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cotie Robert Wayne Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Duca Carolyn A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Miguel Kristen D	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Gina F Hayes Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Scoones Jody Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Liberty Resources	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Creamer Timothy M Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Snyder Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Finocchiaro Andrea Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Marion Irene R Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Blackburn Carol Buchholz	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Marziale Jennifer C Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mankad Dhimantkumar G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Pflug Shelaina	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Dukes William Seth	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Taber Susan Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Haven Laura	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				

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Obrien Kathleen Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Goodwin Catherine Jean	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Higby Stephanie Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Cayward Heather	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kolodziejski Kelly Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Chaudhary Omair	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Maureen Melendez	Practitioner - Non-Primary Care Provider (PCP)											
Vaughn Tracy A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Wolff William J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Burns Lisa Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓					✓
Alam Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Kirkman Christine	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Riley James Timothy Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Fahy Allison Gina	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Walker Julie M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Falci Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Leone Lisa A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Brown Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Stewart Amanda Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Shaw Melinda Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ayres John B Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Johri Surendra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Szymanowski Melanie A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Scott Dawn M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Donovan James Vincent Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Ur Rehman Syed Zia Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Lin Zhe	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Fezer Stephen Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Patalino Jona Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Canal Gabriela Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Paganelli Robert	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				

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Fernandez Nievas Ignacio Federico	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Denova Rebecca J	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Platt Kristin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Sparhuber Brianna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Bormann Kristy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Sovetsky Charles	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Reger Mark J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bryant Erin K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Monique Michelle Winnett	Practitioner - Non-Primary Care Provider (PCP)											
Kibby David A Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hereba Leslie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Michelle Rhymestine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Pradhan Pemala S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Curley Joseph Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Giaccio Richard G Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Eranki Ambika	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Byler Timothy K	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Chittoria Namita	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bojja Lavanya	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Torrales David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Christopher Le	Practitioner - Non-Primary Care Provider (PCP)											
Aiello Thomas R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Derrick Lauren Cahill	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Byrne Joseph L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mcmanus Mairee E	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Thabet Asalim	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mahajan Angela	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Abdalla Katrina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Devins Emily Naismith	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Richmond Rodney W Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Albano Richard J Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓

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Connelly James T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Shanley Paul	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Arif Muhammad O	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Kaur Harjot Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Singh Vaibhav K	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Circelli Karishma	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Justin Joshua Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Johnson Danielle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Hasan Muhammad Sajjad Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Miro Santiago P M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mandeville Emeline Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Williamson Zachary	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Perrone Phyllis Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Garrett Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Gill Connor August	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Nabewaniec Jessica L	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Booth Mark Steven	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Kenney Viktoria	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bryant Calandra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Surowiec Scott Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Hazimeh Yusef Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Connolly Ryan Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Godwin Patricia Rn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Edwards Annette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Blando, Thomas Dr.	Practitioner - Non-Primary Care Provider (PCP)	✓										
Houk Jack L Phd	Practitioner - Non-Primary Care Provider (PCP)											
Khurana Kamal	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Garcy M Gina	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Kolva David E Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Reddy Varun	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Barry Stephanie Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Stephanie Nicole Livermore	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Murphy Karrigan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Rombough Rachel Elise	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Manta Oana D Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Young Eufrosina Ison Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Shahine Iman Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Schultz Margaret D Phd	Practitioner - Non-Primary Care Provider (PCP)											
Blue Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rakowski Louis Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Anderson Jacklin	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
El Bayadi Sherif George Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Giambartolomei Alessandro A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Perla Charles Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Wallen Jason Morgan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Webb Travis Paul	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Sidhu Harleen	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ajagbe Tolani Dr.	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Pallay Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Bowser Ryan M Rpac	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jorolemon Michael R Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Mathew Sheena Mary	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ryfun Jennifer Christine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Saleeb Samuel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Baker Brenda A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Payne Joan Marie Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Zhang Shengle	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Weinberg Andrew M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Biggar Jonathan W Rn	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Agama Efrain	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
O'Donnell Brendan Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Kurtz Jennifer L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓

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Susan La Porta Pa-C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Harrington Christine E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Zangrilli Maryellen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Rose Jeremy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Anderson Harol Lyle Iii	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Lazzarini Amy Louise Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Kazzaz Nelly Yacoub Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Charlamb Mark J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Goyal Ashok	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Sperber Karl Phd	Practitioner - Non-Primary Care Provider (PCP)											
Quattrone Maureen Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Coleby Sylvia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Feldman Mitchell B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Downey William E Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Kenien Gregory George Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hoyt Christina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Valdez Lindsay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Masara Abraham Mitchell	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Glennon Alexis Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Mendzef Scott David Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Petropoulou Kalliopi A Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
James Sophia	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Penree Donald Peter Jr Pa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Norma Reed	Practitioner - Non-Primary Care Provider (PCP)											
Bennett Emily	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Akbar Syed Ali	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Ezhapilli Chennan Sajeev R	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nat Amitpal Singh	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mix Stephanie Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Cunningham Kevin P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kelly Megan Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				

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Bonnet Andre	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Schwartz Dina N	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Hale Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Drapeau Stephen Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Dilip Karikehalli Anantamurti Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Buckley-White Joan Dawn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Carlson Raymond J Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Block Maxine B	Practitioner - Non-Primary Care Provider (PCP)											
Wintle Catherine Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓					✓
Ditzer, Mary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Elzammar Ola	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Riegel Frederick L Dmd	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Sinatra Peter Louis	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Bishop Sherrie L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Waldman Joanna Miss	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Theresa Montalvan	Practitioner - Non-Primary Care Provider (PCP)											
White Kasi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Moorhead Kari	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Butler Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Cantor Francine D Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Downing Edward T Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Fegley Jeananne Marie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
O'Hern Matthew S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Keenan Susan T Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Thompson Mary C Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Mason Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jonathan Hubert	Practitioner - Non-Primary Care Provider (PCP)											
Ferretti James Christian	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mcpherson Joanne Grieco	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Pasniciuc Maria I	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Wolf Steven	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				

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Harish Abha	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Wong Lindsey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Irvin Ward Edward Jr	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ozden Nuri	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Bowen Kristy Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Aungier Monica E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hahn David	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Heisig David G Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Magai Colleen S Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Mondom Tatjana Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Avery Amanda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Keever Linda M Kearney Np	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓		✓		✓			
Brown Erin Bojstrup Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Ho Jonhan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Casale Amy L	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Nguyen Phuc T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Badawy Zaki	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Stevens Marc Aaron	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Downs Pa-C Philip E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Gehr Kevin J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Deborah Carlsen	Practitioner - Non-Primary Care Provider (PCP)											
Semel Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Nelson Stephanie M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Jessica F Murphy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Corey Suzanne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Sally Reach	Practitioner - Non-Primary Care Provider (PCP)											
Fischi Michael Charles	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Williams Marguerite H	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓		✓	✓					✓
Aiello Dana Christopher	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Wilfred Sarah Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mcginn Brendan T	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓

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Dong Xiaoli	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Salazar Valerie Ann Delores	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			
Banashkevich Alexander	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Alberts Kate	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Schaeffer Martin A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Helgeson Melvin Dennis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Spearman Pamela Ann Phd	Practitioner - Non-Primary Care Provider (PCP)											
Newmyer Robert Eliot	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Medin Karen Louise	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Chase Brian James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Amy Diramio	Practitioner - Non-Primary Care Provider (PCP)											
Malaney Meaghan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Nicholson Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Bhatt Birju	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Cudjoe Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Hoskins Stacy	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Shelly Gwendolyn	Practitioner - Non-Primary Care Provider (PCP)	✓		✓		✓	✓		✓			
Zhao Aiyu	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Nguyen Thong Van Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Wong Cynthia S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mangano James Francis Ii	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Greetham Susan D	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mendenhall Cole	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Carr Darlene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Reeves Rebecca L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Miller Sara Anne Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Griffith Heather Marie	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Kenney Mary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rachfal Stephan Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Klimek-Yingling Jennifer Ann Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Bobrycki Claire J	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					

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Fullmer Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Gordon Natalie Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Mark Janet Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Simionescu Mihai Tiberiu Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Aiello Brianne Marie Corcoran	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rinko Douglas Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Kathleen Pratt	Practitioner - Non-Primary Care Provider (PCP)											
Ippoliti Lauren	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Kempeny Sara Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓				
Witkowski Jennifer Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Kieb Steven C Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Beshara Mezen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Degarmo Catherine J	Practitioner - Non-Primary Care Provider (PCP)	✓			✓							
Varney Kerri Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Caryl Mark	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Cynthia J Provow	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Katie Marie Fredette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Aquilino Maria	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Dayna Tiesi	Practitioner - Non-Primary Care Provider (PCP)											
Kinsella Briget T	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Watts Christopher L Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Comito Melanie Ann	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Jishi Hana Fathi Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Loughlin Barbara J	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Landas Steve	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Engel Gregg M	Practitioner - Non-Primary Care Provider (PCP)											
Huber Lindsey D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Muhm Eric Paul	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓	✓		✓
Manocha Divey	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Pawlikowski Kelly Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Adusei Kwame A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Donohue Liane Terese	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Fish Ronald Craig Phd	Practitioner - Non-Primary Care Provider (PCP)											
Mandhare Ranjit Suresh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Nelson Jacob	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Ireland Jaclyn M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Serens Kelley A	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Guidarelli Cassandra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Fuller Kolleen M	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Yeger-Mckeever Meira	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Lucia Amie	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Mack Sherradyn Lee Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Anuvat Kevin Jukarin	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Amernath Lingappa S Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Clancy Anne M	Practitioner - Non-Primary Care Provider (PCP)	✓					✓		✓			
Patel Arpan	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Parikshith Amarnath Sumathi Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Aiken Jamie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Yankowsky Julie Rogers	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Mills James H Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Isnar Hagop Do	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Jackson Suzanne Marcinko	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Tohtz Damon Alaric	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓				
Bonilla-Trejos Eduardo	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Ruangvoravat Lucy	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Martin Kimberly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Werder Candace	Practitioner - Non-Primary Care Provider (PCP)											
Sivapiragasam Abirami	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Roemer David	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Goldman Herbert J Md	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓					✓
Daniel M Demartini	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Rinoldo Marley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			

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Bisen Nabamita	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Le Khuyet	Practitioner - Non-Primary Care Provider (PCP)	✓		✓	✓	✓	✓	✓	✓			✓
Cooke Christina Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Holley Ursula Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Clifford Alicia Ms.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓		✓	✓	✓	✓				
Ogievich Taessa Amelia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Kaskiw Richard P Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓	✓	✓				
Ojuro Peter	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓		✓			✓
Oswego Hospital	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓		
St.Joseph'S Hsp Hlth Ctr	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Faxton-St Lukes Healthcare	Hospital	✓	✓	✓	✓	✓	✓		✓			✓
University Hsp Suny Hlth Sc	Hospital	✓		✓	✓	✓	✓	✓	✓			✓
Lewis County General Hospital	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Community Memorial Hospital	Hospital	✓		✓	✓		✓		✓			
Rome Memorial Hosp Inc	Hospital	✓		✓	✓				✓			✓
Auburn Memorial Hospital	Hospital	✓	✓	✓	✓	✓	✓		✓	✓		✓
Oneida Healthcare Center	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
St Elizabeth Med Ctr	Hospital	✓	✓	✓	✓	✓	✓		✓			✓
Crouse Hospital	Hospital	✓		✓	✓	✓	✓					✓
Oswego Dept Hlth Div Of Nu Co Eicm	Clinic											
Endoscopic Procedure Center	Clinic											
Oswego Hospital	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Finger Lakes Migrant Hlth	Clinic	✓		✓		✓	✓		✓			
Specialists One-Day Surg Ctr	Clinic											
Onondaga Co Chap Nysarc Smp	Clinic	✓			✓							
Sitrin Medical Rehab Ctr	Clinic	✓			✓							
University Dialysis Center	Clinic											
St.Joseph'S Hsp Hlth Ctr	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Oswego Co Opportunities Inc	Clinic	✓						✓				
Circle Adol Preg Prog Ts	Clinic	✓										
Northern Ny Cp Assoc	Clinic											

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Loretto Geriatric Center	Clinic	✓			✓							
St Camillus Rhcf D&Tc	Clinic	✓		✓	✓				✓	✓		
Lewis Cnty Public Hlth Agency	Clinic	✓				✓			✓			✓
Planned Parenthood Of Niag Co	Clinic	✓		✓		✓	✓		✓			✓
Syracuse Comm Health Ctr Inc	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Onondaga County Doh	Clinic											
Ucp Handi Per Of Utica Area	Clinic	✓	✓	✓	✓	✓	✓	✓				
Oneida County Dept Of Health	Clinic											
Madison Cnty Public Hlth Dept	Clinic											
Planned Pthd Mohawk Hudson	Clinic	✓	✓	✓		✓	✓					✓
Faxton-St Lukes Healthcare	Clinic	✓	✓	✓	✓	✓	✓		✓			✓
Planned Prthd Rochstr/Syracus	Clinic	✓				✓						
E John Gavras Center	Clinic											
Summit Pediatrics	Clinic											
Cayuga Cnty Dept Of Health	Clinic	✓					✓	✓				
University Hsp Suny Hlth Sc	Clinic	✓		✓	✓	✓	✓	✓	✓			✓
Lewis County General Hospital	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Community Memorial Hospital	Clinic	✓		✓	✓		✓		✓			
Rome Memorial Hosp Inc	Clinic	✓		✓	✓				✓			✓
Auburn Memorial Hospital	Clinic	✓	✓	✓	✓	✓	✓		✓	✓		✓
Oneida Healthcare Center	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Northern Oswego Cnty Hlth Svc	Clinic	✓	✓	✓	✓	✓	✓		✓			
St Elizabeth Med Ctr	Clinic	✓	✓	✓	✓	✓	✓		✓			✓
Crouse Hospital	Clinic	✓		✓	✓	✓	✓					✓
Sjls Llc	Clinic											
Rushville Health Center Inc	Clinic	✓	✓	✓		✓	✓		✓	✓		
Nysarc Inc Arc Oneida-Lewis Chapter	Clinic	✓			✓		✓			✓		
United Cerebral Palsy And Handicapp	Clinic	✓	✓	✓	✓	✓	✓	✓				
Cayuga County Early Intervention	Clinic	✓					✓	✓				
Liberty Resources Psychology Physic	Clinic	✓	✓		✓	✓	✓	✓				
Parsons Child And Family Ctr	Clinic											

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University Dialysis Center	Clinic											
Christian Health Service Of Syracus	Clinic	✓		✓		✓			✓			
Accesscny Inc Tbi	Clinic											
Omrdd/Community Options Ny-Cny	Case Management / Health Home											
Liberty Resources Inc	Case Management / Health Home	✓	✓		✓	✓	✓	✓				
Oswego Hospital	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Onondaga Case Management Inc	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Omrdd/Familycapped Inc	Case Management / Health Home											
Omrdd/Cayuga Home For Child	Case Management / Health Home											
Onondaga Co Chap Nysarc Smp	Case Management / Health Home	✓			✓							
Cayuga Hm For Children Mh	Case Management / Health Home											
Ucp Utica Mh	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓				
Consumer Ser Madison Cnty Mh	Case Management / Health Home											
North Country Tran Li Ser Mh	Case Management / Health Home	✓	✓			✓	✓	✓				
Onondaga Cnty Dept Hlth	Case Management / Health Home											
Seneca-Cayuga Nysarc-Fl	Case Management / Health Home	✓										
Seneca-Cayuga Nysarc-Cny	Case Management / Health Home	✓										
Ucp & Handi Pers Utica	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓				
Toomey Res & Comm Svc	Case Management / Health Home	✓	✓	✓								
Parents Information Grp	Case Management / Health Home	✓			✓							
Omrdd/Oswego Industries Inc	Case Management / Health Home											
Oswego Co Opportunities	Case Management / Health Home											
Omrdd/Spaulding Pray	Case Management / Health Home											
Madison-Cortland Nysarc	Case Management / Health Home	✓		✓								
Liberty Resources Inc	Case Management / Health Home	✓	✓		✓	✓	✓	✓				
Omrdd/Cath Charities Syracuse	Case Management / Health Home	✓	✓			✓						✓
Omrdd/Arise, Inc	Case Management / Health Home											
The Neighborhood Ctr Scm	Case Management / Health Home	✓	✓				✓	✓				✓
St.Joseph'S Hsp Hlth Ctr	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Resource Ctr Indep Liv Mh	Case Management / Health Home	✓			✓	✓						
Aids Community Resources Ai	Case Management / Health Home	✓	✓	✓	✓	✓						

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Cayuga Cty Comm Mh	Case Management / Health Home											
Lewis Cnty Public Hlth Agency	Case Management / Health Home	✓				✓			✓			✓
Oneida County Hlth Dept	Case Management / Health Home											
Madison Cnty Pub Hlth Depart.	Case Management / Health Home											
Cayuga County Home Care Agenc	Case Management / Health Home	✓					✓	✓				
Lewis Cnty Public Hlth Agency	Case Management / Health Home											
Catholic Charities/Oswego Cnty Mh	Case Management / Health Home											
Kelberman Center Inc	Case Management / Health Home											
Oswego County Health Dept Eicm	Case Management / Health Home											
United Cerebral Palsy And Handicapp	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓				
Liberty Resources Psychology Physic	Case Management / Health Home	✓	✓		✓	✓	✓	✓				
Parsons Child And Family Ctr	Case Management / Health Home											
Salvation Army Ai	Case Management / Health Home	✓	✓		✓	✓						✓
Resource Center For Indep Living	Case Management / Health Home											
Cnyhhn Inc	Case Management / Health Home	✓	✓	✓	✓	✓						
Colletta Marilyn	Mental Health	✓					✓					
Mcfalls Patrick	Mental Health											
Johri Surendra	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Behling Joyce Np	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Coleby Sylvia	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Catalone Andrew	Mental Health	✓	✓	✓	✓	✓	✓		✓	✓		✓
Tamoutselis Belinda	Mental Health											
Liberty Resources Inc	Mental Health	✓	✓		✓	✓	✓	✓				
Rubina Ahmed Md	Mental Health	✓	✓	✓	✓	✓	✓		✓	✓		✓
Paganelli Robert	Mental Health	✓				✓	✓	✓				
Hillside Childrens Ctr	Mental Health	✓	✓			✓	✓	✓				
Daskalakis Katherine	Mental Health											
Tohtz Damon Alaric	Mental Health	✓					✓	✓				
Hopkins Geoffrey	Mental Health	✓	✓		✓	✓	✓	✓				
Nizar Ahmed	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mcsweeney Colleen	Mental Health											

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Mutabdzic Marija	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Vanderhoff Holly Ann Phd	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Mielnicki Terrance Lcsw	Mental Health											
Rossetti David	Mental Health											
Spagnola Denise Lcsw	Mental Health											
Iqbal Mohammad Masud Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Simionescu Mihai Tiberiu Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Becker Daniel	Mental Health											
Oswego Hospital	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Onondaga Case Management Inc	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mohawk Valley Pc	Mental Health	✓		✓	✓	✓	✓	✓	✓			
Ahmed Abdulhafiz A	Mental Health											
Northeast Parent Child Societ	Mental Health											
Poreba Stanley Thomas	Mental Health	✓		✓	✓	✓	✓					✓
Elmcrest Childrens Ctr Fsr	Mental Health											
Ochotorena Florica R V Md	Mental Health											
Zollo Joseph Dominic Md	Mental Health											
Houk Jack L Phd	Mental Health											
Karwacki Ellen	Mental Health											
Petroski Judith Lcsw	Mental Health											
Rix Robert Lcsw	Mental Health											
Schultz Margaret D Phd	Mental Health											
Sorensen Gussie Mae Lcsw	Mental Health											
Harrell-Delamater Lisa Phd	Mental Health											
Leso Laura	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Lafont Debra	Mental Health											
Weinheimer Ruthanne Lcsw	Mental Health											
Melnick Benedetta M	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Antshel Kevin M Phd	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Mohawk Valley Pc	Mental Health	✓		✓	✓	✓	✓	✓	✓			
Cole Deborah	Mental Health	✓		✓		✓	✓		✓			

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Vanmeter Robert Lcsw	Mental Health											
Blackburn Carol Buchholz	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Naprawa Steven A Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bates Debbie Phd	Mental Health											
Harter Sandra Jean	Mental Health											
Integrated Comm Alternatives	Mental Health											
Essi Eileen	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Fish Ronald Craig Phd	Mental Health											
Patil Vilas Jadhav Md	Mental Health	✓					✓	✓				
Mettelman Barbara	Mental Health											
Spearman Pamela Ann Phd	Mental Health											
Cayuga Hm For Children Mh	Mental Health											
Consumer Ser Madison Cnty Mh	Mental Health											
North Country Tran Li Ser Mh	Mental Health	✓	✓				✓	✓				
Ramamurthy A Gita Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Prussin Richard	Mental Health											
Schwartz Thomas	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Carr Robert G Lcsw	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Griffiths Lenore Leigh	Mental Health											
Alao Adekola O Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Khan Muslim Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Hines William	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Max Gregory Asa	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mooney Scott Peale	Mental Health											
Spencer Jacquelyn A Rn	Mental Health											
Myers Joan Marie Csw	Mental Health											
Wolf Steven	Mental Health	✓	✓		✓	✓	✓	✓				
Psychological Healthcare Pllc	Mental Health											
Roldan Ernesto	Mental Health											
Petrou Panayotis Loukas Phd	Mental Health											
Mccormick Toni M Phd	Mental Health											

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Reddy Narayana P Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Child & Fam Svc Otpt Mh Cl	Mental Health	✓				✓	✓	✓				
Megna James L Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Armenta Wendy A	Mental Health											
Dhingra Arun K Md	Mental Health											
The Neighborhood Ctr Scm	Mental Health	✓	✓				✓	✓				✓
Rtf Hs Of The Good Shepherd	Mental Health											
Murphy Marilyn Diane	Mental Health											
Chlebowski Susan Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Unity House Cayuga County Inc	Mental Health	✓						✓				
Gregory Robert Joseph Md	Mental Health											
Central New York Services Inc	Mental Health	✓				✓	✓	✓				
Cayuga Counseling Svcs Inc	Mental Health	✓					✓					
Rayancha Suresh Md Pc	Mental Health											
Pellegrino Louis Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Hutchings Psychiatric Ctr	Mental Health	✓		✓	✓	✓	✓	✓	✓			
Mohawk Valley Psych Ctr	Mental Health	✓		✓	✓	✓	✓	✓	✓			
Kou Jane Md	Mental Health											
Toomey Residential Comm Serv	Mental Health	✓	✓	✓								
St.Joseph'S Hsp Hlth Ctr	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Oswego Co Opportunities Inc	Mental Health	✓						✓				
Central Ny Services Inc	Mental Health	✓				✓	✓	✓				
Catholic Charities Syracuse	Mental Health	✓	✓			✓						✓
Loretto Geriatric Comm Resi	Mental Health	✓			✓							
United Cerebral Palsy Utica	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Arndt Laura E	Mental Health											
Hudyncia Stephen Md	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Huober Giampaolo Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Human Technologies Corporatio	Mental Health											
Iosilevich Miron A Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Donovan James Vincent Md	Mental Health	✓				✓	✓	✓				

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Bogin Dennis L Phd	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Family Counsel Svc Cortland	Mental Health	✓										
Hargrave Teresa Menke	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Levine Roger Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ucp Handi Per Of Utica Omh	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Falero Jorge Luis Md	Mental Health											
Sperber Karl Phd	Mental Health											
Durgin Francis John Md	Mental Health											
Mohawk Valley Pc	Mental Health	✓		✓	✓	✓	✓	✓	✓			
Bartek Mary E Phd	Mental Health											
Greenberg Roger P	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
O Neill Richard M Phd	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Ghaly Nasri N Md	Mental Health	✓		✓	✓	✓	✓	✓	✓	✓		✓
Falci Thomas	Mental Health	✓				✓	✓	✓				
Block Maxine B	Mental Health											
Hutchings Pc	Mental Health	✓		✓	✓	✓	✓	✓	✓			
Touchstone W Joseph Md	Mental Health											
Gordon Wendy Evers Phd	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Syracuse Brick House Inc	Mental Health	✓					✓	✓				
Koss Marvin Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Patil Suresh F Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Omidian Bahram Md	Mental Health	✓	✓	✓	✓	✓	✓			✓		
Syed Riaz Sibtain Md	Mental Health	✓	✓	✓	✓	✓	✓		✓	✓		✓
Giaccio Richard G Md	Mental Health	✓					✓					
Huszonek John Joseph Md	Mental Health											
Joseph Joanne M Phd	Mental Health											
Pradhan Pemala S Md	Mental Health	✓	✓	✓	✓	✓	✓		✓	✓		✓
Manring John	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Harkulich John F	Mental Health											
Dept Of Psych Prof Pract Grp	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Madison Cnty Community Svc Bd	Mental Health											

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Onondaga Cty Dept Mntl Health	Mental Health											
Richman Joel Leonard Phd	Mental Health											
Ucp Handi Per Of Utica Area	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Faxton-St Lukes Healthcare	Mental Health	✓	✓	✓	✓	✓	✓		✓			✓
Cayuga Cnty Comm Srv Board	Mental Health	✓					✓	✓				
University Hsp Suny Hlth Sc	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Rome Memorial Hosp Inc	Mental Health	✓		✓	✓				✓			✓
Auburn Memorial Hospital	Mental Health	✓	✓	✓	✓	✓	✓		✓	✓		✓
St Elizabeth Med Ctr	Mental Health	✓	✓	✓	✓	✓	✓		✓			✓
O'Connor Kevin Robert Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Bilal Ahmad	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Szombathyne Meszaros	Mental Health	✓				✓	✓	✓				
Lewis Katherine	Mental Health											
Mustata Georgian Tiberiu Md	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Samenfeld-Specht James	Mental Health											
Sanchez Antonio Alberto Md	Mental Health	✓		✓	✓	✓	✓					✓
Johnson Brian	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Butunoi Catalin	Mental Health	✓	✓		✓	✓	✓	✓				
Brady Christina Marie	Mental Health											
Delucia-Deranja Evan Owen	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Gay Olumuyiwa	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rashid Ijaz	Mental Health	✓	✓	✓	✓	✓	✓		✓	✓		✓
Knight William	Mental Health											
Valentine Roberta	Mental Health											
Paige Ouimette	Mental Health											
Phaneuf Leah Kathryn	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Corey Suzanne	Mental Health	✓					✓					
Westmoreland Samuel	Mental Health	✓	✓	✓	✓	✓	✓		✓			✓
Burnside Scott	Mental Health											
Hafeez Aliya	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Head Tina K	Mental Health											

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Monique Michelle Winnett	Mental Health											
Doyle Niamh	Mental Health											
Siddiqui Sharifuzza	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kang David Euimo	Mental Health	✓	✓		✓	✓	✓	✓				
Nichita Elena C	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Parsons Child And Family Ctr	Mental Health											
O'Connor Lisa Marie	Mental Health											
Otokiti Victor	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Aslam Jessica Lefebvre	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Kamps Celia	Mental Health	✓	✓		✓	✓	✓	✓				
Cuffy Nadine	Mental Health											
Cowart Harry	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Roper Virginia	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Mohiuddin Md	Mental Health											
Stoeckel Nina Jasmin	Mental Health											
Onondaga County Department Of Menta	Mental Health											
Henderson Heather K	Mental Health	✓	✓		✓	✓	✓	✓				
Rapke Jennifer	Mental Health											
Anthony Dean	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Wagner Gerhardt Stefan	Mental Health	✓	✓		✓	✓	✓	✓				
Aslam Sunny Padiath	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Nastasi Robert Michael	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Spadola Madeline L	Mental Health											
Clendenin Carol	Mental Health	✓		✓		✓	✓		✓			
Fazzino Anthony	Mental Health	✓	✓		✓	✓	✓	✓				
Pratts Michael	Mental Health	✓					✓					
Jacobson Erik Joseph	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Kellogg Sharon	Mental Health	✓					✓	✓				
Raju Jayaraju Pasmathoor Md	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Dowling Nanette Marie	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Hernandez Selman Ingrid Carolina	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Demer James Steven	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Gerace Kimberly Marie	Mental Health											
Jones Timothy Joseph	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Urbina Emily Anne C	Mental Health	✓		✓	✓	✓	✓					✓
Casale Amy L	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Harrington Christine E	Mental Health	✓	✓	✓	✓	✓	✓		✓	✓		✓
Calcagnino Denise Michelle	Mental Health											
Miller Patricia Ann	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Champlin Florence M	Mental Health											
Duquette Jacquelynn Schultz	Mental Health											
Pascarella Teresa	Mental Health											
Usev Toni	Mental Health	✓	✓	✓	✓	✓	✓		✓	✓		✓
Weiss Anthony Peter	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Walia Katherine Terese	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Pavia Anna	Mental Health											
Gray Wendy Jo	Mental Health											
Piotrowicz Teresa M	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Engel Gregg M	Mental Health											
Zangrilli Maryellen	Mental Health	✓	✓	✓	✓	✓	✓	✓				
Torelli Tracy A	Mental Health											
Werder Candace	Mental Health											
Teitelbaum Lesley M	Mental Health											
Birmingham Shannon K	Mental Health											
Spina Shannon K	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Fager Judith Hunter	Mental Health	✓					✓	✓				
Kurlyandchik Diana	Mental Health											
Demarche Erika	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cavedine Shannon	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rodriguez Yajaira Yuri	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Defurio Nicole Patricia	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Confer Linda L	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Leontieva Lubov	Mental Health	✓		✓	✓	✓	✓	✓	✓			✓
Felver Sarah	Mental Health											
Lois Amanda Sue	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bailey Anna	Mental Health											
Loomis Cheryl L	Mental Health											
Hillside Childrens Ctr	Substance Abuse	✓	✓			✓	✓	✓				
Insight House Chem Dep Svcs	Substance Abuse	✓					✓	✓				
Stanley Long/Harbor Lights	Substance Abuse	✓					✓					
Mcpike Addiction Trt Ctr	Substance Abuse	✓					✓	✓				
Central New York Services Inc	Substance Abuse	✓				✓	✓	✓				
Dick Van Dyke A T C	Substance Abuse											
Conifer Park	Substance Abuse	✓					✓					
Farnham, Inc.	Substance Abuse	✓					✓	✓				
Family Counsel Svc Cortland	Substance Abuse	✓										
Confidential Help For Al & Dr	Substance Abuse											
Oswego Council On Alcoholism	Substance Abuse	✓					✓					
Syracuse Brick House Inc	Substance Abuse	✓					✓	✓				
Madison Cnty Community Svc Bd	Substance Abuse											
Syracuse Comm Health Ctr Inc	Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rome Memorial Hosp Inc	Substance Abuse	✓		✓	✓				✓			✓
Crouse Hospital	Substance Abuse	✓		✓	✓	✓	✓					✓
Syracuse Recovery Services	Substance Abuse	✓				✓						
Recovery Counseling, Llc	Substance Abuse	✓										
Belvedere Health Services Llc	Substance Abuse	✓	✓									
M Joseph Monti Inc	Substance Abuse											
Crouse Community Center Adhc	Nursing Home	✓			✓					✓		
Seneca Hill Manor Inc	Nursing Home	✓			✓							
Nottingham Residential Hcf	Nursing Home	✓			✓							
St Lukes Home Rhcf Inc	Nursing Home	✓				✓						
Finger Lakes Ctr For Living	Nursing Home											
Jewish Hm Of Cntrl Ny Non Occ	Nursing Home	✓	✓		✓				✓	✓		

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Northwoods Rehab & Ecf @ Moravia	Nursing Home											
Crossings Nursing & Rehab Ctr	Nursing Home											
Lewis County Hosp Ecf	Nursing Home											
Loretto Health & Rehab Center	Nursing Home	✓			✓							
Michaud Residential Health Services	Nursing Home	✓			✓					✓		
St Camillus Resid Hcf Snf	Nursing Home	✓		✓	✓				✓	✓		
Rome Memorial Hosp Inc Rhcf	Nursing Home	✓		✓	✓				✓			✓
Heritage Health Care Center	Nursing Home	✓	✓	✓	✓	✓	✓		✓			✓
Rosewood Heights Health Cente	Nursing Home											
James Square Hlth & Rehab Ctr	Nursing Home											
Auburn Nursing Home	Nursing Home											
Betsy Ross Rehab Center Inc	Nursing Home											
Presbyterian Home For Cny	Nursing Home											
Oneida Healthcare Center	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Charles T Sitrin Hcc Inc	Nursing Home	✓			✓							
Bethany Gardens Skilled Living Cent	Nursing Home											
Masonic Care Comminity Of New York	Nursing Home	✓										
Utica Crossings	Nursing Home	✓			✓					✓		
Eastern Star Home Infirmaray	Nursing Home											
St Luke Rhcf Snf	Nursing Home	✓			✓					✓		
Central Park Rehab & Nursing Center	Nursing Home											
Katherine Luther Residential Hlt Cr	Nursing Home	✓				✓						
Chittenango Center Rehab & Hlt Cc	Nursing Home											
Rome Center Rehabilitation & Hlt Cr	Nursing Home											
Cortland Care Center	Nursing Home											
Rome Nursing Home	Nursing Home											
Morningstar Residential Care Center	Nursing Home											
Ucrn, Llc	Nursing Home											
4800 Bear Road Operating Co Llc	Nursing Home											
Auburn Senior Services Inc	Nursing Home	✓			✓							
Vdrnc Llc	Nursing Home											

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Innovative Services Inc	Pharmacy	✓	✓	✓	✓				✓	✓		
Kinney Drugs Inc 92	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc 90	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc 83	Pharmacy	✓		✓	✓				✓			
Kph Healthcare Services Inc	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc 60	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc 84	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc 85	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc 79	Pharmacy	✓		✓	✓				✓			
Lincare Inc	Pharmacy											
Kinney Drugs Inc #75	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #73	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #72	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #74	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #68	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #67	Pharmacy	✓		✓	✓				✓			
Harbor Pharmacy Llc	Pharmacy											
Kinney Drugs Inc #63	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #64	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #62	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #61	Pharmacy	✓		✓	✓				✓			
Rmh Retail Pharmacy Llc	Pharmacy	✓		✓	✓				✓			✓
Central New York Infus Svcllc	Pharmacy	✓										
Kinney Drugs Inc #54	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #53	Pharmacy	✓		✓	✓				✓			
Wegman'S Food Markets Inc	Pharmacy											
Innovative Services Inc	Pharmacy	✓	✓	✓	✓				✓	✓		
Kinney Drugs Inc #51	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #47	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #46	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #31	Pharmacy	✓		✓	✓				✓			

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Kinney Drugs Inc 44	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc 43	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #37	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc #36	Pharmacy	✓		✓	✓				✓			
Wayne Drug Of Pulaski Inc	Pharmacy											
Kinney Drugs Inc #32	Pharmacy	✓		✓	✓				✓			
Wegmans Food Markets Inc 135	Pharmacy											
Parkway Drugs Of Oneida Co So	Pharmacy	✓	✓			✓	✓		✓	✓		✓
Slocum-Dickson Pharmacy Inc	Pharmacy	✓										
Kinney Drugs #7 Inc	Pharmacy	✓		✓	✓				✓			
Wegmans Food Markets Inc 139	Pharmacy											
Wegmans Food Markets Inc 138	Pharmacy											
Wegmans Food Markets Inc 137	Pharmacy											
Wegmans Food Markets Inc 134	Pharmacy											
Wegmans Food Markets Inc 131	Pharmacy											
Wegmans Food Markets Inc 130	Pharmacy											
Wegmans Food Markets Inc 101	Pharmacy											
Kinney Drugs 24 Inc	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc 3	Pharmacy	✓		✓	✓				✓			
Parkway Drugs Of Oneida In Co	Pharmacy	✓	✓			✓	✓		✓	✓		✓
Planned Pthd Mohawk Hudson	Pharmacy	✓	✓	✓		✓	✓					✓
Department Of Medicine Medical Serv	Pharmacy											
Parkway Drugs Of Oneida County Nort	Pharmacy	✓	✓			✓	✓		✓	✓		✓
Kinney Drugs Inc 97	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc	Pharmacy	✓		✓	✓				✓			
Noble Health Services Inc	Pharmacy	✓		✓	✓				✓			
Kinney Drugs Inc	Pharmacy	✓		✓	✓				✓			
Kph Healthcare Services Inc	Pharmacy	✓		✓	✓				✓			
Oswego Dept Hlth Div Of Nu Co Eicm	Hospice											
Lewis County Hospice	Hospice	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Hospice Of The Finger Lakes	Hospice											
Hospice/Palliative Care Assoc	Hospice	✓										
Hospice & Palliative Care Inc	Hospice	✓										
Vna Of Utica Oneida Lthhcp	Hospice	✓			✓	✓						
Lewis Cnty Public Hlth Agency	Hospice											
St Elizabeth Med Ctr	Hospice	✓	✓	✓	✓	✓	✓		✓			✓
L Woerner Inc	Hospice	✓		✓	✓				✓			
Access To Independence Of Cortland County, Inc.	Community Based Organizations											
Bennett, Brad Phd	Community Based Organizations											
Bridges, Madison County Council On Alcoholism & Substance Abuse	Community Based Organizations											
Cayuga Community Health Network	Community Based Organizations											
Cayuga County Department Of Health	Community Based Organizations											
Center For Community Alternatives Inc	Community Based Organizations											
Compeer	Community Based Organizations											
Contact Community Services	Community Based Organizations	✓										
Dunbar Association, Inc.	Community Based Organizations											
Erie Ehp #1	Community Based Organizations											
H.O.M.E. Inc.	Community Based Organizations											
Healtheconnections	Community Based Organizations											
Jane Clark	Community Based Organizations											
Johnson Park Center	Community Based Organizations											
Learning Disabilities Association Of Cny	Community Based Organizations											
Lewis County Community Services	Community Based Organizations											
Madison County Rural Health Council, Inc.	Community Based Organizations											
Mami Interpreters	Community Based Organizations											
Mangano, James	Community Based Organizations											
Mohawk Valley Perinatal Network, Inc.	Community Based Organizations	✓				✓						
Mohawk Valley Resource Center For Refugees, Inc.	Community Based Organizations											
Mountain View Prevention Services	Community Based Organizations											
North Country Prenatal Perinatal Council, Inc	Community Based Organizations	✓				✓						
Northern Regional Center For Independent Living, Inc.	Community Based Organizations	✓										

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Oneida County Department Of Mental Health	Community Based Organizations											
Onondaga Community Living	Community Based Organizations											
Onondaga County Department Of Adult & Long Term Care	Community Based Organizations											
Onondaga County Office For Aging	Community Based Organizations											
Opwdd / Central New York Ddso	Community Based Organizations											
Oswego County Department Of Social Services	Community Based Organizations											
Oswego County Division Of Mental Hygiene	Community Based Organizations											
Oswego County Health Department	Community Based Organizations											
Parent Information Group For Exceptional Children, Inc.	Community Based Organizations											
Parkway Center	Community Based Organizations											
Prevention Network	Community Based Organizations											
R Heysler	Community Based Organizations											
Reach Cny, Inc.	Community Based Organizations											
Rescue Mission	Community Based Organizations											
Rescue Mission Of Utica	Community Based Organizations											
Silver Fox Senior Center	Community Based Organizations											
St. Luke Home Health Services	Community Based Organizations											
The Addictions Crisis Center Of The Rescue Mission Of Utica	Community Based Organizations											
United Healthcare Of New York, Inc	Community Based Organizations											
Wegmans Food Markets, Inc	Community Based Organizations											
Hall Matthew	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ziad Mk El Zammar Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Rcil Css Y45	All Other											
Swan Ann E	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Birk Thomas Peter	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Cynthia J Provow	All Other	✓					✓	✓				
Catalone Andrew	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Resource Ctr F/Indep Living Css Y53	All Other											
Niranjan Marino Selvarajah Md	All Other	✓										
Farah Joyce	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Liberty Resources Inc	All Other	✓	✓		✓	✓	✓	✓				

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Resource Ctr F/Indep Living Css Y49	All Other											
Clarissa H Del Rosario Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Resource Ctr F/Indep Living Css Y57	All Other											
Stephen D Hoag Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Arise Child And Family Ser Inc Rsp	All Other	✓				✓	✓	✓				
Integrity Home Care Ser Inc Tbi	All Other	✓		✓	✓				✓	✓		
Resource Ctr F/Indep Living Css Y59	All Other											
Rachel Lacelle	All Other	✓	✓	✓	✓	✓	✓		✓			✓
David Zaffino	All Other											
Elmcrest Childrens Center Inc Spv	All Other											
Kalil Marissa Z	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Sullivan Lisa M	All Other											
Nancy Anne Jones	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Killian Raelynn Marie Rpa	All Other											
Auburn Memorial Medical Services Pc	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Doolittle Jessica Marie Rpa	All Other											
Oswego Dept Hlth Div Of Nu Co Eicm	All Other											
Becker Tammy Elizabeth	All Other											
Resource Ctr F/Indep Living Cssy65	All Other											
Resource Ctr F/Indep Living Css Y66	All Other											
Resource Ctr F/Indep Living Css Y67	All Other											
Resource Ctr F/Indep Living Css Y69	All Other											
Resource Ctr F/Indep Living Css Y70	All Other											
Hillside Childrens Ctr	All Other	✓	✓			✓	✓	✓				
Scozzari Mary K Rpa	All Other											
Resource Ctr F/Indep Living Css Y71	All Other											
Resource Ctr F/Indep Living Cssy72	All Other											
Resource Ctr F/Indep Living Cssy73	All Other											
Resource Ctr F/Indep Living Css Y74	All Other											
Singletary Robert L Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Resource Ctr F/Indep Living Cssy79	All Other											

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Resource Ctr F/Indep Living Css Y80	All Other											
Simardeep S Mangat	All Other											
Knutsen Christian Conrad Meyer Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Karmel Mitchell I Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Patil Vandana B Md	All Other	✓					✓		✓			
Ko Melissa	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Ctr F/Indep Living Cssy87	All Other											
Gregory John Tillou	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Pulmonary And Critical Care Assoc	All Other											
Resource Ctr F/Indep Living Css Y92	All Other											
Oakes Anna	All Other	✓										
Baruah Monideepa	All Other	✓										
Henriquez Barbara Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Ctr F/Indep Living Cssy95	All Other											
Resource Ctr F/Indep Living Cssy96	All Other											
Resource Ctr F/Indep Living Css Y97	All Other											
Innovative Services Inc	All Other	✓	✓	✓	✓				✓	✓		
Todd C Battaglia	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Devincentis Anthony Francis Iii	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Santiago William George	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bykovich Svetlana	All Other	✓		✓	✓		✓		✓			
Jessica L Hoff P A C	All Other	✓		✓		✓	✓		✓			
Lebel Robert Roger	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sima Jody	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Oswego County Ob-Gyn Pc	All Other											
Resource Ctr F/Indep Living Css X01	All Other											
Resource Ctr F/Indep Living Css X00	All Other											
Resource Ctr F/Indep Living Css X03	All Other											
Evis Petrela	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Ctr F/Indep Living Cssx05	All Other											
Ko Paul Yun-Kee	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Kibby David A Rpa	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Hazimeh Yusef Md	All Other	✓		✓	✓	✓	✓					✓
Heyboer Marvin Iii Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bhatt Shashank Md	All Other											
Shafer Suzanne M	All Other											
Quash Michelle D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Resource Ctr F/Indep Css Y42	All Other											
Resource Ctr F/Indep Css Y41	All Other											
Resource Ctr F/Indep Css Y43	All Other											
Belfon-Kornyoh Latrice Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Leggat Christopher Scott Md	All Other											
Resource Ctr F/Indep Css Y35	All Other											
Resource Ctr F/Indep Css Y38	All Other											
Resource Ctr F/Indep Css Y32	All Other											
Cecchi Lawrence Michael Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Loi Allison Meredith Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Latorre Julius Gene Silva Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Riley James Timothy Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Meyers Jennifer Laundy Md	All Other	✓		✓	✓		✓		✓			
Deshaies Eric Michael Md	All Other											
Nsouli Imad Salah Md	All Other											
O'Brien John P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Resource Ctr F/Indep Css Y26	All Other											
Mcnamara Kristen Ann Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rivera Marcus R Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Ctr F/Indep Css Y24	All Other											
Chang Yiling Katharine Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Pitzer Nicole R Rpa	All Other	✓					✓		✓			
Mingin Gerald C Jr Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Wong Benny Man Yiu Md	All Other											
Kligerman Olga Dobrogniewa Md	All Other											

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Richardson William B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Carissimi Charina Annette Cnm	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Brenner Jay Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Spektor Zhanna	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Cooney Norma Laurel Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Resource Ctr F/Indep Cssy21	All Other											
Resource Ctr F/Indep Css Y22	All Other											
Resource Ctr F/Indep Css Y14	All Other											
Hassan Moustafa Adel Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Morbidini-Gaffney Stefania Md	All Other											
Resource Ctr F/Indep Css Y18	All Other											
Resource Ctr F/Indep Css Y17	All Other											
Resource Ctr F/Indep Css Y16	All Other											
Shute Matthew S Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Resource Ctr F/Indep Css Y12	All Other											
Gould Nathaniel Stuart Md	All Other	✓										
Resource Ctr F/Indep Css Y09	All Other											
Dunham Melanie Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Li Fenghua Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Ctr F/Indep Css Y06	All Other											
St Josephs Hospital Health Center	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kier-Merrihew Susan Np	All Other	✓										
Resource Ctr F/Indep Css Y05	All Other											
Nelson Sunny N Thompson Md	All Other	✓		✓	✓		✓		✓			
Iskander Nahed S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Abrams Laurie A Md	All Other											
Cohen David Joshua Md	All Other											
Resource Ctr F/Indep Css Y02	All Other											
Resource Ctr F/Indep Css Y01	All Other											
Saintjean Emmanuel Hilaire Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Ucp Utica 90 Geiger Crp 9	All Other	✓	✓	✓	✓	✓	✓	✓				

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Freeman Deborah Jean	All Other	✓					✓		✓			
Higby Stephanie Rpa	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Lewis County General Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Wallen Maureen Od	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Neely Cheryl Lynn Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Resource Ctr F/Indep Css Y00	All Other											
Resource Ctr F/Indep Css 96	All Other											
Resource Ctr F/Indep Css 86	All Other											
Resource Ctr F/Indep Css 94	All Other											
Campoli Jennifer Do	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Guenter Douglas P Md	All Other	✓	✓				✓		✓	✓		
Tsai Austin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Depaulis Jacqueline Cristine	All Other	✓					✓		✓			
Lipes Brian M Np	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Selinsky Linda Marie Np	All Other											
Tomaiuoli Catherine Marie Np	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Salomon Adrienne Lara Md	All Other	✓					✓		✓			
Aly Ashraf Samir Bakry Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Ucp Utica 92 Geiger Crp 10	All Other	✓	✓	✓	✓	✓	✓	✓				
Resource Ctr F/Indep Css 83	All Other											
Resource Ctr F/Indep Css 80	All Other											
Resource Ctr F/Indep Css 78	All Other											
Merriam Stephen Woodhull Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Richmond Rodney W Rpa	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Nguyen Hung Dinh Md	All Other											
Schiano Michael Md	All Other											
Mccaul Jennifer W Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Szombathy Tomas Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Smith Marla	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Valente Alfredo	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Guisinger Betty	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Demers Elizabeth Anne Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lingam Diwakar V Md	All Other	✓		✓	✓	✓	✓					✓
Wike Jeffrey W Md	All Other	✓					✓		✓			
Lemley Frederick Russell Md	All Other											
Gajra Ajeet Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
St Lukes Adc Services	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Oswego Co Opportunities Fsr1	All Other											
Lessin Marc Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Shaben Elaine J	All Other	✓	✓	✓	✓	✓	✓		✓			
Spadola Alexanda Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Marion Irene R Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Onondaga Hill Acute Care Medicine S	All Other											
Leo Belile Kristine M Np	All Other	✓		✓		✓	✓		✓			
Pfau Kristen Guest Md	All Other	✓					✓		✓			
Slocum Dickson Medical Group Pllc	All Other	✓										
Resource Ctr F/Indep Css 76	All Other											
Tallarico Richard A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Walsh Michael	All Other	✓	✓	✓	✓	✓	✓			✓		
Amankwah Kwaku A Md	All Other	✓										
Sun Mike Han-Te Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
King Richard James Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Ctr F/Indep Css 74	All Other											
Resource Ctr F/Indep Css 68	All Other											
Thomas Elizabeth Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Gordon David Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Elzammar Ola	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Islam Quazi Md	All Other											
Resource Ctr F/Indep Css 65	All Other											
Resource Ctr F/Indep Css 66	All Other											
Okonkwo Amogechukwu Ngozi Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Unity Huse Of Cayuga Co Nd 6	All Other	✓										

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Foster Mary M Rn	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Community Options Ny Spt	All Other											
Resource Ctr F/Indep Css 52	All Other											
Resource Ctr F/Indep Css 62	All Other											
Resource Ctr F/Indep Css 56	All Other											
Resource Ctr F/Indep Css 57	All Other											
Resource Ctr F/Indep Css 58	All Other											
Fitzsimmons Lunei Lacerna Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Aliwalas Martha Md	All Other											
Brink-Cymerman Dawn M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rome Medical Practice Pc	All Other	✓		✓	✓				✓			✓
Keeney Kristine M Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Robertson Mya D Np	All Other											
Connor Benjamin I Rpa	All Other	✓		✓		✓			✓			
Braga Antonio Carvalho Md	All Other	✓		✓	✓				✓			✓
Resource Ctr F/Indep Css 48	All Other											
Resource Ctr F Indep Css 50	All Other											
Oliva Anthony Stephen Md	All Other											
Schklair Peter Alan Md	All Other	✓										
Simpson Robert B Md	All Other											
All Metro Home Care Services Of New	All Other	✓			✓							
Resource Ctr F/Indep Css 32	All Other											
Oswego Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Resource Ctr F/Indep Css 43	All Other											
Resource Ctr F/Ind Lvg 45	All Other											
Resource Ctr F/Indep Css 44	All Other											
Resource Ctr Indep Lvg Css 42	All Other											
Resource Ctr F/Indep Css 34	All Other											
Onondaga Case Management Inc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Petropoulou Kalliopi A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Ctr F/Indep Css 30	All Other											

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Resource Ctr F/Ind Lvg Css 25	All Other											
Resource Ctr F/Ind Lvg Css 24	All Other											
Resource Ctr Indep Css 41	All Other											
Resource Ctr Indep Css 39	All Other											
Resource Ctr Indep Css 40	All Other											
Ucp Utica 122 Brookley Crp 6	All Other	✓	✓	✓	✓	✓	✓	✓				
Ucp Utica 124 Brookley Crp 7	All Other	✓	✓	✓	✓	✓	✓	✓				
Unity Hs Cayuga Co Inc Day	All Other	✓										
Wilson Jennifer A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Toomey Res And Comm Svs Day	All Other	✓	✓	✓								
Oswego Co Opportunities Day	All Other											
Heritage Farm Inc Day	All Other											
Liberty Resources Inc Day	All Other	✓	✓		✓	✓	✓	✓				
Higgins Melissa Renee Np	All Other											
Ucp Handicapped P Utica Day	All Other	✓	✓	✓	✓	✓	✓	✓				
Cayuga Home For Children Day	All Other											
Dulkin Oleg	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Woods Carmelita Rose Np	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ashfaq Afshan Md	All Other											
Keyes David L Rpa	All Other											
Ucp Utica 120 Brookley Crp 5	All Other	✓	✓	✓	✓	✓	✓	✓				
Ucp Utica 126 Brookley Crp 8	All Other	✓	✓	✓	✓	✓	✓	✓				
Stepkovitch Khatuna N Md	All Other	✓					✓		✓			
Suppon Jessica M Rpa	All Other											
Resource Ctr F/Indep Css 27	All Other											
Craig Kirk A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Beabes Justin C Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
University Ob-Gyn Assoc Inc	All Other											
Edelman Eric Ean Dpm	All Other											
Syracuse Orthopaedics Specialists P	All Other											
Pekarsky Alicia Renee Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Cryer Jonathan Eric	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Seth Rahul Do	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Del Pino Pedro Jose Md	All Other	✓		✓	✓				✓			✓
Unity House Of Cayuga Co Rsp	All Other	✓										
Resource Ctr F/Ind Lvg Css23	All Other											
Lincare Inc	All Other											
Sun Xiwu John	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Murthy Bala Md	All Other											
Nolan Robert Scott Md	All Other											
Fergerson Jacqueline M Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Neupane Hom Prasad	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Fischi Michael Charles	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Vavala Carla Ann	All Other											
Baker Danielle M	All Other	✓										
Shaw Eric Gorgon	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Rawlins Sekou Robertson Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Setter Kevin Joseph Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Moreau Zoryana	All Other											
Trevisani Elaine Marie	All Other											
Dingman Diane Marie	All Other											
Lupo Linda	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Jones Natalie Chante	All Other											
Wiseman Jean Marie	All Other											
Neurology Medical Svcs Grp	All Other											
Liepke Christina Marie Md	All Other											
Liepke Mathew John Md	All Other											
Downey David	All Other	✓					✓		✓			
Gao Wenshi Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kent Kristin M Np	All Other											
De Jong Alida A	All Other	✓	✓		✓	✓	✓	✓				
Berthoff Donna M	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Duca Carolyn A	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Markwardt George L	All Other	✓										
Rao Rajesh S K Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Compagni Kathryn Hayes Rpa	All Other	✓					✓		✓			
Resource Ctr Indep Liv Css 22	All Other											
Resource Ctr Indep Liv	All Other											
Resource Ctr Indep Liv Css 20	All Other											
Elmcrest Childrens Ctr Fsr	All Other											
El-Khally Ziad A Md	All Other											
Finger Lakes Migrant Hlth	All Other	✓		✓		✓	✓		✓			
Flowers James J Do	All Other											
Pellegrino Joan Elizabeth Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kazzaz Nelly Yacoub Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Martinez Carmen M Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Christenson Jeffrey	All Other	✓					✓		✓			
Linsky William Martin	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Oswego Co Chap Nys Arc Rsp	All Other											
Cath Char Of Syracuse Rsp	All Other											
Vilma Junio Physician Pllc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Resource Ctr/Indep Liv Css 18	All Other											
Resource Ctr/Indep Liv Css 16	All Other											
Resource Ctr/Indep Liv Css 15	All Other											
Resource Ctr/Indep Liv Css 14	All Other											
Resource Ctr/Indep Liv Css 13	All Other											
Hopkins Rachel L Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Araouzos Paraskos Md	All Other											
Oben Felix T Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Finger Heather Md	All Other											
Hughes Jeffrey	All Other	✓					✓		✓			
Iqbal Uzma Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ucp & Handi Pers Utica Rsp	All Other	✓	✓	✓	✓	✓	✓	✓				

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Jean Marie Kelly	All Other	✓					✓		✓			
Iskander Ayman Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Maini Atul Md	All Other											
Amankwah Kwame Sarpong Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Res Ctr F/Indep Living Css 12	All Other											
Plan It Staffing	All Other											
Burgess Susan Jayne	All Other											
Lampert Lenore	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Van Every Monica Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Woodcock Jr Leslie	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Zhang Shengle	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Fullagar Christopher J Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Malaisoodumperumal Thangam Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Resource Ctr Indep Liv Css 11	All Other											
Resource Ctr Indep Liv Css 10	All Other											
Resource Ctr Indep Liv Css 9	All Other											
Resource Ctr Indep Liv Css 8	All Other											
Resource Ctr Indep Liv Css 4	All Other											
Brezinsky Darlene D	All Other	✓		✓		✓	✓		✓			
Bair Alicia K Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sharkey Janice A Np	All Other											
Groat Lindsay C Rpa	All Other											
Doolittle Terri J Np	All Other											
Merluzzi Jill A Rpa	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Hearn Shelly L	All Other	✓										
Sojewicz Jr Joseph A	All Other											
Simon Julius Henry Md	All Other	✓										
Costanza Michael James Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Costello Patrick Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Surowiec Scott Michael Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Weaver Brandon	All Other											

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Scuderi Matthew G Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Spitzer Stephen G Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sullivan John Patrick Md	All Other	✓										
Kelly Jennifer J Do	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Maxian Tina Ann Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Ezidiegwu Christian	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Peterson Jill Christine Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Stephens Micheal David Md	All Other	✓	✓				✓		✓	✓		
James Louis Pfeiff Md	All Other											
Cahill-Hoy Lynn C	All Other	✓					✓		✓			
Carmen Bautista-Dator Md Pc	All Other											
Levi Dana Md	All Other											
Meier Andreas H Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Macdonald Jill A	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Thompson Brian W Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kyobe Moses Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tong Michael H	All Other	✓					✓		✓			
Schaeffer Martin A	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Botsford Mary G	All Other	✓					✓		✓			
Hood Matthew D Rpa	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Scott Dawn M	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Norris Deborah L	All Other	✓										
Merola Joseph A	All Other											
Schreiber Linda	All Other	✓					✓		✓			
Goodwater Ellen T	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hall Catherine A	All Other	✓		✓		✓	✓		✓			
Sarwar Muhammed Faisal Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Badger Deborah A	All Other											
Burnett Matthew	All Other	✓		✓	✓	✓	✓	✓	✓			✓
David J Dexter Od Pc	All Other											
Soultan Zafer N Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Bhatta Luna Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Wolff William J	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Massa Nicholas T Iii Md	All Other											
Thomas Michael	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Harden Keith	All Other											
Fraser Cynthia H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Shaw Jana Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Saleeb Samuel	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Halpern Andrew Md	All Other	✓		✓	✓				✓			✓
Marrello Patricia C	All Other	✓		✓	✓				✓			✓
Alpert Samuel Grillot Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Connelly James T Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Bach Janice Eastman Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Henning Harold J Jr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Syrett James Iain Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Clarke Michael Thomas Md	All Other											
Paris Samuel	All Other											
Freeman Gary Michael Md	All Other	✓					✓		✓			
Cambareri Joseph Md	All Other	✓					✓		✓			
Self-Direct Inc Tbi	All Other	✓										
Sgarlata Cherie Kathryn	All Other											
Patil Mangala Kantilal	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Malinowski Jill C	All Other											
O'Malley Anita Rpa	All Other											
Baker Stephen	All Other											
Phelps Rachael Heather Md	All Other	✓		✓		✓	✓		✓			✓
Knohl Stephen Jarrod Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Pastore Paolo S Md	All Other	✓					✓		✓			
Grage Rolf Albert Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Shannon Heather Cnm	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Augustin Yola Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Olson Dinah	All Other											
Lisi Michele Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Miller Kathi J Cnm	All Other	✓										
Di Giovanna Patricia Jean Np	All Other	✓					✓		✓			
Cleveland Karen M	All Other											
Mondom Tatjana Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Katz Danielle A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Fassinger Michelle L Rpa	All Other											
Ajay Goel Physician Pc	All Other											
Wolfe Edward G Pa	All Other											
Nicotra Priscilla A	All Other											
Iannuzzi Michael Charles Md	All Other											
Valencia Mauricio Md	All Other	✓										
Van Riper Loren G Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Levy David Md	All Other	✓					✓		✓			
Hunsiker Celesta M Md	All Other	✓										
Haymes Allyson A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Jansen Mashelle Marie	All Other	✓					✓		✓			
Lambert Erika Christine Md	All Other	✓					✓		✓			
Vajpayee Neerja Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bazan Catherine M	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Scalise Diane	All Other	✓		✓	✓				✓			✓
Sanger Kathleen	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Rogers Carol J Np	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Leach Kathy A	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Chambrone Michelle L	All Other	✓										
Casanova Bonnie Mae	All Other	✓	✓	✓	✓	✓	✓	✓				
Weiss Carl A Iii Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Wirtz David Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Delaney Joel P Rpa	All Other											
Cook Jolene Beatrice	All Other	✓					✓		✓			

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Johnson Cindy Swan Md	All Other	✓					✓		✓			
Flick Karen C	All Other	✓										
Dyne Judith Bahouth	All Other											
Cole Deborah	All Other	✓		✓		✓	✓		✓			
Liu David Da Wei Md	All Other	✓	✓	✓	✓	✓	✓	✓				
Dolorico-Magsino Joy Ellen	All Other	✓	✓	✓	✓	✓	✓		✓			
Barber David	All Other	✓	✓	✓	✓	✓	✓		✓			
Zhou Zhandong Md	All Other											
Rinwalske Michelle Anne	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Thibault Glenn	All Other	✓	✓	✓	✓	✓	✓		✓			
Siddiqui Danish Suboor Md	All Other											
Wright Gregory Joseph Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kaufman Leah A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Singh Chanderdeep Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Boehlert Sandra Jean	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Omrdd/Cayuga Home For Child	All Other											
Oneida Medical Assoc Pllc	All Other											
Smith Zarina Susan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
O'Hern Matthew S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Specialists One-Day Surg Ctr	All Other											
Ali Syed T Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ucp & Handi Pers Utica Pop	All Other	✓	✓	✓	✓	✓	✓	✓				
Liberty Resources Inc Spv	All Other											
Saxton Colleen Colbert	All Other	✓					✓		✓			
Unity House Of Cayuga Co Spv	All Other	✓										
Harley Brian James Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Oswego Co Opportunities Spv	All Other											
Oswego Co Opportunities Spt	All Other											
Marc P Pietropaoli Md Pc	All Other											
Randall-Mantella Susan Marie	All Other	✓					✓		✓			
Lott Ralph William Od	All Other	✓										

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Wickline Andrew Brian Md	All Other											
Kresel Tobey Ann Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ondocin Philip Thomas Md	All Other											
Marziale Jennifer C Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Stein Tracy Furlong	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Bradshaw John A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Neurosurgical Assoc Of Cny Llp	All Other											
Lawrence Gilbert Anthony	All Other											
Koening Paul Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Bowser Ryan M Rpac	All Other	✓		✓	✓	✓	✓	✓	✓			✓
O'Brien Richard Lee Do	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Stalteri Marianne Lasowski	All Other											
Downey William E Rpa	All Other	✓	✓	✓	✓	✓	✓		✓			
Camba Victoria Aquino	All Other											
Shefner Kathleen M	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Springer Sharon Sara Md	All Other	✓					✓		✓			
Al-Salameh Ahmad Mahmoud Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lee Debora Susan Do	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Gellert Wendy L	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Devendorf Pauline Marie	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Liberty Resources Inc Smp	All Other	✓	✓		✓	✓	✓	✓				
Doyle Lisa Ann Rpa	All Other											
Echeruo Rose N Md	All Other											
Cardiac Surgery Assoc Cny Pc	All Other											
Independent Phys Urgent Care	All Other	✓	✓	✓	✓	✓	✓			✓		
Andrews Anthony P Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Desravines Marie-Jeanne Md	All Other	✓	✓	✓	✓	✓	✓		✓			
Shik Mikhail B Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Hughes Selina Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Schurman Ellen Marie	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Vera Edwin Anthony	All Other	✓		✓	✓				✓			✓

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Creedon Kathleen A	All Other	✓	✓	✓	✓	✓	✓		✓			
Quinones-Guzman Maribel	All Other											
Nanavati Digant	All Other	✓					✓		✓			
Mahan Margaret	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Gemelli Vincent	All Other	✓					✓		✓			
Barr Terese Anne	All Other	✓					✓		✓			
Keenen Charles H Md	All Other	✓					✓		✓			
Dornau Carolee Rita	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Palomino Kathryn E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Gabriel Daniel Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Colvin Julie Yu	All Other											
Schurman Scott John Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Curtin Patricia Jean	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Chukiert Komgrit Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Duggan Allison A Md	All Other	✓					✓		✓			
Epling John W Md	All Other	✓		✓			✓		✓			
Resourse Ctr/Indep Living Smp	All Other											
Aurora Of Cny Inc Smp	All Other											
Oswego Industries Inc Smp	All Other											
Onondaga Co Chap Nysarc Smp	All Other	✓			✓							
Ucp Of Utica Smp	All Other											
Arise Child/Family Svc Smp	All Other	✓				✓	✓	✓				
Unity House Of Cayuga Cty Smp	All Other	✓										
Khan Afsar Ali Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Cayuga Hm For Children Mh	All Other											
Keenen Gail B Md	All Other	✓					✓		✓			
Capone Harry E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Wiedeman Beth Thomas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mulholland Jeffrey M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kim Taewan Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Harris Helen L Rpa	All Other											

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John Rekha Anne Md	All Other	✓										
Rounds Karen Washburn	All Other	✓										
Jackowski Stephen John Rpa	All Other	✓		✓	✓		✓		✓			
Yang Zhong Jin Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Consumer Ser Madison Cnty Mh	All Other											
Young Eufrosina Ison Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Cymerman Raymond Pa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Garbooshian Kathleen Md	All Other	✓		✓	✓				✓			✓
Shaw Palma Maria Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Wulff Warren Edgar A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ramamurthy A Gita Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
S J H Cardiac Catherization Associa	All Other	✓					✓		✓			
Lavoie Thomas R Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mathis Audrey Ann	All Other											
Lindenmayer Barbara Allen	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Groth Diane M	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bratt Kathleen Ann	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Auburn Orthopaedic Spcs Llp	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
De La Roza Gustavo	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Garber Aaron Md	All Other											
Samuel B Rameas Dpm P C	All Other											
Morason Robert Todd Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lifetime Care	All Other	✓			✓	✓			✓			
Soults Clifford B Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Watts Christopher L Rpa	All Other	✓		✓	✓	✓	✓					✓
Mirza Aamer Md	All Other	✓										
Daliva Agnes Lopez Md	All Other											
Ashbarry Kristin	All Other											
O'Connor Linda A	All Other	✓		✓	✓				✓			✓
Scott Norman Bruce Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mejico Luis Md	All Other											

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Auburn Pediatrics Pllc	All Other											
Farah Ramsay Sami Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kandiah Vigneswaran Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Namassivaya Devayani Md	All Other											
Seidberg Neal Andrew Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Allam Fatme Ali Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Shaikh Jawad Faroog Md	All Other											
Kroeger Karin Gae Md	All Other	✓					✓		✓			
Paul Tanya Renee Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Wade Margaret Vinette	All Other	✓					✓		✓			
Gleason Loriann	All Other	✓					✓		✓			
Gleasman Elizabeth Bitely	All Other	✓		✓	✓				✓			✓
Lok Jason Md	All Other											
Dlamini-Ndeze Ruth Bethusile	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Klimek-Yingling Jennifer Ann Np	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Oconnor Kathleen M	All Other	✓					✓		✓			
Wormuth David Wilson Md	All Other											
Soderberg Peer Allyn Md	All Other	✓					✓		✓			
Swarnkar Suman Amarsingh Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Parker John F Md	All Other											
Pesci Michael P Pa	All Other	✓					✓		✓			
Carguello Patrick John Md	All Other	✓	✓	✓	✓	✓	✓		✓			
Van Gorder Scott C Do	All Other	✓	✓	✓	✓	✓	✓		✓			
Carney Brenda Marie	All Other	✓	✓	✓	✓	✓	✓		✓			✓
John Thomas Md	All Other	✓										
Oguntola Adebowale O Md	All Other											
Kantor Walter John Md	All Other	✓		✓	✓	✓	✓					✓
Seneca Hill Manor Adhc	All Other	✓			✓							
Engelbrecht Eric William Pa	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Mclaughlin Joanne Virginia	All Other											
Beshara Mezen Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Cooper Kathryn Jeanne	All Other											
Lipeski Lauren Elizabeth Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Perkins Tanya Marie Md	All Other	✓					✓	✓				
Westpfal Edith Marie Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Graves Kristen Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Cunningham Lynn	All Other	✓					✓		✓			
Nichols Margaret Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Onondaga Cnty Dept Hlth	All Other											
Shawl Ajaz Bashir Md	All Other	✓					✓		✓			
Dirubbo Anthony Malcolm Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mcminn Melinda Beth Md	All Other	✓		✓	✓	✓	✓					✓
Kittur Dilip S Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ucp & Handi Per Utica Hcbs 4	All Other											
Ucp/Utica-Crp#4 1237 Tilden	All Other	✓	✓	✓	✓	✓	✓	✓				
Ucp/Utica-Crp#3 1235 Tilden	All Other	✓	✓	✓	✓	✓	✓	✓				
Castro Luis J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kerr Karol Hicks Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Steinberg Esther Md	All Other											
Gandhi Brett Ratilal Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mann Deborah Jane Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Federico Carmen J Md	All Other											
Humphrey Mark A Md	All Other	✓	✓				✓		✓	✓		
Franciscan Health Support Inc	All Other	✓							✓			
Tracy Marjoria Marie	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Central New York Infus Svcllc	All Other	✓										
Kort Kara C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Carrillo Mario Do	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Brown Jennie Lynn Md	All Other											
Podiatry Services Of Cny	All Other											
Nanavati Kaushal B Md	All Other	✓		✓			✓		✓			
Stanley Karen A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Provider Name	**Provider Category**	**2.a.i**	**2.a.iii**	**2.b.iii**	**2.b.iv**	**2.d.i**	**3.a.i**	**3.a.ii**	**3.b.i**	**3.g.i**	**4.a.iii**	**4.d.i**
Shaw Diana M	All Other											
Ocallaghan Sally Anne Np	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Coppola Devin A Md	All Other											
Berwind Stephen P	All Other											
Moretz Joseph Alfred Iii Md	All Other	✓										
Oehlsen Maurice L Md	All Other	✓	✓	✓	✓	✓	✓			✓		
Coty Daniel G	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Alexander James W Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bean Samuel Stewart	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Kent Wendy	All Other											
Engle Gary	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bonavita Jr. Louis	All Other											
Zygmont Steven V Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Swarnkar Amar S Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Le Thang Quoc Md	All Other	✓										
Shkane Julie Betro Do	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Crouse Community Center Adhc	All Other	✓			✓					✓		
Szyjkowski Ronald D Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Gahtan Vivian Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Padmanabhan Melanie Ann Rn	All Other	✓										
Glowacki Michael J Ii Md	All Other	✓					✓		✓			
Arquette Bridget Marie	All Other	✓		✓	✓				✓			✓
Dombrowski Sharon Irene	All Other											
Amernath Lingappa S Md	All Other	✓		✓	✓	✓	✓					✓
Kannan Arul Pugazhenthi Md	All Other											
Elderchoice Inc Tbi	All Other	✓			✓	✓						
Macadam Heather M Md	All Other	✓					✓		✓			
Stanley George L Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Banki Katalin	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Taylor Vivienne Md	All Other	✓	✓	✓	✓	✓	✓	✓				
Pizarro Emerita A	All Other	✓										

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Bapana Emmanuel V Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Alkhouri Hani Md	All Other											
Sexton James F Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Grady Thomas A Jr Md	All Other	✓					✓		✓			
Tambroni-Parker Catherine	All Other											
Beckman Karen E Md	All Other											
Strominger Robert N Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Saarie Elizabeth P Md	All Other											
Vigliotti Anthony Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Williams Mark Edward Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Pietropaoli Marc P Md	All Other											
Ophthalmology Medical Svc Group	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Martin Barbara Ann	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Farenga Debra Ann	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Druger Robert K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Khurana Kamal	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Hines William	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ackerman Neil B Md	All Other											
Landas Steve	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Shanley Paul	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Corona Robert	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Abraham Jerrold	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Constantine Francis-Of-Mary M	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Cunningham Michael A	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Awayda Moustafa M K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Martyn Marina A R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Horowitz Harold Asher Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Clemans Carolyn P	All Other											
Innovative Services Inc	All Other	✓	✓	✓	✓				✓	✓		
University Pediatrics Pc	All Other											
Charlamb Mark J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Adusei Kwame A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dimarco Judith	All Other											
Czerwinski Maria H Md	All Other	✓	✓	✓		✓	✓					✓
Satterly Clyde H Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Taylor Kerri Anne Do	All Other	✓		✓	✓		✓		✓			
Howard Wendy S Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Oswego County Podiatry Pc	All Other											
Dirubbo Mary Ciotoli	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Jones Cari Allen Md Pc	All Other											
Reddy Mike Rpa	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Smallman Bettina Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Williams Steven Michael Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lisick Daria Ann	All Other											
Burke Daniel Rpa	All Other											
Mathew Thomas C	All Other	✓	✓	✓	✓	✓	✓			✓		
Humphrey Lynne Allen Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Picone Matthew L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Anwer Farrukh Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Nardone Christopher A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Domachowke Joseph B Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Hanna Thomas A Md	All Other	✓	✓	✓	✓	✓	✓		✓			
Irri Chakrapani Md	All Other											
Gale Joseph P Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Taylor Toby A Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Scialdone Vincent N Md	All Other	✓					✓		✓			
Del Pino Mehri Lynne Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bedell Janice Amelia Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ayres John B Md	All Other	✓					✓		✓			
Guarino Ross Louis	All Other											
Olson Bradley Garrett Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sveen Anne Guerra Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Sveen John Bjarne Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Leggat John Elliott Jr Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Matijas Christine Griswold	All Other	✓		✓		✓	✓		✓			
Anderson Lori Lee Md	All Other	✓					✓		✓			
Del Pino Alberto Jose Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Folk Diane M	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Martin Laura Mckenzie Md	All Other	✓					✓		✓			
Carhart Robert Leo Jr Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Al-Mudamgha Ali Anwar Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ford Timothy David Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Arise Inc	All Other											
St Josephs Physician Hlth Pc	All Other											
Garrett Judith Cuthbert	All Other											
Sedgwick Heights Alp	All Other	✓			✓							
Perlanski Julie Ann Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Calkins Anne M Md	All Other											
Nostrame Susan Anne Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Presbyterian Resid Community	All Other											
Hartman Mary Cannella	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Smallman Thomas Victor Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Emergency Med Suny Hlth Sci	All Other											
Kim Jung-Ah C Md	All Other											
Destian Sylvie Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Integrity Home Care Svcs Inc	All Other	✓		✓	✓				✓	✓		
Zavilyansky Sergey David Md	All Other	✓					✓	✓				
Barash Anne Md	All Other	✓					✓		✓			
Concilla J Kurt Dpm	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Nicholas Coral Denise	All Other											
Ratnarajah Daniel M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ruparella Ashutosh Harish Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Bushnell Andrew Charles Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓

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Mary Ellen Greco Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Riccio John Anthony Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Farkouh Toufik Philip Md	All Other	✓	✓	✓	✓	✓	✓			✓		
Lamanna Suzanne Do	All Other											
Cummings Deann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Samad Imtiaz Renza Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ring Elyn Md	All Other	✓		✓	✓	✓	✓					✓
Alberti Martha B	All Other	✓					✓		✓			
Jorgensen William Arthur Do	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Case Karen Braun	All Other	✓										
Giustra Lauren Ann Md	All Other											
Rodriguez Elliot Md	All Other											
Rutledge Bryan Kyle Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Razia Sultana Md	All Other	✓										
Desai Ankur Manojkumar Md	All Other											
Dennison James Michael Md	All Other											
Lopez Alfredo Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
St Lukes Home Rhcf Inc	All Other	✓				✓						
Caputo Ronald Paul Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Chapman Jay Walter	All Other	✓	✓	✓	✓	✓	✓		✓			
Child & Fam Svc Otpt Mh Cl	All Other	✓				✓	✓	✓				
Baker-Campola Marilyn L	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Hutchison Robert E	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Franciscan Health Support Inc	All Other	✓							✓			
Lipsky Theresa L Md	All Other	✓					✓		✓			
Davis Monica A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Levinson Bruce Arthur Od	All Other											
Meguid Victoria Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Laroche Eddy Md	All Other	✓		✓		✓	✓		✓			
Nosovitch John T Jr Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Savici Dana Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Frechette Vincent E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kennedy Gloria A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
University Hill Radiation Onc	All Other											
Mahajan Raj K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Scott Kenroy Md	All Other											
Buchan Debra Ann Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
University Surgical Assoc Llp	All Other											
Loretto Utica Center Eh Alp	All Other											
St Camillus Rhcf Tbi	All Other	✓		✓	✓				✓	✓		
Hahn Seung Shin Md	All Other											
Sangani Geeta Physician Md.Pc	All Other	✓					✓		✓			
Romano David J Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Safran Marc Jay Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Prince Louise Anna Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Noel Leon-Paul Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Geiss Iii Michael Joseph Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lopez Carlos Javier Iii Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Finger Lakes Ctr For Living	All Other											
Briggs Eva Farkas Md	All Other	✓					✓		✓			
Tuttle-Malone Shirley Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Charlamb Larry Scott Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Cannizzarro John P Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Tomy George K	All Other	✓	✓	✓	✓	✓	✓	✓				
Distefano Richard J Md	All Other											
Brown James E Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Zimmer Theresa Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
John J Costello Jr Do	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Edwards Gerald P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Snedeker Jeffrey David Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Community Options Inc Tbi	All Other											
Barry Joseph Timothy Md	All Other											

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Knudsen Alexander Brian Md	All Other											
Family Care Medical Group Pc	All Other	✓					✓		✓			
Chahfe Fayez F Md	All Other											
Feiglin David H Md	All Other											
Ophthalomological Assoc Of Sy	All Other											
Buckingham Tracy L Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Dana Lori A	All Other	✓					✓		✓			
Edison Scott A Md	All Other											
Rome Medical Group Pc	All Other	✓		✓	✓				✓			✓
Anbar Ran D Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
U S Care Systems Inc	All Other											
Edinger James Earnest	All Other	✓					✓		✓			
Gorji Reza Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mohawk Valley Homecare, Inc	All Other											
Jaffe Norman D Md	All Other	✓					✓		✓			
Folk John Joseph Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Johnson Gail Converse Md	All Other											
Moses Joel E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dinu Lucian C Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Spaulding Pray Res Corp Hcbs	All Other											
Upstate Medical Anest Grp Pc	All Other											
Oswego County Opportunities	All Other											
Quarles Frankie Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Lehmann David F Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Izquierdo Roberto E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Damron Timothy A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Teixeira Kathi Farfaglia Md P	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Vora Manoj Rasiklal Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Foster James M T Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bhopale Shashikant Govind Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Scioscia Charles	All Other											

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Triana Ted Jose Md	All Other	✓					✓		✓			
Zacharewicz Dana Marie Md	All Other	✓										
Allyn William Scott Md	All Other	✓					✓		✓			
Stanley Long/Harbor Lights	All Other	✓					✓					
Millar Maryann E	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Valentino Carol A Md	All Other											
Mols-Kowalczewski Barbara Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bulawa Erick C Md	All Other											
Madison Co Chap Nysarc Inc	All Other	✓		✓								
Mcmahon Kathleen Dermady	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lewis Co General Hsp Non Occ	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Reinhart Scott C Md	All Other											
Charles John A Md	All Other	✓					✓		✓			
Pisik Mark R Md	All Other	✓					✓		✓			
Pipas Lauren Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Murphy Daniel James Jr Md	All Other											
Buckley Landing Alp	All Other	✓			✓							
Churchill Manor Inc Alp	All Other	✓			✓							
Loretto Rest Inc Alp	All Other	✓			✓							
Central New York Services Inc	All Other	✓				✓	✓	✓				
Lagrant Steven H Md	All Other	✓										
Mccarthy Mary T Od	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dreiner Ute H Md	All Other	✓										
Onondaga Co Doh Psshsp	All Other											
Stern Jud M Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Calzolaio Donald L	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Chionuma Chima Ogan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Tom Vivian Md	All Other	✓										
Alinea Christopher M Md	All Other	✓										
Conifer Park	All Other	✓					✓					
Flintrop Michael J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Feldman Robert Md	All Other											
Cannariato Catherine J	All Other	✓		✓		✓	✓		✓			
Sopchak Andrew M Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Oswego Hospital-Lifeline	All Other											
Bogart Jeffrey Alan Md	All Other											
Calimlim Robert Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Dibble William J Md	All Other											
Perl Andras Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Upstate Surgical Group Pc	All Other											
Sklar Bradley Frisch Md	All Other											
St Luke Rhcf Adhc	All Other	✓			✓					✓		
Cayuga Counseling Svcs Inc	All Other	✓					✓					
Nguyen Elizabeth A Md	All Other											
Ristoff Kime John Md	All Other	✓					✓		✓			
Barker-Griffith Ann E Md	All Other											
Wolken Denise C Md	All Other											
Albert Waleed Md	All Other	✓	✓	✓	✓	✓	✓			✓		
University Dialysis Center	All Other											
Greenky Seth S Md	All Other											
Greenky Brett B Md	All Other											
Coveney Carolyn L Md	All Other	✓					✓		✓			
Lemke Sheila M Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Elwell Bruce Robert Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Shaw Michael Jonathan Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Finley Andrew L Md	All Other											
Ucp Utica 1247 Tilden Ave Icf	All Other	✓	✓	✓	✓	✓	✓	✓				
Cherrick Irene Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Palmer Scott Patrick Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Simons Alan Jay Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Porcari Angelo Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Orzechowski Steve M Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Perla Charles Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ucp Utica Hayes Rd Icf	All Other	✓	✓	✓	✓	✓	✓	✓				
Johnson Janet Lee Md	All Other	✓					✓		✓			
Karjoo Manoochehr Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Clancy Anne M	All Other	✓					✓		✓			
Toomey Residential Comm Serv	All Other	✓	✓	✓								
St.Joseph'S Hsp Hlth Ctr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Oswego Co Opportunities Inc	All Other	✓						✓				
Loretto Geriatric Comm Resi	All Other	✓			✓							
Ucp Utica Niagara St Icf	All Other	✓	✓	✓	✓	✓	✓	✓				
Farnham, Inc.	All Other	✓					✓	✓				
All Metro Aids Inc	All Other	✓			✓							
Cesare James F Md	All Other	✓										
Ahmed Mohamed M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bailey R Eugene Md	All Other	✓		✓			✓		✓			
Resource Ctr Indep Liv Mh	All Other	✓			✓	✓						
Ucp Utica Bleecker St Icf	All Other	✓	✓	✓	✓	✓	✓	✓				
Lifeline Systems, Inc	All Other											
Nancollas Michael P Md	All Other											
Sulik Sandra Marie Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Proano Ivan G Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Feuerstein Barbara L Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ucp Utica 1245 Tilden Icf	All Other	✓	✓	✓	✓	✓	✓	✓				
Howard Myles B Md	All Other											
Silverstein Bruce Ned	All Other	✓					✓		✓			
Spohr George E	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Gaetano Sandra E	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Murray Keith S	All Other											
Maresca Glauco Michael M	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Cunningham Mary Jadhon	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Murray & Wray	All Other											

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Nazem Ahmad Md	All Other											
Sze Eddie Hung Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Young-Mayka Cynthia Jane	All Other	✓					✓		✓			
Loftus Jon Berry Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sohl Jennifer A Np	All Other	✓		✓	✓	✓	✓					✓
Mankad Dhimantkumar G Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Billinson Mark Md	All Other	✓					✓		✓			
Coli Arthur F Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Davidson Paul G Md	All Other											
Scalzetti Ernest M Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mcgrath Mary Anne Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Biondi Nicholas Charles Do	All Other	✓					✓		✓			
Warfel Mark E Do	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Pavelock Robert Richard Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
St Joseph'S Hosp H C D&T	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hospitals Home Health Care	All Other	✓			✓				✓			
Muok Joseph Nyakwamba Md	All Other	✓										
Petrie David Paul Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Parker William M Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Kaempffe Frederick A Iv Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Husovsky Harold L Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ragosta Kevin G Do	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Stred Susan E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Pediatric Medical Service Grp	All Other											
Mattern Cheryl C Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Mcmahon Gerald Vincent Md	All Other	✓					✓		✓			
Wnorowski Daniel C Md	All Other											
Yoss Eric Bruce Md	All Other											
Chaudhary Farzana S Md	All Other	✓	✓	✓	✓	✓	✓		✓			
Dator Carlos Oblena Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lafrate Donna Frances	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Johnson Gary Allen Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Temnycky George Omelan	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Omarbasha Bashar Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Hojnowski Leonard Stanley Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Socash Thomas J Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Kelly John Robert Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Botash Robert Joseph Jr Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Vounas Demetra A Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Asaju Sunday Olanrewaju	All Other	✓										
Riccardi Timothy James Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lafont Timothy Harold Md	All Other	✓										
Hunt Wade Thomas Jr Md	All Other	✓										
Beers Richard A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Hodgman Michael J Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Botash Ann S Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sperling Steven R Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Andrake John S Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Alessi Brian C Md	All Other											
Cunningham Kevin P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Root Daniel T Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Williams Catherine Louise Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Lewis County Hospice	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Wright Jonathan Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Pisaniello Martha Lynn M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Pisaniello Daniel Patrick Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Smiley Allan M Md	All Other	✓										
Crouse Irving Companies Inc.	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Physical Medicine & Rehab	All Other											
El Bayadi Sherif George Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mccormick Kevin Charles Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Connor Barbara J Md	All Other	✓					✓		✓			

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Norton Roger W Md	All Other	✓										
Dang Sudershan K Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Harris Alan D Md	All Other	✓										
Coyle Thomas E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Blatt Steven David Md	All Other											
Pfeiff James Louis Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Sullivan Leo Patrick Md	All Other											
Spalding Samuel Clyde Iii Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Rutkowski Michael David Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Cohen Hal E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Vargas Jose Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Izant Timothy Holman Md	All Other											
Connolly Steven Michael Md	All Other	✓					✓		✓			
Mandanas Renato Y Md	All Other	✓	✓		✓	✓			✓	✓		
Ciaccio A James Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Vecchio Paula Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Popuri Purnachandra Rao Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Driesch Mary D Md	All Other	✓		✓		✓	✓		✓			
Mathis Timothy Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Ivins Rhea Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Ulahannan Mathew Joseph Md	All Other											
Simon David G Md	All Other	✓					✓		✓			
Ho Andrew Tat Chuen Md	All Other	✓	✓	✓	✓	✓	✓			✓		
Bramley James Leland Md	All Other											
Lashley Eustace Lauriston Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Jewish Hm Of Cntrl Ny Non Occ	All Other	✓	✓		✓				✓	✓		
Aploks Bruno Ivar Md	All Other	✓										
Hamilton Laura Elizabeth Md	All Other	✓					✓		✓			
Family Counsel Svc Cortland	All Other	✓										
Presbyterian Hm Cntrl Non-Occ	All Other											
Weisenthal Robert William Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Tallim Gibran Aslim Md	All Other	✓		✓	✓				✓			✓
Kernan Michael Timothy Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Digiovanna Anthony J Jr Md	All Other	✓					✓		✓			
Poster Robert Brian Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Traver James Anthony Md	All Other											
Gabris Michael Paul Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Silverman Robert Keer Md	All Other											
Sullivan Thomas J Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Lawless James Francis Md	All Other	✓					✓		✓			
Resetarits Dennis E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Oswego Family Physicians	All Other	✓	✓				✓		✓	✓		
Parlato Cynthia J Md	All Other											
Circle Adol Preg Prog Ts	All Other	✓										
Morgan Robert Charles Md	All Other	✓	✓				✓		✓	✓		
Us Care Systems	All Other											
Rothschild Mark A	All Other											
Mariani Peter John Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Rabin Barry Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ucp Handi Per Of Utica Omh	All Other	✓	✓	✓	✓	✓	✓	✓				
Apone Joseph Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Clark David Christopher	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Bersani Thomas Amedeo Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Goldman Herbert J Md	All Other	✓		✓	✓	✓	✓					✓
Hemmer Gerald F Md	All Other	✓					✓		✓			
Manfredi David C Md	All Other											
Stewart Lawrence C Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Parker Michael James Md	All Other	✓					✓		✓			
Crawford Gerard A Ii Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Neslin Norman Robert Md	All Other											
University Pathologists Lab	All Other											
Vella Ignatius Michael Md	All Other											

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Eadline Stephen David Md	All Other	✓										
Wojtowycz Andrij R Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Clark Kimball G Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Carlson Raymond J Md	All Other	✓		✓	✓		✓		✓			
Curley Joseph Paul Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ucp Utica Kilbane Icf	All Other	✓	✓	✓	✓	✓	✓	✓				
Newman P James	All Other											
Lozner Eugene C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Goodman Daniel C Md	All Other	✓										
Weinstock Ruth S Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Krenzer Barbara E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Polachek Robert S Md	All Other	✓					✓		✓			
Heisig David G Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Chionuma Henry Nduka Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Res C I L Incorp Demo Proj	All Other	✓			✓	✓						
Cronkright Peter Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Felter Robert Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ferreiro Jorge L Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Slagle Bruce Calvern Md	All Other	✓		✓	✓				✓			✓
Mchugh Ellen Margaret	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sloan Jerry Bryan Md	All Other	✓										
Varnum Corliss Adam Md	All Other											
Saponara Gerard Charles Dpm	All Other											
Lapsker Terry H Md	All Other											
Albanese Stephen A Md	All Other											
Certo Thomas F Md	All Other											
Hospice & Palliative Care Inc	All Other	✓										
Confidential Help For Al & Dr	All Other											
Teitelbaum Charles S Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kenneth Ortega	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Schreiber William D Md	All Other	✓					✓		✓			

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Page David T Md Pc	All Other	✓					✓		✓			
Masten Thomas D Md	All Other											
Jackson Mary J Md	All Other	✓					✓		✓			
Ramachrandran Melanie D Md	All Other	✓					✓		✓			
Smith Frank C Md	All Other											
Independent Health Care Servi	All Other	✓			✓	✓						
Kopecky Richard T Md	All Other											
Post Mark S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fuchs William D Md	All Other	✓										
Veeder Civitello Mary E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Klotz Henry Mark Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Hannan William Paul Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Green El Diane F Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Gordon Michael Phd	All Other											
Lindsey William Frank Md	All Other											
Hanig Carl Jesse Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Iannolo Patsy M Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Adelson Mark D Md	All Other											
Innovative Services Inc	All Other	✓	✓	✓	✓				✓	✓		
Pyke Robert F Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Zakariyya Hasan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
St Camillus Home Care Agency	All Other	✓		✓	✓				✓	✓		
Semel Lawrence Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Werner Kenneth Ira Md	All Other											
St Camillus Rhcf D&Tc	All Other	✓		✓	✓				✓	✓		
Aranda Zenaida Pena Md	All Other	✓	✓	✓	✓	✓	✓			✓		
Bhole Anita D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Franciscan Health Support Inc	All Other	✓							✓			
Quint Karen Md	All Other											
Oswego Council On Alcoholism	All Other	✓					✓					
Daly Dennis D Md	All Other	✓					✓		✓			

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Toomey Residential & Comm Svc	All Other	✓	✓	✓								
Small David Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
All Metro Home Care Ser. Inc	All Other	✓			✓							
Weiselberg Stanley P	All Other											
Schoeneck Henry W Iii Md	All Other	✓					✓		✓			
Akhtar Amina	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kolva David E Md Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ryan William Donald Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Friedman Robert T Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hematology Oncology Assoc Cny	All Other											
Friedman John Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sadowitz Peter D Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Eppolito John F Md	All Other	✓					✓		✓			
Samad Naeem Md	All Other	✓										
Kirshner Jeffrey Jay	All Other											
Sivakumar Balasubramaniam Md	All Other											
Frederick James Edward	All Other	✓	✓	✓	✓	✓	✓	✓				
Dube David Harvey Md	All Other											
Eid Mervat Ahmed Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Shah Mukesh Dhirajlal Md	All Other											
Talev John Nikola Md	All Other	✓					✓		✓			
Downing Edward T Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Sternick Andrew Md	All Other	✓	✓	✓	✓	✓	✓			✓		
Patrick Chester Louis Jr Md	All Other											
Halleran David R Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Vna Of Utica Oneida Lthhcp	All Other	✓			✓	✓						
Lee Edward Byung Md	All Other	✓										
Crossings Nursing & Rehab Ctr	All Other											
Margaret Albanese	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Hutchings Pc	All Other	✓		✓	✓	✓	✓	✓	✓			
Cardiovascular Specialists Pc	All Other											

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Aziz Suraiya Abdul Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Silverman Russell Md Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Roy Geeta Md	All Other											
Speck David Dean Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Hafner Karl F Md	All Other											
Kim Soo R Md Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wellenstein David E Md	All Other	✓	✓	✓	✓	✓	✓			✓		
Mani Srinivasan S Md	All Other											
Cheng David Chih Md	All Other	✓	✓	✓	✓	✓	✓			✓		
Carlberg Marybeth Md	All Other	✓					✓		✓			
Carlberg Jeffrey H Md	All Other	✓					✓		✓			
Newsom Marcia K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kim Young Hee Md Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Flaks Ethan G Md	All Other											
Erlebacher Mark Steven Md	All Other	✓	✓		✓				✓	✓		
Elliott William Clayton Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
O'Leary Colleen Enwright	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Chabot Francis E Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Krumpholz Mark Douglas Md	All Other											
Mastrolia Carmine R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Roy Ajoy K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Powell Douglass N Md	All Other											
Sills Irene Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Haher Thomas Richard Md	All Other											
Syracuse Brick House Inc	All Other	✓					✓	✓				
Hampton George Robert Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sneider Jeffrey Md	All Other	✓	✓		✓				✓	✓		
Raphael Irving G Pc Md	All Other											
Jacobs Gary Lee Od	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dean Grosack Nancy Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Tan Domingo Josefina Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Thomas Parakulam S Md	All Other											
Charles T Sitrin Hcc Inc Non	All Other	✓			✓							
Giambartolomei Alessandro A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Greenwald James L M D	All Other	✓		✓			✓		✓			
Byrum Craig J Md	All Other											
Nupuf Michael S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Graceffo Anthony James Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
St Camillus Nh Non Occ	All Other	✓		✓	✓				✓	✓		
Rosenblum Saul Md	All Other											
Hall William W	All Other	✓	✓	✓	✓	✓	✓			✓		
Edelman Freddie L Dpm Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chapman Patricia Gail L Md	All Other	✓	✓	✓	✓	✓	✓		✓			
Bishop Jeanne E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Madden Celeste Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Cantor Richard M Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Dhabhar Pourushasp Jamshed Md	All Other	✓										
Gioia Phillip C Md	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Home Aides Of Central Ny Inc	All Other											
Interim Health Care	All Other											
Lewis Cnty Public Hlth Agency	All Other	✓				✓			✓			✓
Patel Suryakant Z Md	All Other											
Gooldy Samuel K Md Pc	All Other											
Loretto Hlth & Reh Ctr Adhc	All Other	✓			✓							
Nephrology Associates	All Other											
Dexter David J Od	All Other											
Grosack Marc A Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ferro Philip Leonard Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Oneida Surgical Group Pc	All Other											
Reitz Russell E Md	All Other											
Laclair Thomas J Md	All Other	✓					✓		✓			
Madison Cnty Community Svc Bd	All Other											

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Chi Jang Boo Md Pc	All Other											
Amann Howard Md	All Other											
Lodolce James G Md	All Other											
Lewis County Hosp Ecf	All Other											
Onondaga Cty Dept Mntl Health	All Other											
Westlake Robert Elmer Jr Mdpc	All Other	✓					✓		✓			
Dispenza James A Pc Md	All Other											
Hoepner John Arthur Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Parke Robert G Md	All Other	✓		✓	✓	✓	✓	✓	✓	✓		✓
Leroy Cooley	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Kanter Allan I Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Watts James P Md	All Other	✓					✓		✓			
Buerkle August R Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Delorme Robert Md	All Other	✓		✓	✓		✓		✓			
St Josephs Imaging Associates	All Other											
Weinberger Howard L Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sheridan Selma J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Osborn Thomas I Md	All Other											
Cooke Carlton P Md	All Other											
Weinstein Howard Martin Pc Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Wasserman Louis A Md	All Other											
Merriam Walter W Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mango Charles A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kinsey James A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Slavens Robert L Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kim Kenneth K Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Badawy Shawky Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Naim Muhammad M Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Welch Thomas R Md	All Other											
Marshall Stephen N Dpm Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Uva Ronald Pc Md	All Other											

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Mather Joseph E Pc Md	All Other											
Weiner Leonard B Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sills Richard H Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lifetime Care	All Other	✓			✓	✓			✓			
Aiello Thomas R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Dept Of Otorhinolaryngology	All Other											
Loretto Health & Rehab Center	All Other	✓			✓							
Tucker James B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Novak Larry I Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Raasch Bernard Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
University Radiology Assoc	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Poiesz Bernard J Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Brodey Mitchell Victor Md	All Other	✓					✓		✓			
Griffin John F Md	All Other											
Houck John F Jr Md	All Other											
Planned Parenthood Of Niag Co	All Other	✓		✓		✓	✓		✓			✓
St Camillus Resid Hcf Snf	All Other	✓		✓	✓				✓	✓		
Rome Memorial Hosp Inc Rhcf	All Other	✓		✓	✓				✓			✓
Heritage Health Care Center	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Community Memorial Hsp Nh	All Other	✓		✓	✓		✓		✓			
Syracuse Comm Health Ctr Inc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Onondaga County Doh	All Other											
Ucp Handi Per Of Utica Area	All Other	✓	✓	✓	✓	✓	✓	✓				
Oneida County Dept Of Health	All Other											
Madison Cnty Public Hlth Dept	All Other											
Planned Pthd Mohawk Hudson	All Other	✓	✓	✓		✓	✓					✓
Murphy Edward Md	All Other											
Blair Donald C Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ashutosh Kumar Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Anderson Gunnar H Jr Md	All Other	✓										
Moses Arnold M Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Mookherjee Saktipada Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Department Of Medicine Medical Serv	All Other											
Nicholson John D Md	All Other											
Makhuli Zahi Md	All Other											
Deiorio Anthony V Md	All Other											
Hammond Robert Elliot Md	All Other											
Breslow Roger Arnold Md	All Other	✓										
Krause William F Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Runge Lorne A Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Michiel Robert R Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Cch Hm Care & Palliative Ser	All Other	✓			✓	✓						
Faxton-St Lukes Healthcare	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Planned Prthd Rochstr/Syracus	All Other	✓				✓						
Fuller Paul G Md Jr	All Other											
Retina Vitreous Surg Of Ny Pc	All Other											
Torrisi Paul F Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Cayuga Cnty Comm Srv Board	All Other	✓					✓	✓				
Rosewood Heights Health Cente	All Other											
James Square Hlth & Rehab Ctr	All Other											
Summit Pediatrics	All Other											
Cayuga Cnty Dept Of Health	All Other	✓					✓	✓				
University Hsp Suny Hlth Sc	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lewis County General Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Community Memorial Hospital	All Other	✓		✓	✓		✓		✓			
Betsy Ross Rehab Center Inc	All Other											
Rome Memorial Hosp Inc	All Other	✓		✓	✓				✓			✓
Auburn Memorial Hospital	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Elmcrest Childrens Center Inc	All Other											
Cayuga County Home Care Agenc	All Other	✓					✓	✓				
Lewis Cnty Public Hlth Agency	All Other											
Visiting Nurse Assoc Central	All Other	✓			✓	✓						

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Presbyterian Home For Cny	All Other											
Community-Genrl Hosp Syracuse	All Other											
Oneida Healthcare Center	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Charles T Sitrin Hcc Inc	All Other	✓			✓							
Bethany Gardens Skilled Living Cent	All Other											
Masonic Care Comminity Of New York	All Other	✓										
Utica Crossings	All Other	✓			✓					✓		
Oneida Healthcare Center	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Eastern Star Home Infirmaray	All Other											
St Luke Rhcf Snf	All Other	✓			✓					✓		
Northern Oswego Cnty Hlth Svc	All Other	✓	✓	✓	✓	✓	✓		✓			
St Elizabeth Med Ctr	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Crouse Hospital	All Other	✓		✓	✓	✓	✓					✓
Mendizabal Edgar M Md	All Other											
Pellecchia Andrew Thomas Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Resource Ctr F/Indep Living Cssx07	All Other											
Resource Ctr F/Indep Living Cssx04	All Other											
Makhlouf Fadi	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ho Suehun	All Other											
Stuart Sarah Bronwyn Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ali Fahd	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Eveleigh Tricia	All Other	✓					✓		✓			
Lavelle William	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Peniston Reo	All Other	✓		✓	✓				✓			✓
Kumar Brij	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Shapiro Oleg Md	All Other											
Ryan Renee Anne Md	All Other											
Resource Ctr F/Indep Living Css X08	All Other											
Onondaga County Doh	All Other											
Resource Ctr F/Indep Living Cssx15	All Other											
Resource Ctr F/Indep Living Cssx16	All Other											

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Ventura Kristy Ann	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Menorah Park Group Residences Spv	All Other											
Resource Ctr F/Indep Living Cssx17	All Other											
Flint Krislyn Leigh	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Jawed Mohammed	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sturtz Anna	All Other	✓					✓		✓			
Upstate Urology & Female Pelvic Srg	All Other											
Resource Ctr F/Indep Living Cssx18	All Other											
L Arche Syracuse Inc	All Other											
Central Park Rehab & Nursing Center	All Other											
Baluk Svetlana	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Mcnany Elizabeth Humphrey Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Broton Wendy Lynn	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Gan Kavod Inc Spv	All Other											
Nelson Patricia Joan Rpa	All Other	✓		✓		✓	✓		✓			
Mack Sherradyn Lee Rpa	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Chappell Mary Lou	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Aleksandr Sokolovsky Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cedarbrook Village Incorporated Alp	All Other	✓			✓							
Debeer Kelly Ann Rpa	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Chaudhry Shazia	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Mckay Matthew	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Holman Dawn Michelle Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lampert Mary Anne Pa	All Other											
Resource Ctr F/Indep Living Css X21	All Other											
Resource Ctr F/Indep Living Css X23	All Other											
Penree Donald Peter Jr Pa	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Ctr F/Indep Living Cssx25	All Other											
Gerald T Simmons	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gorman Patricia A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Steencken Gregory Scott Md	All Other	✓					✓		✓			

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Resource Ctr F/Indep Living Cssx26	All Other											
Resource Ctr F/Indep Living Cssx29	All Other											
Resource Ctr F/Indep Living Cssx33	All Other											
Khanna Apurv Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Hanifin Craig Michael	All Other											
Resource Ctr F/Independent Liv Nhtd	All Other											
Resource Ctr F/Indep Living Cssx34	All Other											
Win Lwin M Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Lappin Sarah	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Nemitz Sharlene Anne	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Elmcrest Childrens Center Day	All Other											
Carmine R Mastrolia Md	All Other											
Neches Norman	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Shapiro Anna Md	All Other											
Miller Alan S	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Vaughn Whittaker Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Avery Amanda	All Other	✓	✓	✓	✓	✓	✓	✓				
Usmani Shakeel Ahmad	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Nader Elgharib	All Other											
The Terrace At Woodland Alp	All Other											
Paolo William	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sarsfield Matthew	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Seth Naveen Brij	All Other	✓		✓	✓	✓	✓	✓	✓			✓
David Austin Macgregor	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Matteson Ashleigh Lynn	All Other	✓		✓		✓	✓		✓			
Ayaz Rozeena	All Other											
Alice Carrin Miller	All Other	✓					✓		✓			
Margaret Anne Sennett	All Other	✓	✓	✓	✓	✓	✓		✓			
Le Khuyet	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mahajan Angela	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Trussell J C	All Other											

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Liu Kan	All Other	✓		✓	✓	✓	✓	✓	✓			✓
John Colianni Md	All Other											
Albro Sheri	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Anne Marie Trevisani	All Other											
Heidi Roloson Rpac	All Other	✓										
Dayal Davis Raja	All Other	✓										
Oberoi Navpriya	All Other	✓					✓		✓			
Community Options Ny, Inc Nhtd	All Other											
Crouse Health Hospital Inc	All Other	✓		✓	✓	✓	✓					✓
Leroy Kevin Thomas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Trusilo Mary Catherine	All Other											
Resource Ctr F/Indep Living Cssx40	All Other											
Mcnulty Michael	All Other	✓										
Foster Rosanne E	All Other	✓	✓	✓	✓	✓	✓		✓			
Sherman Robert Adam	All Other	✓		✓	✓	✓	✓	✓	✓			✓
James Alan Lemley	All Other											
Hazem M Qalla Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Nguyen Duc Thanh	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Patel Twinkle Sanjay	All Other	✓					✓		✓			
Denise Marie Lougee	All Other	✓					✓		✓			
Salah Ali K	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Misyulya Tatyana V	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Edmunds Anne-Marie Elizabeth	All Other	✓										
Ozden Nuri	All Other	✓		✓	✓	✓	✓	✓	✓			✓
At Home Independent Care Inc Tbi	All Other											
Elfar Mohamed Soliman Ahmed	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Us Care Systems Inc Nhtd	All Other											
Oswego County Health Dept Eicm	All Other											
Sapkota Pandey Sushma	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Karikehalli Shridevi	All Other											
Dimaria Joseph	All Other	✓	✓	✓	✓	✓	✓		✓			✓

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Aranda Christina	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Wallace Diana Renee	All Other	✓		✓	✓				✓			✓
Mark A Profetto	All Other											
Liberty Resources Inc Spt	All Other											
Swiderski Danielle	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Resource Ctr F/Indep Living Cssx41	All Other											
Mcdonald Matthew Dennis	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Upstate University Radiation Oncolo	All Other											
Keever Linda M Kearney Np	All Other	✓		✓	✓		✓		✓			
Weaver Kelly Suzanne	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Shwe Yee Win	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Cheney Kimberly Lynn	All Other	✓					✓		✓			
Jones Maxine Elise	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Holley Ursula Np	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Sikder Manzurul A	All Other	✓										
Eagleson Elizabeth	All Other	✓		✓		✓	✓		✓			
Otaibi Wael	All Other											
Sjls Llc	All Other											
Ortiz Shannon Nicole	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Ian A Madom	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Shirazi Sarah	All Other											
Andrea Johnson	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Ur Rehman Syed Zia Md	All Other	✓		✓	✓	✓	✓					✓
Currado Beth Ann	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Koehler Jeffrey Alan Rpa	All Other	✓		✓	✓	✓	✓					✓
Joslin Jeremy David	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sengstake Frederick Douglass Ii	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Manta Dragos Nicolae	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Courtney Christine Amelia	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Elaine S Jablonka	All Other											
Rio Taryn Wiley	All Other	✓										

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Duckett Adam Gary	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Smart Lawson Ryan	All Other											
Nimeh Joseph William	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Harris Colin	All Other											
Weidman Thomas Keith	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Syracuse Recovery Services	All Other	✓				✓						
Resource Center F/Indep Living Cssx	All Other											
Mark F Marzouk	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Nelsen Elizabeth Erin	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Rushville Health Center Inc	All Other	✓	✓	✓		✓	✓		✓	✓		
Rutherford Kristin Lee	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lewis Maryellen Cathleen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Munir Affaf	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Ellis Brennan Patrick	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Pecha Megan Michelle	All Other	✓	✓	✓	✓	✓	✓		✓			
Melissa Cullinan	All Other											
Parent Colleen E Md	All Other	✓		✓	✓		✓		✓			
Jamin Scott Brown Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mestad Renee Elizabeth	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lewis County General Hospital	All Other											
United Cerebral Palsy And Handicapp	All Other	✓	✓	✓	✓	✓	✓	✓				
Campbell Sarah M	All Other	✓		✓			✓		✓			
Azer Emil	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mendelson Kim	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Madison Irving Pediatrics Pc	All Other											
Ladd-Falanga Lorraine Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lda Of Central Ny Day/Ahrh	All Other	✓	✓		✓							
Wiegand Timothy Joseph	All Other	✓					✓	✓				
Cummings Thomas R	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Digestive Disease Medicine Of Cent	All Other											
Seigers Adam	All Other	✓	✓	✓	✓	✓	✓		✓			✓

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Protasovitskiy Liliya	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Surman Laura	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Pavlyukovets Olga	All Other											
Cuda Tina	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Ahmed Tamer	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Stresing Cynthia Marie	All Other	✓		✓		✓			✓			
Gilligan Diana M	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Linder Martha Freeborn	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Stemmer Carrie	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Resource Center F/Indep Living Cssx	All Other											
Trent Ross W	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mo Fred	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
David Scolnick Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Erali Richard	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Jessica F Murphy	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Resource Center F/Indep Living Cssx	All Other											
Resource Ctr F/Indep Living Cssx48	All Other											
Rcil Css Z69	All Other											
Doolittle Michael	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tarala James	All Other											
Ryan Damico Dpm	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Golub Vitaly Md	All Other											
Liberty Resources Inc Tbi	All Other	✓	✓		✓	✓	✓	✓				
Reid Ofrona Atta	All Other											
Barkley Jacqueline Z	All Other											
Rickert Fedder Stacey	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tramontana Timothy Frank	All Other	✓					✓		✓			
Sullivan Ross William	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Desimone Marisa E Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lewis County General Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Cayuga County Early Intervention	All Other	✓					✓	✓				

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Resource Center F/Indep Living Cssx	All Other											
Elder Choice Inc	All Other	✓			✓	✓						
Wojtasiewicz Agata	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ipson Alan Vesten	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Okafor Francis	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Cooley Elizabeth	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Jones Cynthia	All Other	✓	✓	✓		✓	✓		✓	✓		
Daniel M Demartini	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Ctr For Indep Living Rsp	All Other											
Snow Randolph Landgrave	All Other	✓	✓	✓	✓	✓	✓		✓			
Coppola Joshu Eric	All Other											
Moorhead Kari	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Faxton St Lukes Healthcare	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Sousou Tarek Joey	All Other											
Shelly Robert	All Other	✓		✓		✓	✓		✓			
Petrovets Viktor	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Stornelli Kathleen M	All Other	✓										
Nguyen Phuc T	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Bishop Sherrie L	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Jennings Julian James	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kennedy Byron S	All Other	✓										
Bratslavsky Gennady	All Other											
Grenier Yannick Y Md	All Other	✓	✓	✓	✓	✓	✓			✓		
Resource Center F/Indep Living Cssx	All Other											
Mittiga Matthew Anthony	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Liberty Resources Psychology Physic	All Other	✓	✓		✓	✓	✓	✓				
Hospice Of Central New York Cahi/Ii	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Van Arnam Thomas W Jr	All Other											
Gedela Satish Kumar	All Other	✓	✓	✓	✓	✓	✓		✓			✓

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Riddell Jonathan Van Buren	All Other											
Sapkota Bishnu	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Emmons Jerry R	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Resource Center F/Indep Living Cssx	All Other											
Barus Carl E	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kevin C Lake	All Other											
Recovery Counseling, Llc	All Other	✓										
Weinberg Andrew M	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Noble Matthew Louis	All Other	✓					✓		✓			
Marsh Robert	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Attilio Michael	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Marzouk Haidy	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Phillips Loretta Lynne	All Other	✓					✓		✓			
Hanley Erin M	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Geatrakas Christina Sharon	All Other											
Gorski Derek P	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ames Sarah Anne	All Other											
Farber-Heath Risa Lauren	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Dawson Damien	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Pan Dorothy Chera	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ajagbe Olamide Ayotola	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Niedziolka Barbara	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mincolla Michael Paul	All Other											
Khanna Rakesh Vijay	All Other											
Mehta Rashi I Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kokot Irena Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Mathew Sheena Mary	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Zhang Dianbo	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Christopher J Fatti	All Other											
Poiesz Michael	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Iannolo Maria	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Fazili Tasaduq Nazir	All Other	✔		✔	✔	✔	✔	✔	✔			✔
Fike Holly	All Other	✔					✔		✔			
Pletka Joshua	All Other	✔		✔	✔	✔	✔	✔	✔			✔
Kamel Elokda Adham	All Other	✔		✔	✔	✔	✔	✔	✔			✔
Robinson Barbara	All Other	✔		✔	✔	✔	✔	✔	✔			✔
Clapper Stephanie Anne Md	All Other											
Melinda A Rosner Pa	All Other	✔	✔	✔	✔	✔	✔	✔	✔	✔		✔
Dasari Venkata Ramani	All Other	✔	✔	✔	✔	✔	✔	✔	✔	✔		
Macconaghy Lindsay C	All Other	✔		✔	✔	✔	✔	✔	✔			✔
St Josephs Medical Pc	All Other											
Dexter Justin Michael	All Other	✔		✔	✔	✔	✔	✔	✔			✔
Raphael Bradley Scott	All Other											
Dimeis Heidi Leigh	All Other	✔		✔	✔	✔	✔	✔	✔			✔
Benjamin Sam	All Other	✔		✔	✔	✔	✔	✔	✔			✔
Wrzeszcz-Onyenma Karolina	All Other	✔		✔	✔	✔	✔	✔	✔			✔
Newell Joan	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Hicks Kelly Dean Smith	All Other	✔	✔	✔	✔	✔	✔		✔	✔		✔
Family Medicine Medical Service Gp	All Other											
Franciscan Health Support Services	All Other	✔							✔			
Zonno Alan Joseph Md	All Other	✔		✔	✔	✔	✔	✔	✔			✔
Pflugh Deborah	All Other											
Sgarlat Caitlin Moira	All Other	✔		✔	✔	✔	✔	✔	✔			✔

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Lopinto Melissa	All Other	✓										
Lacombe Michael Andrew	All Other											
Checola Elizabeth Marie	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Tornabene Katherine Mcdermott	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mcginty Marianne Elizabeth	All Other											
Campagna James D	All Other											
Murphy Maggie Anne	All Other	✓					✓		✓			
Cemer Adnan	All Other	✓										
Schafer Melissa Susan	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Gigon Heather	All Other	✓	✓	✓	✓	✓	✓		✓			
Gibson Vanessa R Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Carolyn Smith Marie	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Michelle Rhymestine	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Madana M Vallem Md	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Willer Katherine Ann	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ouyang David	All Other											
Hipple Jody	All Other	✓	✓	✓	✓	✓	✓		✓			
Wani Lubna	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Champagne Lynette H Np	All Other	✓		✓	✓		✓		✓			
Ghimire Anil K	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Khaliq Anila	All Other	✓	✓	✓	✓	✓	✓			✓		
Ross Jenny Ellen	All Other	✓		✓		✓	✓		✓			
Nadkarni Prashant V	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Trikha Girish	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kang David Euimo	All Other	✓	✓		✓	✓	✓	✓				
Rome Center Rehabilitation & Hlt Cr	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											

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Mietz Michael Keith	All Other	✓	✓	✓	✓	✓	✓			✓		
Bakshi Fozia	All Other	✓		✓	✓		✓		✓			
Rome Nursing Home	All Other											
Syed Mohsin M	All Other	✓										
New York Anesthesiology Medical Spe	All Other											
Teelin Karen L	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Amundson Gary Mark	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Shoemaker Lawrence R Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Stanbridge-Maine Katherine	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Stack Kelsey Marie	All Other	✓		✓	✓	✓	✓	✓	✓			✓
York Daria Np	All Other	✓		✓	✓		✓		✓			
Wintle Catherine Ann	All Other	✓	✓	✓		✓	✓					✓
Brown Erin Bojstrup Rpa	All Other	✓		✓	✓	✓	✓					✓
Erin K Scullion Pa	All Other											
Mahoney Kevin M	All Other	✓	✓	✓	✓	✓	✓			✓		
Oneill Tina Marie	All Other	✓										
Long Desiree Woods	All Other											
Troia Linda K	All Other											
Sarah Oddo Pa	All Other	✓	✓	✓	✓	✓	✓		✓			
Czajkowski Heidi M	All Other											
Stephanie Nicole Livermore	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Katie Marie Fredette	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Kristin Noel Kline	All Other											
Bunn Wiley Douglas	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Fortner Christopher Neil	All Other	✓		✓	✓	✓	✓	✓	✓			✓
De La Vega Maria Teresa	All Other	✓										
Stonehedge Hlth & Reh Ctr-Rome Adhc	All Other											

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Krug Colleen Mary	All Other											
Resource Center F/Indep Living Cssx	All Other											
Jennifer Marie Godlewski	All Other											
Din Hannah S	All Other											
Parsons Child And Family Ctr	All Other											
Das Subhash Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Morabito Joseph Anthony	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sousou Lisa J	All Other											
University Dialysis Center	All Other											
Resource Center F/Indep Living Cssx	All Other											
Coombs Amy Lynn	All Other											
Antonevich Ivan	All Other	✓										
Belvedere Health Services Llc	All Other	✓	✓									
Resource Center F/Indep Living Cssx	All Other											
Ischia Beverly G	All Other	✓	✓	✓	✓	✓	✓	✓				
Woodruff Kathleen Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Cooper Margaret M	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Bianco Aaron James	All Other											
Rotella Anthony Dominick	All Other	✓	✓	✓	✓	✓	✓		✓			
Ferretti James Christian	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Gerlach Christopher B Do	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Resource Center F/Indep Living Cssx	All Other											
Quinn Jennifer L	All Other											
Gilbert Kimberly Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ranjbaran-Jahromi Hooman	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Adhikary Ravi	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Center F/Indep Living Cssx	All Other											
Keegan Catherine Nguyen	All Other											
Yu Jianghong Julie	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bertrand Karen Irinda	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Resource Center F/Indep Living Cssx	All Other											

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Werner Klaus Georg Erich	All Other	✓		✓	✓	✓	✓	✓	✓			✓
John Savio	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Zhang Yi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kinsley Joseph L	All Other											
Bowen Kristy Elizabeth	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Salvation Army Ai	All Other	✓	✓		✓	✓						✓
Mcdonnell Kathleen Elizabeth	All Other	✓					✓		✓			
Rodriguez Eric	All Other	✓					✓		✓			
Marano Sheila Anne Mcauliffe	All Other											
Daniel Birklin Pa	All Other	✓					✓		✓			
Amy Joelle Roe	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Brittani Bickel Pa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Swan Robert	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mangla Rajiv	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Thakur Nikhil Anand	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Hill Robert H	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Depalmo Michelle Lou	All Other	✓					✓		✓			
Dhaliwal Mandeep Kaur	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Us Care Systems Inc	All Other											
King Julie Patricia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Resource Center F/Indep Living Cssx	All Other											
Thota Srinivasa Sarvabhouma	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Thompson Erin Wight	All Other											
Marshall Cindy Fnp	All Other	✓		✓	✓		✓		✓			
Sommer Benjamin	All Other	✓		✓	✓				✓			✓
Nguyen Long Van	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Zerah Zane Ali	All Other											
Sisskind Jaclyn S	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Nikolavsky Dmitriy	All Other											

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Leo Sarah Kathryn	All Other											
Padalino David	All Other											
Chawla Ankur	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Resource Center F/Indep Living Cssx	All Other											
Dvorak Andrea Marie	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Burns Kristin	All Other	✓	✓	✓		✓	✓		✓	✓		
Jennings M Shane	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
St Elizabeth Health Support	All Other											
Nayeri Unzila Ali	All Other	✓		✓	✓	✓	✓	✓	✓			✓
At Home Independent Care Nhtd-Hcss	All Other	✓			✓	✓						
Morningstar Residential Care Center	All Other											
L Woerner Inc	All Other	✓		✓	✓				✓			
L Woerner Inc	All Other	✓		✓	✓				✓	✓		
Zaika Christina Elise	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Christner Jennifer Gold	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Dolinak Joan	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Resource Center F Indep Living Cssx	All Other											
Resource Center F Indep Living Cssx	All Other											
Jha Shalinee	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bud Colleen Michele	All Other	✓					✓		✓			
Lalonde Sarah Elizabeth	All Other	✓										
Lovallo Sean Joseph	All Other											
Root Tammy A	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Agen Janice Marie	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Stirpe Anthony M	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Baier Meghan	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Sancrown Maysae	All Other											
Bowers Tracey	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Seneca Cayuga Counties Chapter Nysa	All Other	✓										
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Resource Center F/Indep Living Cssx	All Other											
Kaul Priuanka	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Reeves Rebecca L	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Cico Lisa A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Wunderlich Kathleen L	All Other	✓										
Conlon Jonathan F	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Spangenberg Daniel Keith	All Other	✓		✓	✓	✓	✓	✓	✓	✓		✓
Seth Rajeev Kumar	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Levy Nicole E	All Other											
Wong Lindsey	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Tanski Christopher Thomas	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Monna Jennifer Lynn	All Other	✓		✓		✓	✓		✓			
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Hammack David N	All Other											
Wilson Elizabeth A	All Other	✓										
Vanriper Erica L	All Other											
Physician Care Pc	All Other	✓					✓		✓			
Forbes Lorna C	All Other											
Williams Carshena M	All Other											

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Chacko Riya S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Baker Joyce S	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Connolly Jacqueline M	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Parker Davida F	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rutagarama Yvonne	All Other											
Bailey Nancy F	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Murchie Elizabeth G	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Johnson-Whitlock Tyonna L	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kenney Michael Patrick	All Other											
Abdelwahab Hend Mohamed	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Snyder Jaclyn K	All Other	✓					✓		✓			
Tschudi Diane Beth	All Other											
Dupree Erin M	All Other											
Isabelle Rachel Jennifer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Resource Center F/Indep Living Cssw	All Other											
Ucrn, Llc	All Other											
Ucrn, Llc	All Other											
Kobayashi Katsuhiro	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ezomo Eronmwon J	All Other											
Onondaga County Department Of Menta	All Other											
Roulan Gracia Lynnette	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Mellman David	All Other											
Oneida Medical Services Pllc	All Other											
Ryan Damico Dpm Pllc	All Other											
Warren Lesli E	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Rcil Ics	All Other											
Lee Ching Yin	All Other	✓					✓		✓			
Sattora Jeffrey J	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hathaway Andrew Palmer	All Other											
Barbara Mary Margaret	All Other	✓	✓	✓	✓	✓	✓		✓			
Mar Thet Thet	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Polniak Noelle Elizabeth	All Other	✓										
Edelstein Adam	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Duggal Naven	All Other											
Brederson J Derek	All Other	✓		✓		✓	✓		✓			
Agarwal Rinki	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Del Pilar Alberto	All Other	✓		✓	✓	✓	✓	✓	✓	✓		✓
Aridgides Paul Demetrios	All Other											
Mckay Jeremy Larvadain	All Other	✓		✓	✓	✓	✓	✓	✓			✓
D'Haenens Matthew Allan	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Demarche Chad J	All Other											
Mullin Heather Ann	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Nacca Nicholas Erik	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Curia Luciana Maria	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Marshall Keith Morgan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mincolla Marissa Lynne	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Vella Jacob Anthony	All Other											
Aungier Monica E	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Recore Rachel Lynn	All Other	✓										
Adcock Patrick Randall	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Curtiss Christophe	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Tervo Kristina	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Advocates Incorporated Day/Ch	All Other											
Callan Aileen	All Other	✓										
Schlegel Kathryn Catlin	All Other											
Larson Anderew P	All Other											
Campola David N	All Other	✓										
Mantelli Paul J	All Other											
Mularella Joshua Michael	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Abouelsoud Kareem	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Fedors Nathan	All Other											
Chapple Crystal B	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Degirolamo Kathryn Elizabeth	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Francis Desmond	All Other	✓		✓	✓				✓			✓
Hall Jeffrey	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Giannelli Frank Richard Iii	All Other	✓		✓		✓	✓		✓			
Schreffler Susan Maria	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Demartini Susan Marie	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Elkins Cinthia Lisa	All Other	✓		✓			✓		✓			
Berry Winter Saxon	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Dimitris Kristen Michelle	All Other											
Schug Molly Elizabeth	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Albert Scott Paul	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ray Amanda L	All Other	✓	✓	✓	✓	✓	✓		✓			
Hobart Travis Roswell	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Groch Nicholas	All Other	✓					✓		✓			
Vourganti Srinivas	All Other											
Loomis James A	All Other											
Christian Health Service Of Syracus	All Other	✓		✓		✓			✓			
Wallis Jodi Beth	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kunkle Herbert L	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Richardson Dawn C	All Other											
Surgical Care East Pllc	All Other											

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Adhikari Nabin	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Elkins Matthew	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Nicholas Elizabeth	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Fullmer Joseph	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kelberman Ctr Inc Spv Ira	All Other											
Siletchnik Mark David	All Other											
Stevens Carol Melinda	All Other											
Bem Sylva	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Khouzam Joan Marie	All Other											
Gonzales Santos	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Rogers Jennifer Marie	All Other	✓		✓	✓		✓		✓			
Dhaliwal Ruban	All Other	✓		✓	✓	✓	✓	✓	✓			✓
O'Donnell Brendan Michael	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Rinn Charles Frederick Jr	All Other											
Doane Jennie M	All Other	✓					✓		✓			
Stokes Tafiea A	All Other											
Fenstermacher Suzan Sara	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Glaza Julie	All Other											
Houseman Brittany L	All Other											
North Kelly Marie	All Other	✓					✓		✓			
Kirkland Cristin A	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Kurtz Jennifer L	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Sharma Vandana	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Jain Ajay	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Giuliani Jeffrey Robert	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Sevarino Laura Elizabeth	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Serens Kelley A	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Colin Coniski Pa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bozeman Gary Douglas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Adams Carolyn Lee	All Other	✓					✓		✓			
Weigand Kristin M	All Other	✓	✓	✓	✓	✓	✓		✓			✓

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Krider Claudia	All Other	✓					✓		✓			
Daly Ian Trevor	All Other	✓					✓		✓			
Ireland Jaclyn M	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Schrader Jennifer L	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Sidhu Harleen	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Cruz-Tolentino Minnie	All Other	✓	✓	✓	✓	✓	✓			✓		
Gilchrist Lindsey	All Other	✓	✓	✓	✓	✓	✓	✓				
Qandah Nicholas Aziz-Basem	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Elizabeth Bozeman Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mansour Ahmed Mansour	All Other	✓	✓	✓	✓	✓	✓			✓		
Ritchie Mark Salvatore	All Other											
Thabet Adam A	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Thabet Nagib A	All Other											
Morkevicius Matas	All Other	✓		✓	✓		✓		✓			
Stulb John Riordan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Martinson Larry G	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Gorczynski Julie Lynn	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Ryan Elizabeth Bogel	All Other	✓		✓		✓	✓		✓			
Pecorella Bruce Thomas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Daly Jay M	All Other											
Sekuterski Sandra E	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Everding Nathan Gerald	All Other											
Qandah Juleen Jandali	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Lumbrazo Maria Constance	All Other											
Correa Candace Rebecca	All Other											
Obrien Kathleen Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Russell Amy Lynn	All Other											
4800 Bear Road Operating Co Llc	All Other											
Auburn Senior Services Inc	All Other	✓			✓							
St Francis Commons Inc	All Other	✓										
St Camillus Res Hlth Care Nhtd	All Other	✓		✓	✓				✓	✓		

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Kudagi Vinod Shrishail	All Other											
Garman Matthew John	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Vdrnc Llc	All Other											
Jordan Katie	All Other	✓		✓	✓		✓		✓			
Parents Information Group Ics	All Other	✓			✓							
Resti Joseph Patrick	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Milone Andrew John	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Arise Child And Family Service Ics	All Other											
Laporte Frederic	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Byler Timothy K	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Jimmerson Cathy E	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Oquinn Adrianne Baer Monaco	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mangano James Francis Ii	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mendenhall Cole	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Suchowiecki Mark J	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Vangorder Bobbie Rae Faivus	All Other	✓					✓		✓			
Ayala Melissa	All Other	✓		✓		✓	✓		✓			
Aggarwal Vikram	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Port City Family Medicine Pc Inc	All Other											
Glisson Emily M	All Other	✓					✓		✓			
Lee Mijung	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Allan Scott	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Paonessa Jessica	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Yegerov Arthur	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Robertson John Stewart	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Kistler Brian Joseph	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Switzer Krista L	All Other											
Quilty Nicole B	All Other											
Mcginn Brendan T	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kolloori Monika R	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Strine Kelly	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Vanvalkenburg Scott	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Ruangvoravat Lucy	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Filipski Alexander	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Yeger-Mckeever Meira	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Gonzalez Lorena	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sullivan Mallory	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Hahn David	All Other	✓		✓		✓	✓		✓			
Roberts Stephanie M	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Seepana Vijaya	All Other											
Singh Jai Prakash	All Other	✓					✓		✓			
Yelakanti Kiran	All Other	✓		✓	✓				✓			✓
Bova Tracy M	All Other	✓		✓	✓				✓			✓
Klimek Iii Anthony	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Sharma Rajeev	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Gill Chrystal	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Brown Amy	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Pallay Kathleen	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Suslik Althea	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Yang Xi	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Kline Brian	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Isabell Lisa Julia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Lalley-Demong Vanessa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Crandall Brandon	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Freeman Katherine	All Other											
Reddy Varun	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Khouzam Nadine	All Other											
Devine Donna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Kerzuma Elina	All Other											
Rensy Rebecca J	All Other											
Torrez Melissa	All Other											
Webb Travis Paul	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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White Paula A	All Other	✓										
Le Jessica Alice	All Other											
Huang Dongmei	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Kumar Prasanna	All Other	✓										
Lorenc Heather Kathleen	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Neal Mackenzie Allison	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Johnston Shae Elizabeth	All Other	✓										
Linden Eva	All Other	✓										
Banashkevich Alexander	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Guadalupe Dominique Ann	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Stanger Jennifer	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Thornton Matthew D	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Toth Elaine Elizabeth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Stucker Sue A	All Other	✓					✓		✓			
White Jennifer	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Martinez Ingrid Vanessa	All Other	✓					✓		✓			
Palmowski Kimberly T	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Aquilino Maria	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Peplinski Scott	All Other	✓										
Longley Deborah	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Donofrio Jennifer Lynn	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Mack Andrew William	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Self-Direct Inc	All Other	✓										
Eli-Phillips Jonathan G	All Other											
Giufre Melissa Stell	All Other											
Chou Wei-Yu Wayne	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Miro Santiago P M	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Huber Lindsey D	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Brooks Brenda Lynn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Okwor Maria Chimdi	All Other											
Gaskin Kevin E	All Other	✓		✓	✓	✓	✓	✓	✓			✓

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Parikshith Amarnath Sumathi Md	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Swan Rebecca L	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Aiello Dana Christopher	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Friemann Rebecca Ann	All Other	✓		✓	✓				✓			✓
Ezhapilli Chennan Sajeev R	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Accesscny Inc Tbi	All Other											
Arif Muhammad O	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bennett Leah M	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Blue Rebecca	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Aiello Brianne Marie Corcoran	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Muhm Eric Paul	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Roublick Amanda Marie	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Sherburne Alan Charles	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Song Wei	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Vickery Zevidah	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Dukes William Seth	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Jorgensen Marylou	All Other	✓		✓	✓		✓		✓			
Burke Maureen	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Chaudhuri Debanik	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Mason Matthew	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Strine Teri L	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Sidebottom Ryan C	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Bojja Lavanya	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Gruessner Rainer	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Gould Grahame	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Rosenberg Kevin Irwin	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Lee Sylvia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Rome Memorial Hospital Inc	All Other	✓		✓	✓				✓			✓
Masoud Hesham E	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Adeyeye Olubukola T	All Other	✓		✓	✓				✓			✓
Rome Memorial Hospital Inc	All Other	✓		✓	✓				✓			✓

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Lavalley Rebecca	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Zhao Aiyu	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Berstein Helene	All Other	✓		✓	✓	✓	✓	✓	✓			✓
Gautam Kamal	All Other	✓					✓		✓			
Coleman Caitlin M	All Other	✓					✓		✓			
Stanton Christina Margaret	All Other	✓	✓	✓		✓	✓		✓	✓		
Ogievich Taessa Amelia	All Other	✓	✓	✓	✓	✓	✓		✓			✓
Mckeon Sean James	All Other											
Helgeson Melvin Dennis	All Other	✓	✓	✓	✓	✓	✓		✓	✓		✓
Shaw Andrea	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Hunsberger Cassandra B	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
The Salvation Army	Uncategorized											
Community General Hospital Of Greater Syracuse	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Syracuse Phsp	Uncategorized											
Peter Huntington	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Paula Trief	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Northern Adirondack Planned Parenthood Inc	Uncategorized	✓										
St. Camillus Residential Health Care Facility	Uncategorized	✓		✓	✓				✓	✓		
Ucp Utica Sheehan Icf	Uncategorized	✓	✓	✓	✓	✓	✓	✓				
The Salvation Army	Uncategorized	✓	✓		✓	✓						✓
Schc Prenatal/Pediatric Li Mr	Uncategorized											
Christine Kowaleski	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Ucpa Of Utica Day Trt	Uncategorized	✓	✓	✓	✓	✓	✓	✓				
Oswego County Mental Health	Uncategorized											
Cayuga County Department Of Health	Uncategorized	✓					✓	✓				
Janet Lottermoser	Uncategorized	✓		✓	✓	✓	✓					✓
Ucp & Handi Pers Utica Hcbs 1	Uncategorized	✓	✓	✓	✓	✓	✓	✓				
Loretto Hmo	Uncategorized	✓			✓							
U C P & Handi Tbi	Uncategorized	✓	✓	✓	✓	✓	✓	✓				
Oneida Orthopaedic Associates Pc	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Syracuse Community Pharmacy	Uncategorized											

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Participating in Projects												
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Ucp & Handi Pers Utica Hcbs 2	Uncategorized	✓	✓	✓	✓	✓	✓	✓				
Ucp & Handi Pers Utica Hcbs 3	Uncategorized	✓	✓	✓	✓	✓	✓	✓				
Senior Network Health Llc	Uncategorized											
Ucp & Handi Pers Utica	Uncategorized	✓	✓	✓	✓	✓	✓	✓				
Linda Halko	Uncategorized	✓		✓	✓	✓	✓					✓
Hutchings Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Amy Petri	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Auburn Memorial Hospital	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
Kathryn Gersch	Uncategorized	✓		✓	✓	✓	✓					✓
Alisa Albanese	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Resource Ctr For Indep Liv B2h	Uncategorized											
Denise Karsten	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Vna Homecare Options Llc Mltc	Uncategorized											
Total Care, A Today'S Option Of New York Health Plan	Uncategorized											
Michael Miller	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Oswego County Opportunities, Inc.	Uncategorized											
Carissa Welles	Uncategorized	✓					✓	✓				
Deborah Bradley	Uncategorized	✓		✓	✓	✓	✓					✓
Catherine Huss-Johnson	Uncategorized	✓		✓	✓	✓	✓					✓
David Green	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Karrie Glatt	Uncategorized	✓		✓	✓	✓	✓					✓
Zhiman Zebari	Uncategorized	✓		✓	✓	✓	✓					✓
Tracie Leinbach	Uncategorized	✓		✓	✓	✓	✓					✓
Angel Stanley	Uncategorized	✓					✓	✓				
Paulette Miller	Uncategorized	✓		✓	✓	✓	✓					✓
Dean Stark	Uncategorized	✓					✓	✓				
Irene Borja	Uncategorized	✓		✓	✓	✓	✓					✓
Iola Idzi	Uncategorized	✓				✓	✓	✓				
Soma Sanyal	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Nicolas Pauly	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓

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Fehid Mehic	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Amit Bhardwaj	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
St Luke'S Residential Healthcare Facility Inc	Uncategorized	✓	✓	✓	✓	✓	✓			✓		
Jenifer Orico	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
Loretto Utica Residential Health Care Facility	Uncategorized											
Plan It Staffing Inc	Uncategorized											
Marc Therrien	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
Emily Dorey	Uncategorized	✓	✓		✓	✓	✓	✓				
John Janowski	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
Richard Allen	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Oswego County	Uncategorized											
St. Camillus Residential Health Care Facility	Uncategorized	✓		✓	✓				✓	✓		
Sarah Deane	Uncategorized											
E Close	Uncategorized	✓					✓					
Infectious Disease Assoc Llp	Uncategorized											
Epilepsy-Pralid	Uncategorized											
Upstate Medical University	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Northern Oswego County Health Services Inc	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Rome Medical Practice P.C.	Uncategorized	✓		✓	✓				✓			✓
Jerod Hoyt	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Omar Colon	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hutchings Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Lewis County	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Lyon Albert Md	Uncategorized											
Center For Family Life And Recovery	Uncategorized											
Northwoods Rehab & Ecf @ Moravia	Uncategorized											
Auburn Nursing Home	Uncategorized											
Paul Decarlo	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Jeri Lee Polchlopek	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Oneida County Dept Of Social Services	Uncategorized											

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Kimberly Rowlee	Uncategorized	✓		✓	✓				✓			
Beverly Mosher	Uncategorized	✓	✓		✓				✓	✓		
Eastern Finger Lakes Emergency	Uncategorized											
Hutchings Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Loretto Utica Ctr Adhc	Uncategorized											
Lee, Saeri	Uncategorized	✓		✓		✓	✓		✓			
Department Of Medicine Msg	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Stone Susan M	Uncategorized	✓										
Rome Medical Practice	Uncategorized	✓		✓	✓				✓			✓
Northern Regional Center For Independent Living	Uncategorized	✓			✓	✓	✓					
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Suny Healthscience Center At Syracuse	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Michelle St John	Uncategorized											
Maria Bove	Uncategorized											
Madison County Health Department	Uncategorized											
The Salvation Army, Syracuse Area Services	Uncategorized	✓	✓		✓	✓						✓
Department Of Medicine Medical Service Group	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Rome Medical Practice	Uncategorized	✓		✓	✓				✓			✓
Onondaga County Department Of Mental Health	Uncategorized											
Rome Anesthesia Associates, P.C.	Uncategorized	✓		✓	✓				✓			✓
Community General Hospital	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Presbyterian Residential Community, Inc	Uncategorized											
Parsons Child And Family Center	Uncategorized											
Mccoy Katharine L	Uncategorized											
At Home Independent Care, Inc.	Uncategorized	✓			✓	✓						
St. Camillus Residential Health Care Facility	Uncategorized	✓		✓	✓				✓	✓		
Department Of Medicine Medical Service Group	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Onondaga Physical Therapy Llc	Uncategorized											
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
St Joseph'S Hospital Health Center	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
A Reflection Of You Counseling & Support Services, Llc	Uncategorized											

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Mohawk Valley Womens Health Associates Llp	Uncategorized											
Berkshire Farm Center And Services For Youth	Uncategorized											
Rural Metro Medical Services Of Cny	Uncategorized											
Oswego Hospital	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
M Farino	Uncategorized	✓					✓					
Cny Ashtma & Allergy Cons Pc	Uncategorized											
Community General Hospital	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Elizabeth Ruckdeschel	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Syracuse Community Health Center	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
East Hill Family Medical Inc	Uncategorized											
Wieslawa Zimmer	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Dme Tennessee, Llc	Uncategorized											
The Salvation Army	Uncategorized	✓	✓		✓	✓						✓
Nysomh Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
J Calhoun	Uncategorized	✓					✓					
Sirianni Nancy Ms.	Uncategorized	✓										
Sarah Murphy	Uncategorized											
Denise Mccann	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
All Metro Home Care Services Inc	Uncategorized	✓			✓							
Internist Associates Of Central New York Pc	Uncategorized	✓					✓		✓			
K Dellonte	Uncategorized	✓					✓					
The Salvation Army	Uncategorized	✓	✓		✓	✓						✓
Oneida County Health Department	Uncategorized											
Chris Parisi	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
Franciscan Health Support Services, Llc	Uncategorized	✓							✓			
Arise Child & Family Services	Uncategorized	✓				✓	✓	✓				
St Camillus Residential Health Care Facility	Uncategorized	✓		✓	✓				✓	✓		
Karleen Whitaker	Uncategorized											
Baldwinsville Family Medicine Pllc	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Department Of Medicine Msg	Uncategorized											

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Oswego Industries, Inc.	Uncategorized											
St. Joseph'S Hospital Health Center	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Nelson, Virginia	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
E Noden	Uncategorized	✓					✓					
All Metro Payroll Services Corp.	Uncategorized	✓			✓							
The Salvation Army	Uncategorized	✓	✓		✓	✓						✓
Dartt, Darielle	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Piercey, Debra	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Suny Upstate Medical University Hospital	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Szewczyk, Karen	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rochester Primary Care Network	Uncategorized											
N Ramroop	Uncategorized	✓					✓					
Hutchings Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Deborah Walton	Uncategorized											
Home Aides Of Central New York, Inc	Uncategorized	✓			✓	✓						
Meals On Wheels Of Syracuse New York Inc.	Uncategorized											
Yvonna Portis	Uncategorized	✓		✓		✓	✓		✓			
A Shipley	Uncategorized	✓					✓					
Kathleen Steinmann	Uncategorized	✓		✓	✓	✓	✓					✓
Lewis County	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
St Luke Home Health Services	Uncategorized	✓			✓					✓		
Upstate Medical University	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
University Hospital @ Syracuse	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Northeast Parent And Child Society, Inc.	Uncategorized											
Loretto Utica Properties Corporation	Uncategorized											
Jill Weatherly	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Community General Hospital Of Greater Syracuse	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Ruth Sikora	Uncategorized	✓		✓	✓	✓	✓					✓
Innovative Services Inc	Uncategorized	✓	✓	✓	✓				✓	✓		
H Petrus	Uncategorized	✓					✓					

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Liberty Resources	Uncategorized	✓	✓		✓	✓	✓	✓				
Jones, Kelly Miss	Uncategorized	✓			✓							
Renato Y Mandanas Md Pllc	Uncategorized	✓	✓		✓	✓			✓	✓		
L Stock	Uncategorized	✓					✓					
E Currier	Uncategorized	✓					✓					
Oswego County Chapter Of Nysarc, Inc.	Uncategorized											
Chittenango Center For Rehabilitation And Healthcare	Uncategorized											
Joseph Madelone	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Crouse Medical Practice Pllc	Uncategorized	✓					✓		✓			
Bird, Sandra J., Np	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
St Lukes Home Residential Health Care Facility Inc	Uncategorized	✓	✓	✓	✓	✓	✓			✓		
James Square Health And Rehabilitation Center	Uncategorized											
Elmcrest Childrens Center	Uncategorized											
Suny Health Science Center At Syracuse	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Community General Hospital Of Greater Syracuse	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Auburn Memorial Hospital	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
Ther Centers At St. Camillus	Uncategorized	✓		✓	✓				✓	✓		
Oswego Health Behavioral Services	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Logan Woodford	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
St Joseph'S Medical Pc	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Parsons Child And Family Center	Uncategorized											
Mallory Manning	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Planned Parenthood Of The Rochester Syracuse Region	Uncategorized	✓				✓						
Senior Network Health	Uncategorized											
Joshua Labarge	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Faxton St. Luke'S Healthcare Pharmacy	Uncategorized	✓	✓	✓	✓	✓	✓			✓		
Katherine Luther Corporation	Uncategorized	✓				✓						
Rasbeck, Janet	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Department Of Medicine Msg	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Syracuse Jewish Family Service	Uncategorized											
Lewis County	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

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Catholic Charities Of The Roman Catholic Diocese Of Syracuse New York	Uncategorized	✓	✓			✓						✓
Oswego County Health Dept.	Uncategorized											
Oswego County	Uncategorized											
D Bonnemere	Uncategorized	✓					✓					
Department Of Medicine Msg	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Crouse Health Hospital	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Cyril Chen	Uncategorized	✓	✓	✓	✓	✓	✓		✓			✓
Suny Upstate University Hospital	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Early Education Center	Uncategorized											
Innovative Services Inc., Dba Upstate Home Care	Uncategorized	✓	✓	✓	✓				✓	✓		
St. Camillus	Uncategorized	✓		✓	✓				✓	✓		
Manana Lapidus	Uncategorized	✓		✓	✓	✓	✓					✓
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Jennifer Pedersen	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
Department Of Medicine	Uncategorized											
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Central New York Adult Homes Inc	Uncategorized											
Southern Cayuga Instant Aid Inc	Uncategorized											
Suzanne D'Aversa	Uncategorized											
Roanna Abborino	Uncategorized	✓		✓	✓	✓	✓					✓
Syracuse Neurology Pllc	Uncategorized											
Liberty Resources, Inc.	Uncategorized											
Oswego Hospital	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Marenea Roule	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Faxton St. Luke'S Healthcare	Uncategorized	✓	✓	✓	✓	✓	✓			✓		
Katie Klee	Uncategorized	✓		✓	✓	✓	✓					✓
Cindy Palmer	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
Vna Homecare Options Llc	Uncategorized	✓			✓	✓						
Nelson Caviedes	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Melodie Lowther	Uncategorized	✓		✓	✓	✓	✓					✓

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Loretto Rest Inc	Uncategorized	✓			✓							
Jo Ouano	Uncategorized	✓					✓		✓			
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Kyle Riley	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Genesee Home Health Care Products, Inc., Dba Rothschilds Home Hlthcare Ctr	Uncategorized											
Nunns Home Medical Equipment	Uncategorized											
Franciscan Health Support	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Rome Medical Practice	Uncategorized	✓		✓	✓				✓			✓
Arise Child And Family Services	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
The Salvation Army	Uncategorized	✓	✓		✓	✓						✓
Michael Loudner	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Department Of Medicine Msg	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Joe Sciarrino	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
St. Joseph'S Hospital Health Center	Uncategorized	✓							✓			
Elizabeth Oczkowski	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
United Cerebral Palsy	Uncategorized	✓	✓	✓	✓	✓	✓	✓				
Mohawk Valley Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Central New York Health Home Network, Llc	Uncategorized											
Krista David	Uncategorized											
Buckley Landing Enriched Housing #6	Uncategorized	✓			✓							
Senecacayugaarc	Uncategorized	✓										
Auburn Memorial Hospital	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
Erin Grimm	Uncategorized											
United Cerebral Palsy Assoc Of Cayuga County, Inc.	Uncategorized											
Eileen Hall	Uncategorized	✓		✓	✓	✓	✓					✓
Arise Child And Family Service Inc.	Uncategorized	✓				✓	✓	✓				
St Elizabeth'S Homecare Inc	Uncategorized	✓	✓	✓	✓	✓	✓		✓			✓
Plantz, Elmer	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Catholic Charities Of Onondaga County	Uncategorized	✓	✓			✓						✓
Delphi Hospitalist Services Llc	Uncategorized	✓										
Kaitlyn Lapolla	Uncategorized	✓	✓	✓	✓	✓	✓	✓				

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

DSRIP Implementation Plan Project

Central New York Care Collaborative, Inc. (PPS ID:8)

* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.a.iii**	**2.b.iii**	**2.b.iv**	**2.d.i**	**3.a.i**	**3.a.ii**	**3.b.i**	**3.g.i**	**4.a.iii**	**4.d.i**
Mary Allen	Uncategorized	✓		✓	✓	✓	✓					✓
Susan Mccaffrey	Uncategorized	✓		✓	✓	✓	✓					✓
Madeline Farchione	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Arise Child And Family Services, Inc. (Dba Arise)	Uncategorized	✓				✓	✓	✓				
Rachel Gorman	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Celestine Drake	Uncategorized	✓	✓	✓	✓	✓	✓		✓	✓		✓
Kimberly Mahr	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Human Technologies Corporation	Uncategorized											
U.S. Care Systems, Inc.	Uncategorized											
Kevin Goodwin	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hutchings Pc	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Hutchings Psychiatric Center	Uncategorized	✓		✓	✓	✓	✓	✓	✓			
Marlene Allen	Uncategorized	✓		✓		✓	✓		✓			
Oneida County Health Department	Uncategorized											
Shernet Martin	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
James Square Comprehensive Outpatient Facility	Uncategorized											
Lewis County General Hospital	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Alicia Dodge	Uncategorized	✓		✓	✓	✓	✓	✓	✓			✓
Cayuga County Department Of Health	Uncategorized	✓					✓	✓				
Access To Home Care Services Inc.	Uncategorized											

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

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