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

DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

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NYU Lutheran Medical Center (PPS ID:32)

Quarterly Report - Implementation Plan for NYU Lutheran Medical Center

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.b.iii	ED care triage for at-risk populations	Completed
2.b.ix	Implementation of observational programs in hospitals	Completed
2.c.i	Development of community-based health navigation services	Completed
3.a.i	Integration of primary care and behavioral health services	Completed
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	Completed
3.d.ii	Expansion of asthma home-based self-management program	Completed
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed
4.c.ii	Increase early access to, and retention in, HIV care	Completed

New York State Department Of Health
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DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

Section 01 – Budget

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

Instructions :

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

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	10,948,848	11,667,873	18,868,415	16,707,909	10,948,848	69,141,892
Cost of Project Implementation & Administration	**7,554,705**	**5,133,864**	**5,283,156**	**3,090,963**	**2,737,212**	**23,799,900**
Implementation	0	0	0	0	0	0
Administration	0	0	0	0	0	0
Revenue Loss	**0**	**2,916,968**	**3,773,683**	**4,594,675**	**2,737,212**	**14,022,538**
Internal PPS Provider Bonus Payments	**0**	**1,750,181**	**6,603,945**	**6,683,164**	**4,489,028**	**19,526,318**
Cost of non-covered services	**656,931**	**700,073**	**1,320,789**	**1,169,553**	**985,396**	**4,832,742**
Other	**2,737,212**	**1,166,787**	**1,886,842**	**1,169,554**	**0**	**6,960,395**
Contingency Fund	2,737,212	1,166,787	1,886,842	1,169,554	0	6,960,395
Total Expenditures	**10,948,848**	**11,667,873**	**18,868,415**	**16,707,909**	**10,948,848**	**69,141,893**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

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

Instructions :

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

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
11,667,873	69,141,892	3,600,773	55,700,050

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	**831,386**	**7,851,309**	**897,297**	**17.48%**	**15,948,591**	**67.01%**
Implementation	698,860					
Administration	132,526					
Revenue Loss	**2,784,865**	**2,784,865**	**132,103**	**4.53%**	**11,237,673**	**80.14%**
Internal PPS Provider Bonus Payments	**0**	**0**	**1,750,181**	**100.00%**	**19,526,318**	**100.00%**
Cost of non-covered services	**0**	**0**	**700,073**	**100.00%**	**4,832,742**	**100.00%**
Other	**0**	**2,805,668**	**121,119**	**10.38%**	**4,154,727**	**59.69%**
Contingency Fund	0					
Total Expenditures	**3,616,251**	**13,441,842**				

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.

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

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NYU Lutheran Medical Center (PPS ID:32)

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

NYU Lutheran Medical Center (PPS ID:32)

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

Instructions :

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

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	10,948,848	11,667,873	18,868,415	16,707,909	10,948,848	69,141,892
Practitioner - Primary Care Provider (PCP)	1,888,676	1,370,975	1,650,986	1,106,899	908,755	6,926,291
Practitioner - Non-Primary Care Provider (PCP)	0	52,506	198,119	200,495	134,671	585,791
Hospital	1,057,659	3,664,879	4,985,035	5,465,992	3,432,464	18,606,029
Clinic	1,510,941	1,201,791	1,717,026	1,286,509	996,345	6,712,612
Case Management / Health Home	656,931	700,072	1,320,789	1,169,554	985,396	4,832,742
Mental Health	377,735	431,711	924,552	822,865	585,763	3,142,626
Substance Abuse	0	70,007	264,158	267,326	179,561	781,052
Nursing Home	0	320,867	849,079	898,050	585,763	2,653,759
Pharmacy	0	0	0	0	0	0
Hospice	0	52,505	198,118	200,495	134,671	585,789
Community Based Organizations	226,641	241,525	488,692	426,887	306,568	1,690,313
All Other	0	0	0	0	0	0
Uncategorized						0
PPS PMO	0	0	0	0	0	0
Total Funds Distributed	**5,718,583**	**8,106,838**	**12,596,554**	**11,845,072**	**8,249,957**	**46,517,004**
Undistributed Revenue	**5,230,264**	**3,561,035**	**6,271,861**	**4,862,837**	**2,698,890**	**22,624,888**

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

DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

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

NYU Lutheran Medical Center (PPS ID:32)

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

Instructions :

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

Benchmarks

Waiver Revenue DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
11,667,873.00	69,141,892.00	0.00	56,796,732.73

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.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii				
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0			1,370,975	6,926,291
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0			52,506	585,791
Hospital	2,784,865	100.00%	3,503,626	100.00%	3,503,626	11.12	11.11	11.11	11.11	11.11	11.11	11.11	11.11	11.11			161,253	15,102,403
Clinic	0	0.00%	2,312,316.27	97.46%	2,672,519.27	0	0	0	0	0	0	0	0	0			0	4,040,092.73
Case Management / Health Home	50,000	0.00%	0	0.00%	50,000	100	0	0	0	0	0	0	0	0			650,072	4,782,742
Mental Health	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0			431,711	3,142,626
Substance Abuse	0	0.00%	25,000	100.00%	25,000	0	0	0	0	0	0	0	0	0			45,007	756,052
Nursing Home	25,000	100.00%	25,000	100.00%	25,000	100	0	0	0	0	0	0	0	0			295,867	2,628,759
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0			0	0
Hospice	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0			52,505	585,789
Community Based Organizations	0	0.00%	0	0.00%	150,115	0	0	0	0	0	0	0	0	0			91,410	1,540,198
All Other	0	0.00%	77,926	53.17%	146,554	0	0	0	0	0	0	0	0	0			0	0
Uncategorized	25,000	100.00%	25,000	33.66%	74,262	100	0	0	0	0	0	0	0	0			0	0
Additional Providers	0	0.00%	0	0.00%	73,906													
PPS PMO	731,386	100.00%	5,501,234	100.00%	5,624,177												0	0
Total	**3,616,251**	**98.62%**	**11,470,102.27**	**96.21%**	**12,345,159.27**													

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NYU Lutheran Medical Center (PPS ID:32)

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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NYU Lutheran Medical Center (PPS ID:32)

* 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		**2,784,865**
Lutheran Medical Center	Hospital	2,784,865
Clinic		**0**
	Clinic	0
Case Management / Health Home		**50,000**
Village Center For Care Ai	Case Management / Health Home	25,000
Camba Inc	Case Management / Health Home	25,000
Mental Health		**0**
	Mental Health	0
Substance Abuse		**0**
	Substance Abuse	0
Nursing Home		**25,000**
Cobble Hill Hlth Ctr Inc Lthhcp	Nursing Home	25,000
Pharmacy		**0**
	Pharmacy	0
Hospice		**0**
	Hospice	0
Community Based Organizations		**0**
	Community Based Organizations	0
All Other		**0**
	All Other	0
Uncategorized		**25,000**
Good Shepherd Services	Uncategorized	25,000

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NYU Lutheran Medical Center (PPS ID:32)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q4**
Additional Providers			**0**
Er Medical Pc	Additional Providers	Approved	0

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Delivery System Reform Incentive Payment Project

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NYU Lutheran Medical Center (PPS ID:32)

IPQR Module 1.5 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Completed	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Step 1	Completed	Review final PPS attribution and valuation.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Define PPS baseline funding schedule.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3	Completed	Define PPS project-specific funding schedule.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4	Completed	Negotiate and finalize individual funding schedules with PPS partners.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5	Completed	Create mechanism for generating quarterly reports of earned waiver revenue and partner payments.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6	Completed	Create processes to review and update PPS budget and flow of funds estimates on a quarterly basis.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 7	Completed	Engage PPS Committees and stakeholders to develop criteria and processes for administering DSRIP internal PPS provider bonus payments and revenue loss funds.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

New York State Department Of Health
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NYU Lutheran Medical Center (PPS ID:32)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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

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NYU Lutheran Medical Center (PPS ID:32)

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

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

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

Instructions :

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

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Non-Waiver Revenue	9,240,072	9,240,072	9,240,071	9,240,071	9,240,071	46,200,357
Cost of Project Implementation & Administration	**3,633,072**	**3,325,069**	**4,917,066**	**5,585,057**	**41,013**	**17,501,277**
Administration	1,118,250	1,138,296	1,764,249	2,375,351	41,013	6,437,159
Implementation	2,514,822	2,186,773	3,152,817	3,209,706	0	11,064,118
Revenue Loss	**3,800,000**	**3,800,000**	**1,900,000**	**0**	**0**	**9,500,000**
Internal PPS Provider Bonus Payments	**0**	**0**	**0**	**0**	**0**	**0**
Cost of non-covered services	**1,807,000**	**1,807,000**	**1,807,000**	**1,807,000**	**1,807,000**	**9,035,000**
Other	**0**	**308,003**	**616,005**	**1,848,014**	**7,392,058**	**10,164,080**
Contingency Fund	0	308,003	616,005	1,848,014	7,392,058	10,164,080
Total Expenditures	**9,240,072**	**9,240,072**	**9,240,071**	**9,240,071**	**9,240,071**	**46,200,357**
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

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NYU Lutheran Medical Center (PPS ID:32)

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
9,240,072	46,200,357	1,812,206	38,772,491

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**	**3,325,069**	**100.00%**	**17,501,277**	**100.00%**
Administration	0					
Implementation	0					
Revenue Loss	**3,627,866**	**7,427,866**	**0**	**0.00%**	**2,072,134**	**21.81%**
Internal PPS Provider Bonus Payments	**0**	**0**	**0**		**0**	
Cost of non-covered services	**0**	**0**	**1,807,000**	**100.00%**	**9,035,000**	**100.00%**
Other	**0**	**0**	**308,003**	**100.00%**	**10,164,080**	**100.00%**
Contingency Fund	0					
Total Expenditures	**3,627,866**	**7,427,866**				

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

DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

New York State Department Of Health
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IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)

Instructions :

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

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Non-Waiver Revenue	9,240,072	9,240,072	9,240,071	9,240,071	9,240,071	46,200,357
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	3,800,000	3,800,000	1,900,000	0	0	9,500,000
Clinic	0	0	0	0	0	0
Case Management / Health Home	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0
All Other	0	308,003	616,005	1,848,014	7,392,058	10,164,080
Uncategorized	5,440,072	5,132,069	6,724,066	7,392,057	1,848,013	26,536,277
PPS PMO	0	0	0	0	0	0
Total Funds Distributed	**9,240,072**	**9,240,072**	**9,240,071**	**9,240,071**	**9,240,071**	**46,200,357**
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

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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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
9,240,072.00	46,200,357.00	1,812,206.00	38,772,491.00

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	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	3,627,866	100.00%	7,427,866	100.00%	7,427,866	0	2,072,134
Clinic	0	0.00%	0	0.00%	0	0	0
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0.00%	0	0.00%	0	0	0
Substance Abuse	0	0.00%	0	0.00%	0	0	0
Nursing Home	0	0.00%	0	0.00%	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	0	0.00%	0	0.00%	0	0	0
All Other	0	0.00%	0	0.00%	0	308,003	10,164,080
Uncategorized	0	0.00%	0	0.00%	0	5,132,069	26,536,277
Additional Providers	0	0.00%	0	0.00%	0		

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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	0	0
Total	**3,627,866**	**100.00%**	**7,427,866**	**100.00%**	**7,427,866**		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Delivery System Reform Incentive Payment Project

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* 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		**3,627,866**
Lutheran Medical Center	Hospital	3,627,866
Clinic		**0**
	Clinic	0
Case Management / Health Home		**0**
	Case Management / Health Home	0
Mental Health		**0**
	Mental Health	0
Substance Abuse		**0**
	Substance Abuse	0
Nursing Home		**0**
	Nursing Home	0
Pharmacy		**0**
	Pharmacy	0
Hospice		**0**
	Hospice	0
Community Based Organizations		**0**
	Community Based Organizations	0
All Other		**0**
	All Other	0
Uncategorized		**0**
	Uncategorized	0

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Delivery System Reform Incentive Payment Project

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* 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

New York State Department Of Health
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NYU Lutheran Medical Center (PPS ID:32)

IPQR Module 1.11 - IA Monitoring

Instructions :

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 Step 1	Completed	Identify size and number of standing committees.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Solicit and appoint members of the Executive Committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3	Completed	Solicit and appoint members of the Nominating Committee, Clinical Sub-Committee, Finance Sub-Committee, and Information Technology Sub-committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4	Completed	Obtain Executive approval of final governance 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 Step 1	Completed	Draft, and obtain approval from Executive Committee on, charter for Clinical Sub-Committee. The charter will describe the responsibilities of the Clinical Sub-Committee, the process for appointing members to the Clinical Sub-committee, and the consensus-based decision making process of the Clinical Sub-committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Solicit and appoint members of the Clinical Sub-committee. Clinical Sub-Committee members to include broad representation of PPS partners including behavior health providers, FQHCs, primary care physicians, and community	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

NYU Lutheran Medical Center (PPS ID:32)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		based organizations.							
Task Step 3	Completed	Draft and obtain Clinical Sub-Committee approval of initial clinical operational plans for each project (with consensus-based decision-making process set forth in charter).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4	Completed	Draft, and obtain approval from Clinical Sub-Committee on, scope, charge and meeting frequency of the workgroups that will be established for each DSRIP project and charged with project-specific mandates.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5	Completed	Solicit and appoint members of clinical workgroups. Workgroup members to include broad representation of PPS partners including behavior health providers, FQHCs, primary care physicians, quality and community based organizations.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 6	Completed	Develop and adopt initial reports for clinical workgroups.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task Step 1	Completed	Draft, and obtain approval from the Executive Committee and Lutheran of, charters for Executive Committee, Nominating Committee, Clinical Sub-Committee, Finance Sub-Committee, and Information Technology Sub-committee (collectively, the "Governance Charters"). The Clinical Quality Sub-Committee will represent every PPS project including behavioral health and will be closely integrated into all aspects of the PPS governance structure.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Draft, and obtain approval from Executive Committee on, PPS policies and procedures, including conflicts of interest policy, compliance plan, data sharing policies and antitrust policies.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3	Completed	Draft, and obtain approval from Executive Committee on, process for addressing underperformance of partners.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4	Completed	Appoint PPS compliance officer.	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.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 1	Completed	Draft procedures by which the Executive Committee and Committees will (a) keep minutes, (b) send minutes to the Executive Committee, other Committees and Lutheran, as applicable and (c) make minutes available to partners ("Reporting Process"). The Reporting Process will include limitations on availability of Executive Committee minutes to partners for security and confidentiality purposes, e.g., when the minutes concern the performance of a partner.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2	Completed	Include Reporting Process in charters to be finalized per milestones described above.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3	Completed	Monitor committee and sub-committee performance through review of minutes and other means.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1	Completed	PPS leadership drafts preliminary community engagement plan. The community engagement plan will be rooted in and drafted to ensure commitment to grassroots engagement and will be based on bi-directional communication with partners. The PPS will endeavor to develop accessible messaging and open dialogue on the goals of DSRIP in reducing avoidable hospitalizations and emergency room use. The PPS also hopes to establish avenues of communication for community feedback and input.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2	Completed	Identify key partners and stakeholders and review plan based on membership survey and analysis. Key partners and stakeholders will include, but not be limited to, public schools, community-based organizations, faith organizations, food pantries/soup kitchens, housing organizations, and Medicaid beneficiaries.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3	Completed	Revise plan to reflect input from key stakeholders.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4	Completed	Obtain Executive Committee approval of draft community engagement plan.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #6 Finalize partnership agreements or contracts with CBOs	Completed	Signed CBO partnership agreements or contracts.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1	Completed	Draft and obtain review/feedback from Executive Committee on Master Services Agreement and exhibits, which will describe legal terms and conditions of participating CBOs' participation in the PPS and governance structure (collectively, the "Base Agreement").	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Obtain feedback from CBOs on Base Agreement and revise based on feedback received.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3	Completed	Send Base Agreement to each CBO.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4	Completed	Finalize Base Agreement; execute with each CBO.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5	Completed	Review schedules to Base Agreement with CBOs. Identify CBOs to be contracted with based on Clinical Sub-Committee recommendations. Schedules will describe obligations of CBOs with respect to DSRIP projects and the funding related to performance of those obligations. Some schedules will likely be added later and throughout the DSRIP period as project needs evolve.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task Step 6	Completed	Finalize schedules, as appropriate to date, to Base Agreement and attach to Base Agreement.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Completed	Agency Coordination Plan.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1	Completed	Identify public agencies at state and local level with which PPS will coordinate including the NYS and NYC agencies that focus on health, mental hygiene and substance abuse.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2	Completed	Refine project implementation plans, including collaboration with public agencies. For example, the HIV Clinical Implementation Plan will actively engage the NYC Department of Health and Mental Hygiene.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 3	Completed	Connect with agencies and engage agencies in implementation activities on an on-going basis based on recommendations from Clinical Sub Committees and in coordination with PPS Central Services.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
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).	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1	Completed	PPS Workforce Impact Analysis Coordinator to draft workforce communication and engagement plan in coordination with PPS leadership overseeing partner and community engagement. Workforce communication and engagement plan will include on-going updates and two way communication on the workforce impact gap analysis, workforce transition road map, and training strategy.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 2	Completed	Develop input/revise workforce communication and engagement plan from 1199 and Clinical Sub-Committee members.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3	Completed	Obtain Executive Committee approval of workforce communication and engagement plan.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1	Completed	Solicit and appoint CBOs to standing committees and sub-committees	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Establish CBO communication infrastructure for bi-directional communication and feedback including email listserv, PPS partner meetings and one-on-one meetings	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3	Completed	Assign PPS Lead for on-going CBO engagement and communication	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4	Completed	Solicit input from CBOs on Masters Service Agreement	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 5	Completed	Execute Masters Service Agreement with 20 CBOs	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 6	Completed	Review schedules to Base Agreement with CBOs. Schedules will describe obligations of CBOs with respect to DSRIP projects and the funding related to performance of those obligations. Some schedules will likely be added later and throughout the DSRIP period as project needs evolve.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Step 7	Completed	Finalize schedules, as appropriate to date, to Base Agreement and attach to Base Agreement.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 8	Completed	Conduct CBO surveys to assess strengths/gaps and to further implementation of all workstreams; surveys will include IT, workforce and clinical project planning	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 9	Completed	Engage CBOs in clinical project planning and implementation	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	kbatchoo	Templates	32_DY2Q4_GOV_MDL21_PRES1_TEMPL_Governance_Committee_Template_(DY2,_Q4_reporting)_11734.xlsx	Governance Committee Template (DY2, Q4 reporting)	04/24/2017 02:32 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_GOV_MDL21_PRES1_DOC_NYU_Lutheran_PPS_Organizational_Chart_(DY2,_Q4_reporting)_11638.pdf	NYU Lutheran PPS Organizational Chart (DY2, Q4 reporting)	04/24/2017 12:05 PM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	For Governance Milestone #1, the NYU Lutheran PPS has uploaded the updated NYU Lutheran PPS Organizational Chart and Governance Committee Template to reflect changes for DY2, Q4.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	No changes during the DY2, Q4 reporting quarter.
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

Milestone Review Status

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

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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 Project Narrative Template for Organizational Narratives	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	

NYU Lutheran Medical Center (PPS ID:32)

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.

One challenge will be developing and negotiating the Base Agreement, the project schedules and funding schedules among the partners due to the broad range of partners by type and size. The various partners will have largely different interests, capabilities and limitations. The planned review of the Base Agreement and project schedules with partners' legal counsel will be transparent and will aim to reach mutually agreeable terms among all partners.

Another challenge will be engaging members of the committees in a meaningful and productive way to achieve the PPS's goals over a short timeline. In order to build a strong and working governance structure, the members appointed to the various committees must prepare for meetings (e.g., read materials distributed in advance of meetings), attend and be attentive during meetings, be otherwise actively involved in the committees and, importantly, follow up to execute committee decisions. However, NYU Lutheran recognizes that committee members have significant obligations to their organizations outside of the PPS and will aim to be respectful of their time commitments.

A third challenge will be integrating the disparate health care providers, CBOs and other organizations that will be partners in the NYU Lutheran PPS. While NYU Lutheran has been providing health care services to the Brooklyn community for over 130 years, and has worked closely with other health care and social services organizations in the course of doing so, the level of coordination that will be required to implement and operationalize a successful DSRIP project will far exceed the coordination that has occurred in Brooklyn in the past. NYU Lutheran will leverage the relationships it has built (and continues to build) due to its participation in the Southwest Brooklyn Health Home, the relationships that have been developed by NYU Lutheran's affiliates, including the NYU Lutheran Augustana Center for Extended Rehabilitation and Care and the NYU Lutheran Family Health Network, and the relationships that NYU Lutheran has built throughout the DSRIP planning process, to work to establish the integrated, coordinated care network that is necessary to the success of the NYU Lutheran PPS.

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 ability to develop the project schedules that are part of the partnership agreements with CBOs will depend on the development of Clinical Operational Plans which will detail work plans and partner obligations by DSRIP project. Creation of the funding schedules is dependent upon outputs of the finance work stream, which will include the funding amount that the PPS Lead will receive, the distribution of partners among the projects and the allocation of funding to each project-level budget. More generally, the success of the governance process will require active

engagement of the partners, and that active engagement will depend on the PPS's ability to meet its goals, which will require, among other things, (1) sufficient numbers of appropriately trained workforce members, which is dependent on the PPS's workforce strategy; (2) the ability of the PPS and its partners to exchange patient data, coordinate care, and engage in the required data analytics and reporting activities necessary, which is dependent on the PPS's establishment of the enterprise clinical platform that will serve as the core technology infrastructure of the PPS; and (3) the success of the performance management work stream, which will be critical to ensuring the PPS's success.

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IPQR Module 2.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Lead development of PPS governance and clinical governance structures	Larry McReynolds, Executive Sponsor, DSRIP, NYU Lutheran Alessandra Taverna-Trani, Director, DSRIP, NYU Lutheran	Develop and finalize governance and clinical governance structures; appoint Committee/Subcommittee membership
Major hospital, health center and physician partners. Key partners to include, but not limited to NYU Lutheran, NYU, ODA, Addabbo, and Ezra Medical Center.	NYU Lutheran PPS Partners	Committee and Subcommittee membership; key document review
PPS Partners including community based organizations (including those providing behavioral health and social services such as CAMBA, Visiting Nurse Services and Brooklyn Perinatal Network)	NYU Lutheran PPS Partners	Committee and Subcommittee membership; key document review
Community engagement	NYU Lutheran PPS Central Services	Develop and oversee community engagement plan

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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		
NYU Lutheran PPS Leadership	Governance oversight and leadership (Committees and Sub-Committees)	Committee and Sub-Committee Chairs
NYU Lutheran PPS Partners and Providers (includes representatives from FQHCs, NYU Lutheran, physicians, behavioral health agencies, social service agencies and other clinical partners). Key partners to include, but not limited to NYU Lutheran, NYU, ODA, Addabbo, and Ezra Medical Center.	Partners and providers	Committee chairs and membership
External Stakeholders		
State agencies	Impacted by public agency coordination plan	Participate in development of Public Agency coordination plan
Community-based organizations (including those providing behavioral health and social services such as CAMBA, Visiting Nurse Services and Brooklyn Perinatal Network and the Brooklyn Health Home)	Participating providers	Committee membership

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.

The IT infrastructure that is established will be used to track progress, governance decisions, and facilitate partner communications (e.g., sharing and storing secure documents via IT platforms, offering in-person and virtual communication technologies for partner communication, and data sharing to support governance activities).

IPQR Module 2.8 - Progress Reporting

Instructions :

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

Success of our governance work stream will be measured through meeting milestones and quarterly reporting and will be informed by periodic updates from committees. The PPS will establish a reporting structure that will allow us to track our progress against our milestones.

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 Step 1	Completed	Revise PPS Finance Subcommittee charter as necessary (including a schedule of subcommittee meetings) and present to PPS Executive Committee for review and approval.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Revise Finance Subcommittee membership as necessary.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3	Completed	Convene regular Finance Subcommittee meetings.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4	Completed	Document Finance Subcommittee actions and minutes and provide regular reports to PPS Executive Committee.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5	Completed	Review PPS finance and reporting structure.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6	Completed	Obtain Executive Committee sign off of PPS finance structure, policies and procedures.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile 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	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		necessary for monitoring the financial sustainability of their network providers							
Task Step 1	Completed	Conduct financial health current state assessment of new PPS partners by utilizing assessment tool developed during the DSRIP planning phase.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2	Completed	Review all results of financial health current state assessment and, if applicable, identify financially fragile partners.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3	Completed	Develop process for monitoring and assisting financially fragile partners including the involvement of the Finance Subcommittee.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4	Completed	Develop Financial Stability Plan – including metrics and ongoing monitoring – and obtain approval from Finance Subcommittee.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5	Completed	Establish an annual schedule to monitor partner financial status and a quarterly schedule for those deemed financially fragile.	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).	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1	Completed	Determine how to fill the need to staff PPS Compliance function in accordance with the DSRIP Compliance Program.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2	Completed	Establish PPS chain-of-command for compliance enforcement.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3	Completed	Incorporate NYS Social Services Law 363-d requirements such as training, education and disciplinary policies into lead PPS's existing compliance plan.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4	Completed	Customize PPS lead's existing compliance plan and programs (e.g., HIPAA) for the PPS, consistent with NYS Social Services Law 363-d, and present to the Executive Committee for approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5	Completed	Conduct first quarterly PPS compliance workgroup meeting.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6	Completed	Publish PPS Compliance Plan (including standards of conduct, receipt of complaints/non-retaliation policies, and monitoring procedures, annual report on conflicts of interest), distribute to PPS partners.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Completed	Administer VBP activity survey to network	07/01/2015	09/30/2016	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	YES
Task Step 1	Completed	Review final State value-based payment roadmap upon release.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2	Completed	Develop value-based payment assessment and partner value-based payment reporting framework.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3	Completed	Assess the baseline of value-based payment arrangements and associated revenue across all PPS partners. (To be completed/updated on an annual basis or as required).	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4	Completed	Develop preferred compensation and MCO strategy framework (including a regular schedule of meetings with MCOs) through Finance subcommittee.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5	Completed	Develop provider education and engagement strategy, and conduct education sessions with PPS provider partners, focused on value-based payment concepts and potential contracting arrangements.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6	Completed	Incorporate findings from assessments into a baseline PPS value-based payment plan.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	In Progress	Submit VBP support implementation plan	07/01/2015	09/30/2016	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	YES
Task Step 1	Completed	Review final State value-based payment roadmap upon release.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2	Completed	Review baseline assessment of PPS partners' value-based payment revenue to inform development of PPS value-based payment plan.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3	Completed	Conduct gap assessment between current volume of value-based revenue across the PPS network and State target of 90%.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4	Completed	Establish annual targets for volume of value-based revenue across the PPS network (To be completed on an ongoing basis).	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5	Completed	Finalize PPS value-based payment plan and present to Executive Committee for approval.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task	Completed	Establish partner value-based payment reporting	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 6		requirements and procedures to enable ongoing monitoring of PPS value-based payment revenue.							
Task Step 7	Completed	Provide quarterly updates to Executive Committee on progress toward value-based payment and revise PPS plan as needed.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 8	Completed	As part of a provider adoption strategy, develop provider and MCO education and engagement strategy for PPS provider partners and MCOs, to facilitate understanding of the process and requirements necessary for engaging in various levels of value-based payment arrangements.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 9	Completed	Develop value-based payment educational materials and share with PPS provider partners and MCOs (e.g., "lessons learned" from providers with advanced value-based payment arrangements, the role of the PPS in assisting with value-based payment transition for its provider partners, etc.).	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
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	09/30/2016	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	YES
Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Completed		04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES
Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Completed		04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES

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IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a Value Based Payments Needs Assessment ("VNA")	kbatchoo	Documentation/Certification	32_DY2Q4_FS_MDL31_PRES4_DOC_Value_Based_Payments_Needs_Assessment_(NYU_Lutheran_PPS)_15829.pdf	Value Based Payments Needs Assessment (NYU Lutheran PPS)	06/20/2017 01:16 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_FS_MDL31_PRES4_DOC_Evidence_that_NYU_Lutheran_PPS_VBP_Activity_Survey_was_administered_to_network_partners_(March_2017)_15788.pdf	Evidence that NYU Lutheran PPS VBP Activity Survey was administered to network partners (March 2017)	06/20/2017 11:39 AM
	kbatchoo	Documentation/Certification	32_DY2Q4_FS_MDL31_PRES4_DOC_Value_Based_Payments_(VBP)_Activity_Survey_â€“_NYU_Lutheran_PPS_12319.pdf	Value Based Payments (VBP) Activity Survey demonstrating that the PPS has conducted a Value Based Payments Needs Assessment (VNA) of its network partners	04/25/2017 04:26 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	The NYU Lutheran PPS has updated the list of PPS Finance Sub-Committee members and participants during the DY2, Q4 reporting period. The updated Governance Committee Template including this updated information has been uploaded to Governance Milestone #1 as part of this quarterly report.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop a Value Based Payments Needs Assessment ("VNA")	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication received as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS has uploaded a document evidencing that the PPS's VBP Activity Survey was administered to its network partners in March 2017. Additionally, the PPS has uploaded the Value Based Payments Needs Assessment (VNA) which provides results addressing milestone elements. AS ORIGINALLY SUBMITTED

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	The NYU Lutheran PPS administered a Value Based Payments (VBP) Activity Survey to PPS network partners in March 2017. The PDF version of the survey has been uploaded to demonstrate that the PPS has conducted a Value Based Payments Needs Assessment (VNA) of its network partners during DY2, Q4. Given that the updated VBP Milestones were communicated to PPSs in December 2016, the original tasks/steps associated with this Financial Stability Milestone #4 can be disregarded.
Develop an implementation plan geared towards addressing the needs identified within your VNA	The NYU Lutheran PPS has updated the due date associated with this milestone to align with guidance provided by the Department of Health as it relates to the updated VBP Milestones, which were communicated to PPSs in December 2016. The original tasks/steps associated with this Financial Stability Milestone #5 can be disregarded.
Develop partner engagement schedule for partners for VBP education and training	The NYU Lutheran PPS has updated the due date associated with this milestone to align with guidance provided by the Department of Health as it relates to the updated VBP Milestones, which were communicated to PPSs in December 2016.
≥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	

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	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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.

• Provider engagement: The PPS must meaningfully engage with PPS partners and communicate a set of PPS partner/provider funding schedules at the outset of DSRIP implementation to ensure that partners and their providers understand the process and project milestones tied to receiving payment from the PPS. In addition, as the PPS begins to engage partners around the Master Services Agreement and clinical operational planning, it will need to be transparent on the budgeting and payment processes, and educate partners on the ties to funds flow and, ultimately, funding schedules.

• Availability of DSRIP waiver funds/ability of PPS to achieve and draw down incentive payments: The PPS must successfully achieve and report on State-established milestones and metrics to draw down incentive payments and subsequently distribute funds to its partners. The PPS has and will continue to engage in a thoughtful planning process to ensure it is able to achieve DSRIP milestones and metrics in a timely manner and to the best of its ability.

• Timing of DSRIP waiver funds: Once the PPS has demonstrated successful achievement of reporting and/or performance metrics, incentive payments will not be made for 90-120 days, leaving a potential gap in funding available to support DSRIP projects. The PPS must actively track payments received and expenditures incurred to minimize the periods of low cash holdings. In addition, judicious usage of the PPS Contingency Fund will help to alleviate periods of potential low cash holdings.

• PPS resources will be insufficient to address substantial financial fragility of partners: If partners are financially fragile, the PPS will face a challenge in supporting it through possible transitions to financial health or organizational evolution. The PPS will work to identify issues early and work with PPS partners to identify and implement strategies as practicable.

• MCO engagement and willingness to meaningfully participate: The transition to value-based payments across the PPS will require the engagement and willingness of Medicaid managed care organizations (MCOs) to transform their existing fee-for-service contracts into value-based payment contracts that sustain safety net providers over five years. DSRIP goals to reduce unneeded ED visits and hospital admissions provide direct benefits to the bottom line of MCOs, while reducing hospital revenues. The PPS will continue engaging Medicaid MCOs through DSRIP implementation planning and through monthly meetings to ensure Medicaid MCOs are meaningfully engaged in the development of transition plans and have sufficient lead time and benefit sharing to prepare for the transition to value-based payments.

• Partners in multiple PPSs will face challenges participating in managed care strategy: Partners participating in multiple PPSs face nearly unprecedented challenge in the complexity of their coming value based reimbursement landscape. Not only will reimbursement shift away from FFS, but they may have multiple contracts with the same MCO due to participation in multiple PPSs. The PPS will continue to engage partners through partner meetings and on-going communication and coordinate with other PPSs with shared partners to maximize efficiencies, where possible.

• Formation of a contracting entity: The structure/composition of the legal entity that is created for the purposes of value-based contracting has yet to be defined.

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.)

• Performance reporting: The PPS will need to identify a point-of-contact in each partner organization for finance-related matters (e.g., reporting and policies/procedures).

• Governance: The PPS governance structure must be capable of executing financial responsibilities; the PPS governance structure must evolve to incorporate Medicaid MCOs to support transition to value-based payments.

• IT: The PPS IT systems must support central finance and performance reporting to inform and track PPS and project-level budgets and funds flow; the PPS IT systems must support population health management to enable partners to improve patient outcomes that will drive the transition to value-based payments with Medicaid MCOs and other payers.

• Physician and Provider Engagement: The PPS must effectively engage and educate physicians regarding population health management and project-specific clinical interventions, requirements and payment schedules associated with entering into contracts with the PPS.

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IPQR Module 3.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Committee	Larry McReynolds, Chair, NYU Lutheran Family Health Centers	Review and approve recommendations from Finance Sub-Committee.
PPS Controller	Mohamood Ishmael, NYU LMC	Review and manage PPS expenditures.
PPS Compliance Officer	Sharon Kurtz, NYU Langone	Implement and maintain PPS compliance plan.
Internal Auditor	NYU Lutheran team lead by Sharon Kurtz	Review PPS financial ledgers.
External Auditor	The NYU Lutheran PPS point persons are Lisa Vanchieri and Mohamood Ishmael	Review PPS financial ledgers.
Finance Sub-Committee	Mike Burke, Co-Chair, NYU Lisa Vanchieri, Co-Chair, NYU	Review and monitor financial health of PPS partners; generate recommendations on PPS finance activities.

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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		
Provider Partners (includes representatives from FQHCs, NYU Lutheran, physicians, behavioral health agencies, social service agencies and other clinical partners). Key partners to include, but not limited to NYU Lutheran, NYU, ODA, Addabbo, and Ezra Medical Center.	Participant in PPS and recipient of funds.	Responsible for performance on program metrics, participation in clinical project implementation, accountability for use of funds.
External Stakeholders		
Managed Care Organizations	Partner in establishing value-based payment arrangements.	In collaboration with the PPS, develop value-based payment arrangements within the five-year DSRIP period.
NYS Department of Health	Oversight over value based payment arrangements	Provide feedback and support as the PPS establishes and enters into value-based payment arrangements.

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.

A shared IT infrastructure across the PPS will prove instrumental in allowing the PPS to maintain a real-time assessment of its financial health, including the ability to track expenditures submitted by partners and receipt of payments from DOH as well as access to financial sustainability data and project performance reporting. A robust IT infrastructure will also be vital to the ongoing tracking of financial compliance and to the annual financial audits performed by internal and external auditors. A shared IT infrastructure is also a critical cornerstone which will enable the PPS to transition to value based payments, by tracking and leveraging population health data.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

The financial sustainability Work Stream will be considered successful based on the demonstrated ability to:

- Identify, monitor, and improve the PPS partner organizations that are or will become financially fragile during the course of the DSRIP period
- Seamlessly implement and adhere to financial controls and the PPS compliance plan
- Establish and execute the PPS' plans to transition to the targeted volume of value-based payment revenues

IPQR Module 3.9 - IA Monitoring

Instructions :

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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1	Completed	Identify oversight staff and process for Cultural Competency/Health Literacy Strategy.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Based on Community Needs Assessment, identify priority populations experiencing health disparities.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3	Completed	Develop and conduct a PPS-wide best practices and gap analysis in Cultural Competency and Health Literacy across existing programs and interventions (possibly in conjunction with other Brooklyn PPSs).	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4	Completed	Research and identify PPS best practices/centers of excellence in achieving provider Cultural Competency;	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		research industry best practices on health literacy enhancement strategies (including assessments and tools to assist patients with self-management of conditions).							
Task Step 5	Completed	Consult with Partners, providers and CBOs to inform the strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6	Completed	Develop a written Cultural Competency/Health Literacy strategy, action plan and monitoring process to address the prioritized areas, signed off by the PPS Executive Committee.	10/01/2015	12/31/2015	10/01/2015	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	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1	Completed	Identify existing clinician and broader workforce training programs that exist across the PPS to leverage or enhance (do as part of Milestone 1 strengths/gap analysis).	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2	Completed	Collaborate with training vendor on cultural competency training development and delivery options.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3	Completed	Identify champions (including clinicians and community based organizations) that will support training strategies addressing the drivers of health disparities	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4	Completed	Develop strategy for encouraging partner participation in health disparities training	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5	Completed	Determine scope, scale, audience, format and content for training programs, focused on targeted populations and health disparities identified in Milestone 1 strengths/gaps analysis.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6	Completed	Develop a written Cultural Competency Training Strategy (signed off by PPS Executive Committee).	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 7	Completed	Establish process for on-going assessments to identify gaps and needs	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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

Milestone Review Status

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

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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

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

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.

We see several risks to implementing the Cultural Competency/Health Literacy (CC/HL) strategy and trainings. Key risks include:

• Workforce capacity issues, including resources and the capacity to identify a CC/HL coordinating body/staff in a timely fashion and to activate sufficient training staff with the necessary skills and competencies in CC/HL, and the ability of staff to be available, and released to attend training.
• Ensuring the IT infrastructure is in place to support training program development, delivery and tracking.
• Ability to develop and execute a contract with a training vendor in a timely fashion.
• Partner communication and engagement issues, including the ability to ensure active participation of all PPS partners in a CC/HL strengths and gap analysis.
• Practitioner communication and engagement issues, including the ability to ensure providers and CBOs engagement in training programs and to successfully change provider/practitioner behavior around CC/HL best practices.

The NYU Lutheran PPS intends to mitigate these risks through broad partner and practitioner communication and planning strategies and activities, incorporating CC/HL standards and training parameters into partner contracts (or expectation-setting where there are no contracts) and enforcing or reinforcing those standards/expectations, and significant and dedicated NYU Lutheran PPS Leadership and project management oversight and coordination.

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 CC/HL strategy development and training strategy are highly dependent on several other work streams, including Workforce strategy (regarding training staff), IT infrastructure (regarding tracking of training participants), and partner and practitioner engagement (all described above), as well as the widespread adoption of culturally competent population health management functions and capabilities and successful clinical integration across the PPS partners. Additionally, this Work Stream will depend on the Finance Work Stream which will determine the available funding for each project. This funding level may present significant challenges given project requirements.

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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
CC/HL strategy and training oversight	Larry McReynolds, Executive Sponsor, DSRIP, NYU Lutheran Alessandra Taverna-Trani, Director, DSRIP, NYU Lutheran	Input and approval of CC/HL and training strategies (ultimately responsible for the strategies).
Day-to-day coordination and implementation of the strategy	Virginia Tong, NYU Lutheran Family Health Center	CC/HL coordination policies and processes.
Training Strategy planning and development	NYU Lutheran PPS Central Services	Lead training program development and implementation.
Approval of CC/HL strategy and training	NYU Lutheran PPS Executive Committee	Oversee CC/HL strategy and training plan for the PPS

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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		
NYU Lutheran PPS Partners (including NYU Lutheran, FQHCs, physicians, behavioral health agencies, and community based organizations). Key partners to include, but not limited to NYU Lutheran, NYU, ODA, Addabbo, and Ezra Medical Center.	Role in identifying best practices/centers of excellence	Participate in strengths/gap analysis.
NYU Lutheran PPS Practitioners, clinical and non-clinical providers	Recipients of training programs	Commit to and undertake CC transformation.
External Stakeholders		
1199/Training Vendor	Training development and delivery	Curriculum and format development, Subject Matter Expertise, presenters.
NYU Lutheran PPS attributed members and their families	Ultimate recipient of transformed care delivery	Feedback through patient surveys.

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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.

Electronic access to cross-PPS data on patients' health services, health status, demographics, etc. (through EHRs and HIE) is critical to this work stream. Shared IT infrastructure across the PPS is critical to enable population-wide data analytics/clinical informatics to identify target populations for prioritized interventions, track patients and measure care quality and outcomes across clinical projects and ensure true population health management. The IT tools the Patient Navigation Center will deploy, including a centralized repository of community resources, will help address the social determinants impacting patients' health. The use of patient portals across the PPS will facilitate patient communication, education and engagement to help ensure patients are receiving the care and information they need in a culturally competent manner. Finally, cross-PPS IT tools will be critical to administer and track the performance of training programs and other interventions to know what is working and what is not.

IPQR Module 4.8 - Progress Reporting

Instructions :

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

Success of our CC/HL strategy will be measured through the clinical project-specific metrics and quarterly reporting, and by periodically reviewing whether the strategy and training are successful (e.g., through provider and/or patient feedback surveys) and need to be revised.

IPQR Module 4.9 - IA Monitoring

Instructions :

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Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1	Completed	Identify/validate contacts at each partner organization.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Develop data sharing & interoperability requirements and plan for using existing external resources (e.g., RHIOs).	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3	Completed	Develop, distribute and collect detailed survey to determine current state.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4	Completed	Establish process for partners to conduct IT self-assessment and to validate those assessments.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5	Completed	Establish process for periodic data reporting on IT capabilities.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6	Completed	Conduct gap identification and analysis.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 7	Completed	Develop mitigation strategies to resolve IT interoperability and data sharing gaps.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop an IT Change Management Strategy.	Completed	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		process; and -- Defined workflows for authorizing and implementing IT changes							
Task Step 1	Completed	Meet to determine general governance approach to IT Change Management, including accountabilities and deliverables.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Design communication plan to partner end-users as part of overall DSRIP communications strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3	Completed	Use survey tool to help identify user education and training requirements.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4	Completed	Develop education and training plan.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5	Completed	Leverage NYU ITIL methodology current IT change management model to develop PPS model for IT change management (e.g. demand management/workflows for authorizing and implementing IT changes, prioritization, approvals, testing, release management, etc.).	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6	Completed	Conduct initial risk assessment & risk mitigation approach.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 7	Completed	Finalize change management plan at the PPS and obtain Executive Board authorization on IT change management strategy.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 8	Completed	Develop plan for how central PPS IT services will be made available to providers.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 9	Completed	Communicate IT change management model to partners.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Completed	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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 Step 1	Completed	Engage with SHIN-NY & RHIOs on pre-planning.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Identify PPS leadership who will be responsible for developing roadmap.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3	Completed	Develop strategies for connectivity based on interoperability requirements and current state assessment, including setting technical standards for sharing and using common clinical data sets.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4	Completed	Develop governance framework and PPS policies/standards; ensure Board approval of the same.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Step 5	Completed	Draft and execute all legally binding agreements related to data exchange, including subcontractor Data Exchange Applications & Agreements and HIPAA Business Associate Agreements.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 6	Completed	Estimate and identify resource requirements, in addition to those provided in gap analysis.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 7	Completed	Develop training plan.	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 8	Completed	Develop phased implementation roadmap.	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Completed	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1	Completed	Engage and ready all partners to gain consent from patients for use of data.	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 2	Completed	Assess communication channel options and establish communications approach (e.g. portals, email, etc.).	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 3	Completed	Identify process for working with front office provider staff on patient engagement. Assess RHIO use across PPS for Medicaid beneficiaries and MU adoption.	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task	Completed	Develop and obtain approval on plan for outreach to patients	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 4		actively engaged in clinical projects including culturally and linguistically isolated patient populations.							
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.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1	On Hold	Develop data security (including 2-factor authorization) & confidentiality plan (including CFR42/BH) based on State and Federal requirements (e.g., DEAAs and HIPAA BAAs) and on existing Lutheran and NYU plans.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 2	On Hold	Assess risks and design mitigation approaches that are tailored to the risk type and include monitoring and oversight.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 3	On Hold	Obtain Executive Board approval for final plan.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 4	Completed	Complete the fourth set of SSP workbooks (PL, PM, SA, CP, and MA) and upload during the DY2, Q1 reporting period in MAPP. Per DOH guidance, completion of all four sets of SSP workbooks will complete the requirements for IT Systems and Processes Milestone #5. The NYU Lutheran PPS has completed the prior three sets of SSP workbooks, which were uploaded in MAPP during the following required DSRIP quarterly reporting periods. Set 1 (IA, SC, CM, and AC) - uploaded during DY1, Q2 reporting period in MAPP Set 2 (AT, AU, IR, PE, and PS) -uploaded during DY1, Q3 reporting period in MAPP Set 3 (CA, RA, SI, and MP) - uploaded during DY1, Q4 reporting period in MAPP	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	atrani	Contracts and Agreements	32_DY2Q4_IT_MDL51_PRES3_CONTR_Sample_of_PPS_Data_Sharing_Agreements_(NYU_Lutheran_PPS)_15837.pdf	Sample of PPS Data Sharing Agreements (NYU Lutheran PPS)	06/20/2017 02:24 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_IT_MDL51_PRES3_DOC_NYU_Lutheran_PPS_Executive_Committee_Approval_Document_042417_(DY2,_Q4)_15756.pdf	NYU Lutheran PPS Executive Committee Approval Document 042417 (DY2, Q4)	06/20/2017 10:43 AM
	kbatchoo	Templates	32_DY2Q4_IT_MDL51_PRES3_TEMPL_Meeting_Schedule_Template_-_IT_Milestone_#3_(DY2,_Q4)_12717.xlsx	Meeting Schedule Template - IT Milestone #3 (DY2, Q4)	04/26/2017 11:09 AM
	kbatchoo	Templates	32_DY2Q4_IT_MDL51_PRES3_TEMPL_Training_Schedule_Template_-_IT_Milestone_#3_(DY2,_Q4)_12715.xlsx	Training Schedule Template - IT Milestone #3 (DY2, Q4)	04/26/2017 11:07 AM
	kbatchoo	Documentation/Certification	32_DY2Q4_IT_MDL51_PRES3_DOC_Clinical_Data_Sharing_and_Interoperable_Systems_Roadmap_033117_12711.pdf	Clinical Data Sharing and Interoperable Systems Roadmap (NYU Lutheran PPS)	04/26/2017 11:05 AM
Develop a specific plan for engaging attributed members in Qualifying Entities	kbatchoo	Documentation/Certification	32_DY2Q4_IT_MDL51_PRES4_DOC_NYU_Lutheran_PPS_Executive_Committee_Approval_Document_042417_(DY2,_Q4)_15762.pdf	NYU Lutheran PPS Executive Committee Approval Document 042417 (DY2, Q4)	06/20/2017 10:47 AM
	kbatchoo	Documentation/Certification	32_DY2Q4_IT_MDL51_PRES4_DOC_Plan_for_Engaging_Attributed_Members_in_Qualifying_Entities_033117_13997.pdf	Plan for Engaging Attributed Members in Qualifying Entities (NYU Lutheran PPS)	04/27/2017 04:58 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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication received as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS has provided some of the PPS's data sharing agreements via a document upload to evidence the completion of this milestone. The PPS has provided a limited sample of provider and CBO agreements due to constraints of file size uploads in MAPP. The PPS can provide additional agreements if requested by the IA. AS ORIGINALLY SUBMITTED The NYU Lutheran PPS has met the requirements to complete IT Systems and Processes Milestone #3. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Develop a specific plan for engaging attributed members in Qualifying Entities	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication received as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS has uploaded an Executive Committee Approval Document for DY2, Q4. This document demonstrates formal evidence of approval of the PPS's Clinical Data Sharing and Interoperable Systems Roadmap along with other DY2, Q4 documents by the NYU Lutheran PPS Executive Committee. The PPS currently has agreements in place with CBOs as evidenced within the PPS Data Sharing Agreements uploaded as part of IT Systems and Processes Milestone #3. Given the uploaded data sharing agreements, the IA will be able to validate PHI compliance and DEAA compliance. AS ORIGINALLY SUBMITTED The NYU Lutheran PPS has met the requirements to complete IT Systems and Processes Milestone #4. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Develop a data security and confidentiality plan.	

Milestone Review Status

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

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NYU Lutheran Medical Center (PPS ID:32)

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

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

DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

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.

IT Systems Design

• Risk: Ability to anticipate and define access, use and interoperability requirements (e.g., data elements that need to be shared, unique user access requirements, workflow integration requirements, end user limitations, etc.).

• Mitigation Strategy: Engage PPS partners early; develop robust IT current state survey and review thereof; develop robust technical support, training and communications strategies; leverage industry best practices and NYU implemented strategies.

IT Systems Implementation

• Risk: Integration with third party systems (disparate IT systems), end user availability for training and education, relative lack of technical resources within PPS partner organizations, incompatible EHRs, lack of critical information systems.

• Mitigation Strategy: Conduct detailed technical review during planning phase; identify IT leads within each partner organization and engage them early, and throughout the planning and implementation process; develop robust technical support, training and communications strategies; provide guidance on preferred EHR platforms; leverage NYU Lutheran and NYU expertise and experience.

• Risk: Timing and availability of RHIO/SHIN-NY capabilities.

• Mitigation Strategy: Work with RHIO/SHIN-NY on pre-planning to align timelines and implementation planning activities.

IT Governance Structure:

• Risk: Ability to develop and enforce IT standards and policies across the PPS.

• Mitigation Strategy: Leverage PPS governance structure with senior representation from range of partner organizations; educate and communicate value of standards.

• Risk: Process for capturing and prioritizing requests in support of the NYU Lutheran PPS DSRIP clinical program objectives.

• Mitigation Strategy: Establish and communicate process for demand management and assign required responsibilities.

Data Sharing:

• Risk: Obtaining accurate PPS partner IT information.

• Mitigation Strategy: Conduct detailed technical review during planning phase.

• Risk: Obtaining consents.

• Mitigation Strategy: Establish program and process for obtaining patient consents including educating patients and providers, using the State-sanctioned RHIO consent form as a template; leverage NYU accepted process and procedures.

• Risk: Obtaining partner contracts for data sharing.
• Mitigation Strategy: Communicate PPS expectations and value of data sharing; ensure all contracts include HIPAA BAAs and DEAAs as appropriate.

Data Security & Confidentiality:
• Risk: Many PPS partners lack detailed knowledge regarding security and confidentiality regulations.
• Mitigation Strategy: Leverage NYU Lutheran and NYU technology and security services; educate PPS partners regarding security and confidentiality policies; periodically review compliance with BAAs and other legally binding agreements.

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The IT Work Stream will require each other organizational Work Stream to address, and each PPS clinical project implementation team to define and help prioritize, that Work Stream's/team's requirements for IT support and/or capabilities. Additionally, the IT Work Stream will require a governance structure and processes that prioritize projects and requests from other Work Streams/teams, set funding and other resource levels, and define and enforce IT-related policies. Additionally, this Work Stream will depend on the Finance Work Stream which will determine the available funding for each project. This funding level may present significant challenges given project requirements.

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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
Program Management	Kathleen Mullaly, NYU	Current state analysis, methodology, project management, budget management, resource management, etc.
EHR Design & Implementation	Nancy Beale/NYU IT, PPS PMO	Analysts, Subject Matter Experts (including clinicians), Systems Architects, End Users, Trainers, Testers, etc.
Security	Hai Ngo/NYU, NYU IT Security Team	Design, implement and manage security; enforce HIPAA-related and other agreements as fiduciary.
Infrastructure Implementation	Anthony Antinori, NYU	Desktop, network, server, data center, help desk, etc.
HIE Design & Implementation	Anthony Antinori, NYU	Design, implement and manage HIE for PPS.
Data & Analytics Implementation	NYU EDW and Analytics Teams, PPS PMO	Design data and analytics strategy and approach, leverage existing and new tools to deliver required capabilities.
IT Governance	PPS IT Sub-Committee	Design, implement and manage PPS IT governance.
Change Management	PPS IT Sub-Committee	Establish and manage IT change management policies and processes.

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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		
End Users/Partners (e.g., Clinicians, administrators, community based partners, and a range of other users of the new IT systems). Key partners to include, but not limited to NYU Lutheran, NYU, ODA, Addabbo, and Ezra Medical Center.	Users of the IT systems	Participate in design and training, and use systems to meet DSRIP objectives.
Patient Navigation Center (PNC)	User of the systems	Participate in design and training, and use systems to meet DSRIP objectives.
External Stakeholders		
Patients	Will use IT tools to access PPS capabilities and information	None.
Non-NYU Lutheran PPS Providers, payers, State agencies	May access data generated by the PPS	Use of the data in compliance with regulations.
RHIO/SHIN-NY	Technology partner	Provide connectivity/interoperability support.

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IPQR Module 5.7 - Progress Reporting

Instructions :

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

PPS will measure the success of this organizational Work Stream based on progress against the milestones and steps detailed above, on our ability to generate timely and accurate progress reports as judged by the Independent Assessor and achieving system transformation and outcome measures and goals as required within the DSRIP program.

IPQR Module 5.8 - IA Monitoring

Instructions :

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Completed	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1	Completed	Identify PPS members with responsibility for outcomes/impacting performance measurements.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Step 2	Completed	Align data and performance requirements with PPS member-type categories (e.g. clinical operations, finance, clinical domain/specialty, etc.) and clinical program (e.g. Diabetes, HIV, etc.).	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 3	Completed	Design reports & dashboards.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 4	Completed	Work with MCOs to get more timely data than the State provides.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 5	Completed	Develop communication plan – including frequency of communication and process for rapid cycle evaluation.	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 6	Completed	Draft Performance Reporting and Communications strategy (e.g. who receives which performance reports/dashboards, how often, etc.).	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 7	Completed	Obtain Executive Board approval for Performance Reporting and Communications strategy.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	
Milestone #2 Develop training program for organizations and	In Progress	Finalized performance reporting training program.	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
individuals throughout the network, focused on clinical quality and performance reporting.									
Task Step 1	In Progress	Identify PPS members requiring training.	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 2	In Progress	Identify scope of training (e.g., quality/process improvement strategies and monitoring, performance reporting, and pay for performance and pay for reporting)	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 3	In Progress	Identify PPS team and develop a comprehensive strategy to lead and provide oversight over training	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 4	In Progress	Design training content tailored for user communities.	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 5	In Progress	Develop model and tools to track/manage the training program.	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 6	In Progress	Communicate training program including access, goals, benefits, etc.	01/01/2017	03/31/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Step 7	Not Started	Implement program, track participation, continuously improve program based on feedback.	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish reporting structure for PPS-wide performance reporting and communication.	kbatchoo	Documentation/Certification	32_DY2Q4_PR_MDL61_PRES1_DOC_NYU_Lutheran_PPS_Executive_Committee_Approval_Document_042417_(DY2,_Q4)_15776.pdf	DY2, Q4 Approval Document evidencing approval of Performance Reporting and Communications Strategy Document (NYU Lutheran PPS)	06/20/2017 11:24 AM
	kbatchoo	Documentation/Certification	32_DY2Q4_PR_MDL61_PRES1_DOC_NYU_Lutheran_PPS_Executive_Committee_Approval_Document_102616_(DY2,_Q2)_15775.pdf	DY2, Q2 Approval Document evidencing approval of finalized NYU Lutheran PPS Workforce Training Strategy	06/20/2017 11:22 AM
	kbatchoo	Documentation/Certification	32_DY2Q4_PR_MDL61_PRES1_DOC_Performance_Reporting_and_Communications_Strategy_Document_033117_12037.pdf	Performance Reporting and Communications Strategy Document (NYU Lutheran PPS)	04/25/2017 10:28 AM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication received as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS has uploaded two approval documents for this Performance Reporting Milestone #1. The DY2, Q2 Approval Document evidences approval of the PPS's finalized Workforce Training Strategy. The DY2, Q4 Approval Document evidences approval of the PPS's Performance Reporting and Communications Strategy Document. The NYU Lutheran PPS is not a legal entity and therefore does not have a Board. Approvals are conducted through the NYU Lutheran PPS Executive Committee. The NYU Lutheran PPS Executive Committee represents the PPS's workforce governance body. AS ORIGINALLY SUBMITTED The NYU Lutheran PPS has met the requirements to complete Performance Reporting Milestone #1. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	The NYU Lutheran PPS is currently in progress with this Performance Reporting Milestone #2. The PPS has pushed back the due date of this milestone and will continue to make efforts in this area towards the completion of this milestone.

Milestone Review Status

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

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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Data:
• Risk: The quality and range of data available to measure and understand quality and performance may not be sufficient.
• Mitigation Strategy: Develop customized data and analytics capabilities; leverage NYU Lutheran and NYU advanced analytics resources.

Alignment and Communication:
• Risk: PPS performance may not represent a significant percentage of each providers business and they may not focus sufficiently on the metrics.
• Mitigation Strategy: Engage members and communicate the benefits and requirements of PPS participation; incent performance.

• Risk: Members may not understand the performance measures or they may feel that they can't significantly influence the measures.
• Mitigation Strategy: Tailor training for the different groups that will be accessing and using the reports and dashboards; provide performance reporting down to the practice or individual level wherever possible; share successful implementation strategies among partners to develop best practices within the PPS.

• Risk: PPS leaders (e.g., Central Services and/or clinical program leadership) may not understand how the performance is measured or who they should work with to address specific performance gaps.
• Mitigation Strategy: Provide analytics expertise to support leadership in understanding performance and assessing high impact areas.

Logistics:
• Risk: PPS resources are distributed across Brooklyn and have many demands on their time.
• Mitigation Strategy: Provide a flexible training approach that includes online/on-demand as well as in-person training program alternatives.

IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The performance reporting Work Stream will be dependent on IT to aggregate and integrate the necessary data and produce the necessary reports and dashboards. Additionally, this Work Stream will depend on the Finance Work Stream which will determine the available funding for each project. This funding level may present significant challenges given project requirements.

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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
Reporting Leader	Kris Batchoo, NYU Lutheran	Manage this Work Stream.
Reporting Analysts	Kris Batchoo, NYU Lutheran Olga Lanina, NYU Lutheran	Provide clinical and business data domain expertise and analytical support.
Training Leaders	PPS PMO & Clinical Programs	Develop training curriculum and coordinate/manage training program.
Trainers	PPS PMO and/or Contracted Service	Conduct training.
IT Data Integrators	Kathleen Mullaly, NYU	Integrate data required for reporting and analytics.
IT Developers	NYU IT	Develop on-line training tools, reports and dashboards.

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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		
IT	Deliver IT capabilities	Data, analytics tools, reports, dashboards, training modules, training administrative tools.
Communications	Organize and manage communications	Coordinate stakeholder communications.
End-Users/Partners (includes representatives from FQHCs, NYU Lutheran, physicians, behavioral health agencies, social service agencies and other clinical partners). Key partners to include, but not limited to NYU Lutheran, NYU, ODA, Addabbo, and Ezra Medical Center.	Receive and use the performance reporting information	Appropriate use of the tools and information & provide input/feedback on usefulness of the tools.
External Stakeholders		
State DOH	Prescribe reporting requirements	Provide feedback on performance.

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.

Shared IT infrastructure will be critical in standardizing and aggregating data for reporting and analytical purposes. Additionally, reporting tools can be standardized and efficiently deployed and managed across the PPS. The PPS anticipates leveraging Salient and the MAPP tool to help populate dashboards and deliver performance data to the PPS providers.

IPQR Module 6.8 - Progress Reporting

Instructions :

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

The success of this Work Stream will be measured based on our ability to meet the established milestone targets by leveraging IT infrastructure (described in previous module) and the PPS's ability to use data to influence quality and performance. The governance committees, PMO and clinical program leadership will use these tools to monitor progress and identify areas for improvement/intervention. Additionally, PPS will track system transformation and outcome measures as required within the DSRIP program.

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	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1	Completed	Establish practitioner engagement and communication infrastructure for overseeing outreach, education and engagement of practitioners; strategy to be coordinated with partner communication and engagement strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2	Completed	Create listserv, newsletter and website for providing on-going update and performance reports to practitioners; establish communication mechanism for receiving comments and questions.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3	Completed	Engage professional practioner organizations including MSSNY, county associations, ACP chapters or AAFP affiliations.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 4	Completed	Assign practitioner representatives to PPS committees including Governance, Clinical Project Planning, IT, and Finance.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5	Completed	Conduct outreach with practitioners, through face-to-face meetings and webinars, to develop better understanding of PPS goals, metrics and clinical project plans.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	In Progress	Practitioner training / education plan.	01/01/2016	03/31/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	NO
Task Step 1	In Progress	Identify needed training capacity for practitioners through engagement of Clinical Sub-Committee and partner surveys.	01/01/2016	03/31/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 2	In Progress	Identify vendor/internal resources for practitioner training/education development.	04/01/2016	03/31/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 3	In Progress	Set up training/education curriculum that is specifically designed for practitioners.	04/01/2016	03/31/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 4	In Progress	Establish plan for evaluating on-going training needs.	01/01/2017	03/31/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Step 5	Not Started	On-going tracking and monitoring of training programs including: evidence of training take-up, description of training programs delivered, participant level data and training outcomes.	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	
Develop training / education plan targeting practioners and	The NYU Lutheran PPS is currently in progress with this Practitioner Engagement Milestone #2. The PPS has pushed back the due date of this milestone and will

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	continue to make efforts in this area towards the completion of this milestone.

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.

The PPS has had preliminary communication and engagement with practitioners and will embark on a comprehensive and on-going education and engagement strategy to ensure successful DSRIP implementation. Ambulatory care practitioners are essential to achieving the NYU Lutheran PPS' goal of reducing avoidable hospitalizations and readmissions. Practitioner buy-in to the PPS's clinical projects' evidence-based protocols, population health management strategies, required IT infrastructure, and focus on care coordination and patient navigation are important for the PPS to achieve its desired milestones and outcomes. Providers need to be continuously engaged in order to understand and effectuate their role and responsibilities in system transformation. Because practitioner engagement is so essential to meeting DSRIP goals, the PPS will identify "practitioner champions" who will play a key role in engaging practitioners and informing implementation. The PPS will also leverage existing professional group communication channels to ensure on-going communication and engagement.

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Practitioner engagement will be closely interdependent with many other work streams including clinical integration, clinical project planning, population health management, partner engagement, governance workforce training and value-based reimbursement. The PPS will need to work very closely with practitioners to ensure an understanding of and engagement with the DSRIP goals, metrics, and outcomes and to ensure their perspectives are incorporated into every step of the implementation. Practitioner engagement will also interact with workforce training as part of the retraining, recruiting, and redeploying staff with appropriate skill sets.

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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
Practitioner Engagement Oversight	Dr. Gary Kalkut, NYU	Oversees practitioner engagement and communication infrastructure to ensure outreach, education and engagement of practitioners.
Practitioner Training Oversight	NYU Lutheran PPS Central Services, TBD	Oversees practitioner education and training.

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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		
NYU Lutheran PPS Leadership	Oversight and on-going communication and engagement.	Lead communication, outreach and engagement with practitioners.
External Stakeholders		
"Practitioner champions"	Active engagement on PPS Executive Committee, Sub-Committees and work groups.	Represent physicians on various committees; play a key role in driving professional engagement.
Leads of Professional Groups	Includes representation of Practitioner Champions and PPS partners.	Provide natural communication channel to professions to ensure communication and engagement.
Practitioner partners (includes representatives from FQHCs, NYU Lutheran, physicians, behavioral health agencies, social service agencies and other clinical partners). Key partners to include, but not limited to NYU Lutheran, NYU, ODA, Addabbo, and Ezra Medical Center.	Ensuring key stakeholders across the PPS are represented and have input in the various PPS committees.	Participate in various PPS committees.

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.

At the highest level, a successful IT strategy and clinical project implementation structure and implementation plan development process are critical to achieving clinical integration across providers involved in a specific project and across the PPS. The integrated delivery system will establish shared connectivity, registries, care coordination tools, and analytics across the PPS in order to meet DSRIP performance goals and successfully implement DSRIP clinical projects. This shared IT infrastructure will support and promote practitioner engagement through the use and sharing of data and by providing access to IT tools.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

The PPS will measure the success of its practitioner engagement strategy by providing quarterly updates on the development of the practitioner communication and engagement plan and practitioner training strategy. The PPS will use the clinical metrics, speed and scale tables and provider ramp ups to measure progress towards achieving practitioner engagement milestones.

IPQR Module 7.9 - IA Monitoring

Instructions :

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NYU Lutheran Medical Center (PPS ID:32)

Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	Completed	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1	Completed	Identify those responsible for population health management roadmap development, monitoring and reporting.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Step 2	Completed	Conduct current state IT assessment, including those elements needed to support population health management.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3	Completed	Assess PCMH status of primary care partners and establish a strategy to address needed progress.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Step 4	Completed	Conduct workforce assessment that includes functions needed for population health management.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 5	Completed	Analyze data from IT, PCMH and workforce assessments.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 6	Completed	Using the PPS's Community Needs Assessment, identify priority target populations, including those with targeted chronic conditions aligned with chosen DSRIP projects and to reduce excess readmissions and ED visits.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 7	Completed	Draft and finalize population health management roadmap.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	
Task Step 8	Completed	Obtain approval of population health management roadmap from Brooklyn Bridges PPS Leadership.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.	10/01/2015	03/31/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2	NO
Task Step 1	In Progress	Identify staff responsible for developing and reporting on bed reduction plan.	10/01/2015	03/31/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2	
Task Step 2	Completed	Develop implementation plans for the ED Triage and Observation Unit projects.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3	In Progress	Develop method to monitor the impact of DSRIP and care activities on utilization.	10/01/2016	03/31/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2	
Task Step 4	Not Started	Draft and finalize bed reduction plan.	01/01/2017	03/31/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop population health management roadmap.	kbatchoo	Documentation/Certification	32_DY2Q4_PHM_MDL81_PRES1_DOC_Screenshots_from_IT_system_to_support_PPS_Population_Health_Management_Roadmap_12226.pdf	Screenshots from IT system to support PPS Population Health Management Roadmap	04/25/2017 02:58 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_PHM_MDL81_PRES1_DOC_List_of_PCMH_2014_Level_3_certified_provider_organizations_12224.pdf	List of PCMH 2014 Level 3 certified provider organizations	04/25/2017 02:55 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_PHM_MDL81_PRES1_DOC_Population_Health_Management_Roadmap_033117_12223.pdf	Population Health Management Roadmap (NYU Lutheran PPS)	04/25/2017 02:53 PM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	The NYU Lutheran PPS has met the requirements to complete Population Health Management Milestone #1. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Finalize PPS-wide bed reduction plan.	The NYU Lutheran PPS is currently in progress with this Population Health Management Milestone #2. The PPS has pushed back the due date of this milestone and will continue to make efforts in this area towards the completion of this milestone.

Milestone Review Status

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

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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

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

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

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

NYU Lutheran Medical Center (PPS ID:32)

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

Instructions :

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

The NYU Lutheran PPS has identified the following key challenges and risks that could impact our ability to achieve the milestones for the Population Health Management section:

• Limited implementation (e.g., due to delays, unforeseen challenges) of any of the interdependent work streams (see below), including the PPS's IT strategy, PCMH strategy, central services and patient navigation strategies, workforce strategy, cultural competency/health literacy strategy, etc.
• Limited success in educating and engaging providers and CBOs on the PPS's IDS and PHM approach (bridging the disconnect between system-level expectations and provider-level understanding or realities), and to facilitate their adoption of the IT, staffing and workflow changes necessary to implement PHM in a timeframe that meets the PPS's milestone and speed/scale targets.
• Limited success in engaging NYU Lutheran PPS patients in the PPS's population health management activities and initiatives.

The NYU Lutheran PPS intends to mitigate these risks through broad Partner, practitioner and patient communication and planning strategies and activities, formal Brooklyn cross-PPS discussions and efforts, and significant and dedicated NYU Lutheran PPS Leadership and project management oversight (ensuring each of the clinical projects get implemented as planned and in a timely manner) and coordination of all of these intersecting work streams.

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.)

This Work Stream is one of the key goals and underpinnings of the DSRIP initiative. It is highly dependent on each and every one of the other organizational Work Streams and clinical projects, which together will help the NYU Lutheran PPS effectuate its population health management approach, goals and functionality across the PPS. Most critical are the patient navigation center, information technology and informatics, practitioner engagement to ensure practitioners have a deep understanding of and skills to implement PHM and effective clinical integration, and to ensure that patients are actively engaging in their care processes. Also important are cultural competency/health literacy and performance reporting to ensure that providers are delivering and patients are receiving care in a way they understand, and that providers are being monitored and measured on their performance in meeting the PPS's population health management goals. Additionally, this Work Stream will depend on the Finance Work Stream which will determine the available funding for each project. This funding level may present significant challenges given project requirements.

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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
Lead the PHM Roadmap development	NYU Lutheran PPS Central Services Population Health Management Lead, TBD	Oversight of PHM roadmap development; oversight and/or coordination across the moving parts (e.g., IT assessment; PCMH assessment and certification).
Lead assessments integral to PHM Roadmap	TBD	Oversight of IT, PCMH and workforce assessments, and coordination with PHM Lead.
Lead the Bed Reduction strategy	TBD	Ensuring modeling of impact of clinical projects on hospital/community care utilization.

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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		
NYU Lutheran PPS Central Services	NYU Lutheran PPS Leadership	Oversight of PHM roadmap development.
NYU Lutheran PPS Partners (includes representatives from FQHCs, NYU Lutheran, physicians, behavioral health agencies, social service agencies and other clinical partners). Key partners to include, but not limited to NYU Lutheran, NYU, ODA, Addabbo, and Ezra Medical Center.	Impacted by bed reduction strategy	Member of coordinating body or workgroup.
External Stakeholders		
Medicaid beneficiaries	End user of reformed care delivery system	Feedback through surveys.
Workforce	Impacted by shifts in patient utilization in various care settings	Feedback through training programs.
CBOs (e.g., CAMBA, Visiting Nurse Service, Brooklyn Perinatal Network)	Impact patient engagement	Feedback through surveys or other tools
Health plans	Partners in value-based purchasing	Share experiences and tools for PHM; ultimately participate in DSRIP payment reforms.

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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.

NYU Lutheran Family Health Centers, a key partner in the NYU Lutheran PPS, uses a clinical risk stratification algorithm and a set of reports including patient registries, provider reports and pre-visit planning as part of its community case management program to identify patients at risk for readmissions. NYU also brings tremendous population health management IT assets and capabilities. Both will be leveraged to support the PPS's population health management goals and strategies.

The integrated delivery system will establish shared connectivity, registries, care coordination tools, and analytics across the PPS in order to meet DSRIP performance goals and successfully implement DSRIP clinical projects.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

The PPS will measure the success of its population health management by providing updates on each of the work streams incorporated into the road map (e.g., IT, Workforce, PCMH status, Clinical Projects), including its bed reduction plan. The PPS also will use other data sources, including what the state will provide and health plan data to measure patient service utilization and outcomes. The PPS will use the clinical metrics, speed and scale tables and provider ramp ups to measure progress towards achieving population health management milestones.

IPQR Module 8.9 - IA Monitoring

Instructions :

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Delivery System Reform Incentive Payment Project

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Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1	Completed	Establish clinical project work groups (to include key providers and practitioners from partner sites) to inform the clinical integration needs assessment and strategy development (review and provide feedback).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Map the provider landscape participating in each clinical project.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Step 3	Completed	Utilize workgroups to develop and implement CI needs assessment framework (coordinated with related needed surveys, such as a Workforce or IT survey).	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	
Task Step 4	Completed	Finalize clinical integration needs assessment.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 5	Completed	Obtain approval of clinical integration needs assessment by Clinical Sub Committee.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	
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	01/01/2016	03/31/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		-- 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							
Task Step 1	In Progress	Utilize clinical project workgroups to define desired future CI state; analyze clinical integration needs assessment to identify gaps to future state (re: IT, care management staffing and protocols, clinical protocols, etc.).	01/01/2016	03/31/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 2	In Progress	Utilize clinical project workgroups to develop prioritized steps (possibly to include a workforce training plan, workflow standardization protocols, or standardize care management protocols, for example) for closing the identified CI gaps, with a particular focus on closing care transition gaps.	01/01/2016	03/31/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	
Task Step 3	Not Started	Finalize a clinical integration strategy across all clinical projects signed off by the Clinical Committee. The clinical integration strategy will include transition strategy across care continuum and leverage care management/care coordination expertise.	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform a clinical integration 'needs assessment'.	kbatchoo	Templates	32_DY2Q4_CI_MDL91_PRES1_TEMPL_Meeting_Schedule_Template_-	Meeting Schedule Template - Clinical Integration Milestone #1 (DY2, Q4)	04/27/2017 11:50 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			_Clinical_Integration_Milestone_#1_(DY2,_Q4)_14049.xlsx		
	kbatchoo	Documentation/Certification	32_DY2Q4_CI_MDL91_PRES1_DOC_Clinical_Integration_Needs_Assessment_Document_033017_14047.pdf	Clinical Integration Needs Assessment Document (NYU Lutheran PPS)	04/27/2017 11:45 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	The NYU Lutheran PPS has met the requirements to complete Clinical Integration Milestone #1. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Develop a Clinical Integration strategy.	The NYU Lutheran PPS is currently in progress with this Clinical Integration Milestone #2. The PPS has pushed back the due date of this milestone and will continue to make efforts in this area towards the completion of this milestone.

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

NYU Lutheran Medical Center (PPS ID:32)

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.

At the highest level, successfully delivering needed IT and implementing the clinical projects are critical to achieving clinical integration across providers involved in a specific project and across the PPS. Each of those IP sections describe the processes the PPS is putting in place to mitigate any risks to achieving those Work Streams. Other risks similarly could impact the implementation of this Work Stream, including:

• Inability of providers and practitioners of all sizes to financially, administratively or operationally be able to adopt the HIT/HIE tools and processes necessary to effectuate clinical integration across the PPS.
• Educating and engaging practitioners sufficiently to ensure PPS-wide adoption of evidence-based clinical pathways, care models, and care transitions protocols to ensure true clinical integration across projects. Practitioners must be resourced appropriately to adopt these new care models and protocols.

The PPS has several mechanisms to mitigate these risks, including an active multi-dimensional communication and collaboration strategy with its partners and practitioners (e.g., All Partner meetings; PPS Newsletter; Regular email exchanges; Clinical Project Workgroups), including key partners/practitioners on the key Committees or workgroups necessary to oversee or implement these Work Streams, and ensuring active linkages across the Work Streams (e.g., IT and Clinical Projects). The clinical project general implementation section describes the PPS's general approach to ensuring provider engagement and capacity, and each clinical project describes the PPS's risk and mitigation strategy related to provider engagement and capacity.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

As noted in this section, this work stream is highly dependent on the IT and Clinical Project Work Streams, particularly, but also is dependent on successful Workforce, Cultural Competency/Training, and Practitioner Engagement Work Streams. Successful IT delivery and clinical project implementation are critical to achieving clinical integration across providers involved in specific projects and across the PPS. Additionally, this Work Stream will depend on the Finance Work Stream which will determine the available funding for each project. This funding level may present significant challenges given project requirements.

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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 of CI Work Stream	Clinical Sub-Committee	Oversight and approval body.
Lead clinical integration work stream	Dr. Gary Kalkut, NYU	Oversee and monitor clinical integration activities.
Support development of clinical integration needs assessment and strategy	Project-specific clinical workgroups	Clinical integration needs assessment and strategy development.

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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		
NYU Lutheran PPS Partners (includes representatives from FQHCs, NYU Lutheran, physicians, behavioral health agencies, social service agencies, health homes and other clinical partners). Key partners to include, but not limited to NYU Lutheran, NYU, ODA, Addabbo, and Ezra Medical Center.	Active workgroup participation; acceptance and adoption of clinical integration strategy	Engage in the process and related trainings.
External Stakeholders		
NYU Lutheran PPS patients/families	Recipients of improved care delivery/caregivers or supports for these patients	Feedback through surveys.
CBOs	Critical patient resources/supports	Feedback through surveys.
Health plans	Source of member data to monitor outcomes	Patient data.

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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.

IT infrastructure across the PPS will be critical to supporting this Work Stream. Practitioners across the PPS, and particularly across projects, will need ready access to existing and new information and data (e.g., patient electronic health records; care management and care transitions tools and protocols; patient registries, appointment scheduling and reminder tools, provider communication tools, etc.) to be able to transform their practice to achieve clinical integration across providers in the PPS.

The NYU Lutheran PPS will establish an integrated delivery system that will connect patients and providers, and build deeply integrated and transformative clinical and care management workflows. The integrated delivery system will establish shared connectivity, registries, provider and patient portals, care coordination tools, and analytics across the PPS in order to meet DSRIP performance goals and successfully implement DSRIP clinical projects.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

The PPS will measure the success of clinical integration across time and in several ways. We will be monitoring and reporting on the project-specific process and outcome measures; monitoring and reporting on the implementation of our IT strategy; and conducting periodic patient and provider surveys about their care delivery experience (e.g., through satisfaction surveys) and practice transformation (e.g., PCMH status assessment), respectively.

IPQR Module 9.9 - IA Monitoring:

Instructions :

Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

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

The NYU Lutheran PPS's approach to successful clinical project implementation centers on 1) leveraging NYU Lutheran and NYULMC's existing infrastructure, resources, and clinical expertise to develop robust clinical operational plans and to provide access to clinical expertise, technical assistance and central support to implement each project; 2) establishing clinical project governance and management structures that enable efficiency, effectiveness and transparency; 3) coordinating with and actively engaging key partners; and 4) establishing IT connectivity between and among PPS partners to share data, track progress against project milestones, and report on results to ensure meaningful patient outcomes.

Partner engagement is the crux of successfully implementing this approach. NYU Lutheran PPS partners bring clinical expertise, as well as culturally-competent and community-centered knowledge, relationships and resources. Each project's success hinges on harnessing this expertise and channeling it to the wider PPS's benefit. As such, partners will be integral to the individual project teams as well as the clinical project oversight structure to develop and implement each project.

This integrated, collaborative approach will enable the NYU Lutheran PPS to transform from a disparate group of providers to a highly integrated network where each clinical project works in concert to achieve DSRIP's goals. The PPS clinical projects governance and project implementation structure will leverage individual project work groups, each responsible for focusing on their project goals, interventions, and milestones, to share data-driven, evidence-based best practices and other learnings to contribute to each project's successful implementation. These work groups will be co-led by both a NYU Lutheran and community-based partner representative and comprised of NYU Lutheran, NYU, primary care and other partners. The Clinical Sub-Committee, which will report to the PPS Executive Committee and be comprised of each work group's co-leads and additional PPS clinical and administrative leadership, will oversee all clinical projects and monitor each project's implementation to lift up cross-cutting project successes and challenges. Following implementation planning, work groups will shift to assume responsibility for on-going project monitoring, performance management and provider engagement with support from the PPS central services group.

The PPS will support this implementation approach by deploying coordinated IT systems and the Patient Navigation Center, providing actionable data for care management and coordination, and facilitating technical assistance for partners to meet the challenges of implementing specific project elements.

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

Instructions :

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

establishment of data sharing protocols.

Successful project implementation will depend on efforts within and across the PPS-specific work streams and also cross-PPS initiatives. Specifically, the following major interdependencies have been identified by our PPS will be addressed via cross work stream and cross PPS initiatives. These will include, but not be limited to: 1) supporting relevant partners to achieve PCMH NCQA 2014 Level 3 status; 2) successfully implementing IT systems, including EMRs and HIE connectivity; 3) contracting with MCOs to support financial sustainability; 4) engaging patients, as well as engaging providers to consistently employ evidence-based, best practice clinical protocols to achieve standardization in care coordination, quality and outcomes; 5) developing a PPS-wide budget approach to ensure adequate funds are available across projects; 6) coordinating with other PPSs; and 7) coordinating the PPS's workforce strategy and priorities across projects.

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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Project Management Office	NYU Lutheran PPS PMO	Coordinate PPS-wide functionality and provide day-to-day operational support for PPS, including implementation management of selected cross-project initiatives (e.g., support PCMH objectives).
Clinical Sub-Committee	NYU Lutheran PPS	Oversee PPS-wide clinical project implementation and on-going monitoring.
Behavioral Health Work Group	NYU Lutheran PPS	Develop plan and oversee implementation of the Behavioral Health and Primary Care integration project.
Diabetes Work Group	NYU Lutheran PPS	Develop plan and oversee implementation of the Diabetes project.
HIV Work Group	NYU Lutheran PPS	Develop plan and oversee implementation of the HIV project.
Tobacco Use Cessation Work Group	NYU Lutheran PPS	Develop plan and oversee implementation of the Tobacco Use Cessation project.
Asthma Work Group	NYU Lutheran PPS	Develop plan and oversee implementation of the Asthma project.
ED Care Triage Work Group	NYU Lutheran PPS	Develop plan and oversee implementation of the ED Care Triage project.
Observation Unit Work Group	NYU Lutheran PPS	Develop plan and oversee implementation of the Observation Unit project.
Care Management and Navigation Work Group	NYU Lutheran PPS	Develop plan and oversee implementation of the Care Management and Navigation project.

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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		
PPS Finance Sub-Committee	Conduct PPS-wide financial impact monitoring.	Responsible for on-going monitoring of the impact of the DSRIP projects on the financial health of the network and individual providers.
Project Advisory Committee	Represent partners in PPS governance.	Serve on PPS-wide committees as organizational and provider-type representative.
External Stakeholders		
NYU Lutheran PPS attributed members	Impacted positively by the nine clinical projects resulting in improved access and coordination of care and overall health and health outcomes.	Beneficiaries of the PPS infrastructure and clinical projects. Responsible for playing an active role in their care.
Medicaid Managed Care Organizations	Contract to support financially sustainable clinical projects.	Partners in sharing claims and EHR data, negotiating and piloting new payment models.
NYC Department of Health and Mental Hygiene	Collaborate with the PPS to implement several Domain 3 and 4 projects (i.e., Asthma, Tobacco, HIV).	The PPS project implementation planning teams are working with DOHMH representatives to determine DOHMH responsibilities to support interventions.
Brooklyn-area PPSs, including OneCity Health, Community Care of Brooklyn, and Advocate Community Partners	Collaborate with the PPS on implementation of our HIV and tobacco use cessation projects. For Domain 2 and 3 projects, collaborate with the PPS by sharing best practices, lessons learned for Asthma, Diabetes and Behavioral Health projects and coordinating patient data-sharing of other PPSs lives who seek care by our PPS providers (e.g., ED Care Triage, Observation Unit).	PPSs will share best practices and avoid duplication of effort.
1199	Serves as PPS primary workforce vendor.	Assist PPS with workforce engagement, development, and training.
OPWDD	Committed to ensuring representation and coordination among DD providers.	Provide technical assistance to PPS, as needed, to promote and establish participation of DD providers.
OMH	Committed to ensuring representation and coordination among providers of mental health services.	Provide technical assistance to PPS, as needed, to support integration of behavioral health and primary care.
OASAS	Committed to ensuring representation and coordination among providers of substance abuse services.	Provide technical assistance to PPS, as needed to ensure integration of substance abuse providers.

NYU Lutheran Medical Center (PPS ID:32)

IPQR Module 10.5 - IT Requirements

Instructions :

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

The development of a robust information technology platform will play a critical and central role in the success of the NYU Lutheran PPS. This platform will help ensure a cohesive and effective partnership to advance population health and value based payments between NYU Lutheran Medical Center and its various key partners. The IT infrastructure will be supported by experts at NYU Langone Medical Center (NYULMC), leveraging its private health information exchange and the State's Regional Health Information Organization (RHIO) in Brooklyn, HealthIx.

NYULMC has consistently demonstrated its commitment to building a strong health information technology (HIT) infrastructure to support the mission and vision of becoming a world-class, patient-centered, integrated academic medical center. Their commitment is exemplified by the development and expansion of the hospital and clinically integrated network (CIN) dashboards, the NYULMC Health Information Exchange (HIE), and the implementation of Epic, our enterprise-wide electronic medical record system. These systems are the cornerstone of the NYU Lutheran PPS's Enterprise Clinical Platform (ECP), which, along with our Patient Navigation Center, will successfully integrate our mission to reduce avoidable hospital use and improve access and delivery of appropriate clinical services in Brooklyn.

The hospital dashboard leverages HIT systems and administrative data for the purpose of monitoring key indicators for operational, financial, and quality performance. Building on this, the CIN dashboard layers external claims data and additional clinical information from HIE. These tools support information-sharing and transparency while allowing clinical and administrative teams to identify areas for improvement. Metrics are available on the site, physician, population and patient level, allowing for sufficient drill down to support actionable quality improvement. These tools also advance risk stratification, predictive and population analytics, and may be provided to the PPS.

NYULMC launched the HIE, an electronic platform to mobilize patient information across physicians and organizations. All physicians in inpatient and outpatient settings are required to be electronically connected to this exchange. In addition, NYULMC has connected to approximately 200 physician practices in its voluntary network accounting for 26 EMRs. The PPS's IT team is currently in process of planning our connectivity strategy to our PPS partners and its Patient Navigation Center in order to share clinical data and track patient progress in the community. Further, connecting post-acute facilities to the HIE will provide a platform for increased communication and information exchange between providers. The HIE will allow care protocols to be shared and clinical issues to be communicated within and across care settings to improve the efficiency and quality of care provided to our patients. The HIE will also be supported by a consistent EMR system in Epic, which will be implemented throughout the NYU Lutheran hospital system by Autumn 2016. Protocols, developed as part of care redesign for DSRIP, will be incorporated into Epic to guide providers along the clinical continuum.

By enhancing the capacity for providers across the care community to connect and share information about patients, NYU Lutheran PPS will continue to create the ability to measure and improve quality of care, enable care redesign, and coordinate care for our attributed population and across our community.

IPQR Module 10.6 - Performance Monitoring

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

DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

Instructions :

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

As part of the State's goal to "better understand[] the patterns of health outcomes and healthcare within each region of the state to assist with network formation," the NYU Lutheran PPS will foster an environment of quality performance reporting and culture through our main clinical projects. This includes setting common, evidence-based protocols where applicable, and tracking the improvement in health outcomes through the State's tools, such as its DSRIP Performance Chartbooks, DSRIP Dashboards, DSRIP Domain 3 Clinical Metrics Dataset, Salient Performance Data, and other DSRIP relevant performance data. Examples of how the projects will fit into the development of a quality performance reporting system and culture include the development of collaborative, evidence-based standards of care including medication management and the care engagement process for Project 3.a.i, the implementation of evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings for Project 3.c.i, and the development and implementation of evidence-based asthma management guidelines for Project 3.d.ii.

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

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NYU Lutheran Medical Center (PPS ID:32)

IPQR Module 10.7 - Community Engagement

Instructions :

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

The NYU Lutheran DSRIP program recognizes the value of community collaboration, including community-based organizations as equal and active partners and embracing true and meaningful community engagement. This model provides the best opportunity for creating a truly integrated delivery system, with prevention as the cornerstone of the system, with the aim of bringing healthcare services deep into the community and stabilizing and improving the health of fragile populations. Our plan achieves this goal by defining DSRIP as a health program that incorporates the social determinants of health as fundamental to improving the outcomes of medical interventions. This recognizes the unique character of CBOs whose inherent cultural and social competence provide a vector to addressing these social determinants. The NYU Lutheran PPS leverages the special skills, assets and contributions of CBOs, embedding their representation in the governance structure and in working groups. The program's Clinical Projects Workplan delineates specific functions that capitalize on CBO expertise. Examples of current plans to embed CBO participation in clinical activities include:

• Leveraging culturally-specific organizations to serve as cultural brokers for messaging on appropriate use of the emergency department;
• Promoting training and employment opportunities to build a community-based and linguistically and culturally competent community health workforce;
• Subcontracting with CBOs to provide health education and wellness prevention services;
• Capitalizing on CBO existing expertise on particular health issues such as asthma prevention through home inspection; and
• Developing and disseminating health information to hard to reach populations

Potential associated risk includes assuring that DSRIP has sufficient infrastructure and financial resources to oversee CBO partnerships, including establishing a standard of practice expectation, provide training, and monitor activities.

IPQR Module 10.8 - IA Monitoring

Instructions :

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan 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	0.00	367,649.00	367,648.00	130,000.00	100,000.00	75,000.00	75,000.00	25,000.00	25,000.00	1,165,297.00
Redeployment	0.00	0.00	0.00	0.00	200,000.00	200,000.00	88,000.00	88,000.00	25,000.00	0.00	601,000.00
New Hires	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70,000.00	65,000.00	135,000.00
Other	0.00	420,892.00	230,000.00	75,000.00	225,000.00	225,000.00	197,000.00	197,000.00	75,000.00	75,000.00	1,719,892.00
Total Expenditures	**0.00**	**420,892.00**	**597,649.00**	**442,648.00**	**555,000.00**	**525,000.00**	**360,000.00**	**360,000.00**	**195,000.00**	**165,000.00**	**3,621,189.00**

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	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1	Completed	Establish oversight and review process over Workforce Impact Analysis and defined workforce state.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2	Completed	Identify and map out the specific requirements of each DSRIP project and the new services each of the projects will require or deliver.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3	Completed	Determine project-by-project workforce impact on the PPS to develop target workforce state.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4	Completed	Develop "To Be" Workforce analysis including specifications for the kinds, numbers, and location of workers needed to accomplish the PPS's strategic project requirements and milestones.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5	Completed	Obtain approval from Executive Committee on target workforce state.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Completed	Completed workforce transition roadmap, signed off by PPS workforce governance body.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1	Completed	Develop decision-making model that defines how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2	Completed	Coordinate with clinical sub-committees to prioritize workforce training, redeployment and hiring to achieving "target state".	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Sep 3	Completed	Create five year workforce transition roadmap for addressing workforce impacts, filling workforce gaps, and building workforce "target state"	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4	Completed	Define timeline of when these workforce changes will need to take place and what the dependencies are for training,	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

NYU Lutheran Medical Center (PPS ID:32)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		redeployment and hiring.							
Task Step 5	Completed	Obtain approval of workforce transition roadmap from Executive Committee.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
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	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1	Completed	Develop and implement workforce survey to assess partners' provider and staff capacity and determine "As Is" workforce status.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2	Completed	Map current state analysis against future state analysis to develop gap analysis	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3	Completed	Identify percentage of employees impacted from full placement, partial placement, no placement.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4	Completed	Develop recruitment plan and timeline for new hires, if needed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5	Completed	Conduct refined workforce budget analysis for submission to the State.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6	Completed	Finalize current state assessment and obtain PPS governance approval	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1	Completed	Develop process and work plan for conducting a compensation benefit analysis	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2	Completed	Determine whether compensation and benefit analysis will be conducted by PPS staff, vendor, or coordinated across multiple Brooklyn PPSs	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3	Completed	Work with partners to gather compensation and covered benefits of existing roles that may potentially be redeployed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4	Completed	Compare obtained compensation and benefit information against future positions' compensation and covered benefits.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5	Completed	Create compensation and benefit analysis.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 6	Completed	Develop policies for impacted staff who face partial placement, retraining or redeployment	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 7	Completed	Review and obtain approval of compensation and benefit analysis plan from Executive Committee.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1	Completed	Define current state training needs (through partner and stakeholder engagement) and in consultation with clinical sub-committees	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2	Completed	Conduct a skills assessment to understand existing staff capability for training assessment	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3	Completed	Contract with training vendor(s)	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4	Completed	Develop training needs assessment.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5	Completed	Develop training strategy, including identifying existing training resources, gaps and needed capacity	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6	Completed	Develop training timeline and workplan	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 7	Completed	Establish training budget	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 8	Completed	Launch training/retraining.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 9	Completed	On-going tracking and monitoring of training programs including: evidence of training take-up, description of training programs delivered, participant level data and training outcomes.	07/01/2016	09/30/2016	07/01/2016	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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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

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

Milestone Review Status

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

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NYU Lutheran Medical Center (PPS ID:32)

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

NYU Lutheran Medical Center (PPS ID:32)

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

Instructions :

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

The NYU Lutheran PPS has identified the following key challenges and risks that could impact our ability to achieve the above-described milestones:

• The State has laid out an extremely tight timeframe to conduct a robust workforce analysis, including the numbers of workers who will need to be retrained or redeployed and the number of new hires. The PPS is also required to present exact numbers of new hires by type and conduct a detailed compensation and benefits analysis. To complete this analysis, the PPS will need to gather detailed information from each of its partners, many of whom are participating in multiple PPSs who will also be seeking similar information. In addition to the Workforce "As Is" analysis, the partners will also be required to respond to IT, clinical project planning and cultural competency survey assessments. Many partners will be overwhelmed with the amount of information they are required to submit to the PPS and may be challenged to return necessary information in the prescribed timeframe. To mitigate this risk, the PPS will align survey assessments, to the maximum extent possible, with other Brooklyn PPSs and will explore the possibility of sharing a vendor with other PPSs to conduct the workforce impact analysis. Furthermore, the heterogeneity of the partners' workforce and compensation systems will make a PPS-wide strategy challenging. Finally, projecting specific numbers of jobs by types many years in the future is challenging. Given the significant transformation of the health system is undergoing due to DSRIP as well as many other economic and political forces these projections will become less accurate further into the future.

• The PPS may have difficulty recruiting and hiring dedicated professionals, particularly for certain jobs for which there will be demand coming from multiple PPSs across the city.

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

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

The Workforce Work Stream will be dependent on multiple PPS work streams. The workforce impact analysis and the development of the target workforce state will need to be conducted in close coordination with the clinical project planning team in order to define the types, numbers and locations of needed workers. Workforce training should also be closely coordinated with cultural competency and health literacy training needs and both should be integrated to the maximum extent possible. Workforce will also be dependent on the IT infrastructure to ensure tracking of training programs.

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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 Impact Analysis Coordinator	Frank Scheets, NYU Rhett Tanselle. NYU Lutheran	Project management and oversight of Workforce Impact Analysis.
Data Analyst	Rhett Tanselle, NYU Lutheran Kris Batchoo, NYU Lutheran	Provides data support and analysis of workforce data; develops summary reports and analysis for approval.
Workforce Stakeholder Liaisons	Jose LaBarca, NYU Lutheran Catherine Panags, NYU Lutheran	Provide on-going updates and communication to PPS partners, unions, and workforce on Workforce Impact Analysis.
Workforce Impact Analysis Consultant	BDO	To provide on-going feedback and consultation.
Training Coordinator	Celeste Del Gatto, NYU	Oversee deployment of workforce training and retraining.
Training Vendors	1199 TEF and possibly others TBD	A training vendor that can provide training modules and/or certification training to support workforce re-training needs.

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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		
Workforce Staff reporting to Alessandra Taverna-Trani	Monitoring and implementing Workforce steps and ensuring compliance with milestones	Will oversee workforce implementation, quarterly reporting to the State, and monitoring of workforce impact analysis.
External Stakeholders		
1199 SEIU	Training Vendor	Training vendor to provide training modules; 1199 will also be engaged to provide feedback on workforce impact analysis
Other unions	Impacted Members	Provide feedback on workforce impact analysis.
Other Brooklyn PPSs (Maimonides and HHC)	PPS Strategic Partner	Coordinate workforce impact analysis, partner survey collection, training, and compensation and benefit analysis
Partners (includes representatives from FQHCs, NYU Lutheran, physicians, behavioral health agencies, social service agencies and other clinical partners). Key partners to include, but not limited to NYU Lutheran, NYU, ODA, Addabbo, and Ezra Medical Center.	Participants	Provide critical information to inform workforce impact analysis and participate in trainings.

IPQR Module 11.8 - IT Expectations

Instructions :

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

The IT infrastructure that is established will be used to track training progress, including how many people have been trained, the subject of the training and when the training took place. The PPS will leverage IT to provide analytics that support workforce planning and evaluation.

IPQR Module 11.9 - Progress Reporting

Instructions :

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

Success of our workforce strategy will be measured through meeting milestones and quarterly reporting. We will also measure the success of our workforce strategy against meeting the targets of redeployed, retrained, and hired staff and the workforce budget. The PPS will establish a reporting structure that will allow us to track our progress against our milestones.

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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
kbatchoo	Documentation/Certification	32_DY2Q4_WF_MDL1110_DOC_Workforce_Staffing_Impact_Narrative_(NYU_Lutheran_PPS)_-_DY2,_Q4_Reporting_11370.pdf	Workforce Staffing Impact Narrative (NYU Lutheran PPS) – DY2, Q4 Reporting	04/21/2017 03:57 PM
kbatchoo	Templates	32_DY2Q4_WF_MDL1110_TEMPL_Workforce_Staffing_Impact_Actuals_(NYU_Lutheran_PPS)_-_DY2,_Q4_Reporting_11364.xlsx	Workforce Staffing Impact Actuals (NYU Lutheran PPS) – DY2, Q4 Reporting	04/21/2017 03:40 PM

Narrative Text :

SUBMITTED UNDER REMEDIATION

In response to the IA Informal Communication received for Staff Impact as part of the DY2, Q4 Remediation Checklist Report, this narrative is being submitted by the NYU Lutheran PPS to clarify the Workforce Staff Impact Actuals reporting from DY1, Q1 through DY2, Q4.

During the DY2, Q2 reporting period in MAPP, the PPS submitted the Workforce Staff Impact Actuals as part of Module 11.10 (Staff Impact). The PPS's submission of Workforce Staff Impact during the DY2, Q2 reporting period included all workforce impact from DY1, Q1 through DY2, Q2. The PPS had minimal staff impact in DY1, with the majority of reported impact occurring in DY2, Q1 and DY2, Q2.

The PPS reported Workforce Staff Impact Actuals for DY2, Q3 and DY2, Q4 during the DY2, Q4 reporting period in MAPP.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

New York State Department Of Health
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IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

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

Benchmarks	
Year	**Amount($)**
Total Cumulative Spending Commitment through Current DSRIP Year(DY2)	1,461,189.00

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	1,193,754.99	0.00	1,193,754.99	162.35%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	0.00	13,869.23	13,869.23	0.00%
Other	40,551.00	171,503.01	577,054.01	79.50%
Total Expenditures	**1,234,305.99**	**185,372.24**	**1,784,678.23**	**122.14%**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 11.12 - IA Monitoring:

Instructions :

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

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

Instructions :

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

1. PCMH Status- Significant funding required to support partners' meeting PCMH NCQA 2014 Level 3 status greater than resources provided by the State; no guarantee partners will buy in/comply. Mitigation: PPS will make best effort to conduct efficiently a current state assessment, develop plan to support deployment of PCMH solutions to eligible providers across the PPS; provide technical assistance to partners; incent providers through fund flow.
2. IT Connectivity- Significant money and expertise required to meet EHR, data sharing and HIE connectivity requirements which may be greater than PPS's resources. Mitigation: PPS will conduct current state assessment to help develop gap analysis, informing which partners to prioritize when expending resources required and timing to support partner's EHR/HIE connectivity implementation; leverage NYU's HIE solution that already connects 26 different EHRs from various institutions; provide technical assistance to partners without existing EHRs; and help establish connectivity to HIE and the RHIO.
3. MCO Contracting- Complexity and considerable legal structural impediments. Collaborative Contracting Model requires that each partner remain autonomous. Mitigation: PPS meeting with MCOs to better coordinate population health efforts and looking possibly to develop shared savings models and other risk-bearing structures with various MCOs. Plan to assist partners in developing the structure and capacity to enter into risk-based contracts.
4. Patient Engagement- Difficulties actively engaging hard to reach patients, many of whom may have little familiarity with the health care system; no insight which individuals comprise Medicaid non- or infrequent utilizers. Mitigation: PPS will actively target said patients through coordinating, training, equipping and deploying Community Health Workers as key element of the community-based patient navigation strategy; partner with CBOs to support outreach and navigation activities that are culturally competent and accessible; develop multilingual patient outreach and education materials.
5. Provider Engagement- Difficulty engaging some providers to follow IDS care coordination protocols, use standardized interventions/ tools and participate in performance management programs. Mitigation: PPS will identify clinical project leaders to serve as project champions and build support across the network leading to move from silos to optimally integrated network. Increase buy- in by including partners in PPS's governance structure. To minimize conflicting demands and over-burdening those providers committed to same projects across multiple PPSs (non-exclusive providers), seek collaboration with other Brooklyn-based PPSs. Select providers to pilot population health resources/tools to identify and track high-risk patients. Refine/ launch tools, resources and protocols across PPS based on feedback; provide technical assistance to those who struggle with implementing IDS requirements. Develop incentive programs and a communication plan to solicit feedback.
6. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required for population health management. Mitigation- None available.

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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 Q2	Project	N/A	In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 1. Complete contracting with all PPS providers to ensure a robust integrated delivery system.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 2. 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. Ensure that the milestone has been completed.		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
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	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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collaborative care practices and integrated service delivery.										
Task Step 1. Continue to contract with the Brooklyn Health Home (BHH) for those patients who are HH-eligible.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Conduct regular coordination meetings between the BHH and Brooklyn Bridges PPS.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3. Identify how PPS partners can best utilize BHH for appropriate PPS attributed patients or become HH providers.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Utilize Brooklyn Bridges PPS population health management system to identify appropriate health home patients.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. Ensure that the milestone has been completed.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Conduct an assessment of providers to identify best practices and lessons learned in care coordination protocols that could be expanded across the PPS.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Establish PPS-wide clinical pathways for care		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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coordination, with the Patient Navigation Center (PNC) as the coordinating hub of many care transitions.										
Task Step 3. Select sites/clinical programs to pilot and evaluate new care coordination models and protocols. Identify lessons learned and modify care coordination protocols for scheduled deployment across the PPS.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Develop PPS-wide training program to roll out and support implementation of care coordination protocols.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Design and deploy communication strategies to PPS partners, including community based organizations, to educate patients on how to use and navigate services at the Brooklyn Bridges PPS.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 6. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network (see IT section for details).		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7. Communicate expectations and timeframes for achieving PPS-wide connectivity.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8. Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. Ensure that the milestone has been completed.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 9. PPS will consider collaboration with MCOs, HHs, OPDs PEER advocacy organizations and residential providers that serve SMI individuals to expand access to clientele to educate and engage.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	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	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2018	10/01/2015	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	10/01/2015	03/31/2018	10/01/2015	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	10/01/2015	03/31/2018	10/01/2015	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	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Complete current state assessment of interoperability and HIE requirements across the PPS safety net providers.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where PPS safety net members' EHRs fail to meet RHIO's HIE and SHIN-NY connectivity requirements.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network (see IT section for details).		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Identify resources and expertise required to implement HIE connectivity plan for PPS safety net provider partners.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Implement plan and achieve HIE connectivity across PPS safety net provider partners.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	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		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or		Provider	Safety Net Practitioner - Primary Care Provider	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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APCM.			(PCP)							
Task Step 1. Complete current state assessment of EHR systems' MU certification and PCMH Level 3 standards across the PPS.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 2. Identify gaps highlighting where PPS members' EHRs fail to meet MU and PCMH Level 3 certification requirements.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 3. Develop roadmap to achieving EHR MU & PCMH Level 3 certification requirements across PPS provider partners.		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 4. Work with Partners to identify resources and expertise required to implement EHR MU & PCMH Level 3 certification plan for PPS provider partners.		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 5. Implement plan and support partners in completing their EHR MU & PCMH certification requirements.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY4 Q2	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Complete current state assessment of patient registries active across the PPS safety net provider network, identifying the registry's objectives, data sources, architecture and users.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 2. Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations, and, b) PPS safety net partners cannot easily upload appropriate patient data to a patient registry.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Develop roadmap to achieving expansion and/or establishment of patient registries for clinical projects and target populations across the PPS safety net partners.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Identify resources, timing and expertise required to implement the patient registry plan for PPS safety net provider		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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partners.										
Task Step 5. Implement plan across PPS safety net partners.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	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		Not Started	01/01/2017	03/31/2018	04/01/2017	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	10/01/2015	03/31/2018	10/01/2015	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	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Complete current state assessment of EHR systems' MU certification and 2014 Level 3 PCMH standards across the PPS		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2. Identify gaps highlighting where PPS members' fail to meet EHR MU and 2014 PCMH Level 3 certification requirements.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3. Develop roadmap to achieving EHR MU & 2014 PCMH Level 3 certification requirements across PPS provider partners.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 4. Work with Partners to identify resources and expertise required to implement EHR MU & 2014 PCMH Level 3 certification plan for PPS provider partners.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 5. Implement plan and support partners in completing EHR MU and 2014 PCMH Level 3 certification requirements.		Project		In Progress	01/01/2017	12/31/2017	01/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Step 6. Confirm that partners have met EHR MU and 2014 PCMH Level 3 and/or APCM standards by the end of DY3.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Identify MCOs with which to schedule regular progress meetings.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Launch and conduct regular meetings to track PPS's utilization trends, performance metrics and flag issues to be addressed by the PPS leadership, MCO or both parties, collaboratively.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3. Ensure that the milestone has been completed.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	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 Q2	Project	N/A	In Progress	01/01/2017	09/30/2018	01/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		Not Started	01/01/2017	09/30/2018	04/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		Not Started	01/01/2017	09/30/2018	04/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task Step 1. Identify current models being used in the PPS.		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 2. Identify stakeholders who should be involved in each step of value based payment reform.		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 3. Develop provider incentive-based compensation model(s) to be implemented by PPS partners or across PPS clinical programs that reward achievement of patient outcomes.		Project		Not Started	01/01/2017	03/31/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 4. Pilot and evaluate new incentive-based compensation models.		Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task		Project		Not Started	01/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2

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Step 5. Expand implementation of provider incentive-based compensation models.										
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 Q2	Project	N/A	In Progress	10/01/2016	09/30/2018	10/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		In Progress	10/01/2016	09/30/2018	10/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 1. Develop objectives and components of the community outreach plan to achieve patient engagement with the PPS.		Project		In Progress	01/01/2017	09/30/2018	01/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task Step 2. Identify the timing, resource requirements, CHW recruitment/retraining strategies and culturally-competent expertise to launch the community outreach plan.		Project		In Progress	01/01/2017	09/30/2018	01/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task Step 3. Implement the community outreach plan.		Project		In Progress	01/01/2017	09/30/2018	01/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task Step 4. Develop and implement tools to track, on an on-going basis, levels of community engagement and identify priority areas for further engagement efforts by the PPS.		Project		Not Started	01/01/2017	09/30/2018	04/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task Step 5. Review impact of community outreach activities upon the PPS communities served and refine patient engagement interventions, accordingly		Project		Not Started	01/01/2017	09/30/2018	07/01/2017	09/30/2018	09/30/2018	DY4 Q2

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	kbatchoo	Templates	32_DY2Q4_PROJ2ai_MDL2ai2_PRES2_TEMPL_Meeting_Schedule_Template_-_Project_2.a.i_Milestone_#2_(DY2,_Q4)_15509.xlsx	Meeting Schedule Template - Project 2.a.i Milestone #2 (DY2, Q4)	06/19/2017 04:38 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ai_MDL2ai2_PRES2_DOC_Updated_list_of_Participating_Health_Homes_14699.xlsx	Updated list of Participating Health Homes	04/30/2017 03:07 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ai_MDL2ai2_PRES2_DOC_NYU_Lutheran_PPS_Clinical_Sub-Committee_Meeting_Agenda_021317_14698.pdf	NYU Lutheran PPS Clinical Sub-Committee Meeting Agenda 021317 - Evidence of Interaction	04/30/2017 03:05 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ai_MDL2ai2_PRES2_DOC_Project_2.a.i_Milestone_#2_Document_(NYU_Lutheran_PPS)_14697.pdf	Project 2.a.i Milestone #2 Document (NYU Lutheran PPS)	04/30/2017 03:04 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.	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ai_MDL2ai2_PRES3_DOC_Combined_MSA_and_HIPAA_BAA_and_Schedule_A_BLANK_(NYU_Lutheran_PPS)_14710.pdf	Combined MSA and HIPAA BAA and Schedule A - NYU Lutheran PPS Contract (blank)	04/30/2017 08:26 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ai_MDL2ai2_PRES3_DOC_IDS_Processes_(NYU_Lutheran_PPS)_14709.pdf	IDS Processes (NYU Lutheran PPS)	04/30/2017 08:25 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ai_MDL2ai2_PRES3_DOC_Clinical_Data_Process_Workflow_(NYU_Lutheran_PPS)_14708.pdf	Clinical Data Process Workflow (NYU Lutheran PPS)	04/30/2017 08:24 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ai_MDL2ai2_PRES3_DOC_Project_2.a.i_Milestone_#3_Document_(NYU_Lutheran_PPS)_14707.pdf	Project 2.a.i Milestone #3 Document (NYU Lutheran PPS)	04/30/2017 08:22 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.	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ai_MDL2ai2_PRES6_DOC_Screenshot_of_EHR_Completeness_Report_14701.pdf	Screenshot of EHR Completeness Report	04/30/2017 03:48 PM
	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ai_MDL2ai2_PRES6_DOC_Sample_Patient_Registry_(NYU_Lutheran_PPS)_14700.pdf	Sample Patient Registry (NYU Lutheran PPS)	04/30/2017 03:38 PM
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ai_MDL2ai2_PRES9_DOC_Project_2.a.i_Milestone_#9_Document_(NYU_Lutheran_PPS)_14702.pdf	Project 2.a.i Milestone #9 Document (NYU Lutheran PPS)	04/30/2017 04:32 PM

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.	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication received as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS has uploaded a Meeting Schedule Template for this Project 2.a.i Milestone #2 in combination with the documents which were submitted by the PPS in April 2017. The PPS has addressed the metrics associated with this project requirement by providing an updated list of participating Health Homes, having written agreements with the health home (Health Home Network Provider Agreement, DEAA, and BAA), evidencing interactions, and by providing a Meeting Schedule Template. Periodic progress reports occur during the NYU Lutheran PPS Clinical Sub-Committee Meetings. If necessary, the PPS can provide additional documentation requested by

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	the IA Team for Project 2.a.i Milestone #2. AS ORIGINALLY SUBMITTED The NYU Lutheran PPS has met the requirements to complete Project 2.a.i Milestone #2. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS is providing additional details for this Project 2.a.i Milestone #3. The NYU Lutheran PPS Enterprise Clinical Platform (ECP) consists of an enterprise electronic health record (EHR) (Epic), a community health information exchange (NYU HIE), a regional health information organization (RHIO) (Healthix), a sophisticated analytics and reporting platform, and care coordination and management reports and capabilities for use by PPS partners and the Patient Navigation Center (PNC). The ECP establishes shared connectivity, registries, care coordination tools, and analytics across the PPS in order to meet DSRIP performance goals and successfully implement DSRIP clinical projects. Epic's proven ability to interface with the PPS's HIE and RHIO will facilitate the sharing of clinical information between partners, helping each partner to manage their patients, including those engaged in the clinical projects. Comprehensive clinical information including hospital and emergency department use and other episodes of care will be available through the HIE and RHIO to all PPS Partners and the PNC. These connected data will facilitate better care and the development of care plans, and will provide information and workflows to the PNC. The PNC's care coordinators will document their work in Epic, providing a platform for care coordination, navigation, and management. AS ORIGINALLY SUBMITTED The NYU Lutheran PPS has met the requirements to complete Project 2.a.i Milestone #3. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
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.	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS is providing additional details for this Project 2.a.i Milestone #6. The implementation of Epic included the implementation of Epic-based disease registries, custom built care management/coordination tools, and operational performance

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Milestone Name	Narrative Text
	analytics for use by the PPS partners and the Patient Navigation Center (PNC). This will result in widespread adoption of standard order sets, continuity of care, risk stratification, care coordination and navigation within the same electronic health record (EHR). Customized disease registries and care management tools facilitate management of chronic illness, reduce avoidable emergency department visits and hospital admissions, and connect to community based health and social services. The PPS is in the process of building and implementing Epic Healthy Planet, a population health management module which will further strength and enhance the PPS's ability to manage members across partners and episodes of care. Go-live is currently scheduled for Fall 2017. NYU Lutheran PPS is currently evaluating its strategy regarding the engagement of all safety net providers in accordance with other 2.a.i milestones. AS ORIGINALLY SUBMITTED The NYU Lutheran PPS has met the requirements to complete Project 2.a.i Milestone #6. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
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.	The NYU Lutheran PPS has met the requirements to complete Project 2.a.i Milestone #9. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
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 & Complete	
Milestone #7	Pass & Ongoing	
Milestone #9	Pass & Complete	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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 Project Narrative Template for Project 2.a.i (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine/Population Health Management)	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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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. Patient Engagement & Acceptance- Patient behavior is extremely difficult to change, especially in the short period of time required. Mitigation: The PPS will oversee the development of enhanced clinical pathways and training of staff in collaboration with partners to address social issues that drive ED frequent flyers; utilize patient tracking and compliance tools to identify hard to engage patients; prioritize hard to engage populations, based on scale, urgent need and potential impact of targeted, intensified intervention by the PNC, EDs and/or PCMHs; develop care navigation strategies, outreach, expertise and tools with which to engage and manage these ED frequent utilizer population and will develop multilingual patient outreach and education materials with a focus on the availability of primary care services in the community. In addition, as part of the PNC (2.c.i) project, the PPS will develop a Community Resource Guide, which will distinguish between MH and SUD providers in our network to guide quality patient referrals.
2. Existing Legal Structures- Federal EMTALA requirements, including screening/treating/stabilizing/transferring all patients who enter the ED. Mitigation: None available.
3. Infrastructure Development Time - Delay in the implementation of PNC will impede efficient and timely scheduling and tracking of patients going to an ED to PCPs across the PPS. Mitigation: The PPS will leverage NYU Lutheran's existing EHR and open-access scheduling to schedule and track follow-up appointments with PCPs; have case managers follow up with each patient's PCMH (as applicable) to schedule a follow-up appointment; case managers to identify the most appropriate PCMH location for follow-up PCP appointment and scheduling for patients without a PCP. Because IT/EHR systems among and between providers are separate and distinct, NYU Lutheran PPS will work with the NYU Langone IT Department to support integration and data exchange between systems.
4. Provider Engagement- Providers may resist adoption of standardized ED Care Triage project protocols. Mitigation: PPS will identify clinical project leaders to serve as project champions and liaise with partner champions to build support across the PPS provider network; engage partner providers to design and agree on standardized protocols to meet project requirements; optimize EMR and HIE functionality.
5. PCP Capacity- Insufficient number of PCPs available in the City, and existing practices cannot take on additional patients; Medicaid reimbursement structure to PCPs Mitigation: PPS will conduct an assessment to identify current capacity and analyze possible shortage areas and brainstorm ideas with provider practices to ease capacity issues, e.g. extend after-hours PCP availability in FQHCs and DTCs across the network where possible.
6. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to target patients in need for ED Care Triage services. Mitigation- None available.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	3,634

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	182	727	872	1,817
	Quarterly Update	2,038	3,704	0	6,162
	Percent(%) of Commitment	1119.78%	509.49%	0.00%	339.13%
IA Approved	Quarterly Update	0	1,666	0	6,119
	Percent(%) of Commitment	0.00%	229.16%	0.00%	336.76%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
dbudman	Documentation/Certification	32_DY2Q4_PROJ2biii_MDL2biii2_PES_DOC_2.b.III-DY2,_Q4-final_10575.pdf	DY2, Q4 Patient Engagement Project 2.b.iii - ED care triage for at-risk populations	04/18/2017 10:10 AM
dbudman	Documentation/Certification	32_DY2Q4_PROJ2biii_MDL2biii2_PES_DOC_2.b.III-DY2,_Q3-final_10573.pdf	DY2, Q3 Patient Engagement Project 2.b.iii - ED care triage for at-risk populations	04/18/2017 10:09 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	DY3 Q4	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Stand up program based on project requirements		Project		In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Conduct a current state assessment at Lutheran MC ED and NYU Cobble Hill ED to understand current ED discharge workflows and processes related to ED screening, patient education, ED discharge and scheduling post-ED follow-up visits with primary care providers.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Review research on effective strategies for reducing ED readmissions and for educating patients on proper use of the ED.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3. Interview ED patients to get a better understanding what would encourage them to use primary care resources instead of the ED.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4. Develop patient education strategies on appropriate use of the ED based on key findings from patient survey in Step 3		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 5. Roll out patient education strategies with community partners		Project		Not Started	01/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 6. Develop a plan for a PPS ED discharge program that provides LMC and Cobble Hill ED patients with the following upon discharge: 1. Education on appropriate ED use 2. A scheduled appointment with a primary care provider of their choice 3. Enroll all eligible patients into health home 4. SBIRT screening to identify potential ED "frequent fliers" appropriate for referral to substance abuse care.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 7. Identify ED discharge program lead										
Task Step 8. Determine resource needs to successfully implement the discharge program.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 9. Recruit, train and assign staff to discharge unit		Project		Not Started	01/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10. Train ED nurses and case managers on new ED discharge procedures.		Project		Not Started	01/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 11. Begin conducting ED care triage services at LMC		Project		Not Started	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 12. Begin conducting ED care triage services at Cobble Hill		Project		Not Started	04/01/2017	06/30/2017	01/01/2018	03/31/2018	03/31/2018	DY3 Q4
Task Step 13. Initiate dialogue with skilled nursing facilities to reduce unnecessary ED visits and admissions.		Project		Not Started	01/01/2017	03/31/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 14. Engage ED care triage workgroup to review ED care triage performance		Project		Not Started	01/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 15. Identify continuous quality improvement initiatives		Project		Not Started	01/01/2017	03/31/2018	01/01/2018	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	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	10/01/2015	03/31/2018	10/01/2015	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	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task		Provider	Safety Net Practitioner -	Not Started	01/01/2017	03/31/2018	10/01/2017	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
Encounter Notification Service (ENS) is installed in all PCP offices and EDs			Primary Care Provider (PCP)							
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	Not Started	01/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Conduct a current state assessment to determine which community primary care providers in the PPS will meet NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards or will meet them by DSRIP Year 3.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Establish partnerships with providers identified in Step 1.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 3. Engage the IT Sub-Committee to: 1. Establish connectivity between participating EDs and providers identified in Step 1 2. Build real time notifications to Health Home care managers as applicable Note: These steps will be implemented in phases.		Project		Not Started	01/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 4. Employ the Patient Navigation Center (PNC)/Care Management strategy to coordinate open access scheduling between participating EDs and providers identified in Step 1.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Develop a network of primary care providers throughout		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
the PPS community to serve as a central referral list for ED patients without a primary care provider.										
Task Step 2. Develop protocols for discharge management to assist ED patients with: 1. Receiving an immediate appointment with a primary care provider. 2. Identifying and accessing needed community support resources. 3. Receiving a timely appointment with a primary care provider (if the patient has an established relationships with a primary care physician) 4. Receiving appropriate reminders of scheduled appointments 5. Determining if local PPS CHWs are required to educate and/or accompany some "frequent flier" ED patients to referred primary care site		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Train staff on protocols developed in Step 2.		Project		Not Started	01/01/2017	03/31/2017	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 4. Evaluate success of providing patients with timely access primary care providers and determine if any revisions, training, or communication interventions are needed		Project		Not Started	03/31/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	DY2 Q4	Project	N/A	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	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	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	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Complete current state assessment of EHRs and ED patient registries in use across the PPS primary care provider		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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NYU Lutheran Medical Center (PPS ID:32)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
network.										
Task Step 2. Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations; b) PPS primary care partners cannot easily upload appropriate EHR patient data to a patient registry; and c) PPS PCP partner organizations cannot make their schedules available to the PPS Patient Navigation Center for appointment scheduling		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 3. Develop roadmap to achieving expansion and/or establishment of patient registries, ability to identify "high risk" ED frequent fliers, ability for the PNC to access provider organizations' appointment schedules and EHR capabilities to track engaged ED visit populations across PPS primary care partners		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 4. Identify resources, timing and expertise required to implement the patient registry plan for PPS primary care partners.		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5. Implement plan across PPS primary care partners		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.)	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2biii_MDL2biii3_PRES4_DOC_Blank_Document_(NYU_Lutheran_PPS)_15090.pdf	Blank Document (NYU Lutheran PPS)	06/15/2017 11:47 AM
Use EHRs and other technical platforms to track all patients engaged in the project.	dbudman	Documentation/Certification	32_DY2Q4_PROJ2biii_MDL2biii3_PRES5_DOC_2.b.iii_EDCT_Milestone_5_Narrative_14217.pdf	Project 2.b.iii - Milestone #5 Narrative/Supporting Documentation	04/28/2017 11:52 AM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	
For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication received as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS has changed the status of this Project 2.b.iii Milestone #4 to "Completed" with a due date of 3/31/17. As this is an optional milestone, the PPS has opted not to complete this milestone. The reason for indicating a "Completed" status and uploading a blank document for Project 2.b.iii Milestone #4 are solely for the purposes of submitting the DY2, Q4 Remediation Report in MAPP.
Use EHRs and other technical platforms to track all patients engaged in the project.	The NYU Lutheran PPS has met the requirements to complete Project 2.b.iii Milestone #5. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.

Milestone Review Status

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

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
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 Project Narrative - 2.b.iii - ED care triage for at-risk populations	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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NYU Lutheran Medical Center (PPS ID:32)

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

Instructions :

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

DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

Project 2.b.ix – Implementation of observational programs in hospitals

IPQR Module 2.b.ix.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. Infrastructure Development Ramp Up
a. Availability of space and staff could delay in the opening of the permanent Observation Unit (OU) near NYU Lutheran Medical Center ED could impact available OU bed capacity to accommodate projected ramp-up of PPS patients. Mitigation: The PPS will develop a plan to locate temporary observation beds, develop clinical protocols, and identify the appropriate workforce to serve patients meeting observation status until the permanent unit opens.
b. Successful OU program relies on the Patient Navigation Center (PNC). Delays in PNC establishment would impact patient information flow to PCMHs, tracking of PPS patients, and timely scheduling of follow-up appointments, possibly resulting in avoidable admissions and/ or preventable ED visits. Mitigation: In lieu of a PNC, the PPS will leverage NYU Lutheran's existing EMR and open-access scheduling to schedule appointments with NYU Lutheran PCPs. OU case/care managers will direct patients to make appointments as part of discharge planning; OU discharge protocols will be established for hand-offs of patients between OU/ED care/case managers and community care/case managers in PCMH and HH sites. Discharge plans will include social work, home health and other services to ensure effective transition into community. NYU Lutheran's HIE will be leveraged where possible to enable information sharing across partners to enable timely hand-offs for patients moving from the OU into a community setting. The PPS will conduct a current state assessment to understand partners' implementation of EHRs and HIE connectivity. The PPS will provide technical assistance, including data and analytics support, to assist partners with meeting reporting requirements. Expense for this mitigation strategy is a significant concern.
2. Reimbursement & Contracts - Observation reimbursement structure or rate under Medicaid; no or little payment for these services stop long-term investments in OU. Mitigation: The PPS will work with State Medicaid and MCOs to design a reasonable rate structure based on Medicare.
3. Provider Engagement - Providers may resist adoption of standardized Observation Unit project protocols. Mitigation: The PPS will identify clinical project leader(s) to serve as project champions PPS among ED physicians and clinicians; achieve provider buy-in by engaging providers in design and to agree upon standardized protocols to meet requirements; provide training for providers engaged with the project; facilitate connections between OU physicians/other specialists to ensure access to appropriate tests required to support OU decision making; configure EMR/HIE functionality to ensure the system is user-friendly and provides the information critical to meet project goals; create tools for ED physicians identifying OU-appropriate conditions and protocols.
7. Cross-PPS Collaboration - No other Brooklyn-based PPSs implementing this project; insufficient number of PPSs to coordinate project implementation strategies and share best practices. Mitigation: The PPS will use the MIX to understand strategies and best practices among NYS PPSs.
8. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to measure OU performance. Mitigation- None available.
9. Ramp Up- OU services dissimilar to services such as screening; ramp up not dependent on patient engagement but rather demand for services and availability/capacity of the OU.

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IPQR Module 2.b.ix.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**
DY2,Q4	523

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	46	183	220	523
	Quarterly Update	92	235	0	548
	Percent(%) of Commitment	200.00%	128.42%	0.00%	104.78%
IA Approved	Quarterly Update	0	143	0	545
	Percent(%) of Commitment	0.00%	78.14%	0.00%	104.21%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ol241	Documentation/Certification	32_DY2Q4_PROJ2bix_MDL2bix2_PES_DOC_2.b.ix_DY2,_Q4_-_final_10620.pdf	DY2, Q4 Patient Engagement Project 2.b.ix - Implementation of observational programs in hospitals	04/18/2017 10:49 AM
ol241	Documentation/Certification	32_DY2Q4_PROJ2bix_MDL2bix2_PES_DOC_2.b.ix_DY2,_Q3_-_final_10615.pdf	DY2, Q3 Patient Engagement Project 2.b.ix - Implementation of observational programs in hospitals	04/18/2017 10:48 AM

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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NYU Lutheran Medical Center (PPS ID:32)

IPQR Module 2.b.ix.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 appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	DY3 Q2	Project	N/A	In Progress	05/01/2015	09/30/2017	05/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Observation units established in proximity to PPS' ED departments.		Provider	Hospital	In Progress	05/01/2015	09/30/2017	05/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Care coordination is in place for patients routed outside of ED or OBS services.		Project		In Progress	05/01/2015	09/30/2017	05/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 1. Determine preferred location for the NYU Lutheran OU and identify costs/timing to reconfigure and equip the OU.		Project		Completed	05/01/2015	09/01/2015	05/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 2. Identify ED physician and nurse to lead NYU Lutheran OU		Project		Completed	05/01/2015	09/01/2015	05/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 3. Identify preliminary set of conditions/diagnoses that will be evaluated & managed for Observation status, following best practice OU protocols		Project		Completed	06/01/2015	09/01/2015	06/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 4. Establish agreements with key NYU Lutheran clinical and ancillary departments to support goals, protocols and workflows of the OU		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 5. Confirm OU workflow and documentation; install required OU workflow prompts & documentation templates to the NYU Lutheran EHR		Project		In Progress	08/01/2015	06/30/2017	08/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 6. Confirm OU staffing model		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 7. Recruit, train and assign staff to the OU		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 8. Roll out OU communication/outreach strategy for Lutheran physicians, staff and patients (leverage materials from NYU Langone)										
Task Step 9. Open the NYU Lutheran OU		Project		Completed	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10. Evaluate ramp-up success of placing patients into the OU and determine if any revisions, additional training, or communication interventions are needed.		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Create clinical and financial model to support the need for the unit.	DY3 Q2	Project	N/A	In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has clinical and financial model, detailing: - number of beds - staffing requirements - services definition - admission protocols - discharge protocols - inpatient transfer protocols		Provider	Hospital	Not Started	01/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 1. Establish the outcome metrics, benchmarks and goals the Lutheran OU team will use to measure its performance of the OU. Example of performance goals will include % of OU status patients admitted		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Engage NYU Lutheran OU clinical work group and the Clinical Sub-Committee to review OU performance		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3. Identify continuous quality improvement initiatives		Project		Not Started	01/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 4. Expand the number of conditions/diagnoses which OU protocols will be applied to		Project		Not Started	01/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	DY2 Q4	Project	N/A	Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stay situations.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	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 Step 1. Identify case management needs for people being discharged from OU.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Develop case management protocols and train case management staff		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3. Initiate case management for patients being discharged from OU		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q2	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	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		Not Started	01/01/2017	03/31/2018	04/01/2017	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)	Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Complete current state assessment of interoperability and HIE requirements across the PPS safety net providers.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where PPS safety net members' EHRs fail to meet RHIO's HIE and SHIN-NY connectivity requirements.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network (see IT section of IDS project 2.a.i for details).		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 4. Identify resources and expertise required to implement HIE connectivity plan for PPS safety net provider partners.		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 5. Implement plan and achieve HIE connectivity across PPS		Project		Not Started	01/01/2017	03/31/2018	04/01/2017	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
safety net provider partners.										
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	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	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 1. Complete current state assessment of EHRs and patient registries in use across the PPS primary care provider network.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations; and, b) PPS primary care partners cannot easily upload appropriate EHR patient data to a patient registry		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. Develop roadmap to achieving expansion and/or establishment of patient registries, ability to identify "high risk" OU patients, ability for the PNC to access provider organizations' appointment schedules and EHR capabilities to track engaged OU populations across PPS primary care partners		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Identify resources, timing and expertise required to implement the patient registry plan.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Implement plan across PPS primary care partners		Project		On Hold	01/01/2017	03/31/2017	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
Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	dbudman	Documentation/Certification	32_DY2Q4_PROJ2bix_MDL2bix3_PRES3_DOC_Observation_Unit_Milestone_3_Narrative_11552.pdf	Project 2.b.ix - Milestone #3 Narrative/Supporting Documentation	04/24/2017 10:28 AM
Use EHRs and other technical platforms to track all patients engaged in the project.	dbudman	Documentation/Certification	32_DY2Q4_PROJ2bix_MDL2bix3_PRES5_DOC_Observation_Unit_Milestone_5_Narrative_11553.pdf	Project 2.b.ix - Milestone #5 Narrative/Supporting Documentation	04/24/2017 10:33 AM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	
Create clinical and financial model to support the need for the unit.	
Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	The NYU Lutheran PPS has met the requirements to complete Project 2.b.ix Milestone #3. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
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 Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Use EHRs and other technical platforms to track all patients engaged in the project.	The NYU Lutheran PPS has met the requirements to complete Project 2.b.ix Milestone #5. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.

Milestone Review Status

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

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IPQR Module 2.b.ix.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 Project Narrative - 2.b.ix - Implementation of observational programs in hospitals	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.ix.5 - IA Monitoring

Instructions :

New York State Department Of Health
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Project 2.c.i – Development of community-based health navigation services

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

Instructions :

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

1. Information Technology Adoption – EHRs & other technical platforms are extremely tricky to build and adopt, including ones to track all patients engaged in this project for proactive care management, and thus difficult or delayed milestone realization. Mitigation: PPS will conduct current state assessment and develop plans to advance partner implementation of EHRs/ HIE connectivity; PPS will provide technical assistance, data and analytics support to assist partners in meeting reporting requirements, and work with vendors who have successfully implemented relevant IT tools.
2. Patient Engagement- PPS may not meet patient engagement targets due to difficulty to engage patients or have them comply with care plan. Mitigation: During initial roll-out of the Patient Navigation Center (PNC), PPS will track patients' care plan compliance; identify hard to engage populations; analyze data to determine size, location, clinical needs and demographic profiling of these populations to identify reason for resistance; prioritize populations, based on scale, urgent need and potential impact of targeted, intensified intervention by PNC; develop culturally-specific care navigation strategies, expertise and tools with which to engage patients; deploy community health workers and embed care managers in PCMH sites for active patient engagement; staff will receive training and support to engage patients. PPS will track populations prioritized for targeted patient navigation resources to improve patient engagement performance and lessons learned can be applied to other populations. PPS will develop multilingual patient outreach and education materials to highlight importance of primary prevention, chronic disease management, and leverage community resources to support health and well-being; CHWs will support patients' clinical needs as well as their social and economic needs.
3. Provider Engagement- Providers may resist adoption of standardized PPS patient navigation and coordination protocols. Mitigation: PPS will identify clinical project leader(s) to serve as project champions and liaise with them to build support across the PPS provider network; create provider buy-in by engaging key partner providers in design and piloting standardized patient navigation protocols to meet project requirements. PPS will aim to refine and launch PNC tools, resources and protocols based on pilot feedback and develop a community care resource guide to assist the patients and ensure compliance with protocols. PPS will configure EMR/ HIE functionality to ensure system is user-friendly and provides information critical to meet goals; provide technical assistance, including IT and communications support, to providers who may struggle with implementing PNC requirements.
4. Workforce Risk- Supply for community health workers and navigators may not meet City-, State-, and Nation-wide demand. PPS may encounter challenges recruiting adequate numbers of case managers, care coordinators and CHWs to support centralized and community-based staffing needs. Mitigation: PPS will evaluate and identify project staffing needs; prioritize and identify voluntary redeployment opportunities to fill new/vacant positions and promote retraining opportunities for these positions. PPS will recruit CHWs from diverse communities within the PPS's target area to meet the needs of PPS patients. If access required services in target area seems unlikely to meet demand, PPS will implement strategies (likely in partnership with other Brooklyn PPSs) to increase access to these services via vendor contracts and/or expanding the capacity of these organizations already in the PPS.
5. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to measure PNC performance. Mitigation: None available.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	16,289

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	611	2,443	2,932	6,515
	Quarterly Update	1,582	2,334	0	15,523
	Percent(%) of Commitment	258.92%	95.54%	0.00%	238.27%
IA Approved	Quarterly Update	0	752	0	15,417
	Percent(%) of Commitment	0.00%	30.78%	0.00%	236.64%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ol241	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci2_PES_DOC_2.c.i_-_DY2,_Q4_-_final_10626.pdf	DY2, Q4 Patient Engagement Project 2.c.i - Development of community-based health navigation services	04/18/2017 11:00 AM
ol241	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci2_PES_DOC_2.c.i_-_DY2,_Q3_-_final_10625.pdf	DY2, Q3 Patient Engagement Project 2.c.i - Development of community-based health navigation services	04/18/2017 10:59 AM

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 2.c.i.3 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	DY3 Q2	Project	N/A	In Progress	05/01/2015	09/30/2017	05/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Community-based health navigation services established.		Project		In Progress	05/01/2015	09/30/2017	05/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 1. Conduct current state assessment to understand existing community-based health navigation services and CHW FTEs in place among PPS partners.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Convene a community navigation project work group/program oversight group consisting of medical, behavioral health, community nursing, and social support service providers throughout the PPS network.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3. Determine the scope of the PPS's community-based health navigation services.		Project		Completed	07/01/2015	10/30/2015	07/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task Step 4. Determine staffing and resources needed to support community navigation services.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5. Hire community-based navigators as necessary (phased growth).		Project		Not Started	01/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 6. Train community navigator staff on the PPS's community navigation protocols and procedures (on-going).		Project		Not Started	01/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 7. Design centralized Patient Navigation Center (PNC) and determine scope of services and required staffing.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 8. Design the infrastructure and work streams of the PPS's Patient Navigation Center (PNC)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 9. Determine best implementation approach for PNC (e.g. leverage services vendor or build capabilities)										
Task Step 10. Implement the initial PNC call center capabilities.		Project		Not Started	01/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 11. Conduct annual review of community-navigation services to determine whether the services are successfully assisting patients in accessing healthcare services and make revisions as necessary.		Project		Not Started	01/01/2017	09/30/2017	09/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	DY2 Q4	Project	N/A	Completed	08/01/2015	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Resource guide completed, detailing medical/behavioral/social community resources and care protocols developed by program oversight committee.		Project		Completed	08/01/2015	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Conduct current state assessment to understand the community care resource needs of PPS partners and available resources in the PPS.		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Identify industry best practices and develop resource requirements.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Develop a community care resource guide and enhance based on experience (phased development and implementation).		Project		Completed	10/07/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Navigators recruited by residents in the targeted area, where possible.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Conduct an analysis of the PPS network and in collaboration with clinical workgroups to understand unique, culturally competent community staffing needs.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Engage with community partners to help identify		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

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community residents that can aid with community navigator recruitment (on-going).										
Task Step 3. Hire and train community navigators.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type.	DY3 Q2	Project	N/A	In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Navigator placement implemented based upon opportunity assessment.		Project		Not Started	01/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Telephonic and web-based health navigator services implemented by type.		Project		Not Started	01/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 1. Identify skillsets necessary for community navigators.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Establish standardized job description for community navigators.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Ensure that hired community navigators are trained and placed into positions based on geography, PPS programmatic need, navigator skill set and interested and cultural and linguistic match to the communities they will serve.		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing services.	DY3 Q2	Project	N/A	In Progress	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Navigators have partnerships with transportation, housing, and other social services benefitting target population.		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 1. Identify community-based organizations that can provide the PPS with access to non-clinical resources.		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 2. Train navigators on use of the resource guide.		Project		Not Started	01/01/2017	03/31/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Case loads and discharge processes established for health navigators following patients longitudinally.		Project		Completed	07/01/2016	03/31/2017	01/01/2017	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 Step 1. Conduct research on best practices in case load and discharge processes for community navigators.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Develop a case load and discharge protocol for community navigators.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #7 Market the availability of community-based navigation services.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Health navigator personnel and services marketed within designated communities.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1. Engage the PPS's Communications and Outreach team to develop pamphlet materials regarding available community-based navigation services.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Distribute pamphlets developed in Step 1 to all PPS providers to put on display for patients in waiting and exam rooms.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 3. Conduct an online webinar to educate PPS providers on available community-based navigation services.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2017	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	07/01/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Complete current state assessment of EHRs and patient registries in use across the PPS primary care provider network.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations; b) PPS primary care partners cannot easily upload appropriate EHR patient data to a patient registry; and c) PPS PCP partner organizations cannot make their schedules available to the PPS Patient Navigation Center for appointment scheduling.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. Develop roadmap to achieving expansion and/or		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
establishment of patient registries, ability to identify high risk, complex PPS patients, ability for the PNC to access provider organizations' appointment schedules and EHR capabilities to track engaged ED visit populations across PPS primary care partners.										
Task Step 4. Identify resources, timing and expertise required to implement the patient registry plan for PPS primary care partners.		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5. Implement plan across PPS primary care partners.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci3_PRES2_DOC_2.c.i_PNC_Milestone_2_Narrative_(Remediation_Document)_15365.pdf	Project 2.c.i - Milestone #2 (Remediation Document)	06/19/2017 01:28 PM
	dbudman	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci3_PRES2_DOC_PNC_Community_Resource_Guide_Care_Protocols_14176.pdf	Project 2.c.i - Milestone #2 Supporting Documentation Patient Navigation Center: Community Resource Guide - Care Protocols	04/28/2017 11:13 AM
	dbudman	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci3_PRES2_DOC_2.c.i_PNC_Milestone_2_Narrative_14174.pdf	Project 2.c.i - Milestone #2 Narrative	04/28/2017 11:09 AM
Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	dbudman	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci3_PRES3_DOC_[PPS_Partner_Job_Posting]_Community_Health_Worker_CHW_14190.pdf	Project 2.c.i - Milestone #3 Supporting Documentation PPS Partner Community Health Worker Job Posting	04/28/2017 11:25 AM
	dbudman	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci3_PRES3_DOC_2.c.i_PNC_Milestone_3_Narrative_14189.pdf	Project 2.c.i - Milestone #3 Narrative	04/28/2017 11:23 AM
Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	dbudman	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci3_PRES6_DOC_2.c.i_PNC_Milestone_6_Narrative_14247.pdf	Project 2.c.i - Milestone #6 Narrative/Supporting Documentation	04/28/2017 12:19 PM
Market the availability of community-based navigation services.	dbudman	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci3_PRES7_DOC_2.c.i_PNC_Milestone_7_Narrative_14252.pdf	Project 2.c.i - Milestone #7 Narrative/Supporting Documentation	04/28/2017 12:24 PM
Use EHRs and other technical platforms to track all patients engaged in the project.	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci3_PRES8_DOC_2.c.i_PNC_Milestone_8_Narrative_(Remediation_Document)_15375.pdf	Project 2.c.i - Milestone #8 Narrative (Remediation Document)	06/19/2017 01:49 PM
	dbudman	Documentation/Certification	32_DY2Q4_PROJ2ci_MDL2ci3_PRES8_DOC_2.c.i_PNC_Milestone_8_Narrative_14195.pdf	Project 2.c.i - Milestone #8 Narrative	04/28/2017 11:32 AM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	
Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS has submitted a Remediation Document for this Project 2.c.i Milestone #2. Within the remediation document, the PPS has included a screenshot from Healthify demonstrating the details for the various types of services available. The screenshot demonstrates actual medical, behavioral, and social community resources that community based navigators may use to support provided services. AS ORIGINALLY SUBMITTED The NYU Lutheran PPS has met the requirements to complete Project 2.c.i Milestone #2. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	The NYU Lutheran PPS has met the requirements to complete Project 2.c.i Milestone #3. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Resource appropriately for the community navigators, evaluating placement and service type.	
Provide community navigators with access to non-clinical resources, such as transportation and housing services.	
Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	The NYU Lutheran PPS has met the requirements to complete Project 2.c.i Milestone #6. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Market the availability of community-based navigation services.	The NYU Lutheran PPS has met the requirements to complete Project 2.c.i Milestone #7. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Use EHRs and other technical platforms to track all patients engaged in the project.	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS has submitted a Remediation Document for this Project 2.c.i Milestone #8. Within the remediation document, the PPS demonstrates how a vendor's reporting system is utilized to track and report actively engaged patients through the identified systems. AS ORIGINALLY SUBMITTED The NYU Lutheran PPS has met the requirements to complete Project 2.c.i Milestone #8. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.

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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 & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Complete	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative Template for Project 2.c.i (Development of community-based health navigation services)	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.c.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. PCMH Status Risk- PPS partner support needed to achieve PCMH NCQA 2014 Level 3 status by DY 3 deadline may be greater than PPS's resources. Mitigation: The PPS will conduct a current state assessment and provide technical assistance to help eligible partners become PCMH 2014 NCQA Level 3 certified by end of DY 3.
2. Information Technology Adoption Risk- PPS partners may be unable to use EHRs & other technical platforms effectively to track all patients engaged in this project. EMRs may not integrate a patient's medical and Behavioral Health (BH) records within his/her patient record. Mitigation: PPS will conduct a current state assessment and develop a plan to support partner implementation of EHRs/HIE connectivity, and provide technical assistance to aid partners with meeting tracking and reporting requirements.
3. Patient Engagement Risk- Patients may not consent to share BH records. Patients may resist engagement due to social stigma associated with BH. Mitigation: PPS will use culturally competent care managers & navigators to educate patients about benefits of sharing information with their providers and management of BH disorders within their respective cultural frameworks.
4. Provider Engagement Risk- Providers resist adoption of standardized BH Integration and IMPACT project protocols. BH and PCP providers approach patients from different practice and clinical perspectives. The warm handoff means two patient visits on the same day, which we understand Medicaid won't pay for. Mitigation: PPS will identify clinical project leader(s) to serve as project champions and liaise with them to build support across the PPS provider network; create provider buy-in by engaging partner providers; configure EMR/HIE functionality to ensure system is user-friendly and provides information critical to meet project goals. PPS will engage providers in training to promote collaborative team-based care models and increase understanding of respective perspectives. If appropriate, PPS may consider incentive programs to support consistent protocol engagement. Discussions with MCOs and the State could help mitigate the financial risks associated with this project.
5. Workforce Risk- Given the psychiatry shortage in Brooklyn and PPSs competition for similar staff, the PPS may be unable to hire adequate BH specialists to provide care under this project. Mitigation: PPS will develop a comprehensive recruiting /training plan that includes identification of Depression care managers and child psychiatrists necessary to implement the IMPACT model. PPS will also explore use of telemedicine, in light of required fiscal sustainability and capital needs, to minimize need for on-site BH staff in light of staffing shortages and investigate the use of provider incentive programs.
6. Infrastructure Development Risk- Some sites may struggle to achieve co-location of BH services due to facility configuration/ space capacity issues and possible denial of capital funding requests. Some sites may not be successful because simply co-locating services doesn't automatically lead to effective integration of services. Reimbursement structure does not support this integration long term. Mitigation: PPS's project model allows sites to use the IMPACT model where co-location is not feasible in addition to employing Model 1 (co-located BH services at PCMH locations). PPS will engage providers to adopt best practice protocols to establish communication and clinical processes to effectively work together in a co-located model.
7. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to measure success of the initiative. Mitigation- None available.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	16,915

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	719	2,876	3,451	8,458
	Quarterly Update	5,177	9,371	0	25,615
	Percent(%) of Commitment	720.03%	325.83%	0.00%	302.85%
IA Approved	Quarterly Update	0	4,194	0	20,354
	Percent(%) of Commitment	0.00%	145.83%	0.00%	240.65%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ol241	Documentation/Certification	32_DY2Q4_PROJ3ai_MDL3ai2_PES_DOC_3.a.i_-_DY2,_Q4_-_final_10631.pdf	DY2, Q4 Patient Engagement Project 3.a.i - Integration of primary care and behavioral health services	04/18/2017 11:05 AM
ol241	Documentation/Certification	32_DY2Q4_PROJ3ai_MDL3ai2_PES_DOC_3.a.i_-_DY2,_Q3_-_final_10627.pdf	DY2, Q3 Patient Engagement Project 3.a.i - Integration of primary care and behavioral health services	04/18/2017 11:04 AM

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	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Co-location Work Step 1. Assess current delivery of BH services in primary care provider network.			Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Co-location Work Step 2. Identify primary care partners that will be early adoption sites for BH co-location ("Phase 1 adopters").			Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Co-location Work Step 3. Develop site-specific plans for Phase 1 adopters.			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Co-location Work Step 4. Identify site-specific financial sustainability challenges in current reimbursement environment and develop strategies for how to fill the gap.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Co-location Work Step 5. Identify site-specific staffing needs and recruit, hire and train staff.			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	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 Co-location Work Step 6. Start BH screening and co-located services at Phase 1 adopter sites.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Co-location Work Step 7. Document lessons learned to adjust strategies, workflows and practices.			Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Co-location Work Step 8. Identify "Phase 2 adopter" sites.			Project		In Progress	10/01/2016	03/31/2017	10/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Co-location Work Step 9. Develop Phase 2 site-specific plans, integrating lessons learned.			Project		Not Started	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Co-location Work Step 10. Identify site-specific staffing needs and recruit, hire and train staff.			Project		Not Started	01/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Co-location Work Step 11. Start BH screening and co-located services at Phase 2 adopter sites.			Project		Not Started	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task PCMH Work Step 1. Complete current state assessment of primary care partners with BH co-location with respect to APCM and 2014 Level 3 PCMH standards.			Project		Completed	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task PCMH Work Step 2. Identify gaps highlighting where PPS safety net members' fail to meet APCM and 2014 PCMH Level 3 certification requirements.			Project		Completed	10/01/2015	03/01/2016	10/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task PCMH Work Step 3. Develop roadmap to achieving 2014 PCMH Level 3 certification requirements across PPS safety net provider partners.			Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task PCMH Work Step 4. Work with Partners to identify resources and expertise required to implement 2014 PCMH Level 3 certification plan for PPS primary care partners implementing BH co-location.			Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task PCMH Work Step 5. Implement plan and support partners in completing 2014 PCMH Level 3 certification requirements.			Project		Not Started	01/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PCMH Work Step 6. Confirm that all PPS primary care partner sites with BH co-location have met 2014 PCMH Level 3 or APCM standards by the end of DY3.			Project		Not Started	01/01/2017	03/31/2018	04/01/2017	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	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.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Develop PPS evidence-based practice guidelines, protocols and policies to implement evidence-based standards of care at partner primary care sites with BH co-location.			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2. Establish regular meetings at implementing sites with BH clinicians and PCPs; ensure relevant staff attend these meetings.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Develop and roll out training to providers at Phase 1 adoper sites for BH co-location.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4. Monitor implementation at partner sites, capture lessons learned, and adapt practices based on lessons.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Implement at additional Phase 2 adopter sites and monitor implementation.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY3 Q4	Model 1	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Policies and procedures are in place to facilitate and document completion of screenings.											
Task Screenings are documented in Electronic Health Record.			Project		Completed	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Identify appropriate PPS evidence-based preventive care screenings and administration protocols for patients ages 5 and older.			Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Develop PPS screening protocols and work flows to facilitate implementation and documentation of screenings, including protocols for "warm transfers" to BH providers for patients who screen positive.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3. Develop site-specific plans to roll-out preventive care screenings at Phase 1 adopter sites and implement plans.			Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4. Monitor implementation at Phase 1 sites, capture lessons learned, and adapt practices based on lessons.			Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 5. Develop site-specific plans to roll-out preventive care screenings at Phase 2 adopter sites and implement plans.			Project		Not Started	01/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 6. Adapt EHR systems to ensure screenings can be captured electronically and provide training to staff.			Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all	DY2 Q4	Model 1	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
patients engaged in this project.											
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	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	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Complete current state assessment of EHRs in use across the PPS primary care provider network, including capacity to integrate medical and BH record for services delivered at primary care site.			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where a) current EHRs do not document PPS's clinical project requirements (e.g., number of screenings completed) and target PPS populations, b) PPS primary care partners cannot easily upload appropriate EHR patient data to the PPS project reporting system, c) EHRs do not integrate medical and BH record.			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Develop roadmap to achieving expansion and/or establishment of EHR capabilities to track engaged patients across PPS primary care partners implementing project.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Identify resources, timing and expertise required to implement the patient tracking plan for PPS primary care partners.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Implement plan across PPS primary care partners implementing project.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY3 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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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 Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY3 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Screenings are documented in Electronic Health Record.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral health).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated			Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
by screening as measured by documentation in Electronic Health Record (EHR).											
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY3 Q4	Model 3	Project	N/A	Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Identify primary care partners that will implement IMPACT.			Project		Not Started	01/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 2. Develop site-specific plans for phased implementation of program model.			Project		Not Started	01/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 3. Identify site-specific financial sustainability challenges in current reimbursement environment and develop strategies for how to fill the gap.			Project		Not Started	01/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 4. Implement site-specific plans in a phased approach and document to ensure they are adequately staffed (e.g. depression care manager, consulting psychiatrist), required screenings/services are being offered, and other project requirements are being addressed.			Project		Not Started	01/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 5. Document lessons learned & challenges at early adopter sites with IMPACT & adapt strategy for later phases of roll-out.			Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task			Project		Not Started	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 6. Monitor implementation and offer technical assistance as needed.											
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	01/01/2017	03/31/2017	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	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1. Identify PPS partner collaborative care standards, policies and procedures for IMPACT care management.			Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 2. Develop training & communication strategy, including materials to be rolled out across the PPS primary care provider network implementing IMPACT.			Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 3. Roll out provider training and materials starting with early adopter PCPs in the network, tracking participation of PCPs in the training initiatives.			Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 4. Monitor implementation at partner sites, capture lessons learned, and adapt practices based on lessons.			Project		On Hold	01/01/2017	03/31/2017	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	01/01/2017	03/31/2017	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	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of			Project		On Hold	01/01/2017	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	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.											
Task Step 1. Develop position requirements for Depression Care Manager (CM) per evidence-based model and NYS regulatory/reimbursement mandates.			Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 2. Implementing sites hire new staff members/identify current staff for CM role and PPS documents CM staffing per model.			Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 3. Training is provided to Depression Care Managers.			Project		On Hold	01/01/2017	03/31/2017	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	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1. Develop position requirements for Consulting Psychiatrist (PSY) per evidence-based model and NYS regulatory/reimbursement mandates.			Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 2. Implementing sites identify new clinician(s)/identify current clinician for PSY role and PPS documents site-specific PSY designation per model.			Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 3. Training is provided to consulting psychiatrists at implementing sites.			Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 1. Implement reporting mechanisms and roster system to measure numbers of patients and % receiving PHQ-2 and 9 screening for those screening positive, and SBIRT.			Project		Not Started	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 2. Monitor implementation, and develop/ implement as needed technical assistance plans to help participating partner sites achieve 90% target.			Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Develop a treatment protocol and work flow for providing "stepped care" per IMPACT model.			Project		Not Started	01/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 2. Train partners implementing IMPACT in stepped care and staff.			Project		Not Started	01/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 3. Develop and implement site-specific plans.			Project		Not Started	01/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 4. Monitor implementation, including adherence to 10-12 week evaluation, and offer technical assistance as needed.			Project		Not Started	07/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	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	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 1. Complete current state assessment of EHRs in use across the PPS primary care provider network, including capacity to integrate medical and BH record for services delivered at primary care site.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where a) current EHRs do not document PPS's clinical project requirements (e.g., number of screenings completed) and target PPS populations, b) PPS primary care partners cannot easily upload appropriate EHR patient data to the PPS project reporting system, c) EHRs do not integrate medical and BH record.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Develop roadmap to achieving expansion and/or establishment of EHR capabilities to track engaged patients across PPS primary care partners implementing project.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Identify resources, timing and expertise required to implement the patient tracking plan for PPS primary care partners.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Implement plan across PPS primary care partners implementing project.			Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop collaborative evidence-based standards of care including medication management and care engagement process.	dbudman	Documentation/Certification	32_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_Binder-_Screening_Guidelines_(BH_in_Primary_Care,_SBRIT,_Levels_of_Care)_12260.pdf	Project 3.a.i - Model 1 - Milestone #2 Supporting Documentation Screening Guidelines	04/25/2017 03:46 PM
	dbudman	Documentation/Certification	32_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_Binder-_Documentation_Related_to_Protocol_and_Guideline_Development_12253.pdf	Project 3.a.i - Model 1 - Milestone #2 Supporting Documentation Documentation Related to Protocol and Guideline Development	04/25/2017 03:44 PM
	dbudman	Documentation/Certification	32_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_Behavioral_Health_(Model_1)_Milestone_2_Narrative_12250.pdf	Project 3.a.i - Model 1 - Milestone #2 Narrative/Supporting Documentation	04/25/2017 03:41 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	dbudman	Documentation/Certification	32_DY2Q4_PROJ3ai_MDL3ai3_PRES10_DOC_Behavioral_Health_(Model_3)_Narrative_12476.pdf	Project 3.a.i - Model 3 Narrative	04/25/2017 09:51 PM
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	dbudman	Documentation/Certification	32_DY2Q4_PROJ3ai_MDL3ai3_PRES11_DOC_Behavioral_Health_(Model_3)_Narrative_12479.pdf	Project 3.a.i - Model 3 Narrative	04/25/2017 09:53 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	dbudman	Documentation/Certification	32_DY2Q4_PROJ3ai_MDL3ai3_PRES4_DOC_Behavioral_Health_(Model_1)_Milestone_4_Narrative_12474.pdf	Project 3.a.i -Model 1 Milestone #4 Narrative/Supporting Documentation	04/25/2017 09:45 PM
Designate a Psychiatrist meeting requirements of the IMPACT Model.	dbudman	Documentation/Certification	32_DY2Q4_PROJ3ai_MDL3ai3_PRES12_DOC_Behavioral_Health_(Model_3)_Narrative_12481.pdf	Project 3.a.i - Model 3 Narrative	04/25/2017 09:57 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	dbudman	Documentation/Certification	32_DY2Q4_PROJ3ai_MDL3ai3_PRES15_DOC_Behavioral_Health_(Model_3)_Milestone_7_Narrative_12482.pdf	Project 3.a.i - Model 3 - Milestone #15 Narrative/Supporting Documentation	04/25/2017 10:04 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.	The NYU Lutheran PPS has met the requirements to complete Project 3.a.i Model 1 Milestone #2. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	The NYU Lutheran PPS has met the requirements to complete Project 3.a.i Model 1 Milestone #4. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including physical and behavioral health screenings.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures	SUBMITTED UNDER REMEDIATION

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
for care engagement.	The NYU Lutheran PPS acknowledges the IA Informal Communication received as part of the DY2, Q4 Remediation Checklist Report for this Project 3.a.i Milestone #10. AS ORIGINALLY SUBMITTED Documentation has been uploaded for this Project 3.a.i - Model 3: Milestone #10
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	SUBMITTED UNDER REMEDIATION The NYU Lutheran PPS acknowledges the IA Informal Communication received as part of the DY2, Q4 Remediation Checklist Report for this Project 3.a.i Milestone #11. AS ORIGINALLY SUBMITTED Documentation has been uploaded for this Project 3.a.i - Model 3: Milestone #11
Designate a Psychiatrist meeting requirements of the IMPACT Model.	SUBMITTED UNDER REMEDIATION The NYU Lutheran PPS acknowledges the IA Informal Communication received as part of the DY2, Q4 Remediation Checklist Report for this Project 3.a.i Milestone #12. AS ORIGINALLY SUBMITTED Documentation has been uploaded for this Project 3.a.i - Model 3: Milestone #12
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.	The NYU Lutheran PPS has met the requirements to complete Project 3.a.i Model 3 Milestone #15. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.

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 & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #9	Pass & Ongoing	
Milestone #10	Fail	The IA does not consider this milestone complete. The PPS failed to meet the requirements of this milestone and has failed to demonstrate that it has implemented the IMPACT model.
Milestone #11	Fail	The IA does not consider this milestone complete. The PPS failed to meet the requirements of this milestone and has failed to demonstrate that it has employed a depression care manager meeting the requirements of the IMPACT model.
Milestone #12	Fail	The IA does not consider this milestone complete. The PPS failed to meet the requirements of this milestone and has failed to demonstrate that it has designated a Psychiatrist meeting requirements of the IMPACT model.
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Complete	

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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 Project Narrative - 3.a.i - Integration of primary care and behavioral health services	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.c.i – Evidence-based strategies for disease management in high risk/affected populations (adults only)

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

Instructions :

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

1. PCMH Status - PPS partner support needed to achieve PCMH NCQA 2014 Level 3 status by DY 3 deadline may be greater than PPS's resources. Mitigation: The PPS will conduct a current state assessment, develop plans to support deployment of PCMH solutions to eligible providers across the PPS by DY 3 deadline; provide technical assistance to help eligible partners become PCMH 2014 NCQA Level 3 certified by end of DY 3.
2. Information Technology Adoption - PPS may be unable to use EHRs & other technical platforms effectively to track patients engaged in this project Mitigation: PPS will conduct a current state assessment and develop a plan to support partner implementation of EHRs /HIE connectivity; provide technical assistance, including data and analytic support, to assist partners with meeting tracking and reporting requirements.
3. Provider Engagement - PPS may not reach <80% of PCPs to engage in evidence-based best practices for diabetes management. Providers may resist adoption of standardized diabetes management project protocols. Mitigation: PPS will identify PCP partner project leaders to serve as project champions and liaise with them to build support across PPS provider network; establish provider buy-in; configure EMR/HIE functionality to ensure the system is user-friendly and provides critical information. PPS will educate on best practice protocols. PPS may consider incentive programs to support consistent protocol engagement.
4. MCO Contracting - PPS may struggle to negotiate agreements with MCOs related to coordination of services for high risk populations. Mitigation: PPS will leverage NYU's population health management expertise to structure and support implementation of care coordination strategies, reimbursement and incentive payment models for preventative screenings and services for high-risk populations. PPS leadership will work with MCOs to develop value-based payment models to identify data needs and proactively address issues impacting successful implementation of models. PPS will work with partners to identify and address readiness concerns and align incentive requirements where appropriate related to assuming financial risk and assist partners (e.g., FQHCs) where appropriate to develop structure and capacity to enter into risk-based contracts. PPS will ensure compliance with the Collaborative Contracting Model, antitrust requirements, and other laws and rules impacting MCO contracting initiative.
5. Patient Engagement - A proportion of the patients will be difficult to engage and may resist disease management efforts. Mitigation: PPS will utilize patient tracking and compliance tools to identify hard to engage populations and analyze data to determine size, location, clinical needs, reasons for resistance. PPS will leverage existing patient engagement data studies and prioritize populations based on scale, urgent need and potential impact, intensify intervention by patient navigation center; develop culturally-specific care navigation strategies, expertise and tools and deploy CHWs and embed CMs in PCMH sites to actively engage patients. PPS will target patient navigation strategies and train staff to discuss lifestyle changes to limit disease's impact and improve quality of life. PPS may incent patients to increase engagement and work in concert with Health Homes to support these patients. PPS will develop multilingual patient outreach and education materials around nutrition education, exercise, and other aspects of healthy living.
6. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to measure success of the initiative. Mitigation- None available.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	3,045

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	229	913	1,096	2,131
	Quarterly Update	2,232	4,420	0	3,693
	Percent(%) of Commitment	974.67%	484.12%	0.00%	173.30%
IA Approved	Quarterly Update	0	2,188	0	3,646
	Percent(%) of Commitment	0.00%	239.65%	0.00%	171.09%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ol241	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci2_PES_DOC_3.c.i_-_DY2,_Q4_-_final_10748.pdf	DY2, Q4 Patient Engagement Project 3.c.i - Evidence-based strategies for disease management in high risk/affected populations (adults only)	04/18/2017 02:56 PM
ol241	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci2_PES_DOC_3.c.i_-_DY2,_Q3_-_final_10747.pdf	DY2, Q3 Patient Engagement Project 3.c.i - Evidence-based strategies for disease management in high risk/affected populations (adults only)	04/18/2017 02:55 PM
ol241	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci2_PES_DOC_3.c.i.-DY2,_Q2-final_(corrected)_10745.pdf	DY2, Q2 Patient Engagement Project 3.c.i - Evidence-based strategies for disease management in high risk/affected populations (adults only)	04/18/2017 02:54 PM

Narrative Text :

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

During the DY2, Q4 reporting period, the NYU Lutheran PPS uncovered that a group of patients were reported twice (in both DY2, Q1 and DY2,

Q2) for the Diabetes Project (Project 3.c.i). Taking into consideration the removal of duplicated patients, the PPS has uploaded three separate files within this module to accurately reflect patient engagement counts for DY2, Q2 through DY2, Q4.

Please note that the PPS has met all patient engagement commitment targets for Project 3.c.i for all quarters throughout DY2.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	DY3 Q4	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.		Project		In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Develop diabetes clinical protocols and to be used by providers across the PPS		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Develop a flexible diabetes workflow model that can be adapted for use by providers across the PPS		Project		Completed	10/01/2015	11/30/2015	10/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 3. Develop training & communication strategy, including diabetes best practice materials to be rolled out across the PPS provider network		Project		In Progress	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 4. Roll out provider training and materials to primary care provider organizations in the network		Project		In Progress	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 5. Ensure ongoing access to PPS diabetes best practice protocols and other updated diabetes management resources via PPS provider portal		Project		In Progress	05/01/2016	03/31/2018	05/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 6. Evaluate ramp-up success of providers utilizing the protocols and determine if any revisions and/or additional training/communication interventions are needed		Project		Not Started	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	DY2 Q4	Project	N/A	On Hold	10/01/2015	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
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	10/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1. Review the PPS's diabetes disease management strategy and best practices with PCMH administrative & medical directors		Project		Completed	10/01/2015	11/30/2015	10/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 2. Develop training & communication strategy, including materials to be rolled out across the PPS provider network		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Roll out provider training and materials to primary care provider organizations in the network, tracking participation of PCPs in the training initiatives		Project		On Hold	01/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 4. Confirm PCP use of the diabetes best practices via the PPS administrative & medical directors		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Develop and implement strategy to engage PPS providers resistant to utilizing the PPS's diabetes disease management best practices		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	DY2 Q4	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are established and implemented.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Evaluate current diabetes care team models in place across PPS primary care settings, identifying care model strengths and gaps		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Establish definitions for: a) "high risk" diabetes patients to		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
be referred to the Health Home for case management; b) "At Risk" diabetes patients who will require CHW support to supplement diabetes educator services; and c) "Not at risk" diabetes patients who will require a standard level of diabetes education and outreach from the PPS.										
Task Step 3. Define diabetes care coordination services, CHW staff roles and virtual diabetes education program to be provided to PPS primary care partners.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4. Recruit/train new staffing roles. Determine deployment of diabetes education program services (both rotating in-person and virtual resources).		Project		On Hold	07/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 5. Pilot & evaluate the new diabetes care coordination resources and virtual diabetes education program across selected PPS primary care sites.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 6. Expand access to diabetes care coordination resources across remaining PPS primary care provider organizations.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 7. Implement regular care coordination model evaluation and review process to assess & strengthen delivery of diabetes care coordination teams and resources		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has implemented Stanford Model through		Project		On Hold	10/01/2015	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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DSRIP Implementation Plan Project

NYU Lutheran Medical Center (PPS ID:32)

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
partnerships with community-based organizations.										
Task Step 1. Complete current state assessment of diabetes patient registries active across the PPS primary care provider network and Brooklyn Health Home, focusing on the registries' abilities to collect valid and reliable REAL data (Race, Ethnicity and Language) to conduct hot-spotting analyses.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Implement strategies to address any gaps in the collection of REAL data from patient registries. Strategies may include the use of retrospective SIMS data once patient-level SIMS data is made available by the State in December 2015.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Run PPS "hot-spotting" analyses to identify diabetes populations at the highest risk, evaluating the specific language & cultural requirements of those highest risk communities.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Launch collaborative planning among PPS diabetes project leaders & the Brooklyn Health Home leaders to develop patient diabetes education (e.g. Stanford model), & outreach models, tailored to the specific community requirements, as identified in the hot-spotting analyses.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Provide Stanford model training for diabetes PCP, Health Home, PPS diabetes care coordination team members & CBO's, with approaches/content tailored to the local, high risk communities served		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 6. Pilot and evaluate diabetes Stanford model programs with diabetes populations at highest risk.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 7. Develop roadmap to run future hot-spotting analyses and expand Stanford Model strategies across targeted communities in the PPS		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	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
other preventive services relevant to this project.										
Task Step 1. Understand current MCO contracts in place and identify opportunities to engage PPS diabetes patients in value-based contracting arrangements across providers and target populations.		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 2. Negotiate VBP contracts with at least one MCO (note - this will be part of the PPS's broader MCO strategy). Selected MCOs must be willing to support diabetes clinical project interventions, such as timely access to claims data for reporting and implementation of clinical care and coordination protocols.		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 3. Implement value-based payment opportunities for diabetes populations and with new payers, as appropriate.		Project		Not Started	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Use EHRs or other technical platforms to track all patients engaged 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 identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Complete current state assessment of EHRs and diabetes patient registries in use across the PPS primary care provider network.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations, and, b) PPS primary care partners cannot easily upload appropriate EHR patient data to a patient registry.		Project		Completed	12/31/2015	03/31/2017	12/31/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Develop roadmap to achieving expansion and/or establishment of patient registries and EHR capabilities to track engaged diabetes populations across PPS primary care partners		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Identify resources, timing and expertise required to implement the patient registry plan for PPS primary care		Project		Completed	01/01/2017	03/31/2017	01/01/2017	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
partners.										
Task Step 5. Implement plan across PPS primary care partners		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	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	10/01/2015	03/31/2018	10/01/2015	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	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net 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 EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Complete current state assessment of EHR systems' MU certification, APCM and 2014 Level 3 PCMH standards across primary PPS safety net providers.		Project		Completed	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Step 2. Identify gaps highlighting where PPS safety net members' fail to meet EHR MU, APCM and 2014 PCMH Level 3 certification requirements.		Project		Completed	10/01/2015	03/01/2016	10/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3. Develop roadmap to achieving EHR MU & 2014 PCMH Level 3 certification requirements across PPS safety net provider partners.		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 4. Work with Partners to identify resources and expertise required to implement EHR MU & 2014 PCMH Level 3 certification plan for PPS safety net provider partners.		Project		In Progress	04/01/2016	06/30/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 5. Implement plan and support partners in completing EHR MU and 2014 PCMH Level 3 certification requirements.		Project		Not Started	01/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3

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Task Step 6. Confirm that all PPS safety net partners have met MU, PCMH Level 3 and/or APCM standards (by the end of DY3), and EHR connectivity requirements to RHIO SHIN-NY.		Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	kawd01	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci3_PRES2_DOC_NYU_Lutheran_PPS_List_of_Engaged_and_Total_PCPs_14362.xlsx	Project 3.c.i - Milestone #2 Supporting Documentation	04/28/2017 04:49 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci3_PRES2_DOC_3.c.i_Diabetes_Milestone_2_Narrative_14360.pdf	Project 3.c.i - Milestone #2 Narrative	04/28/2017 04:49 PM
Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci3_PRES3_DOC_3.c.i_Diabetes_Milestone_3_Narrative_(Remediation_Document)_15127.pdf	Project 3.c.i - Milestone #3 Narrative (Remediation Document)	06/15/2017 03:15 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci3_PRES3_DOC_3.c.i_Diabetes_Milestone_3_Narrative_14458.pdf	Project 3.c.i - Milestone #3 Narrative	04/28/2017 08:59 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci3_PRES3_DOC_Binder_-_Documentation_Related_to_3.c.i_Diabetes_Milestone_3_14390.pdf	Project 3.c.i - Milestone #3 Supporting Documentation	04/28/2017 06:08 PM
Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	kbatchoo	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci3_PRES4_DOC_3.c.i_Diabetes_Milestone_4_Narrative_(Remediation_Document)_15129.pdf	Project 3.c.i - Milestone #4 Narrative (Remediation Document)	06/15/2017 03:17 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci3_PRES4_DOC_3.c.i_Diabetes_Milestone_4_Narrative_14455.pdf	Project 3.c.i - Milestone #4 Narrative	04/28/2017 08:57 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci3_PRES4_DOC_Binder_-_Documentation_Related_to_3.c.i_Diabetes_Milestone_4_14388.pdf	Project 3.c.i - Milestone #4 Supporting Documentation	04/28/2017 06:03 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	kawd01	Documentation/Certification	32_DY2Q4_PROJ3ci_MDL3ci3_PRES6_DOC_3.c.i_Diabetes_Milestone_6_Narrative_14393.pdf	Project 3.c.i - Milestone #6 Narrative	04/28/2017 06:13 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	
Engage at least 80% of primary care providers within the PPS in the	SUBMITTED UNDER REMEDIATION

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
implementation of disease management evidence-based best practices.	The NYU Lutheran PPS acknowledges the IA Informal Communication received as part of the DY2, Q4 Remediation Checklist Report for this Project 3.c.i Milestone #2. AS ORIGINALLY SUBMITTED Documentation has been uploaded for this Project 3.c.i: Milestone #2
Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS has submitted a Remediation Document for this Project 3.c.i Milestone #3. Within the remediation document, the PPS has included a list of PPS Partners as clarification of those providers who have signed agreements with the NYU Lutheran PPS and have committed to establishing care coordination processes via their own organizational efforts along with utilizing the care coordination mechanism of the PPS which is the Patient Navigation Center. AS ORIGINALLY SUBMITTED The NYU Lutheran PPS has met the requirements to complete Project 3.c.i Milestone #3. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	SUBMITTED UNDER REMEDIATION In response to the IA Informal Communication as part of the DY2, Q4 Remediation Checklist Report, the NYU Lutheran PPS has submitted a Remediation Document for this Project 3.c.i Milestone #4. Within the remediation document, the PPS has provided additional detail to demonstrate the responsible parties (job title/role) for each stage of the workflow process for Metric 1. Through the established relationships that the PPS has with its community-based organizations, the PPS will continue to evaluate the potential applicability of the Stanford Model for Metric 3. AS ORIGINALLY SUBMITTED The NYU Lutheran PPS has met the requirements to complete Project 3.c.i Milestone #4. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Ensure coordination with the Medicaid Managed Care organizations serving the target population.	
Use EHRs or other technical platforms to track all patients engaged in this project.	The NYU Lutheran PPS has met the requirements to complete Project 3.c.i Milestone #6. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Complete	
Milestone #3	Fail	The IA does not consider this milestone complete. For Metric 3, while the PPS documentation indicates that processes have been established, it does not demonstrate that these processes have been implemented as required by the metric.
Milestone #4	Fail	The IA does not consider this milestone complete. For Metric 3, the agreements submitted by the PPS do not indicate that the requirements of this metric have been implemented.
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Ongoing	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative - 3.c.i - Evidence-based strategies for disease management in high risk/affected populations (adults only)	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.c.i.5 - IA Monitoring

Instructions :

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

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

Instructions :

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

1. IT Adoption- PPS may be unable to effectively use EHRs & other technical platforms to track patients engaged in this project for proactive care management and milestone reporting. Mitigation: PPS will conduct current state assessment and develop a plan to support partner implementation of EHRs /HIE connectivity; provide technical assistance to partners.
2. IT Connectivity- PPS partner support required to meet EHR, data sharing and HIE connectivity requirements may be greater than the PPS's resources. Mitigation: PPS will conduct current state assessment to develop a work plan and determine the best approach, resources required and timing to support partner's implementation of EHRs/HIE connectivity; leverage NYU's HIE platform and help establish connectivity to HIE and the RHIO/SHIN-NY.
3. Provider Engagement- Providers resist adoption of standardized asthma home-based interventions project protocols. Mitigation: PPS will identify clinical project leader(s) to serve as project champions and liaise with partner champions to build support across PPS network; establish buy-in by engaging them to design and agree upon standardized evidence-based best practice protocols; configure EMR /HIE functionality to ensure system is user-friendly and provides information critical to meet goals. PPS will provide education on the protocols and consider incentive programs to support consistent protocol engagement.
4. MCO Contracting- PPS may struggle to negotiate agreements with MCOs related to coordination of services for high risk populations. Mitigation: PPS will leverage NYULMC's Population Health Management expertise to structure and support implementation of care coordination strategies, reimbursement and incentive payment models. PPS leadership will work with MCOs to develop VBP models to identify data needs and address issues impacting successful implementation. PPS will work with partners where appropriate to identify and address readiness concerns; align incentive requirements related to assuming financial risk and assist partners in developing the structure and capacity to enter into risk-based contracts.
5. Patient Engagement - A portion of PPS's lives may be hard to engage and may resist disease management interventions or unable to combat environmental triggers at home. Mitigation: PPS will track patient compliance, identifying populations and analyze data to determine demographic profile, size, location, clinical needs, reasons for resistance; leverage existing patient engagement studies and prioritize populations based on scale, urgent need and potential impact; intensify intervention by PNC; develop culturally-specific care navigation strategies, expertise and tools; deploy CHWs and embed CMs in PCMH sites to discuss cultural barriers to interventions; work with airNYC to identify best practices for patient engagement and removal of environmental triggers. PPS will collaborate with DOHMH and other PPSs to leverage available city resources.
6. Workforce- PPS encounters challenges recruiting adequate numbers of CHWs to support home-based visiting program. Mitigation: PPS will identify project staffing needs and prioritize voluntary redeployment opportunities to fill vacant positions and promote retraining opportunities. PPS will coordinate efforts with workforce vendor on recruitment and training on best practices/protocols. Recruit diverse CHWs to meet needs of patients.
7. Data- Significant risk in State not transmitting timely, accurate, valid, & meaningful recent patient-specific data on our attributable population required to measure success of the initiative. Mitigation- None available.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	1,403

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	53	211	253	491
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (0) does not meet your committed amount (491) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ol241	Documentation/Certification	32_DY2Q4_PROJ3dii_MDL3dii2_PES_DOC_3.d.ii_-_DY2,_Q4_-_final_10643.pdf	DY2, Q4 Patient Engagement Project 3.d.ii - Expansion of asthma home-based self-management program	04/18/2017 11:15 AM
ol241	Communication Documentation	32_DY2Q4_PROJ3dii_MDL3dii2_PES_COMM_3.d.ii_-_DY2,_Q3_-_final_10641.pdf	DY2, Q3 Patient Engagement Project 3.d.ii - Expansion of asthma home-based self-management program	04/18/2017 11:14 AM

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
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2Q4.

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	DY3 Q4	Project	N/A	In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma.		Project		In Progress	05/01/2015	03/31/2018	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Understand current asthma clinical and home-based self-management programs in use across PPS primary care providers.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Review and adopt best practice asthma self-management guidelines, including referral criteria to home environmental assessment, home environment trigger reduction, medication and self-management protocols.		Project		Completed	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3. Contract with vendor to provide asthma home-based self-management program.		Project		In Progress	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 4. Work with vendor to develop referral flows from PPS PCPs, relevant specialists and ERs.		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 5. Roll out provider training and materials to NYU Lutheran emergency department staff and primary care provider organizations in the network.		Project		Not Started	01/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 6. Ensure ongoing access to PPS asthma home-based self-management protocols via the PPS website and patient portal.		Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 7. Evaluate ramp-up success of patients utilizing the home-based self-management program and determine if any revisions,		Project		Not Started	07/01/2017	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
additional training, or communication interventions are needed.										
Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	DY2 Q4	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Collaborate with vendor to understand their program offerings related to indoor home environment assessments and criteria for referring patients to appropriate resources.		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2. Adopt vendor procedures to link asthma patients with poor indoor environment triggers to appropriate resources.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Engage vendor to conduct a pilot program employing PPS procedures adopted in Step 2 across several PPS PCP sites and NYU Lutheran emergency department.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 4. Engage vendor and start referring PPS patients for home-based trigger reduction interventions.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 5. Evaluate data to determine success of vendor program. If successful, expand contract with vendor to scale for the whole PPS network. If not successful, reassess options with PPS's Care Management services.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Develop and implement evidence-based asthma management guidelines.	DY2 Q4	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Adopt comprehensive evidence-based asthma management clinical guidelines to be used across PPS.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
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
Step 2. Develop training & communication strategy, including materials to be rolled out across the PPS provider network.										
Task Step 3. Roll out provider training and materials to primary care provider organizations in the network.		Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Ensure ongoing access to PPS asthma best practice guidelines and other updated asthma management resources via PPS provider portal.		Project		On Hold	05/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 5. Evaluate ramp-up success of providers utilizing the guidelines and determine if any revisions and/or additional training/communication interventions are needed.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Review and align PPS asthma self-management education materials used by PCPs in network and by selected home-based asthma care vendor. Select materials. Translate materials to meet specific cultural needs across communities served.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2. Develop training and communication strategy to be rolled out across the PPS provider network.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3. Roll out provider training and materials to primary care provider organizations in the network.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Ensure ongoing access to PPS provider training and asthma self-education services via the PPS website/patient and		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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provider portals.										
Task Step 5. Evaluate ramp-up success of providers utilizing the guidelines and determine if any revisions and/or additional training/communication interventions are needed.		Project		On Hold	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed and conducted training of all providers, including social services and support.		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has assembled a care coordination team that includes use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Coordinate social services and supports (i.e. access to legal services, pest control, etc.) in collaboration with vendor for patients referred to home visits.		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 2. Determine how the BB PPS Patient Navigation Center (PNC) & Care Management strategy - in concert with vendor's role as PPS asthma home environmental provider - can provide social service supports.		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 3. Implement coordinated care model for asthma patients and continue monitoring and reviewing practices to ensure continued success.		Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 1. Determine current post-ED/hospital follow-up services provided to patients admitted due to asthma.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2. Engage the ED Care Triage program to understand how best to integrate and implement the post-ED/hospital protocols for asthmatics into the ED Care Triage project's ED discharge program.		Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3 Develop protocols for post-ED/hospital follow-up services for patients admitted due to asthma in coordination with ED care triage group.		Project		Completed	11/01/2015	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Engage vendor to conduct follow-up services with asthmatic patients who are admitted to the emergency department.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1. Determine current communication and asthma care coordination models in place across PPS providers, Medicaid Managed Care plans, and Health Home managers.		Project		In Progress	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 2. Identify gaps in current communication and care coordination models.		Project		In Progress	10/01/2015	06/30/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 3. Engage the BB PPS Patient Navigation Center (PNC) & Care Management Strategy to enable and ensure communication, coordination, and continuity of asthma care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1. Complete current state assessment of EHRs and asthma patient registries in use across the PPS primary care provider network.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2. Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations, and, b) PPS primary care partners cannot easily upload appropriate EHR patient data to a patient registry.		Project		Completed	12/31/2015	06/30/2016	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3. Develop roadmap to achieving expansion and/or establishment of patient registries and EHR capabilities to track engaged asthma populations across PPS primary care partners		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4. Identify resources, timing and expertise required to implement the patient registry plan for PPS primary care partners.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5. Implement plan across PPS primary care partners		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	kawd01	Documentation/Certification	32_DY2Q4_PROJ3dii_MDL3dii3_PRES2_DOC_3.d.ii_Asthma_Milestone_2_Narrative_14460.pdf	Project 3.d.ii - Milestone #2 Narrative	04/28/2017 09:08 PM
Develop and implement evidence-based asthma management guidelines.	kawd01	Documentation/Certification	32_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_NYU_Lutheran_PPS_General_Principles_for_the_Diagnosis_and_Management_of_Asthma_14396.pdf	Project 3.d.ii - Milestone #3 Supporting Documentation	04/28/2017 06:44 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_3.d.ii_Asthma_Milestone_3_Narrative_14395.pdf	Project 3.d.ii - Milestone #3 Narrative	04/28/2017 06:43 PM
Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and	kawd01	Documentation/Certification	32_DY2Q4_PROJ3dii_MDL3dii3_PRES4_DOC_3.d.ii_Asthma_Milestone_4_Narrative_14462.pdf	Project 3.d.ii - Milestone #4 Narrative	04/28/2017 09:14 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	kawd01	Documentation/Certification	32_DY2Q4_PROJ3dii_MDL3dii3_PRES4_DOC_NYU_Lutheran_PPS_Roster_Demonstrating_Patient_Training_14404.pdf	Project 3.d.ii - Milestone #4 Supporting Documentation	04/28/2017 07:05 PM
Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	kawd01	Documentation/Certification	32_DY2Q4_PROJ3dii_MDL3dii3_PRES6_DOC_NYU_Lutheran_PPS_Roster_Demonstrating_Patient_Follow-up_14463.pdf	Project 3.d.ii - Milestone #6 Supporting Documentation	04/28/2017 09:19 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ3dii_MDL3dii3_PRES6_DOC_Binder_-_Documentation_Related_to_3.d.ii_Asthma_Milestone_6_14419.pdf	Project 3.d.ii - Milestone #6 Supporting Documentation	04/28/2017 07:52 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ3dii_MDL3dii3_PRES6_DOC_3.d.ii_Asthma_Milestone_6_Narrative_14418.pdf	Project 3.d.ii - Milestone #6 Narrative	04/28/2017 07:51 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	kawd01	Documentation/Certification	32_DY2Q4_PROJ3dii_MDL3dii3_PRES8_DOC_3.d.ii_Asthma_Milestone_8_Narrative_14420.pdf	Project 3.d.ii - Milestone #8 Narrative	04/28/2017 07:58 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	
Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	The NYU Lutheran PPS has met the requirements to complete Project 3.d.ii Milestone #2. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Develop and implement evidence-based asthma management guidelines.	The NYU Lutheran PPS has met the requirements to complete Project 3.d.ii Milestone #3. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	The NYU Lutheran PPS has met the requirements to complete Project 3.d.ii Milestone #4. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Ensure coordinated care for asthma patients includes social services and support.	
Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	The NYU Lutheran PPS has met the requirements to complete Project 3.d.ii Milestone #6. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	
Use EHRs or other technical platforms to track all patients engaged in this project.	The NYU Lutheran PPS has met the requirements to complete Project 3.d.ii Milestone #8. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.

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	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative - 3.d.ii - Expansion of asthma home-based self-management program	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.d.ii.5 - IA Monitoring

Instructions :

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

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

Instructions :

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

1. Information Technology Adoption Risk
PPS struggles to effectively use EHRs/other technical platforms to track all patients engaged in this project for proactive care management and for milestone reporting. Mitigation: PPS will conduct a current state assessment and develop a plan to support partner implementation of EHRs/HIE connectivity; provide technical assistance, including data and analytic support, to assist partners with meeting tracking and reporting requirements.
2. Patient Engagement Risk- PPS may encounter difficulties actively engaging "hard to reach" patients, particularly those where tobacco use remains a cultural norm which may lead to low patient participation. Mitigation: PPS will leverage NYU's expertise in engaging the Chinese-American community in tobacco use cessation. Facilitate culturally-competent tobacco patient interventions and counseling and recruit providers to make referrals to the NY Quitline and Asian Quitline, as appropriate. Work with partners to develop culturally-competent outreach and engagement strategies for reaching Arab, Latino and other identified communities. Work with BH partners to engage behavioral health patients in a clinically appropriate manner. Facilitate culturally-competent tobacco patient interventions and counseling; and recruit providers to make referrals to the NY Quitline and Asian Quitline, as appropriate. PPS will develop multilingual patient education materials that identify the risks of smoking and available support to help patients quit and engage its providers to assess patient tobacco use status and train them on the risks of smoking and benefits of quitting. PPS will provide technical assistance, such as data and analytic support, to assist partners with meeting tracking and reporting requirements.
3. CBO Engagement Risk:
a. Demographic and socio-economic factors may impede uptake of this initiative across the PPS's population base. The PPS may struggle to sustain provider commitment in the project, as the project does not have scale and speed commitments. Mitigation: The PPS will partner with numerous CBOs that are embedded and trusted in the community and whose missions include addressing poverty, education, and cultural barriers. These partnerships will help PPS target not only the specific issue of tobacco use but also broader socio-economic and demographic factors to improve overall health and well-being. The PPS will consider the use of provider incentives for providers that successfully engage patients in tobacco use cessation conversations and make referrals to the Quitline.
b. The PPS may struggle to sustain provider commitment in the project, as the project does not have scale and speed commitments. Mitigation: The PPS will discuss the project's outcome measures and the importance of meeting those measures in order to receive funding. Collaborating with other PPSs and the DOHMH will help to sustain momentum and efficient allocation of project resources to maintain communication and outreach with PPS providers across Brooklyn.
c. Brooklyn-based CBOs are likely to be partnering with multiple PPSs and already face many competing demands for their expertise, time and resources; PPS may be stretched to provide support to CBOs to deploy community-based interventions. Mitigation: The PPS will partner with the DOHMH and other PPSs implementing this project to leverage existing resources and minimize duplication of effort. The PPS will leverage the MIX to share best practices with other PPSs and partner organizations.

NYS Confidentiality – High

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Milestone #1	In Progress	Convene a collaborative of CBOs to plan, set milestones, and implement a community campaign.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task Step 1	In Progress	Convene an initial planning workgroup with PPS partners to develop a framework for community collaboration.	04/01/2016	03/31/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 2	In Progress	Develop a communication strategy to let community partners know that the PPS is pursuing the project and invite collaboration.	04/01/2016	03/31/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 3	Not Started	Convene CBOs to plan and set milestones for culturally-specific community campaigns, including: (1) the enhancement of tobacco cessation education and counseling at CBOs and, (2) the development and promotion of tobacco-free environments across the PPS.	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 4	Not Started	Implement community campaign and develop a forum for continuing community dialogue to exchange best practices and opportunities for collaboration on tobacco cessation programs.	01/01/2017	03/31/2020	04/01/2017	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone #2	In Progress	Convene a collaborative of PPSs undertaking the tobacco cessation project and partnering with NYC DOHMH.	10/01/2015	03/31/2020	10/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1	In Progress	Convene an initial planning workgroup with PPS partners to develop a framework for community and cross-PPS collaboration.	04/01/2016	03/31/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 2	In Progress	Schedule and hold meetings with the other NYC PPSs pursuing the project (contingent on the PPSs' willingness to collaborate) and NYC DOHMH to discuss planning and collaboration.	04/01/2016	03/31/2017	04/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task Step 3	Not Started	Plan and set milestones for cross-PPS initiatives, including a payer strategy to enhance coverage of tobacco cessation treatment and medication and the identification of value-based models of reimbursement.	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 4	Not Started	Implement cross-PPS tobacco cessation plan and develop forum for ongoing communication with NYC DOHMH and the other NYC PPSs pursuing the project.	01/01/2017	03/31/2020	04/01/2017	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone #3	In Progress	Agree upon shared resources across partners to implement the 5A tobacco cessation protocol in primary care settings.	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1	Completed	Develop 5A tobacco cessation clinical protocols to be used by providers in the PPS.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Not Started	Develop flexible 5A workflow model that can be adapted for use by	01/01/2017	03/31/2017	04/01/2017	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
Step 2		providers across the PPS.						
Task Step 3	Not Started	Develop training and communication strategy, including tobacco cessation best practice materials to be rolled out across the PPS provider network.	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 4	Not Started	Agree upon staffing resources (e.g., Tobacco Cessation Educator) to serve the PPS and recruit the identified position(s).	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 5	Not Started	Roll out provider training and materials to primary care provider organizations in the network implementing the project.	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 6	Not Started	Evaluate ramp-up success of providers utilizing the 5A protocol and determine if any revisions and/or additional training/communication interventions are needed.	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone Milestone #4	Completed	Agree upon a data sharing system to address reporting and implementation needs.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1	Completed	Complete current state assessment of EHRs and tobacco cessation patient registries in use across the PPS primary care provider network.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 2	Completed	Identify gaps highlighting where a) current registries do not exist to meet PPS's clinical project requirements and target PPS populations, and, b) PPS primary care partners cannot easily upload appropriate EHR patient data to a patient registry.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3	Completed	Develop roadmap to achieving expansion and/or establishment of patient registries and EHR capabilities to track engaged tobacco cessation populations across PPS primary care partners.	06/30/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4	Completed	Identify resources, timing and expertise required to implement the patient registry plan for PPS primary care partners.	06/30/2016	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5	Completed	Implement plan across PPS primary care partners	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Milestone #5	In Progress	Repurpose and/or develop outdoor media campaign.	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 1	Completed	Collaborate with NYC DOHMH and community partners to review inventory of existing media campaigns.	07/01/2015	07/31/2015	07/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2	Completed	Review Community Needs Assessment and community data to identify high-risk neighborhoods and evaluate the specific language and cultural requirements of those highest risk communities with regard to effective messaging.	07/31/2015	09/30/2015	07/31/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3	In Progress	Develop media campaign materials either by repurposing and rebranding previous ads or developing new materials.	10/01/2015	03/31/2017	10/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 4	Not Started	Perform consumer-testing of media campaigns.	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 5	Not Started	Launch outdoor media campaigns in the community.	01/01/2017	01/31/2017	04/01/2017	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
Task Step 6	Not Started	Develop a set of metrics to evaluate the success of the campaigns and perform an annual review.	01/01/2017	03/31/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 7	Not Started	Revise and update media campaigns as needed based on feedback from the community and the results of the annual review.	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative - 4.b.i - Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	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
Milestone #4	kawd01	Documentation/Certification	32_DY2Q4_PROJ4bi_MDL4bi2_PPS1041_DOC_4.b.i_Tobacco_Milestone_4_Narrative_14422.pdf	Project 4.b.i - Milestone #4 Narrative	04/28/2017 08:10 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone #1	
Milestone #2	
Milestone #3	
Milestone #4	The NYU Lutheran PPS has met the requirements to complete Project 4.b.i Milestone #4. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Milestone #5	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

IPQR Module 4.c.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

1. Patient Engagement Risk:
a. PPS may encounter difficulties actively engaging "hard to reach" patients. Mitigation: The PPS will utilize PNC resources and strategies to engage patients in care and provide assistance with care coordination and education about self-management and PrEP strategies. PPS will coordinate, train, equip and deploy community health workers and embed care managers in PCMH sites to actively engage difficult-to-reach patients through the PNC. CHWs and care managers will be trained to address social stigma that often accompanies HIV. PPS will utilize CHWs and CBOs, with an emphasis on organizations that have trusted relationships with high-risk communities, to support outreach and education on self-management care strategies and navigation activities.
b. Demographic and socio-economic factors may impede uptake of this initiative across the PPS's population base. Mitigation: Due to demographic and socio-economic factors the PPS will partner with numerous CBOs that are embedded and trusted in the community and whose missions include addressing poverty, education, and cultural barriers. These partnerships will help the PPS target not only the specific issue of HIV but support culturally competent approaches to reaching the community, for promotion of appropriate use primary care use for all clinical areas, and when to use the ER.
2. Provider Engagement Risk- Providers resist adoption of project protocols (including the use of PrEP) and given that the project does not have scale and speed commitments the PPS may struggle to sustain provider commitment in the project. Mitigation: PPS will identify clinical project leader(s) to serve as project champions and liaise with partner champions to build support across the PPS provider network; establish provider buy-in by engaging providers in design and agree upon standardized evidence-based best practice protocols; configure EMR/HIE functionality to ensure the system is user-friendly and provides information critical to meet goals. The PPS will develop multilingual patient outreach and education materials on HIV prevention and practicing safe behaviors. PPS will provide education on best practice protocols and consider incentive programs to support consistent protocol engagement. To sustain provider commitment the PPS will discuss the project's outcome measures and the importance of meeting those measures in order to receive funding. Collaborating with other PPSs and the DOHMH will help to sustain momentum and efficient allocation of project resources to maintain communication and outreach with PPS providers across Brooklyn.
3. CBO and Cross-PPS Engagement Risk- Brooklyn-based CBOs are likely to be partnering with multiple PPSs and already face many competing demands for their expertise, time and resources; PPS may be stretched to provide support to CBOs to deploy community-based interventions. HIV Collaborative struggles to implement a governance model that supports timely decision-making, budgeting and implementation of shared PPS projects initiatives and resources (e.g. protocols, access to data and reporting tools). Mitigation: CBO engagement across multiple PPSs the PPS will identify HIV Collaborative members, who will also serve on the PPS's HIV Work Group and work both across PPSs and within the NYU Lutheran PPS network to implement the HIV project. The PPS will leverage the MIX to share best practices with other PPSs and partner organizations.

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Milestone #1	In Progress	Convening the PPS HIV Collaborative	07/01/2015	03/31/2020	07/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1	Completed	Confirm PPS participation in HIV Collaborative throughout DSRIP implementation.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2	Completed	Contract with DOHMH to convene and support the HIV Collaborative.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3	Completed	Develop agenda for Learning Collaborative meetings and hold meetings.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Milestone #2	Completed	Establishing a work plan and timeline for project implementation.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1	Completed	Develop work plan and timeline for projects being implemented jointly across multiple PPSs.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2	On Hold	Develop work plan and timeline for additional projects being implemented by the Brooklyn Bridges PPS.	10/01/2016	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 3	Completed	Validate work plans and timelines with PPS governance bodies and relevant stakeholders, as needed.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Milestone #3	Completed	Developing agreed upon milestones for project implementation.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1	Completed	Develop milestones for projects being implemented jointly across multiple PPSs.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2	On Hold	Develop milestones for additional projects being implemented by the Brooklyn Bridges PPS.	01/01/2017	03/31/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 3	Completed	Validate milestones with PPS governance bodies and relevant stakeholders, as needed.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Milestone #4	Completed	Agreeing upon project commonalities and shared resources.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1	Completed	Determine 4.c.ii projects that are common across most/all PPSs in the Collaborative and structure for sharing resources needed for implementation.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2	Completed	Validate agreement with PPS governance bodies and relevant stakeholders, as needed.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone	Completed	Agreeing upon a data sharing system to address reporting and	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #5		implementation needs.						
Task Step 1	Completed	Determine system for sharing information across PPSs and validate decision with PPS governance bodies and relevant stakeholders, as needed.	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2	Completed	Contract with system developer/administrator, as needed.	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Project Narrative - 4.c.ii - Increase early access to, and retention in, HIV care	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
Milestone #2	kawd01	Documentation/Certification	32_DY2Q4_PROJ4cii_MDL4cii2_PPS1031_DOC_DSRIP_HIV_Coalition_Convener_Work_Plan_Year_3_14434.pdf	Project 4.c.ii - Milestone #2 Supporting Documentation	04/28/2017 08:20 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ4cii_MDL4cii2_PPS1031_DOC_4.c.ii_HIV_Milestone_2_Narrative_14433.pdf	Project 4.c.ii - Milestone #2 Narrative	04/28/2017 08:19 PM
Milestone #3	kawd01	Documentation/Certification	32_DY2Q4_PROJ4cii_MDL4cii2_PPS1032_DOC_DSRIP_HIV_Coalition_Standing_Committees_Overview_14444.pdf	Project 4.c.ii - Milestone #3 Supporting Documentation	04/28/2017 08:23 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ4cii_MDL4cii2_PPS1032_DOC_4.c.ii_HIV_Milestone_3_Narrative_14442.pdf	Project 4.c.ii - Milestone #3 Narrative	04/28/2017 08:23 PM
Milestone #4	kawd01	Documentation/Certification	32_DY2Q4_PROJ4cii_MDL4cii2_PPS1033_DOC_DSRIP_HIV_Coalition_Standing_Committee_and_Project_Alignment_14447.pdf	Project 4.c.ii - Milestone #4 Supporting Documentation	04/28/2017 08:28 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ4cii_MDL4cii2_PPS1033_DOC_4.c.ii_HIV_Milestone_4_Narrative_14446.pdf	Project 4.c.ii - Milestone #4 Narrative	04/28/2017 08:28 PM
Milestone #5	kawd01	Documentation/Certification	32_DY2Q4_PROJ4cii_MDL4cii2_PPS1034_DOC_Binder_-_Documentation_Related_to_4.c.ii_HIV_Milestone_5_14449.pdf	Project 4.c.ii - Milestone #5 Supporting Documentation	04/28/2017 08:32 PM
	kawd01	Documentation/Certification	32_DY2Q4_PROJ4cii_MDL4cii2_PPS1034_DOC_4.c.ii_HIV_Milestone_5_Narrative_14448.pdf	Project 4.c.ii - Milestone #5 Narrative	04/28/2017 08:32 PM

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone #1	
Milestone #2	The NYU Lutheran PPS has met the requirements to complete Project 4.c.ii Milestone #2. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Milestone #3	The NYU Lutheran PPS has met the requirements to complete Project 4.c.ii Milestone #3. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Milestone #4	The NYU Lutheran PPS has met the requirements to complete Project 4.c.ii Milestone #4. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Milestone #5	The NYU Lutheran PPS has met the requirements to complete Project 4.c.ii Milestone #5. Documentation evidencing the completion of this milestone has been uploaded to support milestone completion.
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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Attestation

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

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

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

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

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

Primary Lead PPS Provider:	NYU LUTHERAN MEDICAL CENTER
Secondary Lead PPS Provider:	
Lead Representative:	A Taverna-trani
Submission Date:	06/20/2017 02:27 PM

Comments:	

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY2, Q4	Adjudicated	A Taverna-trani	sm506673	06/30/2017 01:19 PM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The DY2 Q4 quarterly report has been adjudicated.	sm506673	06/30/2017 01:19 PM
Returned	The DY2, Q4 Quarterly Report has been returned for Remediation.	sm506673	05/31/2017 05:18 PM

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

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

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

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

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

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

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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Complete	
	Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Complete	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Complete	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & 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 & Complete	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Complete	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Ongoing	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Ongoing	
Section 08	Module 8.1 - Prescribed Milestones		

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Section	Module Name / Milestone #	Review Status	
	Milestone #1 Develop population health management roadmap.	Pass & Complete	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & 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 & Ongoing	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Ongoing	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Ongoing	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Complete	
	Milestone #5 Develop training strategy.	Pass & Complete	
	Module 11.10 - Staff Impact	Pass & Ongoing	
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
2.a.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 & Complete	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	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.b.iii	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Ongoing	
	Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Ongoing	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass (with Exception) & Complete	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
2.b.ix	Module 2.b.ix.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.ix.3 - Prescribed Milestones		
	Milestone #1 Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	Pass & Ongoing	
	Milestone #2 Create clinical and financial model to support the need for the unit.	Pass & Ongoing	
	Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	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 Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
2.c.i	Module 2.c.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.c.i.3 - Prescribed Milestones		
	Milestone #1 Create community-based health navigation services, with the goal of assisting patients in accessing healthcare services efficiently.	Pass & Ongoing	
	Milestone #2 Develop a community care resource guide to assist the community resources and ensure compliance with protocols, under direction from a collaborating program oversight group of medical/behavioral health, community nursing, and social support services providers.	Pass & Complete	
	Milestone #3 Recruit for community navigators, ideally spearheaded by residents in the targeted area to ensure community familiarity.	Pass & Complete	
	Milestone #4 Resource appropriately for the community navigators, evaluating placement and service type.	Pass & Ongoing	
	Milestone #5 Provide community navigators with access to non-clinical resources, such as transportation and housing services.	Pass & Ongoing	
	Milestone #6 Establish case loads and discharge processes to ensure efficiency in the system for community navigators who are following patients longitudinally.	Pass & Complete	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #7 Market the availability of community-based navigation services.	Pass & Complete	
	Milestone #8 Use EHRs and other technical platforms 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	
	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 & Ongoing	
	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Fail	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Fail	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Fail	
	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 & Complete	
3.c.i	Module 3.c.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.c.i.3 - Prescribed Milestones		
	Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Pass & Ongoing	
	Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Pass & Complete	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Fail	
	Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Fail	
	Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Pass & Ongoing	
	Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Pass & Ongoing	
3.d.ii	Module 3.d.ii.2 - Patient Engagement Speed	Fail	
	Module 3.d.ii.3 - Prescribed Milestones		
	Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	Pass & Ongoing	
	Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	Pass & Complete	
	Milestone #3 Develop and implement evidence-based asthma management guidelines.	Pass & Complete	
	Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	Pass & Complete	
	Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	Pass & Ongoing	
	Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	Pass & Complete	
	Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing	
4.c.ii	Module 4.c.ii.2 - PPS Defined Milestones	Pass & Ongoing	

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Providers Participating in Projects

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

Provider Category		**Project 2.a.i**		**Project 2.b.iii**		**Project 2.b.ix**		**Project 2.c.i**		**Project 3.a.i**		**Project 3.c.i**		**Project 3.d.ii**		**Project 4.b.i**		**Project 4.c.ii**		**Project**		**Project**	
		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	410	372	214	-	214	264	214	-	214	276	216	197	214	250	214	-	214	-				
	Safety Net	192	33	101	29	101	29	101	30	101	25	103	20	101	27	101	-	101	-				
Practitioner - Non-Primary Care Provider (PCP)	Total	1,425	1,198	502	-	501	-	501	-	502	321	502	328	501	191	501	-	501	-				
	Safety Net	236	41	125	-	125	-	125	28	125	18	125	15	125	9	125	-	125	-				
Hospital	Total	2	1	2	-	2	1	2	-	2	-	2	-	2	-	2	-	2	-				
	Safety Net	1	1	1	1	1	1	1	-	1	-	1	-	1	-	1	-	1	-				
Clinic	Total	18	16	2	-	2	16	2	-	4	16	4	16	3	16	2	-	2	-				
	Safety Net	17	17	1	17	1	17	1	17	3	17	3	17	2	17	1	-	1	-				
Case Management / Health Home	Total	19	7	0	-	0	7	0	-	0	-	1	7	0	7	0	-	0	-				
	Safety Net	5	3	0	3	0	3	0	3	0	-	1	3	0	3	0	-	0	-				
Mental Health	Total	255	178	1	-	0	178	0	-	3	178	0	142	0	-	0	-	0	-				
	Safety Net	59	23	0	-	0	23	0	18	0	23	0	18	0	-	0	-	0	-				
Substance Abuse	Total	23	20	1	-	1	20	1	-	2	3	1	3	1	-	1	-	1	-				
	Safety Net	23	16	1	-	1	16	1	9	2	2	1	2	1	-	1	-	1	-				
Nursing Home	Total	32	27	0	-	0	27	0	-	0	-	0	-	0	-	0	-	0	-				
	Safety Net	32	30	0	-	0	30	0	-	0	-	0	-	0	-	0	-	0	-				
Pharmacy	Total	2	0	0	-	0	-	0	-	0	-	0	0	0	0	0	-	0	-				
	Safety Net	1	0	0	-	0	-	0	0	0	-	0	0	0	0	0	-	0	-				
Hospice	Total	5	2	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-				

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Provider Category		Project 2.a.i		Project 2.b.iii		Project 2.b.ix		Project 2.c.i		Project 3.a.i		Project 3.c.i		Project 3.d.ii		Project 4.b.i		Project 4.c.ii		Project		Project	
		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed	
	Safety Net	3	0	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-				
Community Based Organizations	Total	43	18	1	-	1	-	1	-	0	15	0	14	0	15	0	-	0	-				
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-				
All Other	Total	1,031	849	2	-	0	164	0	-	2	275	6	212	2	208	0	-	0	-				
	Safety Net	388	111	0	-	0	21	0	37	1	35	4	27	2	26	0	-	0	-				
Uncategorized	Total	27	-	26	-	26	-	26	-	26	-	26	-	26	-	26	-	26	-				
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-				
Additional Providers	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-				
	Safety Net	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	1	2
Community-based navigators participating in project	2.c.i	0	78

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iii	2.b.ix	2.c.i	3.a.i	3.c.i	3.d.ii	4.b.i	4.c.ii		
De Los Reyes Willeta R Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Konka Sudarsanam Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Diamond David L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chua Betty A Md	Practitioner - Primary Care Provider (PCP)	✓										
Levey Robert L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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* Safety Net Providers in Green

Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.ix**	**2.c.i**	**3.a.i**	**3.c.i**	**3.d.ii**	**4.b.i**	**4.c.ii**		
Belding Alfred Md	Practitioner - Primary Care Provider (PCP)	✓										
Walfish Jacob S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Barcia Rafael G Md	Practitioner - Primary Care Provider (PCP)	✓										
Rodriguez Maria D Md	Practitioner - Primary Care Provider (PCP)	✓										
Irwin Michael R Md	Practitioner - Primary Care Provider (PCP)	✓										
Kamath Marian D Md	Practitioner - Primary Care Provider (PCP)	✓										
Patel Chandrakant M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chin Yin Lee Md	Practitioner - Primary Care Provider (PCP)	✓										
Mancuso John J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bunyavanich Sommai T Md	Practitioner - Primary Care Provider (PCP)	✓										
Capalbo Ralph H	Practitioner - Primary Care Provider (PCP)	✓										
Patel Vina R Md	Practitioner - Primary Care Provider (PCP)	✓										
Glaser Jordan B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Winik Joseph S Md	Practitioner - Primary Care Provider (PCP)	✓										
Kang Pritpal S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lee Paul Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tokar Stanley W Md	Practitioner - Primary Care Provider (PCP)	✓										
Hauer David I Md	Practitioner - Primary Care Provider (PCP)	✓										
Aggarwal Om Parkash Md	Practitioner - Primary Care Provider (PCP)	✓										
Nebres Jose F Md	Practitioner - Primary Care Provider (PCP)	✓										
Pagano William Gennaro Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Parikh Nalini H Md Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Roth Olitsa Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ramaraju Thippa R Md	Practitioner - Primary Care Provider (PCP)	✓										
Rosen Eli Nathan Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jasty Susmita Md Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Muller Leonard Md	Practitioner - Primary Care Provider (PCP)	✓										
Glaser Amy Lisa Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Treatman David Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Osoba Olumide Obafunmilayo Md	Practitioner - Primary Care Provider (PCP)	✓										
Diaz Michael Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Abott Michael L Md	Practitioner - Primary Care Provider (PCP)	✓										
Bhatt Anjani A Md	Practitioner - Primary Care Provider (PCP)	✓										
Chen Yaw Lim Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Inzlicht Sprei Eli Md	Practitioner - Primary Care Provider (PCP)	✓										
Calamia Vincent Md	Practitioner - Primary Care Provider (PCP)	✓										
Nacier Paul Edgard Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fatica Nunzia Md	Practitioner - Primary Care Provider (PCP)	✓										
Khan Noor Zaman Md	Practitioner - Primary Care Provider (PCP)	✓										
Duaban Maria Paz Md Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rao Sudha	Practitioner - Primary Care Provider (PCP)	✓										
Krausz Robert B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Deluca John J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gelbfish Chana E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Baillargeon Neal Arthur Md	Practitioner - Primary Care Provider (PCP)	✓										
Sacolick Benzion Md	Practitioner - Primary Care Provider (PCP)	✓										
Tardio Julio Alberto Md	Practitioner - Primary Care Provider (PCP)	✓										
Daggett Brian George Md	Practitioner - Primary Care Provider (PCP)	✓										
Giaccio Daniel Joseph Md	Practitioner - Primary Care Provider (PCP)	✓										
Barkan Anatole	Practitioner - Primary Care Provider (PCP)	✓										
Jebran Antoine Anoir	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kao Wei Md	Practitioner - Primary Care Provider (PCP)	✓										
Carmusciano Vincent Albert Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kelter Robert Alan Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bookhardt-Murray Lois J	Practitioner - Primary Care Provider (PCP)	✓										
Buff Daniel David Md	Practitioner - Primary Care Provider (PCP)	✓										
Sgarlato Anthony Ralph Md	Practitioner - Primary Care Provider (PCP)	✓										
Gupta Sindhu Md Pc	Practitioner - Primary Care Provider (PCP)	✓										
Putman William Erskine M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pellegrini Richard Andrew Md	Practitioner - Primary Care Provider (PCP)	✓										
Salvati Steven William Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Archbold Maritza Stella Md	Practitioner - Primary Care Provider (PCP)	✓										

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Schuller Alan Morris Md	Practitioner - Primary Care Provider (PCP)	✓										
Berlin Arnold I Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mcadam John Mark Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sherill Purcell Md Pc	Practitioner - Primary Care Provider (PCP)	✓										
Wagley Bhupendra P Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chopra Rajpal S Md	Practitioner - Primary Care Provider (PCP)	✓										
Golden Owen Md	Practitioner - Primary Care Provider (PCP)	✓										
Joseph-Giss Sharon Pauline	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Medina Ariel Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lyon Claudia L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Patel Nileshkumar Gokal Md	Practitioner - Primary Care Provider (PCP)	✓										
Balot Barry Hal Md	Practitioner - Primary Care Provider (PCP)	✓										
Muharemovic Meciko A Md	Practitioner - Primary Care Provider (PCP)	✓										
Gazzara Paul C Md	Practitioner - Primary Care Provider (PCP)	✓										
Zaloom Robert Anthony Md	Practitioner - Primary Care Provider (PCP)	✓										
Kazeem Saka Md	Practitioner - Primary Care Provider (PCP)	✓										
Jayakrishnan Uma P Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Schwartzburt Elizabeth Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Caruana Joseph Angelo Do	Practitioner - Primary Care Provider (PCP)	✓										
Roche Marie-Lourdes Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Haddad Stephen Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bashey Mohammed B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Levit Susan Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Etienne Viviane Md	Practitioner - Primary Care Provider (PCP)	✓										
Nedunchezian Deeptha Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sacco Joseph P Md	Practitioner - Primary Care Provider (PCP)	✓										
Burack Jedidiah Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Balmiki Rajeev L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Teitelbaum Jeffrey Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Brunot Emmanuel Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gomez Tulio Enrique Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Dailey Ronald Scott Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Volfinzon Leonid Medical Pc	Practitioner - Primary Care Provider (PCP)	✓										
Wahba Joseph Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Halberstam Meyer S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sam Mirela Md	Practitioner - Primary Care Provider (PCP)	✓										
Villanueva Norma I Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mayer Amir Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ehr Azimah Pilus Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rando Giuseppe Rosario Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cotos Mejia David N Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Genovese Leonard Daniel Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Livshits Aleksandr Md	Practitioner - Primary Care Provider (PCP)	✓										
Shustarovich Alla Md Pc	Practitioner - Primary Care Provider (PCP)	✓										
Perlova Marina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Friedman Fredy Md	Practitioner - Primary Care Provider (PCP)	✓										
Vamadevan Nallasivam Md	Practitioner - Primary Care Provider (PCP)	✓										
Cardona Carmen G	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chan Alfonso Y	Practitioner - Primary Care Provider (PCP)	✓										
Bekar Samuel Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sagar Sushil Md	Practitioner - Primary Care Provider (PCP)	✓										
Avruchevskaya Irina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Belotserkovskaya Yanina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Banad Sheela Premanath Md	Practitioner - Primary Care Provider (PCP)	✓										
Tolbert-Walker Derrick J Md	Practitioner - Primary Care Provider (PCP)	✓										
Stroud Joan Antoinette Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Islam Noor Afza Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Volpin Marina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Diaz Alan	Practitioner - Primary Care Provider (PCP)	✓										
Rafiaa Amer	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chowdary Sunita Kollu Md	Practitioner - Primary Care Provider (PCP)	✓										
Muster Sima Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Orafidiya Adebola O Md	Practitioner - Primary Care Provider (PCP)	✓										
Gold Richard Elliott Do	Practitioner - Primary Care Provider (PCP)	✓										
Favuzza Joy	Practitioner - Primary Care Provider (PCP)	✓										
Fletcher, Fnp Debbian	Practitioner - Primary Care Provider (PCP)	✓					✓					
Yu Kyi Win Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sherman Frederic M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Seitz David Elliot Md	Practitioner - Primary Care Provider (PCP)	✓										
Rodriguez Ricardo Ariel Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rosales Manuel Ramos Md	Practitioner - Primary Care Provider (PCP)	✓										
Nichols Andrea Marisa Md	Practitioner - Primary Care Provider (PCP)	✓										
Kamath Sachin Narsinha Md	Practitioner - Primary Care Provider (PCP)	✓										
Patel Mahendra Ambalal Md	Practitioner - Primary Care Provider (PCP)	✓										
Abramova Inna Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chakote Jyoti V Md	Practitioner - Primary Care Provider (PCP)	✓										
Flaherty Brian Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pye Yar Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chen Charlie Chin-Song Do	Practitioner - Primary Care Provider (PCP)	✓										
Lenefsky Ronald I Md	Practitioner - Primary Care Provider (PCP)	✓										
Nussbaum Jack Md	Practitioner - Primary Care Provider (PCP)	✓										
Go Eddie Sim Md	Practitioner - Primary Care Provider (PCP)	✓										
Chan Enoch Chung Md	Practitioner - Primary Care Provider (PCP)	✓										
Wildfeurer Olga Md	Practitioner - Primary Care Provider (PCP)	✓										
Schwimmer Richard	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Daya Rami Khairallah Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Alcantara Teodorico Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kalepu Mallikharjanudu Md	Practitioner - Primary Care Provider (PCP)	✓										
Pintauro Robert	Practitioner - Primary Care Provider (PCP)	✓										
Sahgal Sumir P Md	Practitioner - Primary Care Provider (PCP)	✓										
Rieder Jessica Md	Practitioner - Primary Care Provider (PCP)	✓										
Shetty Tharun	Practitioner - Primary Care Provider (PCP)	✓										
Berger Aaron H	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Shahkoohi Afshin Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mulvanerty Noreen R	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sheikh Manzur Ali Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Putter Ellen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tu Joseph	Practitioner - Primary Care Provider (PCP)	✓										
Crenesse-Cozien Anne J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rabiner Mark Charles Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Geyler Inna I Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sotnik Regina Md	Practitioner - Primary Care Provider (PCP)	✓										
Yazigi Samar F Chahla Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zaretsky Galina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sastre Jorge Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bundoc Susana Dugang Md	Practitioner - Primary Care Provider (PCP)	✓										
Cortes Juan Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Frank Rachel Anne Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Domnich Ilya Md	Practitioner - Primary Care Provider (PCP)	✓										
Lee Jeong Ran Oh	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Holalkere Rajagopal Md	Practitioner - Primary Care Provider (PCP)	✓										
Shur Irina N Md	Practitioner - Primary Care Provider (PCP)	✓										
L'Refauh Med & Rehab Ctr.,Inc	Practitioner - Primary Care Provider (PCP)	✓										
Hochster Howard James Md	Practitioner - Primary Care Provider (PCP)	✓										
Marina Zahra Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kirpichnikov Dmitri Md	Practitioner - Primary Care Provider (PCP)	✓										
Olson Arik Robert Md	Practitioner - Primary Care Provider (PCP)	✓										
Kadar Robert Scott Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Deb Ambika Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nie Guo Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Giantinoto Salvatore J Do	Practitioner - Primary Care Provider (PCP)	✓										
Rohatgi Rajesh Md	Practitioner - Primary Care Provider (PCP)	✓										
Natalenko Irina Md	Practitioner - Primary Care Provider (PCP)	✓										
Grady Laura Jane Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Gardner Traci F Md	Practitioner - Primary Care Provider (PCP)	✓										
Harrell Linda Cnm	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Maheshwari Anil	Practitioner - Primary Care Provider (PCP)	✓										
Perrone Calogera A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Silverblatt Katerina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Weiss Andrew L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Joseph Rose	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Destefano Patricia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Levi Linda	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Martinez Carmen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pollard-Thomas Paula Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Oks Marina V Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Littleton Andrea Wileen Md	Practitioner - Primary Care Provider (PCP)	✓										
Leers Ella Md	Practitioner - Primary Care Provider (PCP)	✓										
Cahill Ryan M Do	Practitioner - Primary Care Provider (PCP)	✓										
Hana Mervat	Practitioner - Primary Care Provider (PCP)	✓										
Irina Berlin Medical Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Erlikh Tamara Md	Practitioner - Primary Care Provider (PCP)	✓										
Arias-Florez Elizabeth Cristina	Practitioner - Primary Care Provider (PCP)	✓										
Dume-Charles Daniel Md	Practitioner - Primary Care Provider (PCP)	✓										
Dhillon Lakhbir	Practitioner - Primary Care Provider (PCP)	✓										
Wells Barbara	Practitioner - Primary Care Provider (PCP)	✓										
Rodgers Stephen L	Practitioner - Primary Care Provider (PCP)	✓										
Manna Mario Joseph Do	Practitioner - Primary Care Provider (PCP)	✓										
Lowe Rajani	Practitioner - Primary Care Provider (PCP)	✓										
Ditchek Stuart	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gabriel Michael	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Steklova Olga Md	Practitioner - Primary Care Provider (PCP)	✓										
Dukhan Marina Do	Practitioner - Primary Care Provider (PCP)	✓										
Makavana Jayeshkumar J Md	Practitioner - Primary Care Provider (PCP)	✓										
Badem Olga Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Mortazavi Shervin Md	Practitioner - Primary Care Provider (PCP)	✓										
Stein Rivka Y Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Glick Arthur A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Santiago Allan Realin Md	Practitioner - Primary Care Provider (PCP)	✓										
Sethi Dinesh Md	Practitioner - Primary Care Provider (PCP)	✓										
Hill Mark A Md	Practitioner - Primary Care Provider (PCP)	✓										
Beecham-Robinson Anita	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Darcy Elizabeth Ann Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shpak Mikhail M Do	Practitioner - Primary Care Provider (PCP)	✓										
Batra Mirabai Kuvi	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Patel Sanjay Narottambhai Md	Practitioner - Primary Care Provider (PCP)	✓										
Celmer Edward J Md	Practitioner - Primary Care Provider (PCP)	✓										
Pandya Himanshu Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Raptis Theodoros	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Asgary Gholamreza Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ashkar John Antonios	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Toomey Thomas Francis Jr	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zhao Qiuqu	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Janice Prime Care Medical Pc	Practitioner - Primary Care Provider (PCP)	✓										
Wong Ying Lan Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Desir Mergie X Md	Practitioner - Primary Care Provider (PCP)	✓										
Levina Diana Md	Practitioner - Primary Care Provider (PCP)	✓										
Amin Khalid Irfan Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wong Helen	Practitioner - Primary Care Provider (PCP)	✓										
Awikeh Maha Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zhuravsky Ellen Rpa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Akker Eleonora	Practitioner - Primary Care Provider (PCP)	✓										
Bron Yana Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Horn Ansell Np	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Klein David	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Madhavi Madhurapantula Do	Practitioner - Primary Care Provider (PCP)	✓										

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Antonios Vera Salim Md	Practitioner - Primary Care Provider (PCP)	✓										
Faroqui Fazal G Do	Practitioner - Primary Care Provider (PCP)	✓										
Othoniel Marlene	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Henao Joseph	Practitioner - Primary Care Provider (PCP)	✓										
Alhaddad Adib Md	Practitioner - Primary Care Provider (PCP)	✓										
Noori Khalid A Md	Practitioner - Primary Care Provider (PCP)	✓										
Kucherina Andrey Md	Practitioner - Primary Care Provider (PCP)	✓										
Chang Jung Mi Md	Practitioner - Primary Care Provider (PCP)	✓										
Prescott Rasheda Vernique Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rigaud Nathalie	Practitioner - Primary Care Provider (PCP)	✓					✓					
Filipova Olga Vladimirovna Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kim Jeongwon	Practitioner - Primary Care Provider (PCP)	✓										
Rodriguez Edna V Md	Practitioner - Primary Care Provider (PCP)	✓										
Guillen-Santana Roselia	Practitioner - Primary Care Provider (PCP)	✓										
Dellatto Patricia	Practitioner - Primary Care Provider (PCP)	✓										
Fernaine George Md	Practitioner - Primary Care Provider (PCP)	✓										
Kaur Kiranjit Md	Practitioner - Primary Care Provider (PCP)	✓										
Tavrovskaya Polina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bryant Stephanie Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jacobs Amanda	Practitioner - Primary Care Provider (PCP)	✓										
Jimmy R Sitt	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ferdous Razia Khan	Practitioner - Primary Care Provider (PCP)	✓										
Kateryna Perevoznychenko Md	Practitioner - Primary Care Provider (PCP)	✓										
Samia H Rifaat	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Harris Marissa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zyskind Israel	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Maybody Shideh	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Vazquez-Ayala Manuel	Practitioner - Primary Care Provider (PCP)	✓										
Isseroff Hillel Noah Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Khaski David	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shnaydman Faina Md	Practitioner - Primary Care Provider (PCP)	✓										

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Avraham J Gottesman	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tsukerman Boris Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dayen Nina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Desai Vikas	Practitioner - Primary Care Provider (PCP)	✓										
Ahern Barbara Ann	Practitioner - Primary Care Provider (PCP)	✓										
Paik Joon	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Orlovskiy Aleksandr Md	Practitioner - Primary Care Provider (PCP)	✓										
Saxena Amit K Md	Practitioner - Primary Care Provider (PCP)	✓										
Kini Jyoti	Practitioner - Primary Care Provider (PCP)	✓										
Chan Wendy	Practitioner - Primary Care Provider (PCP)	✓										
Tin Hui Hing Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
El Atat Ali Ahmad	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Quinn-Torpey Susan	Practitioner - Primary Care Provider (PCP)	✓										
Florence P Golamco	Practitioner - Primary Care Provider (PCP)	✓										
Moberg Kenneth A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hinestroza Howard Md	Practitioner - Primary Care Provider (PCP)	✓										
Aye Myint Myint Md	Practitioner - Primary Care Provider (PCP)	✓										
Silver Chvette	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shpitalnik Larisa	Practitioner - Primary Care Provider (PCP)	✓										
Polen Denine Lynn	Practitioner - Primary Care Provider (PCP)	✓										
Saadon Yael	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Khan Naznin	Practitioner - Primary Care Provider (PCP)	✓										
Berezovskaya Sabina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cicero Sosa Paola	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gorelik Dmitry David	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Simon Fensterszaub	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Carthen Dashima Md	Practitioner - Primary Care Provider (PCP)	✓										
Karayil Ajith	Practitioner - Primary Care Provider (PCP)	✓										
Murray Christine	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jacob Sunitha	Practitioner - Primary Care Provider (PCP)	✓										
Emma Patricia Sheridan	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Sisser Rachel	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Landerer David	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Petty Sandra	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Akhand Abdul	Practitioner - Primary Care Provider (PCP)	✓										
Trossello Catherine	Practitioner - Primary Care Provider (PCP)	✓										
Mentesana Enza	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shneyder Tanya	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
One Sai	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fu Chung	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shukurova Zukhra	Practitioner - Primary Care Provider (PCP)	✓										
Salman Hanan M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zohirul Islam	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Khalil Ambreen	Practitioner - Primary Care Provider (PCP)	✓										
Denny Martin	Practitioner - Primary Care Provider (PCP)	✓										
Dladla Nonkulie	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Velasquez Luis	Practitioner - Primary Care Provider (PCP)	✓										
Rozentul Anna V	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zhang Ailing	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Senatore Claudia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Smith-Cambry Fiona Gloria	Practitioner - Primary Care Provider (PCP)	✓										
Friedrich Sabiha Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Peyman E Younesi Md	Practitioner - Primary Care Provider (PCP)	✓										
Minus Kelly	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sheth Aarti	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gorelik Anna	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bustros Thomas Md	Practitioner - Primary Care Provider (PCP)	✓										
Neustein Sherrie Golda Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Burgos Javier P	Practitioner - Primary Care Provider (PCP)	✓										
Mercado Urina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ubanwa Rose	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Apergis George Anargyros	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Ng Angela	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fridman Vladimir	Practitioner - Primary Care Provider (PCP)	✓										
Young-Geye Stephanie	Practitioner - Primary Care Provider (PCP)	✓										
Mayard Jules	Practitioner - Primary Care Provider (PCP)	✓										
Iqbal Adeel Azmat	Practitioner - Primary Care Provider (PCP)	✓										
Krinsky Robert	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Moussa Marwa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tin Myint	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wiltshire Veronica	Practitioner - Primary Care Provider (PCP)	✓										
Alwani Salima	Practitioner - Primary Care Provider (PCP)	✓										
Cadet-Valeus Sergelyne	Practitioner - Primary Care Provider (PCP)	✓										
Mallapu Shravan K	Practitioner - Primary Care Provider (PCP)	✓										
Samra Faraj	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Eldeeb Elsayed Hammad	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yiu John	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fields Akiyomi Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Varghese Betsy	Practitioner - Primary Care Provider (PCP)	✓										
Rodriguez-Iglesias Realba	Practitioner - Primary Care Provider (PCP)	✓										
Hecht Michael D	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sionov Katie Md	Practitioner - Primary Care Provider (PCP)	✓										
Von Dornum Miranda	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Narcisse Debra	Practitioner - Primary Care Provider (PCP)	✓										
Cano Nefertiti	Practitioner - Primary Care Provider (PCP)	✓										
Thin Cho C	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kohn Barry H	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kushnir Bella	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Oo Mya Mya	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Budhrani Rishika	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Olkhina Ekaterina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zedan Dena	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Marballi Arundhati	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Goldstone Elaine Brown	Practitioner - Primary Care Provider (PCP)	✓										
Kleiman Rosana A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lasko Lauren Emilie	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cohen Samuel Evan	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Roth Daniel	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
De La Cruz Bianca	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Duda Olha	Practitioner - Primary Care Provider (PCP)	✓										
Garankina Olga	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Marks Natalie Alexandra	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Riso Stephen	Practitioner - Primary Care Provider (PCP)	✓										
Marcus Helen	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Braswell Lezli	Practitioner - Primary Care Provider (PCP)	✓										
Wilbur Stuart Jay	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tomsa Anca C	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kusher Matthew Scott	Practitioner - Primary Care Provider (PCP)	✓										
Barcavage Shaun	Practitioner - Primary Care Provider (PCP)	✓										
Yueh Cindy Tsai-Zung	Practitioner - Primary Care Provider (PCP)	✓										
Stibitz Lisa Marie	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gyura Philip Joseph	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Villafana Juan H	Practitioner - Primary Care Provider (PCP)	✓										
Walker Dionne M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sattar Fareeha	Practitioner - Primary Care Provider (PCP)	✓										
Thomas Sharon	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Christensen Johanna Luce	Practitioner - Primary Care Provider (PCP)	✓										
Gonzalez Marisol	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ngwangwa Kelechi	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Joudeh Ramsey	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
White Devon	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zhou Wei	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nguyen Quang	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yeung Jennifer	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Li Yue	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Abdelaal Hany Dr.	Practitioner - Primary Care Provider (PCP)											
Vaidy Nishant	Practitioner - Primary Care Provider (PCP)											
Bunyavanich Sanga Md	Practitioner - Primary Care Provider (PCP)	✓										
Karkus Harvey D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chafiian Younes Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Podell Robert M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bleier Howard Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Vaca Miller Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sharma Chandra M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fermon Charles M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tan Alfonso Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Aquino Vazquez Armando A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bustros Nagi J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Urcuyo Leonel Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Thakker Promila M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Abi-Shahin Naji Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Westfried Morris Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Arbisser Joel M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fein Paul A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hendler Marc Craig Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Burns Jeffrey Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Menezes Placido A Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rosenkranz Leon G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mani Vijay J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Barbiere Charles F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yared Thomas A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Horn David Od	Practitioner - Non-Primary Care Provider (PCP)	✓										
Appleman Warren Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Boczko Stanley H Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vitale Aldo Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Rawitt Ronald R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tan Edwin C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nininger James E	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cohen Allen H Od	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lerner Steven D Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tangredi Salvatore J Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Madeb Isaac Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Khoury Nidal Y Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Silverman Marc M Od	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shuster David Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weinberger Wilbur Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Miele Robert A Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Steinberg Mitchell Lee Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Berger Joseph Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Adimoolam Seetharaman Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kaufman David M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lichter Stephen M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kopelowitz Wally Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kassouf Michael Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Davenport Roger W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pannone John B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kymissis Pavlos Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Goldstein Stanley Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Miskin Solomon Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Divack Steven Marc Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kilaru R Mohan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lechich Anthony J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dlug John B Rpt	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaplan Mitchel A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fertel Norman Shepard Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gines Annie I Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Oconnell William F Od	Practitioner - Non-Primary Care Provider (PCP)	✓										
Minoff Richard Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Richardson Antonio	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nicoletti Robert Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ferraro John A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Keilson Marshall J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Weinberg S Dana	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dr Rimawi Ob-Gyn Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Goldstein Israel Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bass Sherry J Od	Practitioner - Non-Primary Care Provider (PCP)	✓										
Baldinger Esther Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kao Daniel Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bonura Frank Salvatore Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Guerrero Rebecca P Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brodsky Stephen Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carpo Minda S Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Elmaria Asmaa Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kolahifar Jafar Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Anant Ashok Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Giovinazzo Vincent Jerome Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Balter Richard R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chowdhry Mohammed Idris	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kathpalia Kusum Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Koppel Barbara Sue Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Haber Sol David Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Stamm Joseph Martin Od	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dinovis James Paul Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Patel Dinesh P	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rizzo Vito Joseph Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ascher Enrico	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Soden Richard M Od	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Scotti Lorenzo Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rando Joseph P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Weiser Robert K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Friedman Simon Harold Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Greenberg Robert Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arick Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rao Jayanth Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ednalino Edgar Y Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Forlenza Thomas Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weissbart Clyde H Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nadaf Albert S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wolfson Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yurberg Emily R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Washington Ronald A Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dholakia Shashikant Vrajlal	Practitioner - Non-Primary Care Provider (PCP)	✓										
Donovan Glenn J Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Maw Kyee Tint Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kang Harriet Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Heath Desmond Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Adelglass Howard R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Walsh Raymond B Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Casimir Georges J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Deutsch Vicki-Jo Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Elferzli George Salem Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Patel Indira Mahendra Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pincus Robert Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gamboa Pilar Sia Mariano Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pardeshi Ramsing B Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pasqua Peter J Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
La Casio Ralph Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓										
Habib Mohsen A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Amico Susan G Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Meshnick Joel Alan Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Goodman Warren Jay Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kahn Judith Eve	Practitioner - Non-Primary Care Provider (PCP)	✓										
Roberts Pamela M Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Madonna Richard James	Practitioner - Non-Primary Care Provider (PCP)	✓										
Milford Eugene Paul Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Morrison Scott I Od	Practitioner - Non-Primary Care Provider (PCP)	✓										
Appolon Carmin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Allen Patricia Hayden	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cortez Roberto J Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dundy Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zisman Parvin Azin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Barra Francis Anthony Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Demeo Harry George Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Persaud Vyas Durga Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cavalli Adele L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ulep Rosita Razo Md Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cooper Charles Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Blass Joel Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lucido Jeffrey Vincent Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Speaker Mark George Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gordon Doris Janet Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Krugley Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gold Scott David Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Teitelbaum Mitchell Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Weintraub Jeffrey Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Emma Leonard John Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wagner Wetzel Nancy Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weinstock Judith Beth Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Feola August Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Salim Yusuf Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brejt Henry Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Disanto Gregory	Practitioner - Non-Primary Care Provider (PCP)	✓										
Berliner Neil Evan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Udom Izuka P Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Garner Bruce F Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Meyer Allan Martin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ibanez Delfin George C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Basile Dominick Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dellolio Joseph Anthony Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jacinto Francisco Gertrude Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jacoby Laurian Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gamss Jeffrey Stuart Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Watson Catherin Pace	Practitioner - Non-Primary Care Provider (PCP)	✓										
Portello Joan K	Practitioner - Non-Primary Care Provider (PCP)	✓										
Levy Steven Robert	Practitioner - Non-Primary Care Provider (PCP)	✓										
Roter Gil Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sickles Alan David Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rabenou Zulekha S Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kumar Sampath R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gettenberg Gary Seth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lee Wai Kwan Ivy Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ilan Hana Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Agarwal Hari Om Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Weiss Robert Allen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Furci Thomas James Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gonzalez Orlando Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tatakis Effie Od	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nabatian Farzad Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fell Millie R Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tajerstein Alan R Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Gudesblatt Mark Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Menge Paul E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Altman Daryl Renee Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Coombs Kenneth E Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schumann Marc Seth-Jon Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Romano Constance	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dimond Carol L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Krilov Meg Allyn Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Morano Placido A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gudi Kopresh Acharya Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tannenbaum M David Dmd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sperling Neil M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lacqua Frank J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bamshad Hamid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tompkins David C Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ravitz Stephen B Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Simmons Bonnie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Morgan Dorcas Ceola Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gray Sonia Elaine Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gheorghiu Olimpia Tintea Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Latyshevsky Alex A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bouklas George Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jacques Jean-Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Asaro Regina M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Garcia Arlene Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sussman Daniel L Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Angioletti Louis Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Moss Douglas G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Salama Meir Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pomerantz Janet Roberta Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Koster Harry Robert M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Eviatar Joseph Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Grun Andrei A Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bakalchuk Leonard Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mitchell I Weinstein Do Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gennaro Mark Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lowe Teresa Ann Od	Practitioner - Non-Primary Care Provider (PCP)	✓										
Solomon Robert D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Spears Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Michnovicz Jon J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jacoby Thomas Gerhard Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Almoudarres Maher Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kushnick Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Levine Sander Mark	Practitioner - Non-Primary Care Provider (PCP)	✓										
Greenberg Clifford A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tranchese John	Practitioner - Non-Primary Care Provider (PCP)	✓										
Frasca Sandro Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Postell Scott G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Landy Robert Jay Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Giasullo Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Calciano Robert F Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bebawi Magdi Anis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Griffin Joyce	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Privman Vladimir Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tsui Ellen C Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Daurio Stephen Paul	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kirschenbaum Abraham Eliot	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brodsky Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Vazquez Bianca R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nachum Levin, Md, Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Eng Lisa Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nguyen William Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Charles Michel-Jose Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kleiman Anne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Voigt Joseph Nicholas Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Czira Alex A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dannenberg Michael J Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Waite Douglas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Koenig Edward S	Practitioner - Non-Primary Care Provider (PCP)	✓										
Barlas David Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Thomas Rogelio Isaac Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Norman Deanne S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shinnar Meir Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ross Randall M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dogim Lila Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Holcomb Alvin D Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kamenetsky Aleksey Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ruggiero-Decarlo Rosemary Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bampoe Isaac G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Polistina Dean Carl Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Meltzer Jacob	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Beylus Keith Od	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mendola Antony J Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bhamre Shrikant Suresh Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chernov Leonid Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Marsh Elissa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yee Medicine & Pediatric Asso	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arluck Leslie Dawn Pt	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stern Leslie Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Viard Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Padi Madhu	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shif Mark Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carey Jeanne Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Martingano Francis X T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Maravel Paul William	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Navon Richard Eric Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hahner Kathryn Karen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Medrano-Saldana Lauro F Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kile Kristopher Trenton	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sclafani Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rizvi Firdous Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Genovesi Mark H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Napoli Michael A Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Litvin Lyubov Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Arty Pierre Richard Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dayan Alan Jesse Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ziyalan Mustafa Savas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
West Alan Leonard Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gadangi Pratap Kumar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Latifi Afsaneh	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bulsara Girish M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fitzpatrick John Kevin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shaiova Lauren A Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cohen Aaron Howard Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hockmeyer Merrith H	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mayer Richard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schechter William M Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Schofield Barbara S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hess Richard Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Delbeau Henri-Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Daley Lisa M Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Katz Alex S Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Adler Ronald Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Miller Robert	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Aglialoro George C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mcentee Frances M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Albdewi Jamal Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Owen Grace Angella Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kumar Raman Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vington Michel Sacha Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Verga Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓										
Teusink John Paul Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kulkarni Subash	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hellman Roberta	Practitioner - Non-Primary Care Provider (PCP)	✓										
Duperval Mireills Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Attia Claire William Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kathuria Navneet Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vazquez Claudio Manuel Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Inghilterra Karen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gladstein Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schiff Carolyn Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Stephens Hyram	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wolberg James P Md	Practitioner - Non-Primary Care Provider (PCP)	✓				✓						
Haskes Lloyd Partman	Practitioner - Non-Primary Care Provider (PCP)	✓										
D Robbins Podiatry Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Anthony Kopatsis Md Facs Pllc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rateb Mahmoud S H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mra Zan Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bochner Israel L Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Berger Abraham Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Abou-Fayssal Nada G Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Flamer Harold E Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Besson Gail A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Minkowitz Gerald	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Smith Peter Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Azamy Taufiq	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shapiro Mikhail Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lai Yu Jen Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Michaud Valerie Marie J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dunn Elizabeth Mary	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jaynes Sharon Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hundorfean Gabriela Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Molofsky Walter J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tier Beatrice Louise	Practitioner - Non-Primary Care Provider (PCP)	✓										
Adamczyk Diane	Practitioner - Non-Primary Care Provider (PCP)	✓										
Canellos Harriette	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ettinger Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Libassi David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Richter Scott	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schuettenberg Susan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sherman Jerome	Practitioner - Non-Primary Care Provider (PCP)	✓										
Thau Andrea	Practitioner - Non-Primary Care Provider (PCP)	✓										
Didonato Kim E	Practitioner - Non-Primary Care Provider (PCP)	✓										
Golden Ann L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hingorani Anil Pribhu Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Guile Cynthia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Apfel Mark	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sundell Jon Robert Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pedro Helder Francisco	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Silver Jonathan J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Schweitzer Frances Robyn Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rosenberg Linda R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kahn Hirshel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Krevitt Lane David Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Michaels Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kohli Sonia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Saitta Audrey Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Azhar Salman Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Millman Howard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Parellada Alejo	Practitioner - Non-Primary Care Provider (PCP)	✓										
Harry Beverley Csw	Practitioner - Non-Primary Care Provider (PCP)	✓										
Felicetti Dawn-Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kumar Nanjundaiah Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zelenger Sahndor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Markhasina Inna Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kianovski Serge Rpt	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sucich James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bauer Lloyd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bauer Mandy Roffe	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rodriguez James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cavallaro Vincent	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rivera Carmen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kessler Meir Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kelleher Paul Mitchell Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Onghai Benson Go Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mesh Alla Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Allison Karen Melanie Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Losev Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Anthony P Geraci Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Myint Nyun Nyun Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tarsis Sara Leah Md Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Arbolino Sally Jane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Byer Erroll Ignatius Jr	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lyon Thomas Richard Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tsinis Mariya F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Appel Julia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cohen Jay	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Dul Mitch	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gundel Ralph	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kapoor Neera	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Krumholz David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Larson Steven	Practitioner - Non-Primary Care Provider (PCP)	✓										
Modica Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mozlin Rochelle	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ritter Steven	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tannen Barry	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vricella Marilyn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lopez Margarita	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wagshall Eli Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kazachkova Iraida Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Goff Bradford Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Apicella Sheila Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bleich Laurie Ann Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pass Lisa K Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Deweil Lawrence Nicholas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fruchter Merav Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dayan Alan R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gutin Steven	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bucevic Marin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gopal Lekha Hareshbhai Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Corbino Laurene Marie Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tannenbaum Mark H Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gao Yan Ling Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Testa Jane Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Schaich David Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weinberg Jerry Charles Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hudson Sonia Angela	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kinatukara Shibu George Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Umeozor Augustine Uche Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lepore Frank Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jin Charles Yiming Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Emmons George Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaufer Michael Edward	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ladero Emma C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lauer Darrell	Practitioner - Non-Primary Care Provider (PCP)	✓										
Puttaswamy Rajeev	Practitioner - Non-Primary Care Provider (PCP)	✓										
Valayadum Rajeshree	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bina Babak Dmd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gargano Lynn Elizabeth Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mashkabova Lyubov Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stepankoff Janna	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ramaseshu Anne Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cohen Robert A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dooley Francis Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kedzior Angela B	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kominer Gene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Maurer Martin H	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shah Pinakini	Practitioner - Non-Primary Care Provider (PCP)	✓										
Waldemar Yvonne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Benedicto Maria Theresa Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kamenetsky Elvira Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kaplan Thomas Anthony Psyd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Baker Margaret Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nikiforov Konstantin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Leifer Gerald Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Davydov Yelena Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Durzieh Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nelson Marcia P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rana Nirmala Psy.D	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Kleyman Emily Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Caputo Susan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Serobyan Yana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Young Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Brenkler Faina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Marcus Robert S Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Di Mango Anthony L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Soberano Consolacio	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kotmel Linda C Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Brevetti Gregory R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Goldberger Robert Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nevins Juliet M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Langhans Jean	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gara Maureen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mudannayake Louis Mahen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ralph Walter M Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gottlieb Aren Leslie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Umpaichitra Vatcharapan Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Karpe David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Venkataraman Akila Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bahl Parul Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Domowicz Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
La Pierre Tedra	Practitioner - Non-Primary Care Provider (PCP)	✓										
Murillo Mauricio Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Watkowska Justyna Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Belayneh Lulenesh Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Paul Arlette Mary	Practitioner - Non-Primary Care Provider (PCP)	✓										
Laino Joseph Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tolpin Bernard Baer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Martinez Maria	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hernandez Tania	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Motlow Ferrell Alma Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lewis David A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Burnett Michael Charles Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Epstein Richard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Alianakian Rosine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khan Uzma Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chitnis Anup Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pollack Hugh L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lopez Allison	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Seman Brian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ngo Tammy Phuong	Practitioner - Non-Primary Care Provider (PCP)	✓										
Han Myoung	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carter Tanya	Practitioner - Non-Primary Care Provider (PCP)	✓										
Steiner Audra	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yang Andrea	Practitioner - Non-Primary Care Provider (PCP)	✓										
Krumholtz Ira	Practitioner - Non-Primary Care Provider (PCP)	✓										
Guglielmo Robert	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jamil Tariq Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rutner Daniella	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chen Yuan-Fang Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Choi Woonsung	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weir Darlene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bailey Jean Lloyd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gelfond Ilana Od	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Monioudis Gus Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Milshteyn Yuliya Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cuevas Asima	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gutheit Karen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Karcnik Gregory Francis	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jakubowska-Sadow Katarzyna Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mohadjeri Nathalie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Corona John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bryant Ronald F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Green Larry Russel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kunin Marc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pavlakos Constantin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Celona John Paul	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Albano John Francis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Budhu Peggy Laura Neroopah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ottenio Barbara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kwak Charles	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kartina N Bell	Practitioner - Non-Primary Care Provider (PCP)	✓										
James Decarlo Hand And Occupa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stroupe Samuel T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓									
Henderson Kimberly Joan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hughes James	Practitioner - Non-Primary Care Provider (PCP)	✓										
David Alan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sirota Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Soab Medical Pc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dawson Andrew J L R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dory Andrea Christina Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Papadopoulos Dimitrios Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Maimon Ron Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tranese Louis J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gomez Richard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Becske Tibor Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Beek Grace L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Akhter Pervez Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Offoha-Nwosu Nellyzita Chioma	Practitioner - Non-Primary Care Provider (PCP)	✓										
Belman Lilian S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Feynberg Galina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shir Irene	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Ilagan John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Egan Sarah Mcdavitt	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jurman Marlene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Oliff Andrew H	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Stroe Angela	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hoyek Wissam Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Domingo David Bucao	Practitioner - Non-Primary Care Provider (PCP)	✓										
Badhey Vasantha Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lee Siu K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sussman-Mirocznik Irit	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cernigliaro Julie Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Santana Resto Lillian Elisa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vozick Jesse M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lundy Christine Denise	Practitioner - Non-Primary Care Provider (PCP)	✓										
Li Vuy San Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kim Sun Jin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Marecheau Jacqueline M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wong Benjamin C Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mejia Aneta K Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Uzoaru Genevieve Nneka Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kaylakov Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ryndin Igor Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lui Yvonne W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hazai Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yun Jaime Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Brown Phyllis	Practitioner - Non-Primary Care Provider (PCP)	✓										
Harris-Cobbinah Deborah Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Defalco Michael M Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hamarman Stephanie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Myint Win Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mantzoukas Argirios Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.ix**	**2.c.i**	**3.a.i**	**3.c.i**	**3.d.ii**	**4.b.i**	**4.c.ii**		
Tessler Marc Zev Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kwon Emmeline Helen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Caraballo Karen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ahsan Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Merli Margo Bridget Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fox Owen L Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vidershayn Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ngo Thao Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Golster Marina Pt	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zwerling Jonathan Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mason Sophia Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Engelson Lillian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Desanto Pasquale M Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Howe Alexandra S Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Winter Howard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kotzen Selwyn David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Maslansky David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kamen Jonathan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kaylakova Irina Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Freilich Bryan Michael Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cyvas Edmund	Practitioner - Non-Primary Care Provider (PCP)	✓										
Trehan Manoj K Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Goldberg Julia Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Farag Ayman Roushdy Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Trif Boris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Khrom Tatiana Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Vulpe Corneliu Theodor Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bouchard-Burns Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Judem-Cautin Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bosch Orlando	Practitioner - Non-Primary Care Provider (PCP)	✓										
Averbukh Ella Slp	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Gerling Michael C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Horn Corinne E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Collins Jeanette Jennie Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rassekhi Hamid Dds	Practitioner - Non-Primary Care Provider (PCP)	✓										
Titelis Joann Alexandros Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dhallu Gurjeet	Practitioner - Non-Primary Care Provider (PCP)	✓										
Remson Karen M Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nelson Dina S Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Atluri Subha Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chaves Amber Elizabeth Ruth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Escobar Diego Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Briley James	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bowden Linda	Practitioner - Non-Primary Care Provider (PCP)	✓										
Twohig Evelyn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fiorello Janine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ali Dassan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Madama Sukanya Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chung Chih C Dds Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pak Nanwai Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lagman Noreen Dimatulac	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rene Daphney Mary	Practitioner - Non-Primary Care Provider (PCP)	✓										
Miller Ricardo Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alperin Mark Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Volkerts Elston Leroy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Llerena Cristina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cohen Lesley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Smith Pauline Joy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hadley Sallie Joellin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shirakura Akihiko Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lubarr Naomi Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gall Sarah Md	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Feig Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chen Jean	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Calderon Vincente Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Passafaro Michael Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Senosian Javier Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Taylor-Smalls Sharon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Toulas Clare	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kosinski Slawomir Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rutman Hadassa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alfano Heather	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lebovits Rivkah	Practitioner - Non-Primary Care Provider (PCP)	✓										
Grimes Stephen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rosen Daniel D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ahmad Romana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gonzalez Figueroa Luis Jorge	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Flicker Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rosinski Angela	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cheema Muhammad	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ureno Sergio	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Devlin Allison	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Olivier Dalia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ramdeen Jason	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wei Angela Liu	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Adhia Rajesh Gautam Dds	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pappas Mike	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weinberger Eli	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Figueras Benjamin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cruz Tomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Karpathakis Irene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Torres Felix	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Irina Belder	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Lavianlivi Michael Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nizolek Kara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Calabrese Lauren	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Luce Douglas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hertz Jonathan Adam	Practitioner - Non-Primary Care Provider (PCP)	✓										
David Jason Ellenbogen Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓										
Marsh Deborah J Slp	Practitioner - Non-Primary Care Provider (PCP)	✓										
Layliev Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Marelli Jon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ida Louise Santana Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaplan Evan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Howard J Reifer Dme	Practitioner - Non-Primary Care Provider (PCP)	✓										
Geraldi-Samara Danielle	Practitioner - Non-Primary Care Provider (PCP)	✓										
Raza Seyed Mohamed Jaffar Ali Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Camillo Reginald Alivia Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Demma Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓										
Foley Robin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gambino Calogero Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Katel Farrukh Amin Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Joseph Shevone Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Oommen Shobin Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kesavan Meera Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Michael Frederick Timoney	Practitioner - Non-Primary Care Provider (PCP)	✓										
Glinik Galina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nannapaneni Jyothi Chowdary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kuzin Elena	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alvarado Mark	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Margulis Yevgeniy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Skovronsky Yaakov	Practitioner - Non-Primary Care Provider (PCP)	✓										
Knopp Catherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Salamon Tziri	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Wolslau Hans Johann Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Olivera Cedric	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shvets Marina Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dufresne Francois	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dheeraj Khurana Mbbs	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stogel Hope D Slp	Practitioner - Non-Primary Care Provider (PCP)	✓										
Luquis Evelyn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Maki Rachael Hilda	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sokker Rania Farid	Practitioner - Non-Primary Care Provider (PCP)	✓										
Centeno Blanche	Practitioner - Non-Primary Care Provider (PCP)	✓										
Liu Alan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Blatter Brett	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lowe Beverley	Practitioner - Non-Primary Care Provider (PCP)	✓										
Harrison Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hall Duane Seymour	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nagel Dalia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sood Deepika Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Siasoco Vincent	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Borg Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jacobsberg Lawrence	Practitioner - Non-Primary Care Provider (PCP)	✓										
Aiello Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Antoine T Christina Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Reichert James Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Omoruyi Ivie Oyenmwen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Muradov Julia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brown Richard James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Stanberry Andre	Practitioner - Non-Primary Care Provider (PCP)	✓										
Grosman Igor	Practitioner - Non-Primary Care Provider (PCP)	✓										
Slattery Carolyn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Emmanuel Feddy Stanislas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Senior Consuelo	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Allen Josephine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Perkes Ariella	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shoute Meridith	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Daisley Sharon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Davidoff Sam Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Charles Edward Yurkewicz	Practitioner - Non-Primary Care Provider (PCP)	✓										
Welles Timothy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcdermott Brian	Practitioner - Non-Primary Care Provider (PCP)	✓										
Discalo Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Patel Swati	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Abreu Jairo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Catabois Yvane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Landa Dov B Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alapati Prameela	Practitioner - Non-Primary Care Provider (PCP)	✓										
Susan Hernandez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Victoria Laor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Caesar Mimieux Vanetta	Practitioner - Non-Primary Care Provider (PCP)	✓										
Radin Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cardenas Oswardo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Piester Ryan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Steven Sattler	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ortiz Grace	Practitioner - Non-Primary Care Provider (PCP)	✓										
Basirico Mercedes	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Uglialoro Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cuff-Carney Diane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Friedman Ariel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Elisa Bocchieri-Bustros	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wirchansky William Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Willock Sharlene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hyonjin Seo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Drakes Vonetta Andrea	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Adam J Ash Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Renata Dellapasqua	Practitioner - Non-Primary Care Provider (PCP)	✓										
Suarez Omar F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Singh Ashuwinder K Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Giordano Stephanie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kantor Yevgeniy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dhawan Sonal	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Perlov Eugene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sharov Yakov	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shahin George	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Darcia Bryden Currie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kropp Elin Sue	Practitioner - Non-Primary Care Provider (PCP)	✓										
Marinoff Rebecca	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cody Stephen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Abitbol Lionel Y	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Boller-Delaney Maureen Anne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Agosto Myrna	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zlobinskiy Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lau Turmalina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fred S Schwartz	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rotblat Eliezer S	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dastur Shana	Practitioner - Non-Primary Care Provider (PCP)	✓										
Taub Asher	Practitioner - Non-Primary Care Provider (PCP)	✓										
Levy Chanie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zaveloff Philip	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mendlowitz Jonathan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Marshall Kiah Devon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Donna Bernstein	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cotton Jordana Michele	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wolfe Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pacifici Amy	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Chi Ki	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Glaser Evelyn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sales Maria	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tomao Lauren Claire Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rivka Sachdev	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Saxena Archana	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kellogg Katherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lulu Sandy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Navarra Enza	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tung Ashley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Schaeffer David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hassan Joseph George	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alpert Jeffrey Blake	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Briggs Matthew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Slaff Ilana Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓										
Culliford Daniel Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carpo Michele	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fainberg Marina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ambarian Naira	Practitioner - Non-Primary Care Provider (PCP)	✓										
Andretta Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mondesir-Harewood Carlene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Joseph J Castelli	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kim Su A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chaim I Toder	Practitioner - Non-Primary Care Provider (PCP)	✓										
Papamitsakis Nikolaos I H	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hersh Meryl Jean Nagourney	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Abdel-Wahab Nancy Hussein	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chloe Muychou Chhor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Patel Alkesh Navin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Asuncion Maria Renemi Madrio	Practitioner - Non-Primary Care Provider (PCP)	✓										
Muchnik Rimma	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Lekhno Susanna	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nolan Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schulman Erica	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ciabattari Tara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rangel Magda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rodriguez Juan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Anderson Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
381865664johnson Kirsten	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Siboni Megan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Singh Shailini	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Stephen Larson	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fridline Danielle H	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bonaparte Jose Guillermo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mather Catherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lin Li	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Notardonato Henry	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nemr Rabih Antoine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ishikawa Atsuko	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stone Lia	Practitioner - Non-Primary Care Provider (PCP)	✓										
John Robert Delfs	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alexander Volfson	Practitioner - Non-Primary Care Provider (PCP)	✓										
Petrosyan Tamara	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jennings Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓										
Olshanitsky Russell	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nickel George John Jr	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yunitis Faith	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dipillo Sandra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Leslie Cari	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Moreno Gloria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wilson Alejandra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ni Li	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Arocho Dora Y	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
143582310simo Michele	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Piette Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Romero Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Candelaria- Arce Erika	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Abruscato Antonella	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Price Cathleen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lavian Emil	Practitioner - Non-Primary Care Provider (PCP)	✓										
Peker Zohar	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tyberg Shalom	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hamilton Anicka	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tiyyagura Satish	Practitioner - Non-Primary Care Provider (PCP)	✓										
Strassfeld Maxine Minucha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hall-Ross Cindy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Oyiborhoro John Mokoro A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Merchan Carla	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Liles Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ciotti Andrew James	Practitioner - Non-Primary Care Provider (PCP)	✓										
Decrosta Inge	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gosk Agnieszka B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lichtman Ronnie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shmerkovich Dmitry	Practitioner - Non-Primary Care Provider (PCP)	✓										
Goldblatt Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Knibb Stuart	Practitioner - Non-Primary Care Provider (PCP)	✓										
Itty Any	Practitioner - Non-Primary Care Provider (PCP)	✓										
Guzman Jeanette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ariyarajah Vignendra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Elmore Sherlette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Richdale Kathryn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bruno Jaclyn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shoham Marny Hope	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Milgrim Jeremy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Karcioglu Amanda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Asano Kenichi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Umeh Uchenna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Camille Joanne Nancy Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bethany Paige Harris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Chen Ling-Chen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pysarenko Kristine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gupta Ravi	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nazemzadeh Milad	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Digiovanni Paul Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khalifa Hebah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Barnes Ila L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Naidu Anuradha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Starkman David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ioannou Ioannis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Khaneja Amit	Practitioner - Non-Primary Care Provider (PCP)	✓										
Phelan Jane	Practitioner - Non-Primary Care Provider (PCP)	✓										
Salamando Alexi	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shaulson Malky	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Balchan Brooke	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wesson Heather	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Berger Niel Phd	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rossetti Nicolas A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jared Scott Jerome	Practitioner - Non-Primary Care Provider (PCP)	✓										
Desai Sunil	Practitioner - Non-Primary Care Provider (PCP)	✓										
Layton Tina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Merino Elba	Practitioner - Non-Primary Care Provider (PCP)	✓										
Almira Sigrid Lagrosas Galdo	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rai Rohit Kumar	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cucchiara Family Dentistry	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Slomnicki Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Grosman Kyra Taylor	Practitioner - Non-Primary Care Provider (PCP)	✓										
Long Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓										
Korsen Meredith	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bloch Sonja	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Basir Shiva	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nazir Sharique	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jang Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓										
Layvey Ann Akuyo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Grieco Alan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wong Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Albin Scott M Do	Practitioner - Non-Primary Care Provider (PCP)	✓										
Seth Issac Winslow	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mcculloch Melinda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mohamed Yehia Abouelyousr Dpt	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cohen Benjamin Adam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Goodrich Jennifer Gale	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Geraghty Nicole Kristine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mudgil Vanita	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shepherd Timothy Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kimberly Beth Soleimani	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mckenzie Odile	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shteyler Anna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Moore Peace	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carnelia James	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arcot Karthikeya	Practitioner - Non-Primary Care Provider (PCP)	✓										
Charles Jeremy Yves	Practitioner - Non-Primary Care Provider (PCP)	✓										
Furgiuele David Lawrence	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nalabolu Harsha Reddy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sandler Zachary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Batista Raymond	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Sridhar Divya	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Neuburger Peter John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mammen Ashly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Heggawadi Rajendraswamy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Samuel George	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wynter-Jones Carol	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fisher Alan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Iacono Danielle	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shah Manan Ashokkumar	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mansella James	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yunis Judith	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lefever Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fetherolf Elizabeth Daire	Practitioner - Non-Primary Care Provider (PCP)	✓										
Campbell Pamela Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mullen Edward	Practitioner - Non-Primary Care Provider (PCP)	✓										
Elangovan Visalakshi	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tucciarello Angela Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Marsh Theresa M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rajagopal Banu	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jha Mrinal K	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ajani Sabina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Decesare Gina M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Kimberly A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Baldeon Sylvia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weinstein Tamara B	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bhardwaj Jasvir Kumar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Halpern Michael K	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rothenberg Sharon Hope	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kameyama Misuzu	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Liff Marc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rivera-Aguilar Celeste	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Garber Heather	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kanofsky Jacob	Practitioner - Non-Primary Care Provider (PCP)	✓										
Marrese Christine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Verges Lynnette	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sternhell Amy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Battaglia Jennifer Sue	Practitioner - Non-Primary Care Provider (PCP)	✓										
Baptiste Marjorie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Plaue Eric Walter	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vidal Sandra Zelpha	Practitioner - Non-Primary Care Provider (PCP)	✓										
Battle Diane M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaye Annette	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cheung Angela Yuen Man	Practitioner - Non-Primary Care Provider (PCP)	✓										
Golden Seth Irving	Practitioner - Non-Primary Care Provider (PCP)	✓										
Orbegoso Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ott Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ahmed Salah Soliman	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kusmierska Grazyna T	Practitioner - Non-Primary Care Provider (PCP)	✓										
Macatangay Abigail Tayamen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Corpuz Glorilyn Montesa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Valeriano Allison Manalastas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Charana-Cruz Von Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ellington Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ortiz Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Withim Alma	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ackerman Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Didonato Gerard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Acevedo Ramon E	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bialek Sydney Jeanne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcelduff Lauren Gallagher	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bergen Michael Howard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chukwuocha Benjamin	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Stolove-Sherman Renee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vogel Donald A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Oruganti Balaji	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sohmer Samantha Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓										
Joseph Robert Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sullivan Richard C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Anger Katharina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mckoy Harry Lee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Manisoff Michele Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Thanchan Vincent Chakku	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lewin Rebecca Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓										
Merker-Eisen Lara J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hudson Ricardo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Boudreaux Tyson	Practitioner - Non-Primary Care Provider (PCP)	✓										
Williams Edith L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chang Diane Tsing Wen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chang Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓										
Caraig Voltaire Delapaz	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mendez Crystal Amparo	Practitioner - Non-Primary Care Provider (PCP)	✓										
Macatangay Marc	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zwick Dalia Epstein	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jones Catherine Reed	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schlam Corinne	Practitioner - Non-Primary Care Provider (PCP)	✓										
Petkos Jennifer Renee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ellenbogen Glenn Curtis	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cohen Richard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ellinger Sarah Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Collins Shonette V	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chen Jian	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ginebra Claudio	Practitioner - Non-Primary Care Provider (PCP)	✓										
Reda Robert C	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Connell Ashley Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dano Ivy Nicole Wee-Sit	Practitioner - Non-Primary Care Provider (PCP)	✓										
Catherine Conway	Practitioner - Non-Primary Care Provider (PCP)	✓										
Allen Raymond J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kahn Gary Lee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Raitses Pauline	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hudson Chandini	Practitioner - Non-Primary Care Provider (PCP)	✓										
Greenspan Maxwell	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fraiser Anne Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Duncan Darlene Bevel	Practitioner - Non-Primary Care Provider (PCP)	✓										
Weber Judith Libhaber	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dunn-Murad Ianthe	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zaydfudim Galene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jean-Louis Jude	Practitioner - Non-Primary Care Provider (PCP)	✓										
Campbell Dax Christopher	Practitioner - Non-Primary Care Provider (PCP)	✓										
Krull Joanna R	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hofmann Joanna Frances	Practitioner - Non-Primary Care Provider (PCP)	✓										
Viron Anna	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kindo-Diouf Azetta	Practitioner - Non-Primary Care Provider (PCP)	✓										
Jastram Jacqueline Carmel	Practitioner - Non-Primary Care Provider (PCP)	✓										
Israel-Maclin Michelle Sophia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Palyo Scott Michael	Practitioner - Non-Primary Care Provider (PCP)	✓										
Damiano Elena	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wohl Melissa Hayley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mckeon- Simone Maureen Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nguyen Tracy Thuy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tzu Julia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Greenspan Betty	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sharif Muhammad Q	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tirado-Lampert Diane	Practitioner - Non-Primary Care Provider (PCP)	✓										
Raiford April Alcenia	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Morrisett Nancy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rivera Cedric	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kraus Allison	Practitioner - Non-Primary Care Provider (PCP)	✓										
Foreman Malika	Practitioner - Non-Primary Care Provider (PCP)	✓										
Macri Domenica	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sellers Gloria	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pulido Jennie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schwarha Peggy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Robertson Clifton	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gwyn Rodney	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rodriguez-Dumont Ernesto Luis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wilson Luciana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ramlal Carminie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Choi Christina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chapa Josephs Jacaranda	Practitioner - Non-Primary Care Provider (PCP)	✓										
Angler Rebecca Alison	Practitioner - Non-Primary Care Provider (PCP)	✓										
Carlos Maureen Ann Barlaan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fumagalli Michelle D Np	Practitioner - Non-Primary Care Provider (PCP)	✓										
Conen Amy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wong Sinkong	Practitioner - Non-Primary Care Provider (PCP)	✓										
Butvick Kathryn Maher	Practitioner - Non-Primary Care Provider (PCP)	✓										
Patel Minesh R Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Libura Lidia Maria	Practitioner - Non-Primary Care Provider (PCP)	✓										
Duchnowski Eva	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schulman Marjorie Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Halligan-Luca Anne Rose	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zhao Ling	Practitioner - Non-Primary Care Provider (PCP)	✓										
Becker Lucy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brus Michael John	Practitioner - Non-Primary Care Provider (PCP)	✓										
Musah Osman Yago	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sims Sherrita Gail	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Francois Katiana	Practitioner - Non-Primary Care Provider (PCP)	✓										
Clifford Justine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pernes Cheryl Palafox	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lee Jonathan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Weingarten Harry	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mervius Mara	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kabir Asiya	Practitioner - Non-Primary Care Provider (PCP)	✓										
Spiridis Kyriaki Kiki	Practitioner - Non-Primary Care Provider (PCP)	✓										
Persaud Nadia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Faris Basma Sadeg	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yu Eric Yen Cheng	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Smith Clive Nicholas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Romanotto Corinne Deborah	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lu Hsien-Yi	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rosengarten Myriah Eve	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcrae Darlene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yew Eddie K	Practitioner - Non-Primary Care Provider (PCP)	✓										
Persad Parasram	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brooks Steven Elliot	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fung-Nicholson Sonia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Byrne Christopher	Practitioner - Non-Primary Care Provider (PCP)	✓										
Golub Ashley D	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stein Nancy D	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mcwilliams Carla Sue	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fischer Laura Meyers	Practitioner - Non-Primary Care Provider (PCP)	✓										
Henry Heather M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bouvin Rachel Pearl	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shakalis Peter	Practitioner - Non-Primary Care Provider (PCP)	✓										
Meneses Maegan Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Reynolds Gregory	Practitioner - Non-Primary Care Provider (PCP)	✓										
Horton Andrea Barron	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Ryncarz Wojciech	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mohabir Jason	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alexander Mary Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Kasimis Magdalini	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hourizadeh Yassaman	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stein Eric A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kennedy-Villafane Nicole Theresa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yang Lihua	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Caruana Dara Beth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bethel Suzanne Desiree	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tarlow Gail	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zegerman Eric	Practitioner - Non-Primary Care Provider (PCP)	✓										
Borelli Ann Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pulisciano Kathleen Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gellerman Brooke Autumn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gertner Jody	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Florsheim Anne Carney	Practitioner - Non-Primary Care Provider (PCP)	✓										
Morris Nadia Noelle-Kristie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Krishnan Gokul Thiruppathi	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chambers Erin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rhim Changsoo	Practitioner - Non-Primary Care Provider (PCP)	✓										
Park Sharon J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cano Vincent	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lensky Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chen Christine W	Practitioner - Non-Primary Care Provider (PCP)	✓										
Letafat Kimia C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Gould Jennifer Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hue Jennifer E	Practitioner - Non-Primary Care Provider (PCP)	✓										
Boymelgreen Alisa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Thomas Ellaine Ann	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bashir Waheed	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Canestraro Julia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hausler Kristen Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Adepoju Grace Adeola	Practitioner - Non-Primary Care Provider (PCP)	✓										
Guerrier Carline	Practitioner - Non-Primary Care Provider (PCP)	✓										
Makarov Danil	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Annan David Nii Yarteboye	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ayub Mohammad Eyaz	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mccarthy Tara J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Spruchman Lorraine	Practitioner - Non-Primary Care Provider (PCP)	✓										
Faruzzo Abbey Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zebley Benjamin D	Practitioner - Non-Primary Care Provider (PCP)	✓										
Oko Keith R	Practitioner - Non-Primary Care Provider (PCP)	✓										
Adika Yona Sasson	Practitioner - Non-Primary Care Provider (PCP)	✓										
Turner Carol Lolita	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaplan David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Eli Shalenberg	Practitioner - Non-Primary Care Provider (PCP)	✓										
Deignan Jodie L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Williams Caroline Borden	Practitioner - Non-Primary Care Provider (PCP)	✓										
Helen H Tong	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shim Brian	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pasternak Roey	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fioribello Virginia Anna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Young John Joseph Jr	Practitioner - Non-Primary Care Provider (PCP)	✓										
Colon Jessica Arelys	Practitioner - Non-Primary Care Provider (PCP)	✓										
Costales Jesse Lee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khan Mohammed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cagliostro Philip	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Centonza Susan A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Taitelbaum Deborah P	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schwarcz Leonard	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lopez Daisy	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Kelleter Armin K	Practitioner - Non-Primary Care Provider (PCP)	✓										
Biernacki Carolina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Santos Maria J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Amanda Hordos	Practitioner - Non-Primary Care Provider (PCP)	✓										
Zavaro Doris Samir	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alberty Oller Jose Jaime	Practitioner - Non-Primary Care Provider (PCP)	✓										
Stratchan Nicole Erica	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kelly Colleen B	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mohamed Gamal	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lindy David C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Loberas Karen Katherine Capistrano	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wolk Lora Hilary	Practitioner - Non-Primary Care Provider (PCP)	✓										
Hutchins Christina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gonzalez Cynthia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jimenez Tamelly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tagliarino Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shvets Yelena	Practitioner - Non-Primary Care Provider (PCP)	✓										
Horvath David	Practitioner - Non-Primary Care Provider (PCP)	✓										
Reyes Narolin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bourne Ana-Gabriela	Practitioner - Non-Primary Care Provider (PCP)	✓										
Miller Margaret Mcdonald	Practitioner - Non-Primary Care Provider (PCP)	✓										
Clark Patricia L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ankola Prashant	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cole Tina M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Oppenheim Jennifer A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rodriguez Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓										
Piotrowska Eva	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dimaggio Dina M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Malek Perri	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yossefi Larissa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Grabovskaya Nadezhda	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Bunac-Cuevas Cristina M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Igari Canna	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yu Aenid Marie Mercado	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tarcatu Dana Liliana	Practitioner - Non-Primary Care Provider (PCP)	✓										
Walker Kevin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dresser Samantha Jane Gordon	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cesaire Nathalie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Salvacion Fervic Morante	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cerullo Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rodriguez Shantae Lynette	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fentress Kathleen M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Suarez Maria Priscila	Practitioner - Non-Primary Care Provider (PCP)	✓										
Alvarez-Barto Ivannia Nastashia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Croslin Nicole M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Barzideh Jessica	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Schwartz Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Eiseman Caroline	Practitioner - Non-Primary Care Provider (PCP)	✓										
Brazier Jacquelyn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Finkelstein Ruth	Practitioner - Non-Primary Care Provider (PCP)	✓										
Andramuno Lissette	Practitioner - Non-Primary Care Provider (PCP)	✓										
Andiyappa Jagadish	Practitioner - Non-Primary Care Provider (PCP)	✓										
Nobel Mehdi A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Martin Glenn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Irons Rachel Lauren	Practitioner - Non-Primary Care Provider (PCP)	✓										
Roesser Stephanie Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Goldstein Jill Y	Practitioner - Non-Primary Care Provider (PCP)	✓										
Buss Jeanette T	Practitioner - Non-Primary Care Provider (PCP)	✓										
Williams Ayesha Audene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pecoraro Georgina L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pratt Miriam M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bluman Anton	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Alexis Cherrin Margaret	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gebele Joyce E	Practitioner - Non-Primary Care Provider (PCP)	✓										
Standa Marcin J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bamford Melissa A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yates Patricia K	Practitioner - Non-Primary Care Provider (PCP)	✓										
Schnell Ellen S	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mandel Goldy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Azmy Christeen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sgroi Kristin Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Agostinelli Nicole Ryann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Stryker Lee Edward	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pilania Neha	Practitioner - Non-Primary Care Provider (PCP)	✓										
Arenas Chona Balauag	Practitioner - Non-Primary Care Provider (PCP)	✓										
Spoljaric Maria Clarissa Gwendolyn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Khwalsingh Ahilya	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kaiser Eric Eugene	Practitioner - Non-Primary Care Provider (PCP)	✓										
Malone Chemin Marie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Levin Valencia Diana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Smith Sandra L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chu Michael H	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Tameka M	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chavarria Jeyser B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Cruz Karelyn M Gonzalez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Medford Linda A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Teitcher Arielle	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rigg Suyin A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shaffer Michael J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rollin Jennifer N	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lauture Philippe	Practitioner - Non-Primary Care Provider (PCP)	✓										
East Carolyn Alicia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shats Almira	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Lee Christine Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Betancur Claudia M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Batista Juan C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Crook Emily	Practitioner - Non-Primary Care Provider (PCP)	✓										
Pronesti James Vincent	Practitioner - Non-Primary Care Provider (PCP)	✓										
Louis-Jacques Bergson	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yulis Irina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shollar Benjamin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Morgan Marie D	Practitioner - Non-Primary Care Provider (PCP)	✓										
Altman Robbie Windham	Practitioner - Non-Primary Care Provider (PCP)	✓										
Manigault Andrea Denee	Practitioner - Non-Primary Care Provider (PCP)	✓										
Ringel Miriam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Camillieri Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kilduff Arthur	Practitioner - Non-Primary Care Provider (PCP)	✓										
Norman Allison	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nunez Freddy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lindor Camille C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dubois Elizabeth T	Practitioner - Non-Primary Care Provider (PCP)	✓										
Diaz Christian	Practitioner - Non-Primary Care Provider (PCP)	✓										
Roitman Rita	Practitioner - Non-Primary Care Provider (PCP)	✓										
Heubish Gillian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rapp Jessica Mary	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wimmer Alicia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Long Michele	Practitioner - Non-Primary Care Provider (PCP)	✓										
Damico Diane L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Steinberg Mara Elise	Practitioner - Non-Primary Care Provider (PCP)	✓										
Katz Brenda	Practitioner - Non-Primary Care Provider (PCP)	✓										
Winkler Chaya	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sinkar Tanvi Kishor	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bhimsen Tulawattie Devi	Practitioner - Non-Primary Care Provider (PCP)	✓										
Shafter Roberta Breslof	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Elliott Emily C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chen Vivian Min-Lan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Bazile Valerie	Practitioner - Non-Primary Care Provider (PCP)	✓										
Li Henrietta	Practitioner - Non-Primary Care Provider (PCP)	✓										
Cyrille Carline A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Smith Erica Joi	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mermelstein Peter L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lappan Elisabeth G	Practitioner - Non-Primary Care Provider (PCP)	✓										
Munro Manuel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zhu Lili	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lipat Portia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Abramowitz Lauren J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Maravilla Camilo Dean Domingo	Practitioner - Non-Primary Care Provider (PCP)	✓										
Kuttler Karen Waedekin	Practitioner - Non-Primary Care Provider (PCP)	✓										
Depaola Joseph N	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wiener Jennifer Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Valente Diane Matos	Practitioner - Non-Primary Care Provider (PCP)	✓										
Orysya Protas	Practitioner - Non-Primary Care Provider (PCP)	✓										
Terrone Gillian D	Practitioner - Non-Primary Care Provider (PCP)	✓										
Johnstone-Lyons Rita L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Minafo David Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓										
Lim Jennifer Hui	Practitioner - Non-Primary Care Provider (PCP)	✓										
Mallios Jenelle L	Practitioner - Non-Primary Care Provider (PCP)	✓										
Osherov Gregori	Practitioner - Non-Primary Care Provider (PCP)	✓										
Sukhija Serena Balu	Practitioner - Non-Primary Care Provider (PCP)	✓										
Fetkin Sheree A	Practitioner - Non-Primary Care Provider (PCP)	✓										
Freese Ali Miatelle	Practitioner - Non-Primary Care Provider (PCP)	✓										
Vaughn Matthew Timothy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Blum Corinne E	Practitioner - Non-Primary Care Provider (PCP)	✓										
Dye Colleen	Practitioner - Non-Primary Care Provider (PCP)	✓										
Poirier Kimberley Paula	Practitioner - Non-Primary Care Provider (PCP)	✓										

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Sangani Nicole Paresh	Practitioner - Non-Primary Care Provider (PCP)	✓										
Byfield Lorraine C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Westcott Jacqueline C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gialvsakis John Peter	Practitioner - Non-Primary Care Provider (PCP)	✓										
Malieckal Anju Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Medin Karen Louise	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rehmani Razia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Afify Khaled	Practitioner - Non-Primary Care Provider (PCP)	✓										
Tharayil Zubin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Fridman Frida	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rizzo Mariano	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gonzalez Ruth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dababneh Haitham	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Schnapp Marisa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Maresca Alyssa D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Livingston-Olson Tara B	Practitioner - Non-Primary Care Provider (PCP)	✓										
Peters-Lowe Kisha	Practitioner - Non-Primary Care Provider (PCP)	✓										
Diegue Lashire J	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wheeler Sandra E	Practitioner - Non-Primary Care Provider (PCP)	✓										
Malekan Shahnaz	Practitioner - Non-Primary Care Provider (PCP)	✓										
Piazza Ashley G	Practitioner - Non-Primary Care Provider (PCP)	✓										
Gudimenko Kate	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shirley Alexandria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Borer Jeremy	Practitioner - Non-Primary Care Provider (PCP)	✓										
Rose Gabriel	Practitioner - Non-Primary Care Provider (PCP)	✓										
Abrams Jordan C	Practitioner - Non-Primary Care Provider (PCP)	✓										
Yorke Maureen C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Smith Zulah Parfaite	Practitioner - Non-Primary Care Provider (PCP)	✓										
Valerice Stania	Practitioner - Non-Primary Care Provider (PCP)	✓										
Wanda Rodriguez Md	Practitioner - Non-Primary Care Provider (PCP)	✓										
Springs Paul A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Borohov Rozalia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Odetalla Fatima	Practitioner - Non-Primary Care Provider (PCP)	✓										
Scott Rosenberg, M.S., R.D., Cdn	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Baird	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jacqueline Morris	Practitioner - Non-Primary Care Provider (PCP)											
Gloria Bent	Practitioner - Non-Primary Care Provider (PCP)											
Ganesh Perumal	Practitioner - Non-Primary Care Provider (PCP)											
Mohamed Farouk-Elsomany Ahmed	Practitioner - Non-Primary Care Provider (PCP)											
Hyde Clair	Practitioner - Non-Primary Care Provider (PCP)											
Christopher J. Fideli	Practitioner - Non-Primary Care Provider (PCP)											
Boveuzi Matthew David	Practitioner - Non-Primary Care Provider (PCP)											
Bobra Fyne, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Errol Young	Practitioner - Non-Primary Care Provider (PCP)											
Carol J. Blanchard	Practitioner - Non-Primary Care Provider (PCP)											
Raymundo Fermin, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Maria Francavilla	Practitioner - Non-Primary Care Provider (PCP)											
Julie Mannas	Practitioner - Non-Primary Care Provider (PCP)											
Aries Meng-Wei Liao, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Weinberger Susan	Practitioner - Non-Primary Care Provider (PCP)	✓										
Anneta Rozenberg	Practitioner - Non-Primary Care Provider (PCP)											
Ivy Messer, C.D.N	Practitioner - Non-Primary Care Provider (PCP)											
Khushbu Modh	Practitioner - Non-Primary Care Provider (PCP)											
Robyn Kotek	Practitioner - Non-Primary Care Provider (PCP)											
Inaiat Soliman	Practitioner - Non-Primary Care Provider (PCP)											
Kathryn Ryan	Practitioner - Non-Primary Care Provider (PCP)											
Jennifer Schultz, Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Karin Rice	Practitioner - Non-Primary Care Provider (PCP)											
Members Hani	Practitioner - Non-Primary Care Provider (PCP)											
Lauren Brown, Otr/L	Practitioner - Non-Primary Care Provider (PCP)											
Boyd-Mckoy Aleen Marie	Practitioner - Non-Primary Care Provider (PCP)											
Brown, Robyn	Practitioner - Non-Primary Care Provider (PCP)											

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Kinoshita Shiori	Practitioner - Non-Primary Care Provider (PCP)											
Donna O'Malley, R.D., Cdn	Practitioner - Non-Primary Care Provider (PCP)											
John Rimmer Do	Practitioner - Non-Primary Care Provider (PCP)											
Shanberg Rikki	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Bates Anthony Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Dennis Greene	Practitioner - Non-Primary Care Provider (PCP)											
Patricia Graham	Practitioner - Non-Primary Care Provider (PCP)											
Julian Stewart	Practitioner - Non-Primary Care Provider (PCP)											
Ray Liu, Otr/L	Practitioner - Non-Primary Care Provider (PCP)											
Royes Patrina	Practitioner - Non-Primary Care Provider (PCP)	✓										
Avis Harewood	Practitioner - Non-Primary Care Provider (PCP)											
Keitha Pollock	Practitioner - Non-Primary Care Provider (PCP)											
Gonzalez Jose Jr	Practitioner - Non-Primary Care Provider (PCP)											
Pegler Deena Gail	Practitioner - Non-Primary Care Provider (PCP)											
Zolnowski Ian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rodene I Cortes	Practitioner - Non-Primary Care Provider (PCP)											
Beth Golomb	Practitioner - Non-Primary Care Provider (PCP)											
Lazar Clare Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Jessica Bryan	Practitioner - Non-Primary Care Provider (PCP)											
Warren J Pires, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Victoria E Kelly	Practitioner - Non-Primary Care Provider (PCP)											
Roza Khalilova, Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Elizabeth Mambondimumwe	Practitioner - Non-Primary Care Provider (PCP)											
Gaev Gloria Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Sandra Fairweather	Practitioner - Non-Primary Care Provider (PCP)											
Michelle Lang, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Vazquez, Yolanda	Practitioner - Non-Primary Care Provider (PCP)											
Susan Ozeri	Practitioner - Non-Primary Care Provider (PCP)											
Kristi Hickey-Vigilante, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Licht Deborah Miss	Practitioner - Non-Primary Care Provider (PCP)											
Winter, Amelia	Practitioner - Non-Primary Care Provider (PCP)											

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Daniel Pedraza	Practitioner - Non-Primary Care Provider (PCP)											
Radiant Smalls, R.N.	Practitioner - Non-Primary Care Provider (PCP)											
Singer, Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Joanne R. Zeller, Ph.D.	Practitioner - Non-Primary Care Provider (PCP)											
Cheryl Huggins	Practitioner - Non-Primary Care Provider (PCP)											
Sharon H. Wasserstein	Practitioner - Non-Primary Care Provider (PCP)											
Bliss Kelsey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Wall Darryl	Practitioner - Non-Primary Care Provider (PCP)											
Schuman, Cliff	Practitioner - Non-Primary Care Provider (PCP)											
Armena Brown, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Robin P. Hollander-Bobo, Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Eddie Simcha	Practitioner - Non-Primary Care Provider (PCP)											
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Shaw Daniella Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Katherine Koim-Walsh	Practitioner - Non-Primary Care Provider (PCP)											
Mohamed M Zaki	Practitioner - Non-Primary Care Provider (PCP)											
Karen Formato, R.D.	Practitioner - Non-Primary Care Provider (PCP)											
Eliezer Hillman	Practitioner - Non-Primary Care Provider (PCP)											
Elaine Squeri	Practitioner - Non-Primary Care Provider (PCP)											
Seth Lerea, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Vinoth K. Chandra Mohan	Practitioner - Non-Primary Care Provider (PCP)											
Brukti Harper	Practitioner - Non-Primary Care Provider (PCP)											
Carol Nocella, R.D., Cdn	Practitioner - Non-Primary Care Provider (PCP)											
Sharfshteyn Marina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Delores Moncrieffe	Practitioner - Non-Primary Care Provider (PCP)											
Mariotti Gabriele	Practitioner - Non-Primary Care Provider (PCP)	✓										
Green Kelli	Practitioner - Non-Primary Care Provider (PCP)											
Kathleen Walsh Hoey	Practitioner - Non-Primary Care Provider (PCP)											
Raquel Gagliano	Practitioner - Non-Primary Care Provider (PCP)											
Rehkugler Kelley	Practitioner - Non-Primary Care Provider (PCP)											
Warner Randall Mr.	Practitioner - Non-Primary Care Provider (PCP)											

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Alissa N Fier	Practitioner - Non-Primary Care Provider (PCP)											
Yukie Chiba	Practitioner - Non-Primary Care Provider (PCP)											
Fazio Kim Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Mendoza Rowena D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Shea Langsam	Practitioner - Non-Primary Care Provider (PCP)											
Deonarine Youbraj Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Amel Mohamed Whiteside, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Steen, Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Paul Renald	Practitioner - Non-Primary Care Provider (PCP)											
Leah Grunwald	Practitioner - Non-Primary Care Provider (PCP)											
Diamond, Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Durant Jacqueline Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Michele Feldman, L.C.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Breard John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Grattan, Heidemarie	Practitioner - Non-Primary Care Provider (PCP)											
Tirelli Matthew J	Practitioner - Non-Primary Care Provider (PCP)											
Kamal Buchanan	Practitioner - Non-Primary Care Provider (PCP)											
Dianne Daniels, Cota	Practitioner - Non-Primary Care Provider (PCP)											
Gray Velasquez	Practitioner - Non-Primary Care Provider (PCP)											
Jane Coyle	Practitioner - Non-Primary Care Provider (PCP)											
Baumgarten Megan	Practitioner - Non-Primary Care Provider (PCP)											
Ritaann Dalton	Practitioner - Non-Primary Care Provider (PCP)											
Staci Bryson	Practitioner - Non-Primary Care Provider (PCP)											
Kim Carolyn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Koenigsberg Joanna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Faigy Brecher	Practitioner - Non-Primary Care Provider (PCP)											
Levi Rosen	Practitioner - Non-Primary Care Provider (PCP)											
Gyorgyi Datz	Practitioner - Non-Primary Care Provider (PCP)											
Yi-Chen Lee	Practitioner - Non-Primary Care Provider (PCP)											
Joanne Distilo	Practitioner - Non-Primary Care Provider (PCP)											
Patricia Gorman	Practitioner - Non-Primary Care Provider (PCP)											

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Sonia Aracena	Practitioner - Non-Primary Care Provider (PCP)											
Victoria E Souffrant	Practitioner - Non-Primary Care Provider (PCP)											
Sara Rabinowitz, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Friedman Danielle Miss	Practitioner - Non-Primary Care Provider (PCP)											
Fan Hong	Practitioner - Non-Primary Care Provider (PCP)											
Pankaj Bhandari	Practitioner - Non-Primary Care Provider (PCP)											
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Javita Banks-Coleman	Practitioner - Non-Primary Care Provider (PCP)											
Monica Davidson	Practitioner - Non-Primary Care Provider (PCP)											
Richard Zbytniewski, Otr/L	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Naber	Practitioner - Non-Primary Care Provider (PCP)											
Rajeshwari Soni	Practitioner - Non-Primary Care Provider (PCP)											
Rennalls Marqui	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Giuliano Linda Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Mycek, Kara	Practitioner - Non-Primary Care Provider (PCP)											
Asmar Amanda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Alessi Kenneth Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Jones Judy Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Perezalonso Luis	Practitioner - Non-Primary Care Provider (PCP)											
Green, Steven	Practitioner - Non-Primary Care Provider (PCP)											
Lei Jonell	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jaclyn Park	Practitioner - Non-Primary Care Provider (PCP)											
Trina Abraham	Practitioner - Non-Primary Care Provider (PCP)											
Mirna Sambula, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Rachelle Veasley	Practitioner - Non-Primary Care Provider (PCP)											
Mendel Kraus	Practitioner - Non-Primary Care Provider (PCP)											
Kernan Tracy Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Keating Andrea	Practitioner - Non-Primary Care Provider (PCP)	✓										
Evelyn Garba	Practitioner - Non-Primary Care Provider (PCP)											
Livshits Julia	Practitioner - Non-Primary Care Provider (PCP)											
Melissa Carty	Practitioner - Non-Primary Care Provider (PCP)											

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Melissa Benzuly, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Fischer Debra Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Nina Orlovskaya	Practitioner - Non-Primary Care Provider (PCP)											
Roberta Liepke	Practitioner - Non-Primary Care Provider (PCP)											
Anthony Marucci, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Kamyu Yeung	Practitioner - Non-Primary Care Provider (PCP)											
Jean Perri	Practitioner - Non-Primary Care Provider (PCP)											
Jordana Kenny, Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Elinore Espiritu-Ioan	Practitioner - Non-Primary Care Provider (PCP)											
Gary Butchen	Practitioner - Non-Primary Care Provider (PCP)											
Melida Tamayo, Lmsw	Practitioner - Non-Primary Care Provider (PCP)											
Doreen Cahill	Practitioner - Non-Primary Care Provider (PCP)											
Jessica Cording	Practitioner - Non-Primary Care Provider (PCP)											
Kira Glastein, Lmhc	Practitioner - Non-Primary Care Provider (PCP)											
Renee Foglia-Petrara, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Yolette Loiseau	Practitioner - Non-Primary Care Provider (PCP)											
Labbate Chris Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Gwen Goodman, M.S., R.D., Cn	Practitioner - Non-Primary Care Provider (PCP)											
Thelma King, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Menachem Dubovick	Practitioner - Non-Primary Care Provider (PCP)											
Charran Nalini Miss	Practitioner - Non-Primary Care Provider (PCP)											
Ali, Ariella	Practitioner - Non-Primary Care Provider (PCP)											
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Krishnamurthi Sangita	Practitioner - Non-Primary Care Provider (PCP)	✓										
Teresa Simon	Practitioner - Non-Primary Care Provider (PCP)											
Justin Parker, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Finnerty, Erin	Practitioner - Non-Primary Care Provider (PCP)											
Erfel Ares	Practitioner - Non-Primary Care Provider (PCP)											
Kilman, Elyssa	Practitioner - Non-Primary Care Provider (PCP)											
Karen Trimis	Practitioner - Non-Primary Care Provider (PCP)											
Glenda Lee Foon	Practitioner - Non-Primary Care Provider (PCP)											

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Geraldine Mcmanus	Practitioner - Non-Primary Care Provider (PCP)											
Mark Agosto, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Steven Diamond, Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Derek R Wright	Practitioner - Non-Primary Care Provider (PCP)											
Emma Malamud, Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sinead Forde	Practitioner - Non-Primary Care Provider (PCP)											
Susan Mcmahon, M.S., R.D., Cdn	Practitioner - Non-Primary Care Provider (PCP)											
Shifra Rubin, R.D., Cdn	Practitioner - Non-Primary Care Provider (PCP)											
Idomenee Medy	Practitioner - Non-Primary Care Provider (PCP)											
Lori Levine	Practitioner - Non-Primary Care Provider (PCP)											
Kevin Supple, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Judy Marshel	Practitioner - Non-Primary Care Provider (PCP)											
Dinorah Lombana, L.M.S.W	Practitioner - Non-Primary Care Provider (PCP)											
Maria Samadjopoulos	Practitioner - Non-Primary Care Provider (PCP)											
Carol R Maslow	Practitioner - Non-Primary Care Provider (PCP)											
Jantzen, Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Wise Erin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Tabitha E. Gronock, Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Caruso Johanna	Practitioner - Non-Primary Care Provider (PCP)											
Rifky Herman	Practitioner - Non-Primary Care Provider (PCP)											
Jones Racquel Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Yerachmiel Stern	Practitioner - Non-Primary Care Provider (PCP)											
Irina Dryhybko	Practitioner - Non-Primary Care Provider (PCP)											
Antonella Caggiano, M.S.	Practitioner - Non-Primary Care Provider (PCP)											
Steven Parker	Practitioner - Non-Primary Care Provider (PCP)											
Anderson John	Practitioner - Non-Primary Care Provider (PCP)											
Doris Roman	Practitioner - Non-Primary Care Provider (PCP)											
Goldstein Herman	Practitioner - Non-Primary Care Provider (PCP)											
Deborah Orlan-Marcus, M.S., Ccc-A	Practitioner - Non-Primary Care Provider (PCP)											
Stern, Blima	Practitioner - Non-Primary Care Provider (PCP)											
Tara Scheiner, C.D.N	Practitioner - Non-Primary Care Provider (PCP)											

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Latarsha Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Fox, Kristen	Practitioner - Non-Primary Care Provider (PCP)											
Watson, Zena	Practitioner - Non-Primary Care Provider (PCP)											
Anat Lebow, Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Uy Phillip Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Amanda Kate Macaluso, L.C.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Winzelberg Jay	Practitioner - Non-Primary Care Provider (PCP)											
Hector Rivera	Practitioner - Non-Primary Care Provider (PCP)											
Angel Deruvo	Practitioner - Non-Primary Care Provider (PCP)											
Brianne Roberts	Practitioner - Non-Primary Care Provider (PCP)											
Bagheri Zahra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rajpoot, Minakshi	Practitioner - Non-Primary Care Provider (PCP)											
Land Cecilia Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Chiu Alexander	Practitioner - Non-Primary Care Provider (PCP)	✓										
Melissa Kong	Practitioner - Non-Primary Care Provider (PCP)											
Valerio Estephany	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Greenberg Frances Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Raymond Sylvester	Practitioner - Non-Primary Care Provider (PCP)											
Ziemba, Jessica C., Rpa-C	Practitioner - Non-Primary Care Provider (PCP)											
Leah Gold	Practitioner - Non-Primary Care Provider (PCP)											
Gabriell Koval	Practitioner - Non-Primary Care Provider (PCP)											
Binshteyn Galina Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Yvonne Brown	Practitioner - Non-Primary Care Provider (PCP)											
Danielle Pellegrino	Practitioner - Non-Primary Care Provider (PCP)											
Mark Lutses	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dorman Shawna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lewis-Fernandez Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Chang Karen	Practitioner - Non-Primary Care Provider (PCP)											
Salzano Jane	Practitioner - Non-Primary Care Provider (PCP)	✓										
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Mickens Samuel R	Practitioner - Non-Primary Care Provider (PCP)											

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Daly Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Elizabeth M Cashen	Practitioner - Non-Primary Care Provider (PCP)											
Shilana Finkel	Practitioner - Non-Primary Care Provider (PCP)											
Inna Nieves, L.C.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Geri Lynn Wasser	Practitioner - Non-Primary Care Provider (PCP)											
Uskach Eugenia	Practitioner - Non-Primary Care Provider (PCP)	✓										
Chedva Lax	Practitioner - Non-Primary Care Provider (PCP)											
Yolanda Salgado	Practitioner - Non-Primary Care Provider (PCP)											
Luanne Horne	Practitioner - Non-Primary Care Provider (PCP)											
Kieran Glacken	Practitioner - Non-Primary Care Provider (PCP)											
Judy Schneider	Practitioner - Non-Primary Care Provider (PCP)											
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Hervan, Jr., Robert	Practitioner - Non-Primary Care Provider (PCP)											
Brenda Munroe	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Anna Schechter, L.M.S.W.	Practitioner - Non-Primary Care Provider (PCP)											
Lutheran Medical Center	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Nyu Hospitals Center	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Village Care Health Clinic	Clinic	✓										
Be Well Primary Hlth Care Ctr	Clinic	✓										
L'Refauh Med & Rehab Ctr.,Inc	Clinic	✓				✓	✓					
Heartshare Wellness Ltd	Clinic	✓										
Premier Healthcare D & T Ctr	Clinic	✓										
Greenwich House Inc Ai	Clinic	✓										
New York Univ Dental Ctr	Clinic	✓										
Lutheran Medical Center	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Joseph P Addabbo Family Hlth	Clinic	✓										
Covenant House	Clinic	✓										
Oda Primary Hlth Care Ctr,Inc	Clinic	✓				✓	✓	✓				
Terence Cardinal Cooke Hcc	Clinic	✓										
Nyu Hospitals Center	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Medical Hlth Research Asc Nyc	Clinic	✓										

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University Optometric Ctr	Clinic	✓										
Care For The Homeless	Clinic	✓										
Upper Room Aids Ministry Aadc	Clinic	✓										
Premium Health Inc	Clinic	✓										
Vnsny Community Health Services	Case Management / Health Home	✓					✓					
Diaspora Community Services Ai	Case Management / Health Home	✓										
Omrdd/Young Adult Inst-Li	Case Management / Health Home	✓										
Omrdd/Young Adult Inst-Lv	Case Management / Health Home	✓										
Omrdd/Young Adult Inst-Ny	Case Management / Health Home	✓										
Provider-Hamaspik Kings	Case Management / Health Home	✓										
Program Development Svc	Case Management / Health Home	✓										
Omrdd/St Christ Ottilie-Li	Case Management / Health Home	✓										
Omrdd/St Christ Ottilie-Ny	Case Management / Health Home	✓										
Brc Human Services Corp Scm	Case Management / Health Home	✓										
Camba Inc	Case Management / Health Home	✓										
Village Center For Care Ai	Case Management / Health Home	✓										
Jewish Child Care Assoc Mh	Case Management / Health Home	✓										
Metroplus Health Plan Inc	Case Management / Health Home	✓										
Medical Hlth Research Asc Nyc	Case Management / Health Home	✓										
St Christopher Ottilie Mh	Case Management / Health Home	✓										
Omrdd/Provider Hamaspik Of Kings Li	Case Management / Health Home	✓										
Sco Family Of Services Cmcm/Tcm	Case Management / Health Home	✓										
Southwest Brooklyn Health Home Llc	Case Management / Health Home	✓										
Lebovits Rivkah	Mental Health	✓										
Ureno Sergio	Mental Health	✓										
Devlin Allison	Mental Health	✓										
Olivier Dalia	Mental Health	✓										
St Vincents Services	Mental Health	✓										
Karpathakis Irene	Mental Health	✓										
Torres Felix	Mental Health	✓										
Vnsny Community Health Services	Mental Health	✓										

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Luce Douglas	Mental Health	✓										
Hertz Jonathan Adam	Mental Health											
Marelli Jon	Mental Health	✓				✓						
Senosian Javier Md	Mental Health	✓										
Chen Jean	Mental Health	✓										
Volkerts Elston Leroy	Mental Health	✓										
Miller Ricardo Anthony	Mental Health	✓										
Rene Daphney Mary	Mental Health	✓										
Remson Karen M Np	Mental Health	✓										
Dhallu Gurjeet	Mental Health	✓										
Bosch Orlando	Mental Health	✓										
Bouchard-Burns Jeffrey Md	Mental Health	✓										
New York Foundling Hospital, The	Mental Health	✓										
Cyvas Edmund	Mental Health	✓										
Freilich Bryan Michael Phd	Mental Health	✓										
Winter Howard	Mental Health	✓										
Engelson Lillian	Mental Health	✓										
Mason Sophia Np	Mental Health	✓										
Goddard Riverside Community	Mental Health	✓										
Khalilova Roza Rpa	Mental Health											
Merli Margo Bridget Lcsw	Mental Health	✓										
Hamarman Stephanie	Mental Health	✓										
Defalco Michael M Phd	Mental Health	✓										
Brown Phyllis	Mental Health	✓										
Lundy Christine Denise	Mental Health	✓										
Badhey Vasantha Md	Mental Health	✓										
Belman Lilian S Md	Mental Health	✓										
Akhter Pervez Md	Mental Health	✓										
Gomez Richard	Mental Health	✓										
Sirota Elizabeth Md	Mental Health	✓										
Glick Arthur A	Mental Health	✓										

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Stroupe Samuel T Md	Mental Health	✓	✓									
Gutheit Karen	Mental Health	✓										
Mercyfirst	Mental Health	✓										
Bikur Cholim Inc	Mental Health	✓										
Chen Yuan-Fang Md	Mental Health	✓										
Daly Thomas	Mental Health	✓										
Seman Brian	Mental Health	✓										
Lewis David A	Mental Health	✓										
Hernandez Tania	Mental Health	✓										
Martinez Maria	Mental Health	✓										
Laino Joseph Phd	Mental Health	✓										
Murillo Mauricio Md	Mental Health	✓										
Serobyan Yana	Mental Health	✓										
Caputo Susan	Mental Health	✓										
Kleyman Emily Phd	Mental Health	✓										
Rana Nirmala Psy.D	Mental Health	✓										
Rosen Daniel D	Mental Health	✓										
Davydov Yelena Md	Mental Health	✓										
Nikiforov Konstantin Md	Mental Health	✓										
Kaplan Thomas Anthony Psyd	Mental Health	✓										
Waldemar Yvonne	Mental Health	✓										
Shah Pinakini	Mental Health	✓										
Maurer Martin H	Mental Health	✓										
Dooley Francis Patrick	Mental Health	✓										
Ramaseshu Anne Md	Mental Health	✓										
Jin Charles Yiming Md	Mental Health	✓										
Schaich David Phd	Mental Health	✓										
St Christopher-Ottilie Mh	Mental Health	✓										
Jewish Child Care Assoc	Mental Health	✓										
Goff Bradford Md	Mental Health	✓										
Kazachkova Iraida Md	Mental Health	✓										

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Rivera Carmen	Mental Health	✓										
Sucich James	Mental Health	✓										
Markhasina Inna Md	Mental Health	✓										
Harry Beverley Csw	Mental Health	✓										
Millman Howard	Mental Health	✓										
Michaels Rachel	Mental Health	✓										
Schweitzer Frances Robyn Phd	Mental Health	✓										
Guile Cynthia	Mental Health	✓										
Golden Ann L	Mental Health	✓										
Hundorfean Gabriela Md	Mental Health	✓										
Jaynes Sharon Md	Mental Health	✓										
Wolberg James P Md	Mental Health	✓				✓						
Stephens Hyram	Mental Health	✓										
Inghilterra Karen	Mental Health	✓										
Vazquez Claudio Manuel Md	Mental Health	✓										
Duperval Mireills Md	Mental Health	✓										
Hellman Roberta	Mental Health	✓										
Kulkarni Subash	Mental Health	✓										
Teusink John Paul Md	Mental Health	✓										
Owen Grace Angella Lcsw	Mental Health	✓										
Miller Robert	Mental Health	✓										
Hess Richard Lawrence Md	Mental Health	✓										
Schechter William M Phd	Mental Health	✓										
Ziyalan Mustafa Savas Md	Mental Health	✓										
Arty Pierre Richard Md	Mental Health	✓										
Hahner Kathryn Karen	Mental Health	✓										
Shif Mark Md	Mental Health	✓										
Padi Madhu	Mental Health	✓										
Viard Marie Md	Mental Health	✓										
Stern Leslie Phd	Mental Health	✓										
Mendola Antony J Md	Mental Health	✓										

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Bampoe Isaac G Md	Mental Health	✓										
Ross Randall M Md	Mental Health	✓										
Brc Human Services Corp Scm	Mental Health	✓										
Voigt Joseph Nicholas Md	Mental Health	✓										
Canarsie Aware Inc	Mental Health	✓										
Daurio Stephen Paul	Mental Health	✓										
Tsui Ellen C Phd	Mental Health	✓										
Beverley Mack Harry Cnslt Inc	Mental Health	✓										
Greenwich House Inc Ai	Mental Health	✓										
Pomerantz Janet Roberta Md	Mental Health	✓										
Sussman Daniel L Md	Mental Health	✓										
Jacques Jean-Robert Md	Mental Health	✓										
Bouklas George Phd	Mental Health	✓										
Services For The Underserved	Mental Health	✓										
Concern For Mental Health Inc	Mental Health	✓										
Gheorghiu Olimpia Tintea Md	Mental Health	✓										
Lutheran Medical Center	Mental Health	✓										
Park Slope Ctr Mental Hlth In	Mental Health	✓										
Rabenou Zulekha S Phd	Mental Health	✓										
Rtf Mercyfirst	Mental Health	✓										
Ibanez Delfin George C Md	Mental Health	✓										
Salim Yusuf Md	Mental Health	✓										
Joseph P Addabbo Family Hlth	Mental Health	✓										
Pesach Tikvah-Hope Dev Inc	Mental Health	✓										
Wagner Wetzel Nancy Phd	Mental Health	✓										
Krugley Richard A Md	Mental Health	✓										
Persaud Vyas Durga Md	Mental Health	✓										
Appolon Carmin Md	Mental Health	✓										
Pardeshi Ramsing B Md	Mental Health	✓										
Patel Indira Mahendra Md	Mental Health	✓										
Casimir Georges J Md	Mental Health	✓										

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Heath Desmond Md Pc	Mental Health	✓										
Rtf Childrens Village	Mental Health	✓										
Jewish Board Family Child B	Mental Health	✓										
Greenberg Robert Michael Md	Mental Health	✓										
Brooklyn Ctr/Families/Crisis	Mental Health	✓										
Graham Windham Srvcs/Fam&Chld	Mental Health	✓										
Kolahifar Jafar Md	Mental Health	✓										
Berrigan Martin V Md	Mental Health	✓										
Kaplan Mitchel A Md	Mental Health	✓										
Kymissis Pavlos Md	Mental Health	✓										
Rawitt Ronald R Md	Mental Health	✓										
Lifespire, Inc	Mental Health	✓										
Yared Thomas A Md	Mental Health	✓										
Nyu Hospitals Center	Mental Health	✓										
Jewish Child Care Assoc Of Ny	Mental Health	✓										
Urcuyo Leonel Md	Mental Health	✓										
Karkus Harvey D Md	Mental Health											
Foley Robin	Mental Health	✓										
Oommen Shobin Md	Mental Health	✓										
Knopp Catherine	Mental Health	✓										
Luquis Evelyn	Mental Health	✓										
Centeno Blanche	Mental Health	✓										
Blatter Brett	Mental Health	✓										
Lowe Beverley	Mental Health	✓										
Harrison Patricia	Mental Health	✓										
Sood Deepika Md	Mental Health	✓										
Borg Lisa	Mental Health	✓										
Jacobsberg Lawrence	Mental Health	✓										
Brown Richard James	Mental Health	✓										
Welles Timothy	Mental Health	✓										
Lopez Galtman Allison	Mental Health	✓										

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Piester Ryan	Mental Health	✓										
Basirico Mercedes	Mental Health	✓										
Cuff-Carney Diane	Mental Health	✓										
Boller-Delaney Maureen Anne	Mental Health	✓										
Agosto Myrna	Mental Health	✓										
Taub Asher	Mental Health	✓										
Levy Chanie	Mental Health	✓										
Cotton Jordana Michele	Mental Health	✓										
Wolfe Lisa	Mental Health	✓										
Pacifici Amy	Mental Health	✓										
Tung Ashley	Mental Health	✓										
Briggs Matthew	Mental Health	✓										
Ambarian Naira	Mental Health	✓										
Andretta Patrick	Mental Health	✓										
Abdel-Wahab Nancy Hussein	Mental Health	✓										
Stephen Larson	Mental Health	✓										
Rangel Magda	Mental Health	✓										
381865664johnson Kirsten	Mental Health	✓										
Bonaparte Jose Guillermo	Mental Health	✓										
Mather Catherine	Mental Health	✓										
Ishikawa Atsuko	Mental Health	✓										
Stone Lia	Mental Health	✓										
Yunitis Faith	Mental Health	✓										
Leslie Cari	Mental Health	✓										
Moreno Gloria	Mental Health	✓										
Piette Anne	Mental Health	✓										
Romero Michelle	Mental Health	✓				✓						
Candelaria- Arce Erika	Mental Health	✓										
Price Cathleen	Mental Health	✓										
Liles Rachel	Mental Health	✓										
Ciotti Andrew James	Mental Health	✓										

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Goldblatt Jessica	Mental Health	✓										
Knibb Stuart	Mental Health	✓										
Young-Geye Stephanie	Mental Health	✓										
Camille Joanne Nancy Phd	Mental Health											
Chen Ling-Chen	Mental Health	✓										
Phelan Jane	Mental Health	✓										
Salamando Alexi	Mental Health	✓										
Shaulson Malky	Mental Health	✓										
Berger Niel Phd	Mental Health	✓										
Jared Scott Jerome	Mental Health	✓										
Layton Tina	Mental Health	✓										
Merino Elba	Mental Health	✓										
Grosman Kyra Taylor	Mental Health	✓										
Long Sarah	Mental Health	✓										
Korsen Meredith	Mental Health	✓										
Bloch Sonja	Mental Health	✓										
Albin Scott M Do	Mental Health	✓										
Kaye Annette	Mental Health											
Baldeon Sylvia	Mental Health	✓										
Rothenberg Sharon Hope	Mental Health	✓										
Garber Heather	Mental Health	✓										
Kanofsky Jacob	Mental Health	✓										
Verges Lynnette	Mental Health	✓										
Sternhell Amy	Mental Health	✓										
Plaue Eric Walter	Mental Health											
Charana-Cruz Von Marie	Mental Health	✓										
Withim Alma	Mental Health	✓										
Israel-Maclin Michelle Sophia	Mental Health											
Sullivan Richard C	Mental Health	✓										
Hudson Ricardo	Mental Health	✓										
Boudreaux Tyson	Mental Health	✓										

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Williams Edith L	Mental Health	✓										
Allen Raymond J	Mental Health											
Kahn Gary Lee	Mental Health											
Greenspan Maxwell	Mental Health	✓										
Krull Joanna R	Mental Health	✓										
Palyo Scott Michael	Mental Health	✓										
Tirado-Lampert Diane	Mental Health											
Rivera Cedric	Mental Health	✓										
Kraus Allison	Mental Health	✓										
Foreman Malika	Mental Health	✓										
Macri Domenica	Mental Health	✓										
Sellers Gloria	Mental Health	✓										
Robertson Clifton	Mental Health	✓										
Gwyn Rodney	Mental Health	✓										
Wilson Luciana	Mental Health	✓										
Patel Minesh R Md	Mental Health	✓										
Weingarten Harry	Mental Health	✓										
Yu Eric Yen Cheng	Mental Health	✓										
Spruchman Lorraine	Mental Health	✓										
Faruzzo Abbey Lynn	Mental Health	✓										
Deignan Jodie L	Mental Health	✓										
Jewish Child Care Association Of Ne	Mental Health	✓										
Kelleter Armin K	Mental Health											
Biernacki Carolina	Mental Health	✓										
Jewish Board Family Child A	Mental Health	✓										
Wolk Lora Hilary	Mental Health	✓										
Hutchins Christina	Mental Health	✓										
Gonzalez Cynthia	Mental Health	✓										
Horvath David	Mental Health	✓										
Fentress Kathleen M	Mental Health	✓										
Croslin Nicole M	Mental Health											

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Eiseman Caroline	Mental Health	✓										
Kilduff Arthur	Mental Health	✓										
Catholic Charities Comm Svcs Arch	Mental Health	✓										
Winkler Chaya	Mental Health	✓										
Shafter Roberta Breslof	Mental Health											
Munro Manuel	Mental Health	✓										
Depaola Joseph N	Mental Health											
Wiener Jennifer Rachel	Mental Health	✓										
Diegue Lashire J	Mental Health	✓										
Malekan Shahnaz	Mental Health	✓										
Gudimenko Kate	Mental Health	✓										
The Family Center Inc	Mental Health	✓										
Richardson Antonio	Mental Health	✓										
Cortes Rodene Ivan Buhayan	Mental Health											
Jns Counseling Services Inc	Substance Abuse	✓										
St Vincents Services	Substance Abuse	✓										
Dynamic Youth Community Inc	Substance Abuse	✓										
New York Foundling Hospital, The	Substance Abuse	✓										
So Brooklyn Med Admin Svcs	Substance Abuse	✓										
Ny Therapeutic Communities	Substance Abuse	✓										
Discipleship Otrch Ministries	Substance Abuse	✓				✓						
New York Service Network Inc	Substance Abuse	✓										
Carnegie Hill Institute Inc	Substance Abuse	✓										
Ctr For Comm Alternatives Inc	Substance Abuse	✓										
Exponents Inc	Substance Abuse	✓										
Brc Human Services Corp Scm	Substance Abuse	✓										
Seafield Center Inc	Substance Abuse	✓										
Berkshire Farm Center	Substance Abuse	✓										
Canarsie Aware Inc	Substance Abuse	✓										
Greenwich House Inc Ai	Substance Abuse	✓										
Bridge Back To Life Ctr Inc	Substance Abuse	✓										

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South Beach Addiction Trt Ctr	Substance Abuse	✓										
Areba Casriel Institute	Substance Abuse	✓										
T R I Center Inc	Substance Abuse	✓										
Lutheran Medical Center	Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓		
820 River Street Inc.	Substance Abuse	✓										
Medical Arts Sanitarium	Substance Abuse	✓										
Karkus Harvey D Md	Substance Abuse											
The Resource Training Center Inc	Substance Abuse											
Cobble Hill Hlth Ctr Inc Lthhcp	Nursing Home	✓										
Lutheran Aug Ctr/Ext Cre Reh Lthhcp	Nursing Home	✓										
Brooklyn United Met Church Ad	Nursing Home	✓										
Buena Vida Cont Care & Reh Ct	Nursing Home	✓										
Carillon Nrs Rehab Ctr Adhc	Nursing Home	✓										
Rivington Hs/Nicholas A Rango	Nursing Home	✓										
Saints Joachim & Anne Nrs & Reh Ctr	Nursing Home	✓										
Wartburg Lutheran Hm Aging	Nursing Home	✓										
East Neck Nursing & Rehab Ctr	Nursing Home	✓										
Menorah Home & Hosp Aged Inf	Nursing Home	✓										
Peninsula Gen Nursing Home	Nursing Home	✓										
Keser Nursing & Rehab Center	Nursing Home	✓										
Schervier Nursing Care Center	Nursing Home	✓										
Parker Jewish Inst Hlth Cr Re	Nursing Home	✓										
Eger Hlth Care & Rehab Center	Nursing Home	✓										
Brooklyn Ctr Rehab & Residential Cr	Nursing Home	✓										
Sephardic Skilled Nrs & Reh C	Nursing Home	✓										
Shore View Nursing Home	Nursing Home	✓										
Queens Nassau Reh & Nrs Cente	Nursing Home	✓										
Morningside House Nursing Hom	Nursing Home	✓										
Crown Nursing And Rehab Cente	Nursing Home	✓										
Greater Harlem Nursing Home C	Nursing Home	✓										
Sea-Crest Health Care Center	Nursing Home	✓										

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Norwegian Christian Hm/Hc	Nursing Home	✓										
Hamilton Park Nursing And Rehab Cnt	Nursing Home	✓										
Barnwell Nursing & Rehab Cent	Nursing Home	✓										
Mills Pond Nursing & Rehab Ctr	Nursing Home	✓										
Boro Park Ctr Rehab & Hlth Cr	Nursing Home	✓										
Richmond Center Rehab & Spec Hlthcr	Nursing Home	✓										
Kfg Operating Two Llc	Nursing Home	✓										
Jopal Sayville Llc	Nursing Home	✓										
Alliance Health Associates Inc	Nursing Home	✓										
Hope Center Operations Llc	Nursing Home											
Howard J Reifer Dme	Pharmacy	✓										
New York Univ Dental Ctr	Pharmacy	✓										
Vnsny Community Health Services	Hospice	✓										
Compassionate Care Hospice Ny	Hospice	✓										
Hospice Of New York Llc	Hospice	✓										
Jacob Perlow Hospice	Hospice	✓										
Dominican Sister Family Healt	Hospice	✓										
A.I.R.Nyc	Community Based Organizations	✓										
Amber Court At Home	Community Based Organizations	✓										
Anchor House Incoporated	Community Based Organizations	✓										
Arab American Association Of New York	Community Based Organizations											
Arab American Family Support Center	Community Based Organizations	✓										
Archcare	Community Based Organizations											
Arthur Ashe Institute For Urban Health	Community Based Organizations	✓										
Brian J. Butler	Community Based Organizations	✓										
Brooklyn Chinese-American Association	Community Based Organizations											
Brooklyn Perinatal Network, Inc. & The Brooklyn Task Force On Infant & Maternal Morality & Family Health	Community Based Organizations	✓										
Caribbean Women'S Health Association, Inc.	Community Based Organizations	✓										
Christopher Rose Community Empowerment Campaign, Inc.	Community Based Organizations	✓										
Clergy United For Community Empowerment, Inc.	Community Based Organizations	✓										
Danielle Duret	Community Based Organizations	✓										

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Edgar Sanchez	Community Based Organizations	✓										
Evelyn Douglin Center For Serving People In Need	Community Based Organizations	✓										
Fifth Avenue Committee, Inc.	Community Based Organizations											
Fort Greene Strategic Neighborhood Action Partnership	Community Based Organizations	✓										
Healthfirst Phsp, Inc.	Community Based Organizations	✓										
Healthix, Inc.	Community Based Organizations	✓	✓	✓	✓							
Homeless Services United	Community Based Organizations	✓										
Jcca Preventive Services	Community Based Organizations	✓										
Jcca Therapeutic Foster Boarding Home (Ocfs)	Community Based Organizations	✓										
Jewish Child Care Association - Bridges To Health (B2h) (Ocfs)	Community Based Organizations	✓										
Jincy James	Community Based Organizations	✓										
Kim Gaitskill	Community Based Organizations	✓										
Lada Alexeenko	Community Based Organizations	✓										
Lee Whitman Milner	Community Based Organizations	✓										
Lisa C George	Community Based Organizations	✓										
Lynch-Gaffney, Kathleen	Community Based Organizations	✓										
Maryjo Vetter	Community Based Organizations	✓										
Metropolitan Development Center	Community Based Organizations	✓										
Michael Eric Marquez Mencias	Community Based Organizations	✓										
Mixteca Organization, Inc.	Community Based Organizations											
Nadiya Tejiram	Community Based Organizations	✓										
New York City Department Of Health & Mental Hygiene	Community Based Organizations	✓										
Paulina Kim	Community Based Organizations	✓										
Peerplace Networks, Llc	Community Based Organizations	✓										
Pesach Tikvah Hope Development Inc.	Community Based Organizations	✓										
Ridgewood Bushwick Senior Citizen Homecare Council	Community Based Organizations	✓										
Ridgewood Bushwick Senior Citizens Council Inc.	Community Based Organizations	✓										
Rockaway Manor Home Care	Community Based Organizations	✓										
Ross Medical Corporation	Community Based Organizations	✓										
Step By Step	Community Based Organizations	✓										
Vocal Ny	Community Based Organizations	✓										

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Walgreen Co.	Community Based Organizations	✓										
William A. Florio	Community Based Organizations	✓										
Yhan Cho, Msw	Community Based Organizations	✓										
Cobble Hill Hlth Ctr Inc Lthhcp	All Other	✓										
Rutman Hadassa	All Other	✓										
Jimmy R Sitt	All Other	✓										
Kateryna Perevoznychenko Md	All Other	✓										
Ferdous Razia Khan	All Other	✓										
Gonzalez Figueroa Luis Jorge	All Other	✓										
Samia H Rifaat	All Other	✓										
Cheema Muhammad	All Other	✓										
Harris Marissa	All Other	✓										
Olivier Dalia	All Other	✓										
New York Foundling	All Other	✓										
Wei Angela Liu	All Other	✓										
Lutheran Aug Ctr/Ext Cre Reh Lthhcp	All Other	✓										
Pappas Mike	All Other	✓										
Zyskind Israel	All Other	✓										
Maybody Shideh	All Other	✓										
Vazquez-Ayala Manuel	All Other	✓										
Jns Counseling Services Inc	All Other	✓										
St Vincents Services	All Other	✓										
Irina Belder	All Other	✓										
Vnsny Community Health Services	All Other	✓										
David Jason Ellenbogen Dpm	All Other	✓										
Isseroff Hillel Noah Md	All Other	✓										
Layliev Elizabeth	All Other	✓										
Khaski David	All Other	✓										
Geraldi-Samara Danielle	All Other	✓										
Prime Home Health Srvcs	All Other	✓										
Kosinski Slawomir Md	All Other	✓										

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Jacobs Amanda	All Other	✓										
Taylor-Smalls Sharon	All Other	✓										
Bryant Stephanie Md	All Other	✓										
Passafaro Michael Do	All Other	✓										
Calderon Vincente Anthony	All Other	✓										
Tavrovskaya Polina Md	All Other	✓										
Fernaine George Md	All Other	✓										
Feig Robert Md	All Other	✓										
Dellatto Patricia	All Other	✓										
Guillen-Santana Roselia	All Other	✓										
Cohen Lesley	All Other	✓										
Llerena Cristina	All Other	✓										
Rodriguez Edna V Md	All Other	✓										
Volkerts Elston Leroy	All Other	✓										
Alperin Mark Md	All Other	✓										
Miller Ricardo Anthony	All Other	✓										
Briley James	All Other	✓										
Kim Jeongwon	All Other	✓										
Filipova Olga Vladimirovna Md	All Other	✓										
Rigaud Nathalie	All Other	✓					✓					
Nelson Dina S Md	All Other	✓										
Prescott Rasheda Vernique Md	All Other	✓										
Titelis Joann Alexandros Md	All Other	✓										
Horn Corinne E Md	All Other	✓										
Gerling Michael C Md	All Other	✓										
Integrated Medical Professionals Pl	All Other	✓										
Dynamic Youth Community Inc	All Other	✓										
Provider Hamaspik Kings Day	All Other	✓										
Bouchard-Burns Jeffrey Md	All Other	✓										
Noori Khalid A Md	All Other	✓										
Alhaddad Adib Md	All Other	✓										

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Vulpe Corneliu Theodor Md	All Other	✓										
Khrom Tatiana Md	All Other	✓										
Farag Ayman Roushdy Md	All Other	✓										
New York Foundling Hospital, The	All Other	✓										
Kaylakova Irina Md	All Other	✓										
Winter Howard	All Other	✓										
Desanto Pasquale M Dpm	All Other	✓										
Othoniel Marlene	All Other	✓										
Mason Sophia Np	All Other	✓										
Zwerling Jonathan Scott Md	All Other	✓										
Faroqui Fazal G Do	All Other	✓										
Antonios Vera Salim Md	All Other	✓										
Ngo Thao Md	All Other	✓										
Vidershayn Alexander Md	All Other	✓										
Madhavi Madhurapantula Do	All Other	✓										
Klein David	All Other	✓										
Horn Ansell Np	All Other	✓										
Village Care Health Clinic	All Other	✓										
Tessler Marc Zev Md	All Other											
Bron Yana Md	All Other	✓										
Zhuravsky Ellen Rpa	All Other	✓										
Mantzoukas Argirios Md	All Other	✓										
Awikeh Maha Md	All Other	✓										
Yun Jaime Md	All Other	✓										
Wong Helen	All Other	✓										
Lui Yvonne W Md	All Other	✓										
Ryndin Igor Md	All Other	✓										
Amin Khalid Irfan Md	All Other	✓										
Yai Day	All Other	✓										
Levina Diana Md	All Other	✓										
St Christopher Ottilie Day	All Other	✓										

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Desir Mergie X Md	All Other	✓										
Wong Ying Lan Md	All Other	✓										
Janice Prime Care Medical Pc	All Other	✓										
Marecheau Jacqueline M	All Other	✓										
Kim Sun Jin Md	All Other	✓										
Zhao Qiuqu	All Other	✓										
Li Vuy San Md	All Other	✓										
Vozick Jesse M Md	All Other	✓										
Toomey Thomas Francis Jr	All Other	✓										
Seniorcare Emergency Medical Servic	All Other	✓										
Ashkar John Antonios	All Other	✓										
Hoyek Wissam Md	All Other	✓										
Oliff Andrew H	All Other	✓										
Jurman Marlene	All Other	✓										
Ilagan John Md	All Other	✓										
Asgary Gholamreza Md	All Other	✓										
Shir Irene	All Other	✓										
Raptis Theodoros	All Other	✓										
Pandya Himanshu Md	All Other	✓										
Celmer Edward J Md	All Other	✓										
Patel Sanjay Narottambhai Md	All Other	✓										
Becske Tibor Md	All Other	✓										
Lifespire Inc Rsp	All Other	✓										
Batra Mirabai Kuvi	All Other	✓										
Provider-Hamaspik Kings Rsp	All Other	✓										
Shpak Mikhail M Do	All Other	✓										
Ny Therapeutic Communities	All Other	✓										
Maimon Ron Md	All Other	✓										
Young Adult Institute Fsr 2	All Other	✓										
Young Adult Institute Fsr 1	All Other	✓										
Young Adult Institute Fsr 3	All Other	✓										

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St Christopher Ottilie Rsp	All Other	✓										
Young Adult Institute Rsp	All Other	✓										
Dawson Andrew J L R Md	All Other	✓										
Soab Medical Pc	All Other	✓										
Beecham-Robinson Anita	All Other	✓										
David Alan	All Other	✓										
Hill Mark A Md	All Other	✓										
Sethi Dinesh Md	All Other	✓										
Village Ctr For Care Lthhcp	All Other	✓										
Santiago Allan Realin Md	All Other	✓										
Glick Arthur A	All Other	✓										
Henderson Kimberly Joan Md	All Other	✓										
Stein Rivka Y Md	All Other	✓										
Mortazavi Shervin Md	All Other	✓										
Cuevas Asima	All Other	✓										
Be Well Primary Hlth Care Ctr	All Other	✓										
Badem Olga Md	All Other	✓										
Makavana Jayeshkumar J Md	All Other	✓										
Milshteyn Yuliya Cnm	All Other	✓										
Gelfond Ilana Od	All Other	✓										
Bikur Cholim Inc	All Other	✓										
Dukhan Marina Do	All Other	✓										
Steklova Olga Md	All Other	✓										
Rutner Daniella	All Other	✓										
Gabriel Michael	All Other	✓										
Jamil Tariq Md	All Other	✓										
Ditchek Stuart	All Other	✓										
Krumholtz Ira	All Other	✓										
Yang Andrea	All Other	✓										
Carter Tanya	All Other	✓										
Han Myoung	All Other	✓										

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Ngo Tammy Phuong	All Other	✓										
Manna Mario Joseph Do	All Other	✓										
Rodgers Stephen L	All Other	✓										
Discipleship Otrch Ministries	All Other	✓										
Chitnis Anup Md	All Other	✓	✓									
Alianakian Rosine	All Other	✓										
Burnett Michael Charles Md	All Other	✓										
Wells Barbara	All Other	✓										
Dhillon Lakhbir	All Other	✓										
Dume-Charles Daniel Md	All Other	✓										
Paul Arlette Mary	All Other	✓										
Belayneh Lulenesh Md	All Other	✓										
Kaplan Evan	All Other	✓										
Watkowska Justyna Md	All Other	✓										
Arias-Florez Elizabeth Cristina	All Other	✓										
Bahl Parul Md	All Other	✓										
Heartshare Human Services Nd4	All Other	✓										
Karpe David	All Other	✓										
New York University	All Other	✓										
Umpaichitra Vatcharapan Md	All Other	✓										
Gottlieb Aren Leslie	All Other	✓										
Ralph Walter M Jr Md	All Other											
Erlikh Tamara Md	All Other	✓										
Gara Maureen	All Other	✓										
Brooklyn United Met Church Ad	All Other	✓										
Irina Berlin Medical Pc	All Other	✓										
Langhans Jean	All Other	✓										
Hana Mervat	All Other	✓										
Nevins Juliet M Md	All Other	✓										
Empire St Hm Care Ser Lthhcp	All Other	✓										
Cahill Ryan M Do	All Other	✓										

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Brevetti Gregory R Md	All Other	✓										
Leers Ella Md	All Other	✓										
Littleton Andrea Wileen Md	All Other	✓										
Brenkler Faina	All Other	✓										
New York Univ Med Ctr Rad Asc	All Other	✓										
Rosen Daniel D	All Other	✓										
Oks Marina V Md	All Other	✓										
Durzieh Joseph Md	All Other	✓										
Pollard-Thomas Paula Md	All Other	✓										
Martinez Carmen	All Other	✓					✓	✓				
Levi Linda	All Other	✓										
Destefano Patricia	All Other	✓										
Joseph Rose	All Other	✓										
New York Service Network Inc	All Other	✓										
Young Adult Institute Spt	All Other	✓										
Young Adult Institute Spv	All Other	✓										
Weiss Andrew L Md	All Other	✓										
New York Foundling Hosp Spv	All Other	✓										
Baker Margaret Np	All Other	✓										
St Christopher Ottilie Spv	All Other	✓										
Provider Hamaspik Kings Spv	All Other	✓										
Lifespire Inc Spt	All Other	✓										
Lifespire Inc Spv	All Other	✓										
Silverblatt Katerina Md	All Other	✓										
Kamenetsky Elvira Md	All Other	✓										
Waldemar Yvonne	All Other	✓										
Perrone Calogera A	All Other	✓										
Maheshwari Anil	All Other	✓										
Harrell Linda Cnm	All Other	✓										
Stepankoff Janna	All Other	✓										
Gardner Traci F Md	All Other	✓										

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Grady Laura Jane Md	All Other	✓										
Howard J Reifer Dme	All Other	✓										
Emmons George Dpm	All Other	✓										
Lepore Frank Louis Dpm	All Other	✓										
Millie R Fell Md Pc	All Other	✓										
Kinatukara Shibu George Dpm	All Other	✓										
Natalenko Irina Md	All Other	✓										
Carnegie Hill Institute Inc	All Other	✓										
Weinberg Jerry Charles Md	All Other	✓										
Rohatgi Rajesh Md	All Other	✓										
Giantinoto Salvatore J Do	All Other	✓										
Testa Jane Marie Md	All Other	✓										
Nie Guo Md	All Other	✓										
Deb Ambika Md	All Other	✓										
Tannenbaum Mark H Md	All Other	✓										
Corbino Laurene Marie Cnm	All Other	✓										
Kadar Robert Scott Md	All Other	✓										
Gopal Lekha Hareshbhai Md	All Other	✓										
Lifespire Inc Smp	All Other	✓										
Young Adult Institute Inc Smp	All Other	✓										
Kirpichnikov Dmitri Md	All Other	✓										
Marina Zahra Md	All Other	✓										
Hochster Howard James Md	All Other	✓										
Dayan Alan R Md	All Other	✓										
L'Refauh Med & Rehab Ctr.,Inc	All Other	✓										
Deweil Lawrence Nicholas Md	All Other	✓										
Shur Irina N Md	All Other	✓										
Bleich Laurie Ann Cnm	All Other	✓										
Buena Vida Cont Care & Reh Ct	All Other	✓										
Apicella Sheila Ann Md	All Other	✓										
Holalkere Rajagopal Md	All Other	✓										

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Wagshall Eli Dds	All Other	✓										
Lifespire Inc Hcbs 3	All Other	✓										
Lee Jeong Ran Oh	All Other	✓										
Lopez Margarita	All Other	✓										
Domnich Ilya Md	All Other	✓										
Vricella Marilyn	All Other	✓										
Larson Steven	All Other	✓										
Krumholz David	All Other	✓										
Kapoor Neera	All Other	✓										
Dul Mitch	All Other	✓										
Appel Julia	All Other	✓										
Frank Rachel Anne Md	All Other	✓										
Cortes Juan Do	All Other	✓										
Bundoc Susana Dugang Md	All Other	✓										
Tsinis Mariya F Md	All Other	✓										
Sephardic Ski Nrs Reh Ct Adhc	All Other	✓										
Sastre Jorge Md	All Other	✓										
Zaretsky Galina	All Other	✓										
Yazigi Samar F Chahla Md	All Other	✓										
Lyon Thomas Richard Md	All Other	✓										
Sotnik Regina Md	All Other	✓										
Byer Erroll Ignatius Jr	All Other	✓										
Arbolino Sally Jane	All Other	✓										
Tarsis Sara Leah Md Phd	All Other											
Heartshare Wellness Ltd	All Other	✓										
Geyler Inna I Md	All Other	✓										
Losev Alexander Md	All Other	✓										
Allison Karen Melanie Md	All Other	✓										
Onghai Benson Go Md	All Other	✓										
Kelleher Paul Mitchell Do	All Other	✓										
Rabiner Mark Charles Md	All Other	✓										

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Bauer Lloyd	All Other	✓										
Markhasina Inna Md	All Other	✓										
Ctr For Comm Alternatives Inc	All Other	✓										
Crenesse-Cozien Anne J Md	All Other	✓										
Tu Joseph	All Other	✓										
Sheikh Manzur Ali Md	All Other	✓										
Azhar Salman Md	All Other	✓										
Saitta Audrey Md	All Other	✓										
Carillon Nrs Rehab Ctr Adhc	All Other	✓										
Mulvanerty Noreen R	All Other	✓										
Extended Home Care	All Other	✓										
Michaels Rachel	All Other	✓										
Kahn Hirshel	All Other	✓										
Yai Foothill Terrace	All Other	✓										
Silver Jonathan J Md	All Other	✓										
Pedro Helder Francisco	All Other	✓										
Shahkoohi Afshin Md	All Other	✓										
Minkowitz Pathology Pc	All Other	✓										
Berger Aaron H	All Other	✓										
Hingorani Anil Pribhu Md	All Other	✓										
Shetty Tharun	All Other	✓										
Thau Andrea	All Other	✓										
Sherman Jerome	All Other	✓										
Schuettenberg Susan	All Other	✓										
Richter Scott	All Other	✓										
Canellos Harriette	All Other	✓										
Adamczyk Diane	All Other	✓										
Rieder Jessica Md	All Other	✓										
Molofsky Walter J Md	All Other	✓										
Dunn Elizabeth Mary	All Other	✓										
Sahgal Sumir P Md	All Other	✓										

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Michaud Valerie Marie J	All Other	✓										
Lai Yu Jen Md	All Other	✓										
Shapiro Mikhail Do	All Other	✓										
Azamy Taufiq	All Other	✓										
Smith Peter Dpm	All Other	✓										
Pintauro Robert	All Other	✓										
Kalepu Mallikharjanudu Md	All Other	✓										
Alcantara Teodorico Md	All Other	✓										
Minkowitz Gerald	All Other	✓										
Besson Gail A Md	All Other	✓										
Abou-Fayssal Nada G Md	All Other	✓										
Exponents Inc	All Other	✓										
Berger Abraham Md	All Other	✓										
Bochner Israel L Rpa	All Other	✓										
Mra Zan Md	All Other	✓										
Rateb Mahmoud S H Md	All Other	✓										
Anthony Kopatsis Md Facs Pllc	All Other	✓										
Rosen & Teitelbaum Phys Svcs	All Other	✓										
D Robbins Podiatry Pc	All Other	✓										
Haskes Lloyd Partman	All Other	✓										
Young Adult Institute Inc Icf	All Other	✓										
Daya Rami Khairallah Md	All Other	✓										
Gladstein Michael	All Other	✓										
Schwimmer Richard	All Other	✓										
Wildfeurer Olga Md	All Other	✓										
Chan Enoch Chung Md	All Other	✓										
Kumar Raman Md	All Other	✓										
Albdewi Jamal Md	All Other	✓										
Go Eddie Sim Md	All Other	✓										
Nussbaum Jack Md	All Other	✓										
Community Home Care Refer Svc	All Other	✓										

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Aglialoro George C	All Other	✓										
Lenefsky Ronald I Md	All Other	✓										
Adler Ronald Steven Md	All Other	✓										
Katz Alex S Dpm	All Other	✓										
Daley Lisa M Md	All Other	✓										
Chen Charlie Chin-Song Do	All Other	✓										
Pye Yar Md	All Other	✓				✓						
Flaherty Brian Md	All Other	✓										
Chakote Jyoti V Md	All Other	✓										
Abramova Inna Md	All Other	✓										
Cohen Aaron Howard Md	All Other	✓										
Fitzpatrick John Kevin	All Other	✓										
Patel Mahendra Ambalal Md	All Other	✓										
Kamath Sachin Narsinha Md	All Other	✓										
Bulsara Girish M Md	All Other	✓										
Rosales Manuel Ramos Md	All Other	✓										
Rodriguez Ricardo Ariel Md	All Other	✓										
Gadangi Pratap Kumar Md	All Other	✓										
Provider-Hamaspik Kings Hcbs1	All Other	✓										
Dayan Alan Jesse Md	All Other	✓										
Seitz David Elliot Md	All Other	✓										
Premier Healthcare D & T Ctr	All Other	✓										
Sherman Frederic M	All Other	✓										
Yu Kyi Win Md	All Other	✓										
Fletcher, Fnp Debbian	All Other	✓					✓					
Favuzza Joy	All Other	✓										
Napoli Michael A Dpm	All Other	✓										
Genovesi Mark H Md	All Other	✓										
Rizvi Firdous Md	All Other	✓										
Sclafani Steven Md	All Other	✓										
Gold Richard Elliott Do	All Other	✓										

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Orafidiya Adebola O Md	All Other	✓										
Kile Kristopher Trenton	All Other	✓										
Muster Sima Md	All Other	✓										
Chowdary Sunita Kollu Md	All Other	✓										
Rafiaa Amer	All Other	✓										
Diaz Alan	All Other	✓										
Volpin Marina Md	All Other	✓										
Islam Noor Afza Md	All Other	✓										
Maravel Paul William	All Other											
White Glove Community Care	All Other	✓										
Stroud Joan Antoinette Md	All Other	✓										
Tolbert-Walker Derrick J Md	All Other	✓										
Banad Sheela Premanath Md	All Other	✓										
Belotserkovskaya Yanina Md	All Other	✓										
Avruchevskaya Irina Md	All Other	✓										
Martingano Francis X T Md	All Other	✓										
Carey Jeanne Marie	All Other	✓										
Sagar Sushil Md	All Other	✓										
Bekar Samuel Md	All Other	✓										
Chan Alfonso Y	All Other	✓										
Stern Leslie Phd	All Other	✓										
Cardona Carmen G	All Other	✓										
Marsh Elissa	All Other	✓										
Friedman Fredy Md	All Other	✓										
Perlova Marina Md	All Other	✓										
Chernov Leonid Md	All Other	✓										
Shustarovich Alla Md Pc	All Other	✓										
Livshits Aleksandr Md	All Other	✓										
Mendola Antony J Md	All Other	✓										
Genovese Leonard Daniel Do	All Other	✓										
Cotos Mejia David N Md	All Other	✓										

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Meltzer Jacob	All Other	✓										
Polistina Dean Carl Md	All Other	✓										
Bampoe Isaac G Md	All Other	✓										
Rando Giuseppe Rosario Md	All Other	✓										
Ehr Azimah Pilus Md	All Other	✓										
Mayer Amir Md	All Other	✓										
Ruggiero-Decarlo Rosemary Md	All Other	✓										
Kamenetsky Aleksey Md	All Other	✓										
Villanueva Norma I Md	All Other	✓										
Holcomb Alvin D Md	All Other											
Shinnar Meir Md	All Other	✓										
Norman Deanne S	All Other	✓										
Sam Mirela Md	All Other	✓										
Halberstam Meyer S Md	All Other	✓										
Wahba Joseph Md	All Other	✓										
Barlas David Md	All Other	✓	✓									
Brc Human Services Corp Scm	All Other	✓										
Rivington Hs Hlth Cr Aadc	All Other	✓										
Dannenberg Michael J Md Pc	All Other	✓										
Rivington Hs/Nicholas A Rango	All Other	✓										
Volfinzon Leonid Medical Pc	All Other	✓										
Dailey Ronald Scott Md	All Other	✓										
Charles Michel-Jose Md	All Other	✓										
Young Adult Inst Ste 2 Icf	All Other	✓										
Gomez Tulio Enrique Md	All Other	✓										
Nguyen William Md	All Other	✓										
Gamzel Ny Inc	All Other	✓										
Eng Lisa Md	All Other	✓										
Young Adult Inst Ste 1 Icf	All Other	✓										
Young Adult Inst Ste 3 Icf	All Other	✓										
Brunot Emmanuel Md	All Other	✓										

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Berkshire Farm Center	All Other	✓										
Canarsie Aware Inc	All Other	✓										
Nachum Levin, Md, Pc	All Other	✓										
Vazquez Bianca R Md	All Other											
Brodsky Alexander Md	All Other	✓										
Lmc Physician Services Pc	All Other	✓										
Teitelbaum Jeffrey Md	All Other	✓					✓					
Privman Vladimir Md	All Other	✓										
Balmiki Rajeev L Md	All Other	✓										
Burack Jedidiah Md	All Other	✓										
Griffin Joyce	All Other	✓										
St Christopher Ottilie Hcbs	All Other	✓										
Calciano Robert F Md	All Other	✓										
Sacco Joseph P Md	All Other	✓										
Giasullo Michael Md	All Other	✓										
Landy Robert Jay Dpm	All Other	✓										
Nedunchezian Deeptha Md	All Other	✓										
Beverley Mack Harry Cnslt Inc	All Other	✓										
Postell Scott G Md	All Other	✓										
Etienne Viviane Md	All Other	✓										
Block Institute 27 Ave Icf	All Other	✓										
Block Institute Hunter2 Icf	All Other	✓										
Young Adult Institute & Works	All Other	✓										
Levit Susan Md	All Other	✓										
Kushnick Steven Md	All Other	✓										
Bashey Mohammed B Md	All Other	✓										
Almoudarres Maher Md	All Other	✓										
Greenwich House Inc Ai	All Other	✓										
Michnovicz Jon J Md	All Other	✓										
Bridge Back To Life Ctr Inc	All Other	✓										
Spears Thomas Md	All Other	✓										

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Solomon Robert D Md	All Other	✓										
Lowe Teresa Ann Od	All Other	✓										
Gennaro Mark Md Pc	All Other	✓										
Haddad Stephen Md	All Other	✓										
Roche Marie-Lourdes Md	All Other	✓										
Areba Casriel Institute	All Other	✓										
Mitchell I Weinstein Do Pc	All Other	✓										
Eviatar Joseph Alexander Md	All Other	✓										
Koster Harry Robert M Md	All Other	✓										
Caruana Joseph Angelo Do	All Other	✓										
Schwartzburt Elizabeth Md	All Other	✓										
Jayakrishnan Uma P Md	All Other	✓										
Americare Certified Ss Inc	All Other	✓										
Kazeem Saka Md	All Other	✓										
Salama Meir Md	All Other	✓										
Moss Douglas G Md	All Other	✓										
Angioletti Louis Scott Md	All Other	✓										
Zaloom Robert Anthony Md	All Other	✓										
Gazzara Paul C Md	All Other	✓										
Garcia Arlene Marie Md	All Other	✓										
Asaro Regina M Md	All Other	✓										
Muharemovic Meciko A Md	All Other	✓										
Program Dev Srv Harrison Icf	All Other	✓										
St Christopher-Ottilie Richmo	All Other	✓										
Balot Barry Hal Md	All Other	✓										
Patel Nileshkumar Gokal Md	All Other	✓										
New York Univ Dental Ctr	All Other	✓										
Lyon Claudia L Md	All Other	✓										
T R I Center Inc	All Other	✓										
Medina Ariel Md	All Other	✓										
Young Adult Inst Sprucewood	All Other	✓										

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Latyshevsky Alex A Md	All Other	✓										
Gheorghiu Olimpia Tintea Md	All Other	✓										
Morgan Dorcas Ceola Md	All Other	✓										
St Christophers Ottilie Kew	All Other	✓										
Bamshad Hamid	All Other	✓										
Lacqua Frank J Md	All Other	✓										
Lutheran Medical Center	All Other	✓										
Abundant Life Agency Inc	All Other	✓										
Joseph-Giss Sharon Pauline	All Other	✓						✓				
Golden Owen Md	All Other	✓										
Chopra Rajpal S Md	All Other	✓										
Gudi Kopresh Acharya Md	All Other	✓										
Lutheran Medical Center	All Other	✓										
Village Center For Care	All Other	✓										
Saints Joachim & Anne Nrs & Reh Ctr	All Other	✓										
Wagley Bhupendra P Md	All Other	✓										
Morano Placido A Md	All Other	✓										
Village Center For Care Aadc	All Other	✓										
Sherill Purcell Md Pc	All Other	✓										
Mcadam John Mark Md	All Other	✓										
Schumann Marc Seth-Jon Dpm	All Other	✓										
Coombs Kenneth E Dpm	All Other	✓										
Lifespire Inc Icf	All Other	✓										
Young Adult Inst Sheepshead	All Other	✓										
Berlin Arnold I Md	All Other	✓										
Altman Daryl Renee Md	All Other	✓										
Gudesblatt Mark Md	All Other	✓										
Advocates Svc Bl Multihan Riv	All Other	✓										
Parker Jewish Geriatric D&T	All Other	✓										
Young Adult Inst Levittown	All Other	✓										
Schuller Alan Morris Md	All Other	✓										

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Archbold Maritza Stella Md	All Other	✓										
820 River Street Inc.	All Other	✓										
Dominican Sisters Family Lthh	All Other	✓										
Fell Millie R Md Pc	All Other	✓										
Nabatian Farzad Md	All Other	✓										
Salvati Steven William Md	All Other	✓										
Wartburg Lutheran Hm Aging	All Other	✓										
Pellegrini Richard Andrew Md	All Other	✓										
Tatakis Effie Od	All Other	✓										
Gonzalez Orlando Jr Md	All Other	✓										
Furci Thomas James Dpm	All Other	✓										
Putman William Erskine M Md	All Other	✓										
Weiss Robert Allen Md	All Other	✓										
Ilan Hana Md	All Other	✓										
Lee Wai Kwan Ivy Md	All Other	✓										
Gupta Sindhu Md Pc	All Other	✓										
Jacob Perlow Hospice	All Other	✓										
Sgarlato Anthony Ralph Md	All Other	✓										
Buff Daniel David Md	All Other	✓										
Bookhardt-Murray Lois J	All Other	✓										
Gettenberg Gary Seth Md	All Other	✓										
Kumar Sampath R Md	All Other	✓										
Sickles Alan David Md	All Other	✓										
Roter Gil Md	All Other	✓										
Levy Steven Robert	All Other	✓										
Kelter Robert Alan Md	All Other	✓										
Portello Joan K	All Other	✓										
Watson Catherin Pace	All Other	✓										
Gamss Jeffrey Stuart Md	All Other	✓										
Jacoby Laurian Md	All Other	✓										
Jacinto Francisco Gertrude Md	All Other	✓										

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Basile Dominick Md	All Other	✓										
Meyer Allan Martin	All Other	✓										
Garner Bruce F Md	All Other	✓										
St Christophers-Ottilie Jamai	All Other	✓										
Udom Izuka P Md	All Other	✓										
Carmusciano Vincent Albert Md	All Other	✓										
Kao Wei Md	All Other	✓										
Brejt Henry Md	All Other	✓										
Services F/T Underserved-Vern	All Other	✓										
Salim Yusuf Md	All Other	✓										
Feola August Anthony Md	All Other	✓										
Jebran Antoine Anoir	All Other	✓										
Barkan Anatole	All Other	✓										
Joseph P Addabbo Family Hlth	All Other	✓										
Pesach Tikvah-Hope Dev Inc	All Other	✓										
Weinstock Judith Beth Md	All Other	✓										
Emma Leonard John Md	All Other	✓										
Lucido Jeffrey Vincent Dpm Pc	All Other	✓										
Blass Joel Mitchell Md	All Other	✓										
Cooper Charles Md	All Other	✓										
Ulep Rosita Razo Md Pc Md	All Other	✓										
Cavalli Adele L Md	All Other	✓										
Daggett Brian George Md	All Other	✓										
Tardio Julio Alberto Md	All Other	✓										
Sacolick Benzion Md	All Other	✓										
Dundy Richard A Md	All Other	✓										
Baillargeon Neal Arthur Md	All Other	✓										
Block Institute Bay 44 Icf	All Other	✓										
Gelbfish Chana E Md	All Other	✓										
Appolon Carmin Md	All Other	✓										
Morrison Scott I Od	All Other	✓										

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Madonna Richard James	All Other	✓										
Deluca John J Md	All Other	✓										
Roberts Pamela M Dpm	All Other	✓										
Krausz Robert B Md	All Other	✓										
Goodman Warren Jay Dpm	All Other	✓										
Meshnick Joel Alan Dpm	All Other	✓										
Amico Susan G Dpm	All Other	✓										
Rao Sudha	All Other	✓										
Pasqua Peter J Jr Md	All Other	✓										
Pesach Tikvah Division Ave Ic	All Other	✓										
East Neck Nursing & Rehab Ctr	All Other	✓										
St Agathas 11 Hayden Circle	All Other	✓										
Patel Indira Mahendra Md	All Other	✓										
Elferzli George Salem Md	All Other											
Deutsch Vicki-Jo Md	All Other	✓										
Duaban Maria Paz Md Pc	All Other	✓										
Khan Noor Zaman Md	All Other	✓										
Walsh Raymond B Md	All Other	✓										
Adelglass Howard R Md	All Other	✓										
Nacier Paul Edgard Md	All Other	✓										
Calamia Vincent Md	All Other	✓										
Inzlicht Sprei Eli Md	All Other	✓										
Chen Yaw Lim Md	All Other	✓										
Abott Michael L Md	All Other	✓										
Young Adult Inst Lewisboro	All Other	✓										
Diaz Michael Md	All Other	✓										
Bunyavanich Sanga Md	All Other	✓										
Osoba Olumide Obafunmilayo Md	All Other	✓										
Treatman David Md	All Other	✓										
Donovan Glenn J Dpm	All Other	✓										
Shore Road Radiology Assoc Pc	All Other	✓										

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Washington Ronald A Dpm	All Other	✓										
Glaser Amy Lisa Md	All Other	✓										
Wolfson Mitchell Md	All Other	✓										
Jewish Board Family Child B	All Other	✓										
Nadaf Albert S Md	All Other	✓										
Weissbart Clyde H Md	All Other	✓										
Forlenza Thomas Joseph Md	All Other	✓										
Rao Jayanth Md	All Other	✓										
Arick Daniel Md	All Other	✓										
Lifespire Inc Icf	All Other	✓										
Muller Leonard Md	All Other	✓										
Jasty Susmita Md Pc	All Other	✓										
Block Institute Ocean Ave I	All Other	✓										
Young Adult Inst Riverdale	All Other	✓										
Rosen Eli Nathan Md	All Other	✓										
Block Institute-Dt 1	All Other	✓										
Rando Joseph P Md	All Other											
Scotti Lorenzo Louis Dpm	All Other	✓										
Ascher Enrico	All Other	✓										
Covenant House	All Other	✓										
Rizzo Vito Joseph Dpm	All Other	✓										
Dinovis James Paul Dpm	All Other	✓										
Stamm Joseph Martin Od	All Other	✓										
Roth Olitsa Md	All Other	✓										
Menorah Home & Hosp Aged Inf	All Other	✓										
Chowdhry Mohammed Idris	All Other	✓										
Parikh Nalini H Md Pc	All Other	✓										
Nebres Jose F Md	All Other	✓										
Balter Richard R Md	All Other	✓										
St Agathas Depaul Icf	All Other	✓										
St Agathas 13 Hayden Circle	All Other	✓										

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Giovinazzo Vincent Jerome Md	All Other	✓										
Anant Ashok Md	All Other	✓										
Hauer David I Md	All Other	✓										
Tokar Stanley W Md	All Other	✓										
Lee Paul Md	All Other	✓										
Kang Pritpal S Md	All Other	✓										
Bonura Frank Salvatore Md	All Other	✓										
Bass Sherry J Od	All Other	✓										
Goldstein Israel Dpm	All Other	✓										
Dr Rimawi Ob-Gyn Pc Md	All Other	✓										
Keilson Marshall J Md	All Other	✓										
Young Adult Inst N Barry Ave	All Other	✓										
Ferraro John A Md	All Other	✓										
Nicoletti Robert Joseph Md	All Other	✓										
Winik Joseph S Md	All Other	✓										
Glaser Jordan B Md	All Other	✓										
Patel Vina R Md	All Other	✓										
Capalbo Ralph H	All Other	✓										
Fertel Norman Shepard Md	All Other	✓										
Kilaru R Mohan	All Other	✓										
Bunyavanich Sommai T Md	All Other	✓										
Divack Steven Marc Md	All Other	✓										
Young Adult Inst Hastings Icf	All Other	✓										
Young Adult Inst Portchester	All Other	✓										
Young Adult Inst Rose Lane	All Other	✓										
St Agathas Pelham Manor Icf	All Other	✓										
St Agathas Ardsley Icf	All Other	✓										
Mancuso John J Md	All Other	✓										
Chin Yin Lee Md	All Other	✓										
Goldstein Stanley Md	All Other	✓										
Pannone John B Md	All Other	✓										

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Guild For Excptnl Child Defel	All Other	✓										
Patel Chandrakant M Md	All Other	✓										
Kassouf Michael Joseph Md	All Other	✓										
Kopelowitz Wally Md	All Other	✓										
Lichter Stephen M Md	All Other	✓										
Adimoolam Seetharaman Md	All Other	✓										
Kamath Marian D Md	All Other	✓										
Berger Joseph Md Pc	All Other	✓										
Little Flower Child Sv Brookl	All Other	✓										
Miele Robert A Dpm	All Other	✓										
Silverman Marc M Od	All Other	✓										
Khoury Nidal Y Md	All Other	✓										
Madeb Isaac Md	All Other	✓										
Rodriguez Maria D Md	All Other	✓										
Tan Edwin C Md	All Other	✓										
Rawitt Ronald R Md	All Other	✓										
Vitale Aldo Md	All Other	✓										
Boczko Stanley H Md	All Other	✓										
Oda Primary Hlth Care Ctr,Inc	All Other	✓										
Young Adult Inst Metro N (3l)	All Other	✓										
Lifespire Inc Icf	All Other	✓										
Young Adult Inst Ocean Parkwy	All Other	✓										
Young Adult Inst U S Lefrak	All Other	✓										
Young Adult Inst 22nd St Icf	All Other	✓										
Young Adult Inst Lakeview Icf	All Other	✓										
Terence Cardinal Cooke Hcc	All Other	✓										
Appleman Warren Md	All Other	✓										
Horn David Od	All Other	✓										
Lifespire, Inc	All Other	✓										
Barcia Rafael G Md	All Other	✓										
Peninsula Gen Nursing Home	All Other	✓										

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Barbiere Charles F	All Other	✓										
Mani Vijay J Md	All Other	✓										
Dominican Sister Family Healt	All Other	✓										
Keser Nursing & Rehab Center	All Other	✓										
Walfish Jacob S Md	All Other	✓										
Schervier Nursing Care Center	All Other	✓										
Parker Jewish Inst Hlth Cr Re	All Other	✓										
Eger Hlth Care & Rehab Center	All Other	✓										
Brooklyn Ctr Rehab & Residential Cr	All Other	✓										
Sephardic Skilled Nrs & Reh C	All Other	✓										
Shore View Nursing Home	All Other	✓										
Morningside House Nursing Hom	All Other	✓										
Crown Nursing And Rehab Cente	All Other	✓										
Greater Harlem Nursing Home C	All Other	✓										
Sea-Crest Health Care Center	All Other	✓										
Norwegian Christian Hm/Hc	All Other	✓										
Menezes Placido A Pc Md	All Other	✓										
Fein Paul A Md	All Other	✓										
Arbisser Joel M Md	All Other	✓										
Belding Alfred Md	All Other	✓										
Nyu Hospitals Center	All Other	✓										
Medical Arts Sanitarium	All Other	✓										
Westfried Morris Pc Md	All Other	✓										
Abi-Shahin Naji Md	All Other	✓										
Medical Hlth Research Asc Nyc	All Other	✓										
Block Institute Clinic	All Other	✓										
University Optometric Ctr	All Other	✓										
Bustros Nagi J Md	All Other	✓										
Chua Betty A Md	All Other	✓										
Diamond David L Md	All Other	✓										
Konka Sudarsanam Md	All Other	✓										

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Tan Alfonso Md	All Other	✓										
De Los Reyes Willeta R Md	All Other	✓										
Vaca Miller Md	All Other	✓										
Bleier Howard Md	All Other	✓										
Podell Robert M Md	All Other	✓										
Chafiian Younes Md	All Other											
Raza Seyed Mohamed Jaffar Ali Md	All Other	✓										
Owen Golden Md Pc	All Other	✓										
Camillo Reginald Alivia Md	All Other	✓										
Shnaydman Faina Md	All Other	✓										
Gambino Calogero Md	All Other	✓										
Joseph Shevone Md	All Other	✓										
Katel Farrukh Amin Rpa	All Other	✓										
Tsukerman Boris Md	All Other	✓										
Avraham J Gottesman	All Other	✓										
Kesavan Meera Md	All Other	✓										
Dayen Nina Md	All Other	✓										
Michael Frederick Timoney	All Other	✓										
Desai Vikas	All Other	✓										
Ahern Barbara Ann	All Other	✓										
Glinik Galina	All Other	✓										
Nannapaneni Jyothi Chowdary	All Other	✓										
Kuzin Elena	All Other	✓										
Margulis Yevgeniy	All Other	✓										
Paik Joon	All Other	✓										
Skovronsky Yaakov	All Other	✓										
Ny Foundling Hospital St Agathas Da	All Other	✓										
Orlovskiy Aleksandr Md	All Other	✓										
Saxena Amit K Md	All Other	✓										
Kini Jyoti	All Other	✓										
Salamon Tziri	All Other	✓										

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Wolslau Hans Johann Do	All Other	✓										
Olivera Cedric	All Other	✓										
Chan Wendy	All Other	✓										
Alpine Home Health Care Llc	All Other	✓										
Shvets Marina Dpm	All Other	✓										
Tin Hui Hing Md	All Other	✓										
Quinn-Torpey Susan	All Other	✓										
El Atat Ali Ahmad	All Other	✓										
Care For The Homeless	All Other	✓										
Florence P Golamco	All Other	✓										
Nagel Dalia	All Other	✓										
Sood Deepika Md	All Other	✓										
Moberg Kenneth A	All Other	✓										
Reichert James Michael	All Other	✓										
Omoruyi Ivie Oyenmwen	All Other	✓										
Muradov Julia	All Other	✓										
Stanberry Andre	All Other	✓										
Grosman Igor	All Other	✓										
Slattery Carolyn	All Other	✓										
Hinestroza Howard Md	All Other	✓										
Aye Myint Myint Md	All Other	✓										
Provider Hamasplk/Kings Cnty Nhtd	All Other	✓										
Allen Josephine	All Other	✓										
The Village At 46th And Ten Alp	All Other	✓										
Davidoff Sam Do	All Other	✓										
Mcdermott Brian	All Other	✓										
Shpitalnik Larisa	All Other	✓										
Heartshare Wellness Ltd	All Other	✓										
Landa Dov B Rpa	All Other	✓										
Alapati Prameela	All Other	✓										
Polen Denine Lynn	All Other	✓										

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Caesar Mimieux Vanetta	All Other	✓										
Steven Sattler	All Other	✓										
Saadon Yael	All Other	✓										
Khan Naznin	All Other	✓										
Ortiz Grace	All Other	✓										
Berezovskaya Sabina	All Other	✓										
Cicero Sosa Paola	All Other	✓										
Friedman Ariel	All Other	✓										
Elisa Bocchieri-Bustros	All Other	✓										
Gorelik Dmitry David	All Other	✓										
Premier Healthcare Inc	All Other	✓										
Wirchansky William Michael	All Other	✓										
Simon Fensterszaub	All Other	✓										
Drakes Vonetta Andrea	All Other	✓										
Adam J Ash Do	All Other	✓										
Renata Dellapasqua	All Other	✓										
Karayil Ajith	All Other	✓										
Tatiana Khrom Md Pc	All Other	✓										
Kantor Yevgeniy	All Other	✓										
Shahin George	All Other	✓										
Darcia Bryden Currie	All Other	✓										
Murray Christine	All Other	✓										
Jacob Sunitha	All Other	✓										
Marinoff Rebecca	All Other	✓										
Emma Patricia Sheridan	All Other	✓										
Sisser Rachel	All Other	✓										
Landerer David	All Other	✓										
Petty Sandra	All Other	✓										
Akhand Abdul	All Other	✓										
Trossello Catherine	All Other	✓										
Donna Bernstein	All Other	✓										

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Marshall Kiah Devon	All Other	✓										
Hamilton Park Nursing And Rehab Cnt	All Other	✓										
Cotton Jordana Michele	All Other	✓										
Tomao Lauren Claire Md	All Other	✓										
Saxena Archana	All Other	✓										
Mentesana Enza	All Other	✓										
Alpert Jeffrey Blake	All Other	✓										
Shneyder Tanya	All Other	✓										
One Sai	All Other	✓										
Fu Chung	All Other	✓										
Shukurova Zukhra	All Other	✓										
Salman Hanan M	All Other	✓										
Zohirul Islam	All Other	✓										
Khalil Ambreen	All Other	✓										
Ambarian Naira	All Other	✓										
Mondesir-Harewood Carlene	All Other	✓										
Denny Martin	All Other	✓										
Dladla Nonkulie	All Other	✓										
Velasquez Luis	All Other	✓										
Rozentul Anna V	All Other	✓										
Papamitsakis Nikolaos I H	All Other	✓										
Hersh Meryl Jean Nagourney	All Other	✓										
Zhang Ailing	All Other	✓										
Chloe Muychou Chhor	All Other	✓										
Smith-Cambry Fiona Gloria	All Other	✓										
Schulman Erica	All Other	✓										
Friedrich Sabiha Md	All Other	✓										
Singh Shailini	All Other	✓										
Peyman E Younesi Md	All Other	✓										
Notardonato Henry	All Other	✓										
Minus Kelly	All Other	✓										

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Sheth Aarti	All Other	✓										
Gorelik Anna	All Other	✓										
Nemr Rabih Antoine	All Other											
Mjg Nursing Home Co Inc Lthhcp	All Other	✓										
Petrosyan Tamara	All Other	✓										
Jennings Sarah	All Other	✓										
Barnwell Nursing & Rehab Cent	All Other	✓										
Bustros Thomas Md	All Other	✓										
Wilson Alejandra	All Other	✓										
Neustein Sherrie Golda Md	All Other	✓										
Burgos Javier P	All Other	✓										
Mercado Urina	All Other	✓										
Ubanwa Rose	All Other	✓										
Piette Anne	All Other	✓										
Romero Michelle	All Other	✓				✓						
Price Cathleen	All Other	✓										
Lavian Emil	All Other	✓										
Apergis George Anargyros	All Other	✓										
Ciotti Andrew James	All Other	✓										
Moffat Gardens Alp Inc	All Other	✓										
Mills Pond Nursing & Rehab Ctr	All Other	✓										
Sco Family Of Services	All Other	✓										
Lichtman Ronnie	All Other	✓										
Ng Angela	All Other	✓										
Ariyarajah Vignendra	All Other	✓										
Boro Park Ctr Rehab & Hlth Cr	All Other	✓										
Fridman Vladimir	All Other	✓										
Mayard Jules	All Other	✓										
Iqbal Adeel Azmat	All Other	✓										
Krinsky Robert	All Other	✓										
Xincon Home-Healthcare Services In	All Other	✓										

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Gertsik Podiatry Pc	All Other	✓										
Bruno Jaclyn	All Other	✓										
Shoham Marny Hope	All Other	✓										
Milgrim Jeremy	All Other	✓										
Karcioglu Amanda	All Other	✓										
Asano Kenichi	All Other	✓										
Moussa Marwa	All Other	✓										
Umeh Uchenna	All Other	✓										
Yiu John	All Other	✓										
Tin Myint	All Other	✓										
Chen Ling-Chen	All Other	✓										
Pysarenko Kristine	All Other	✓										
Nazemzadeh Milad	All Other	✓										
Wiltshire Veronica	All Other	✓										
Barnes Ila L	All Other	✓										
Alwani Salima	All Other	✓										
Khaneja Amit	All Other	✓										
Shaulson Malky	All Other	✓										
Cadet-Valeus Sergelyne	All Other	✓										
The Resource Training Center Inc	All Other											
Mallapu Shravan K	All Other	✓										
Samra Faraj	All Other	✓										
Eldeeb Elsayed Hammad	All Other	✓										
Jang Jennifer	All Other	✓										
Rossetti Nicolas A	All Other	✓										
Fields Akiyomi Md	All Other	✓										
Varghese Betsy	All Other	✓										
Slomnicki Michael	All Other	✓										
Rodriguez-Iglesias Realba	All Other	✓										
Bloch Sonja	All Other	✓										
Nazir Sharique	All Other	✓										

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Young Adult Institute Fsr-5 Edith	All Other	✓										
Wong Thomas	All Other	✓										
Hamaspik Of Kings County Tbi	All Other	✓										
Sionov Katie Md	All Other	✓										
Hecht Michael D	All Other	✓										
Upper Room Aids Ministry Aadc	All Other	✓										
Seth Issac Winslow	All Other	✓										
Von Dornum Miranda	All Other	✓										
New York Foundling Hospital	All Other	✓										
Eli Rosen Family Medicine And Pedia	All Other	✓										
Narcisse Debra	All Other	✓										
Cano Nefertiti	All Other	✓										
Cohen Benjamin Adam	All Other	✓										
Shepherd Timothy Michael	All Other	✓										
Moore Peace	All Other	✓										
Arcot Karthikeya	All Other	✓										
Sridhar Divya	All Other	✓										
Furgiuele David Lawrence	All Other	✓										
Thin Cho C	All Other	✓										
Nalabolu Harsha Reddy	All Other	✓										
Richmond Center Rehab & Spec Hlthcr	All Other	✓										
Kohn Barry H	All Other	✓					✓					
Kushnir Bella	All Other	✓										
Housecalls For The Homebound Medici	All Other											
Oo Mya Mya	All Other	✓										
Budhrani Rishika	All Other	✓										
Iacono Danielle	All Other	✓										
Shah Manan Ashokkumar	All Other	✓										
Marrese Christine	All Other	✓										
Verges Lynnette	All Other	✓										
Olkhina Ekaterina	All Other	✓										

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Zedan Dena	All Other	✓										
Marballi Arundhati	All Other	✓										
Withim Alma	All Other	✓										
Goldstone Elaine Brown	All Other	✓										
Kleiman Rosana A	All Other	✓										
Fraiser Anne Margaret	All Other	✓										
Hofmann Joanna Frances	All Other	✓										
Lasko Lauren Emilie	All Other	✓										
Nguyen Tracy Thuy	All Other	✓										
Rodriguez-Dumont Ernesto Luis	All Other	✓										
Ramlal Carminie	All Other	✓										
Kfg Operating Two Llc	All Other	✓										
Duchnowski Eva	All Other	✓										
Jopal Sayville Llc	All Other	✓										
Faris Basma Sadeg	All Other	✓										
Yu Eric Yen Cheng	All Other	✓										
Cohen Samuel Evan	All Other	✓										
Roth Daniel	All Other	✓										
De La Cruz Bianca	All Other	✓										
Brooks Steven Elliot	All Other	✓										
Mcwilliams Carla Sue	All Other	✓										
Duda Olha	All Other	✓										
Garankina Olga	All Other	✓										
Ryncarz Wojciech	All Other	✓										
Marks Natalie Alexandra	All Other	✓										
Canestraro Julia	All Other	✓										
Chen Christine W	All Other	✓										
Gould Jennifer Ann	All Other	✓										
Hue Jennifer E	All Other	✓										
Makarov Danil	All Other	✓										
Fioribello Virginia Anna	All Other	✓										

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Riso Stephen	All Other	✓										
Khan Mohammed	All Other	✓										
Biernacki Carolina	All Other	✓										
Zavaro Doris Samir	All Other											
Alberty Oller Jose Jaime	All Other	✓										
Jewish Board Family Child A	All Other	✓										
Marcus Helen	All Other	✓										
Bourne Ana-Gabriela	All Other	✓										
Cole Tina M	All Other	✓										
Ankola Prashant	All Other	✓										
Wilbur Stuart Jay	All Other	✓										
Alliance Health Associates Inc	All Other	✓										
Rodriguez Shantae Lynette	All Other	✓										
Alvarez-Barto Ivannia Nastashia	All Other	✓										
Tomsa Anca C	All Other	✓										
Kusher Matthew Scott	All Other	✓										
Barcavage Shaun	All Other	✓										
Yueh Cindy Tsai-Zung	All Other	✓										
Stibitz Lisa Marie	All Other	✓										
Azmy Christeen	All Other	✓										
Chu Michael H	All Other	✓										
Gyura Philip Joseph	All Other	✓										
Levin Valencia Diana	All Other	✓										
Lauture Philippe	All Other	✓										
Batista Juan C	All Other	✓					✓					
Betancur Claudia M	All Other	✓										
Walker Dionne M	All Other	✓										
Villafana Juan H	All Other	✓										
Sattar Fareeha	All Other	✓										
Premium Health Inc	All Other	✓										
Nunez Freddy	All Other	✓										

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Dubois Elizabeth T	All Other	✓										
Diaz Christian	All Other	✓										
Christensen Johanna Luce	All Other	✓										
Abramowitz Lauren J	All Other	✓										
Blum Corinne E	All Other	✓										
Gialvsakis John Peter	All Other	✓										
Malieckal Anju Marie	All Other	✓										
Rehmani Razia	All Other	✓										
Gonzalez Marisol	All Other	✓										
Ngwangwa Kelechi	All Other	✓										
Joudeh Ramsey	All Other	✓										
Fridman Frida	All Other	✓										
White Devon	All Other	✓										
Zhou Wei	All Other	✓										
Rizzo Mariano	All Other	✓										
Nguyen Quang	All Other	✓										
Yeung Jennifer	All Other	✓										
Li Yue	All Other	✓										
Rose Gabriel	All Other	✓										
Yorke Maureen C	All Other	✓										
Wanda Rodriguez Md	All Other	✓										
Precious Health Medical Pc	All Other											
The Block Institute Fountain Ave Ic	All Other	✓										
Odetalla Fatima	All Other											
Girling Health Care Of New York Inc	All Other	✓										
Lutheran Chha Inc	All Other											
Dorman Shawna	All Other	✓										
Uy Phillip Joseph	All Other											
Lifespire	Uncategorized											
Sco Family Of Services	Uncategorized											
Lifespire	Uncategorized											

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Hamaspik Of Kings County, Inc.	Uncategorized											
Lifespire	Uncategorized											
Hamaspik Of Kings County, Inc.	Uncategorized											
Hamaspik Of Kings County, Inc.	Uncategorized											
Hamaspik Of Kings County, Inc.	Uncategorized											
Extended Mltc, Llc	Uncategorized											
Nathali Cruz	Uncategorized											
Katherine X Li-Gambino	Uncategorized											
Travers, Jamie	Uncategorized											
Workmen'S Circle Multi Care Center	Uncategorized											
Matthew Johnson	Uncategorized											
Abby Baker-Lynch, M.A.	Uncategorized											
Gerald Ikezi	Uncategorized											
Bianca Batista	Uncategorized											
Center For Remote Medical Management	Uncategorized											
Marly Brice	Uncategorized											
Tony C Chukwueke	Uncategorized											
Melena Krigel	Uncategorized											
Tender Care Human Services, Inc.	Uncategorized											
Peta-Gaye Hermitt	Uncategorized											
Yvette Feliciano, L.M.S.W.	Uncategorized											
Irina Levit	Uncategorized											
Saleha Khatun	Uncategorized											
Manuel Wilfred	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Himelfarb, Caryn	Uncategorized											
Family Home Health Care, Inc.	Uncategorized											
Christopher Bryan	Uncategorized											
Danielle Centofranchi	Uncategorized											
Sofija Jovic, Ph.D.	Uncategorized											
Fania Germain	Uncategorized											
David Goldstein	Uncategorized											

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Virginia Fineran, M.A.	Uncategorized											
Michael Harrison	Uncategorized											
Robert Tyjenski	Uncategorized											
Marie B Damis-Moise, Np	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jacqueline Lawlor	Uncategorized											
Marcia Booker, Lmsw, Casac	Uncategorized											
Sona Stepanyan	Uncategorized											
Elzbieta Zhuravlev	Uncategorized											
Schaefer, Craig	Uncategorized											
Boro Park Pediatric Associates	Uncategorized	✓										
Victoria Kogan, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Melvin Flete	Uncategorized											
Yessenia Garcia	Uncategorized											
Humphry, Danielle	Uncategorized											
Mcgee, Fiona	Uncategorized											
Wendy Peguero, M.A.	Uncategorized											
Katherine Kougentakis	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Zoraida R Lopez	Uncategorized											
Shaneil Deas	Uncategorized											
Bendowski, Barbara	Uncategorized											
Anjula Kumar	Uncategorized											
Dorcinvil, Darlene	Uncategorized											
Reilly, Kelly	Uncategorized											
Nolaida Sanders	Uncategorized											
Jcca Edenwald Inc.	Uncategorized											
Anthony Antonucci	Uncategorized											
Holly Gross	Uncategorized											
Gail Benson	Uncategorized											
Safiatu Abdulai	Uncategorized											
Eloisa R Guzman-Rodriguez	Uncategorized											
Argelis G Headley	Uncategorized											

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Ripplinger, Jody	Uncategorized											
Parool Desai	Uncategorized											
Susan Frisenda	Uncategorized											
Robyn Longo	Uncategorized											
Joel Hilario	Uncategorized											
Donna Lee, M.A.	Uncategorized											
Jensine Ventura	Uncategorized											
Peter Digilio	Uncategorized											
Amber Court Of Westbury	Uncategorized											
Anna D'Emilio	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Dawn Redhead	Uncategorized											
Icf Ames North 16th St Front	Uncategorized											
Gushue, Collette	Uncategorized											
Tanisha Jacobs, Lpn	Uncategorized											
Taide Hernandez	Uncategorized											
Cardiff Bay Llc, D/B/A Peninsula Nursing And Rehabilitation Center	Uncategorized											
Joseph Camporeale	Uncategorized											
Albert Juliano	Uncategorized											
Ertuania Jorge	Uncategorized											
Bryan Dempsey, L.M.S.W.	Uncategorized											
Mayra R Luna	Uncategorized											
Revival Home Health Care	Uncategorized											
Aljud Licensed Home Care Agency Dba Amber Court At Home	Uncategorized											
Kimberly Hammond	Uncategorized											
Pulick, Julia	Uncategorized											
Aneta Skrobacz	Uncategorized											
Erica Rodriguez	Uncategorized											
Erin Iwanusa, L.C.S.W.	Uncategorized											
Denise K Luzaic	Uncategorized											
Fitzgerald, Eileen	Uncategorized											
Mary Sombai, M.S.W.	Uncategorized											

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Participating in Projects												
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Deborah Tuzzo	Uncategorized											
Leibold, Damian	Uncategorized											
Ariel Distenfeld	Uncategorized											
Miriam Eisdorfer	Uncategorized											
Amanda Weidel	Uncategorized											
O'Brien, James	Uncategorized											
Ronald R. Brancaccio, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Slawomir Jankowski	Uncategorized											
Stephanie Altman	Uncategorized											
Samantha Benoit	Uncategorized											
Parsons, Nicole	Uncategorized											
Edward A Lemmo	Uncategorized											
Leticia Osei	Uncategorized											
Helen Fuscaldo	Uncategorized											
Edward Olsen	Uncategorized											
Liddle, Anthony	Uncategorized											
Alice Plumey-Bryan	Uncategorized											
Mabel M Vasquez	Uncategorized											
Georgiy Sirota	Uncategorized											
Joseph Buonfiglio	Uncategorized											
Melvin Spann	Uncategorized											
Simona Shubov	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yuneli Almanzar	Uncategorized											
Natokoma Die	Uncategorized											
Myrie Karen Dr.	Uncategorized											
Icf Ridgeway Ave	Uncategorized											
Harriet Turner	Uncategorized											
Cobb, Derrick	Uncategorized											
Dejohn, Jillian	Uncategorized											
Steil, Erika	Uncategorized											
Neal Demby	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		

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Liang Lisa	Uncategorized											
Octavio Roman	Uncategorized											
Chia Ho Chou	Uncategorized											
Bay Ridge Gastroenterology, Pllc	Uncategorized											
Sangeetha Krishnan	Uncategorized											
Jissette E Pichardo	Uncategorized											
Butler, Jennifer	Uncategorized											
Sco Family Of Services	Uncategorized											
David Jay Smith, M.S. Ed	Uncategorized											
Gracianna Rosias	Uncategorized											
Mazol Sezanayeva	Uncategorized											
Alexandra Koenig, M.A.	Uncategorized											
Bordes, Michael	Uncategorized											
Alan Cohen	Uncategorized											
Elizabeth Schwartzburt, M.D., P.C.	Uncategorized											
Meredith Straker Blackman	Uncategorized											
Louis Rotondo	Uncategorized											
Ann Abigail Mapeso	Uncategorized											
Ana B Cardona	Uncategorized											
Merily Mclaughlin	Uncategorized											
Tamara Cintron	Uncategorized											
Alan J. Dayan, Md, Pc, Faaox	Uncategorized											
Dawud Mahdi	Uncategorized											
Berkshire Farm Center & Services For Youth	Uncategorized											
Alexis E Vives	Uncategorized											
Bradley John Hayward	Uncategorized											
Berit Rostad, M.S.	Uncategorized											
Yevgeny Rozenberg	Uncategorized											
Episcopal Social Services	Uncategorized											
Saida Syed	Uncategorized											
Aviva Brandsdorfer	Uncategorized											

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Miriam M Alli	Uncategorized											
Ceres Joy Respicio	Uncategorized											
Allen-Morabito, Heather	Uncategorized											
Gorga Julio Dr.	Uncategorized											
Bryan Jones	Uncategorized											
Mayhew-Mayers Bernadette	Uncategorized											
Steven Franco	Uncategorized											
Fernanda Manzzo	Uncategorized											
Mrs. Mary'S Place Hcs Inc. Dba Heart To Heart Home Care	Uncategorized											
Kumar Pankaj	Uncategorized											
Shapiro, Mikhail	Uncategorized											
Orit Tanchum	Uncategorized											
Lisbeth Gil	Uncategorized											
Frisina, Barbara	Uncategorized											
Canino, Regina	Uncategorized											
Lucy Mansilla	Uncategorized											
Brenda Woodford	Uncategorized											
Marlene Morrow, M.S., Ccc-Slp	Uncategorized											
Jeraldina Castro	Uncategorized											
Oscarina Martinez	Uncategorized											
Mercyfirst	Uncategorized											
Lucy Zammit-Waters	Uncategorized											
Erik S Bleau	Uncategorized											
Angela Francis	Uncategorized											
Joann Mendez	Uncategorized											
Michael Woodberry, Lmhc, Casac-G, Cpp	Uncategorized											
William Breland	Uncategorized											
Johanna Rodriguez	Uncategorized											
Ricardo Rivera	Uncategorized											
Haugland, Joanne	Uncategorized											
Susan Lundon, L.M.S.W.	Uncategorized											

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Chana E. Gelbfish, M.D.	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
New York University	Uncategorized											
Jeffrey L. Teitelbaum, Md Pc	Uncategorized											
Gloria Ellis	Uncategorized											
Steven Klein, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sara L. Tarsis, M.D., Pllc	Uncategorized											
Kelly Flanigan, M.A.	Uncategorized											
Fahmida Akhtar	Uncategorized											
Nydia Soto	Uncategorized											
Ghoshal, Piya	Uncategorized											
Sossich, Melissa	Uncategorized											
Irwin Shindler	Uncategorized											
Yeseny Torres	Uncategorized											
Bieniewicz, Joe	Uncategorized											
Reyer, Linda	Uncategorized											
Morningside Acquisiton 1, Llc D/B/A Morningside Nursing And Rehabilitation Center	Uncategorized											
Shore View Acquistion 1, Llc D/B/A Shore View Nursing And Rehilitation Center	Uncategorized											
Malek Mneimne	Uncategorized											
Ana C Caldera	Uncategorized											
Jose L Matos	Uncategorized											
Katherine Hayden, A.A.S.	Uncategorized											
Jie Lin	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mcarthur, Barbara	Uncategorized											
Juna Michel	Uncategorized											
Michelle Lividini, Ed.M.	Uncategorized											
Enriqua M White	Uncategorized											
Julianne Saitta	Uncategorized											
Gregory Corley	Uncategorized											
Elizabeth Konopka	Uncategorized											
Johnson, Jade A	Uncategorized											

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Loretta A Raiola	Uncategorized											
Deleon, Jacqueline	Uncategorized											
Longevity Medical Arts, Pllc	Uncategorized											
Mary Aseniero	Uncategorized											
Teresa Bonife	Uncategorized											
Rocio Ruiz, M.A.	Uncategorized											
Jhawethia Hidalgo	Uncategorized											
Koichi Togawa	Uncategorized											
Doreena J Gilchrist	Uncategorized											
Elizabeth Bohley	Uncategorized											
Michelle A Kislowski	Uncategorized											
Reid, Diana Lynn	Uncategorized											
Avivit Wolly	Uncategorized											
The Skin Institute Of New York	Uncategorized											
James Piegari	Uncategorized											
Jeranda Findley	Uncategorized											
Felicia Brooks Beville	Uncategorized											
Daisy Gonzales	Uncategorized											
Rebecca Navarro, Lmsw	Uncategorized											
Cristina Garcia	Uncategorized											
Jenifer Ortiz	Uncategorized											
Katherine Jimenez	Uncategorized											
Debra I James	Uncategorized											
Aaron H. Berger, M.D., P.C.	Uncategorized											
Julie Lambiaso	Uncategorized											
Jessie Jabbour	Uncategorized											
Pietrucha, Erika	Uncategorized											
Amanda Caban, M.S.	Uncategorized											
Young, Anita	Uncategorized											
Lutheran Social Services Of Metropolitan New York	Uncategorized											
Lindsay Barton	Uncategorized											

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Melkin Reyes-Lopez	Uncategorized											
Jennifer Petras	Uncategorized											
Richard Leukowitcz	Uncategorized											
Julie Browne	Uncategorized											
Lmc Physician Services, Pc - Allied	Uncategorized											
Tara Hannon	Uncategorized											
Nigia P Hay	Uncategorized											
Catherine Osullivan, Psy.D.	Uncategorized											
Martine Decayette	Uncategorized											
Deshawn Nelson	Uncategorized											
Slava Grinman	Uncategorized											
Toniann Gelardo	Uncategorized											
O'Connor, Helen	Uncategorized											
Girling Health Care Of New York Inc	Uncategorized											
Linelle Shepp	Uncategorized											
Marlon Cancio	Uncategorized											
Julissa Hernandez	Uncategorized											
Aileen Moncion	Uncategorized											
New York University Medical Center	Uncategorized											
Irina Snetkova	Uncategorized											
Steven Iallonardo, M.A.	Uncategorized											
Margaret Hill-Collins	Uncategorized											
Ksenia Bezugolnaya	Uncategorized											
Christine Mcfarlane	Uncategorized											
Vargas, Kathleen	Uncategorized											
God'S Love We Deliver, Inc.	Uncategorized											
Amber Court Of Pelham Gardens	Uncategorized											
Opwdd Msc - Home And Community Based Waiver Service	Uncategorized											
Shilla Miah	Uncategorized											
Jcca Foster Boarding Home (Ocfs)	Uncategorized											
Damian Bursztyn, M.S.	Uncategorized											

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Ayman Hammous	Uncategorized											
Diana Hilario	Uncategorized											
Nicole Alicino, M.S. Ed.	Uncategorized											
Community Home Care Referral Service Inc.	Uncategorized											
Marie Desyr	Uncategorized											
Nancy Luburic-Jukic, Psy.D.	Uncategorized											
Robin Holcman, M.S.W.	Uncategorized											
James Regan, L.M.S.W.	Uncategorized											
Jennifer Martinez	Uncategorized											
David Turner	Uncategorized											
Susie Rosa, L.M.S.W.	Uncategorized											
Perrin Felder	Uncategorized											
Smith-Alpert, Susan	Uncategorized											
Nueva-Espana Herminia	Uncategorized											
Alexander Lipovtsev, L.M.S.W.	Uncategorized											
Maria Abreu, Diploma	Uncategorized											
Darcy, Dina	Uncategorized											
Elizabeth Ortiz-Schwartz	Uncategorized											
Ruffen, Michael	Uncategorized											
Ionez A Robinson	Uncategorized											
Allen Healthcare Services	Uncategorized											
Louis Tufano	Uncategorized											
Joy Siegel-Zucker	Uncategorized											
Leslie Frazier-L, Rn	Uncategorized											
Norwegian Christian Home & Health Center	Uncategorized											
Psc Community Services, Inc.	Uncategorized											
Debra L Goldberg	Uncategorized											
Johanna Mccarthy	Uncategorized											
Reina Adames	Uncategorized											
Lisa Moed Gruson, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kevin Travers, L.C.S.W.	Uncategorized											

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Kalliope Angelos-Caceres	Uncategorized											
Denise Mancilla	Uncategorized											
May Ahmed	Uncategorized											
Wellcare Of New York, Inc.	Uncategorized											
Stepping Stones Pediatrics, Pllc	Uncategorized											
Lyudmila Kravchenko	Uncategorized											
Camille Tovera	Uncategorized											
Silvio Biasci	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
William Rosado	Uncategorized											
Anna Nazarova	Uncategorized											
Francelly Rodriguez	Uncategorized											
Rodderick Morris	Uncategorized											
Kielhurn, Laura	Uncategorized											
Ifeanyi Onyedika	Uncategorized											
Dmitry Bekker, Lac	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jehanny Alcon	Uncategorized											
Laura E Diaz	Uncategorized											
Mable Reynolds	Uncategorized											
Fredette, Mary	Uncategorized											
Andrea Picon	Uncategorized											
Cronin, Kathleen	Uncategorized											
Trance, Sarah	Uncategorized											
Albina Ashurova	Uncategorized											
Sachs, Susan	Uncategorized											
Margaret Brobbey	Uncategorized											
Bertha Mensah	Uncategorized											
Genia Rolon	Uncategorized											
Beth Diviney, Ph.D.	Uncategorized											
Joel Cabrera	Uncategorized											
Marika Mills	Uncategorized											
Michael Peccerillo	Uncategorized											

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Eleftherion, Caitlin	Uncategorized											
Nicole Lombardi	Uncategorized											
Patricia A Keenan	Uncategorized											
Gpm Pediatrics Pc	Uncategorized											
Mary Beth Sivak, M.S.	Uncategorized											
Raymond Lorentz	Uncategorized											
Midwood Development Corporation	Uncategorized											
Margaret K Batson	Uncategorized											
Dina Larina, M.A., Lmhc	Uncategorized											
Yvonne Minott	Uncategorized											
Healthplus Amerigroup	Uncategorized											
Francisco Monegro	Uncategorized											
Elvart Dikiy	Uncategorized											
Michael Grady	Uncategorized											
Bass Gladys	Uncategorized											
Rita Williams, Np	Uncategorized											
Kate Shevchenko	Uncategorized											
Brown, Jenniffer	Uncategorized											
Richmond Dionne	Uncategorized											
Amber Court Of Brooklyn	Uncategorized											
Stephany Guisbert, M.S. Ed.	Uncategorized											
Svetlana Solomonova	Uncategorized											
Fleischmann, Susan	Uncategorized											
Randy Outlaw	Uncategorized											
Erin Royer	Uncategorized											
Casey Pomerantz	Uncategorized											
Debora Gaskin	Uncategorized											
Mercy Renner	Uncategorized											
Elizabeth Blanchard	Uncategorized											
Mary Carlson, R.N.	Uncategorized											
Nahla Dashoush	Uncategorized											

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Yim P Li	Uncategorized											
Valerie L Tanis	Uncategorized											
Patricia Evans	Uncategorized											
Dolgan Badmaev	Uncategorized											
Dulce Reyes	Uncategorized											
Valdete Mirzo	Uncategorized											
Johnny Arenillas-Correa, M.S.	Uncategorized											
Jacqueline Aguilar	Uncategorized											
Abdelrahim A. Abulmagd, Dpt	Uncategorized											
Qixia Anna Liu, L.M.S.W.0	Uncategorized											
Nisma Razak	Uncategorized											
Renee Y. Greene, Md	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Good Shepherd Services	Uncategorized											
Lisa Bonaparte	Uncategorized											
Morales, Storm	Uncategorized											
Aura I Marte	Uncategorized											
Umma A Abdullahi	Uncategorized											
Bucci, Joseph	Uncategorized											
Theresa Cheng	Uncategorized											
Homefirst Lhcsa, Inc. D/B/A Mjhs License Home Care Services Agency	Uncategorized											
Evelyn Magdaleno, L.C.S.W.	Uncategorized											
Delores Rabins	Uncategorized											
Lauren Donato, M.A.	Uncategorized											
Kathleen Reilly-Fallon	Uncategorized											
Sharon Henderson	Uncategorized											
Dorite Malka	Uncategorized											
Fitzgibbon, Janice	Uncategorized											
Akner, Bruno	Uncategorized											
Gabrielle Pikoulas	Uncategorized											
Boucher Lisa	Uncategorized											
Haiyun Ji	Uncategorized											

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City Medical Of Upper East Side Pllc	Uncategorized											
Bahrenburg, Michael	Uncategorized											
Bushra Choudhury	Uncategorized											
Ica Pediatrics	Uncategorized											
Emely Velez, L.M.S.W.	Uncategorized											
Myriam Vincent	Uncategorized											
Agewell New York, Llc	Uncategorized											
Brooklyn Center For Families In Crisis	Uncategorized											
Michael Bermudez	Uncategorized											
Ashok Parikh	Uncategorized											
Qamar Chaudhry	Uncategorized											
Dora Owusu	Uncategorized											
Cohen Faith	Uncategorized											
Goldfarb, Marilyn	Uncategorized											
Amy Morgenstern	Uncategorized											
Edgardo Bonfante, M.S.	Uncategorized											
Larisa Correa, L.M.S.W.	Uncategorized											
Maria Baltazar	Uncategorized											
Michele Fischetti	Uncategorized											
Hailey London	Uncategorized											
Eliza Jarzabek	Uncategorized											
Amida Care	Uncategorized											
Kallusch, Elaine	Uncategorized											
Esmedeline Minaya	Uncategorized											
Merrill, Chester	Uncategorized											
Frances Alcantara, M.A.	Uncategorized											
Jacinta Snagg	Uncategorized											
Michael Schiraldi	Uncategorized											
Elizabeth Zick	Uncategorized											
Katherine Allison	Uncategorized											
Elderplan Inc.	Uncategorized											

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Marleny Estevez	Uncategorized											
Anna Wierzynska	Uncategorized											
Irina Usherenko	Uncategorized											
Matilda Seshie	Uncategorized											
Thomas Macedon	Uncategorized											
Michelle Felder	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Angela Cruz, M.S. Ed.	Uncategorized											
Sarah Andrew	Uncategorized											
Lynch, Ellen	Uncategorized											
Hans Menos	Uncategorized											
Michael Waxman, M.S.	Uncategorized											
New Alternatives For Children	Uncategorized											
Nyu Multispecialty Group	Uncategorized											
Annmarie Dunning	Uncategorized											
Terese Noel Fay	Uncategorized											
Giselle Abrea-Bote	Uncategorized											
Community Care Organization	Uncategorized											
Eileen Laide	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Yasmin Adalsha	Uncategorized											
Lloyd Snead	Uncategorized											
Kayleigh Kohnke, L.M.S.W.	Uncategorized											
Agrawal, Diviya	Uncategorized											
New York University Medical Center Pathology Associates	Uncategorized											
Zell, Zehava	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Diane Kleinau	Uncategorized											
Simonsen-Mcloughlin, Solveig	Uncategorized											
Osborne-Levy Deborah Ms.	Uncategorized											
Carina Subia	Uncategorized											
Anel De Jesus, M.A.	Uncategorized											
Ulusoy, Mattie	Uncategorized											
Mireille Gold, M.S. Ed.	Uncategorized											

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Janice Keung	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rhona D Thompson	Uncategorized											
Vip Health Care Services Inc.	Uncategorized											
Doubrava, Christina	Uncategorized											
Ryo Maruyama	Uncategorized											
Neurology And Pain Management, Pllc	Uncategorized											
Yuliya Nisonova, L.M.S.W.	Uncategorized											
Sam Katzurin	Uncategorized											
Illuzzi Angelo Mr.	Uncategorized											
Amy Goodman, L.C.S.W.	Uncategorized											
Monica Hunter	Uncategorized											
Nina Iouran	Uncategorized											
Everett Miller	Uncategorized											
Crista Capriglione, M.S. Ed.	Uncategorized											
Deborah Greene	Uncategorized											
Jenny Mcfadden, L.M.S.W.	Uncategorized											
Danielle Fernandez	Uncategorized											
Leigh-Ann Cario, M.S.	Uncategorized											
Benjamin Smoak	Uncategorized											
Khadija Abouelhassan	Uncategorized											
Adelina Kazakova	Uncategorized											
Fernando Reggianini, M.S. Ed.	Uncategorized											
Elsa Thomas	Uncategorized											
Andrew Chase, M.A.	Uncategorized											
Amazing Home Care Inc.	Uncategorized											
Aruna Khilanani	Uncategorized											
Irina Berlin Medical P.C.	Uncategorized											
Iris Varela, L.M.S.W.	Uncategorized											
Cora Schwartz	Uncategorized											
Moloney, Karen	Uncategorized											
Kimberly Phillips, M.S. Ed.	Uncategorized											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.ix**	**2.c.i**	**3.a.i**	**3.c.i**	**3.d.ii**	**4.b.i**	**4.c.ii**		
Larissa Gomes, Otr/L	Uncategorized											
Cheria J Hay	Uncategorized											
Dawn Orsi, M.A.	Uncategorized											
Karolyn Kingman	Uncategorized											
Joseph P. Addabbo Family Health Center	Uncategorized											
Lorraine Sanchez, M.A.	Uncategorized											
Caviglia, Dawn	Uncategorized											
Fahmida Ahmed	Uncategorized											
Dana Vered	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Joslet Foster	Uncategorized											
Marbelin Peralta	Uncategorized											
Little Flower Children And Family Services Of New York	Uncategorized											
Jerry Weinstock, M.A.	Uncategorized											
Anna Sheehy, L.M.S.W.	Uncategorized											
Leora Twena, Pa	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Carmen E Wah	Uncategorized											
Ella Strzepa, L.C.S.W.	Uncategorized											
Jessica Herbst	Uncategorized											
Health Insurance Plan Of Greater New York	Uncategorized											
Heidi Leong	Uncategorized											
Alison Nyman, L.M.S.W.	Uncategorized											
Damaris Dejesus	Uncategorized											
Jolanta Chludzinska	Uncategorized											
D'Ulisse, Gina	Uncategorized											
William Sczewzcuk	Uncategorized											
Yekaterina Horlina	Uncategorized											
Nyumc Dermatopathology Unit	Uncategorized											
Lise Rubin	Uncategorized											
Hayley Jarrin	Uncategorized											
Karen Tu	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Regina Omosebi	Uncategorized											

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Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.ix**	**2.c.i**	**3.a.i**	**3.c.i**	**3.d.ii**	**4.b.i**	**4.c.ii**		
Kenneth Shaw	Uncategorized											
Nwakeze Agatha	Uncategorized											
Christine Fuca	Uncategorized											
Jeanette Cruz, L.M.S.W.	Uncategorized											
Lorena Lombana	Uncategorized											
Alma Navas	Uncategorized											
Almonte, Victoria A.	Uncategorized											
Anthony Pignataro, M.S.	Uncategorized											
Beatriz Toledo	Uncategorized											
Jessica Frias	Uncategorized											
Fanning, Laura	Uncategorized											
Kaligeris, Christopher	Uncategorized											
Cara Millington	Uncategorized											
Samuels, Tasha, Lpn	Uncategorized											
Thyparampil M Mathew	Uncategorized											
George-Jean Wynter	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jacquelyn Mckayle	Uncategorized											
Mayra Moran	Uncategorized											
Sharon Senior	Uncategorized											
Owens, Bonnie	Uncategorized											
Dina Angle	Uncategorized											
Zanita Alexander	Uncategorized											
Elina Grinberg	Uncategorized											
New York University	Uncategorized											
Fratto Carolyn	Uncategorized											
Amanda Collazo	Uncategorized											
Dayle Hollins, M.S.	Uncategorized											
Jibrail Davis	Uncategorized											
Daniel Kane	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Christy Pi	Uncategorized											
Jeffrey Kirsh, M.S. Ed.	Uncategorized											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iii**	**2.b.ix**	**2.c.i**	**3.a.i**	**3.c.i**	**3.d.ii**	**4.b.i**	**4.c.ii**		
Ian Perry	Uncategorized											
Sally Ann Clementoni	Uncategorized											
Ashley Lopez	Uncategorized											
Cassian Li	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Rosanny Carmona	Uncategorized											
New Dimensions In Care, Inc.	Uncategorized											
Abundant Life Agency	Uncategorized											
Nancy Dormevil (Duclonat), R.D.H.	Uncategorized											
Christian Dwight Mr.	Uncategorized											
Gleyri J Suriel	Uncategorized											
Arch-Bennett, Deborah	Uncategorized											
Mccormick, Kathleen	Uncategorized											
Hands On Health Associates Llc	Uncategorized											
Katherine Vanterpool, M.S. Ed.	Uncategorized											
Jose Mansueto	Uncategorized											
James Cooper	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Marie Charlotin	Uncategorized											
Pasternack, Anita	Uncategorized											
Celeste Marrero	Uncategorized											
Rojas Nixzaliz	Uncategorized											
James Owens	Uncategorized											
Harvey Jelley, Ph.D.	Uncategorized											
Thomas Lynch, M.A.	Uncategorized											
Jose Ecal	Uncategorized											
Madeleine Crummer	Uncategorized											
Charles Jacobus, M.A.	Uncategorized											

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